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Arizona Early Childhood Development and Health Board La Paz/Mohave Regional Partnership Council

Meeting Minutes

Call to Order/Welcome/Introduction of Guests

The regular meeting of the La Paz/Mohave Regional Partnership Council was held on September 25, 2014, at 9:30 a.m. at the El Capitan K-12 School, 255 North Cottonwood Street, Colorado City, Arizona 86021.

Vice Chair Weiske called the meeting to order at 9:44 a.m. Council members, staff and guests introduced themselves.

Members Present

Alisa Burroughs and Howard Weiske

Terri Holloway, Lenore Knudtson, Vijette Saari, Catie Sondrol and Debra Weger participated telephonically

Members Absent

Riley Frei, Jose Garcia, Betsy Lewis and Nancy Mongeau

Call to the Public

There were no responses to call to the public.

Declarations of Conflict of Interest

There were no declarations of conflict of interest.

Possible Approval of Meeting Minutes

Member Knudtson made a motion to approve the July 24, 2014 regular meeting minutes and September 2, 2014 workgroup meeting minutes. Member Holloway seconded the motion. Motion carried unanimously.

First Read on Proposed Change to Governance Policy

Regional Director Merritt Beckett reviewed the requested change to section 1-108 of the Governance Policy regarding election of officers, noting that at the state level our legal counsel is proposing changes to the policy as well. Discussion ensued about the proposed changes, and Senior Director Gary P. Arnold noted the current regional council meeting schedule would align well with the State Board meeting schedule. Vice Chair Weiske directed staff to table this item and bring it back as an action item for a first read at the October meeting in order to discuss incorporating legal counsel's proposed revisions.

Safety Net Presentation

Jennifer Frey from the Safety Net shared the organization's mission and provided background information. Created in 2003, they are a human service organization that works to help those who practice plural marriage. As plural marriage has continued to grow in the region, the Safety Net has been working to build bridges in communities in order to provide services; however, barriers include an inherent distrust of the outside world, fear of persecution and misinformation. Clients are found through word of mouth, and Safety Net partners with government agencies to help improve services. Ms. Frey discussed income sources through sewing, and noted some of their clients are interested in opening childcare facilities, both for income and to enable others to find employment.

Community Outreach Report

Erin Taylor, Outreach Coordinator reviewed the outreach report, highlighting the Kingman Daily Miner story about Judge Weiss, the Child Find Screening Fair in Ehrenberg, and the site tour on September 13 which was a kick-off event for the start of the new year of

Professional Development tier trainings provided by the Association for Supportive Child Care (ASCC). 160 childcare professionals participated in the training. Coordinator Taylor also met a mother pregnant with her eleventh child at the Diamondback Elementary Literacy Night, and was able to connect her with our home visitation programs. She is also doing a lot of outreach in the tribal areas.

2014 Regional Needs and Assets Report Final Draft

Director Beckett announced the final draft will be on the First Things First website soon, and anticipates it will be a good resource for other agencies. Director Beckett referred members to the handouts, and hopes the summaries and data snapshot are helpful.

Review of SFY 2014 Program Financial and Data Reports

Director Beckett reviewed the SFY 2014 year-end financial report and program data report. She observed that over the past six years grantees have built the infrastructure and capacity necessary to provide quality services. The data reports show that grantees met or exceeded their target service numbers. These reports can help the regional council with strategic planning.

Regional Director's Report

Director Beckett reviewed the SFY 2015 financial report noting the figures are appropriate at this time.

Director Beckett reviewed the proposed meeting calendar for 2015, which reflects an alternating schedule between Mohave and La Paz counties. Discussion ensued, and Director Beckett noted that site visits could be planned in conjunction with future meetings.

Director Beckett provided an update on the preschool start-up/expansion strategy, informing the regional council that the charter school in Quartzsite is not able to move forward with the preschool start-up and will be returning funds to the grantee, the Department of Education (ADE) to be returned to FTF.

Director Beckett provided an update on strategic planning for SFY 2016-2018, noting there was a Funding Plan Workgroup meeting in early September at that she is using input received from the workgroup to prepare recommendations and a draft to present at the next meeting. The process is on schedule for presentation of the recommendations to the regional council in Wenden in October, so it is critically important to have as many regional council members as possible at that meeting in person.

Director Beckett mentioned there was a very successful coordination meeting in Parker in early September, which included a presentation on the importance of infant and toddler mental health and a panel of four behavioral health service providers. In addition, the coordination meeting schedule was set for next year.

Recommended Future Agenda Items

Vice Chair Weiske announced he was researching the possibility of adding a prayer and/or the pledge of allegiance at the start of every regional council meeting, and requested this be a discussion item on the October meeting agenda.

Next Regular Meeting

The next meeting of the La Paz/Mohave Regional Partnership Council will be at 9:30 a.m. on Thursday, October 23, 2014 at the Centennial Community Center located at 69725 Centennial Park Road in Wenden, Arizona 85357.

Adjourn

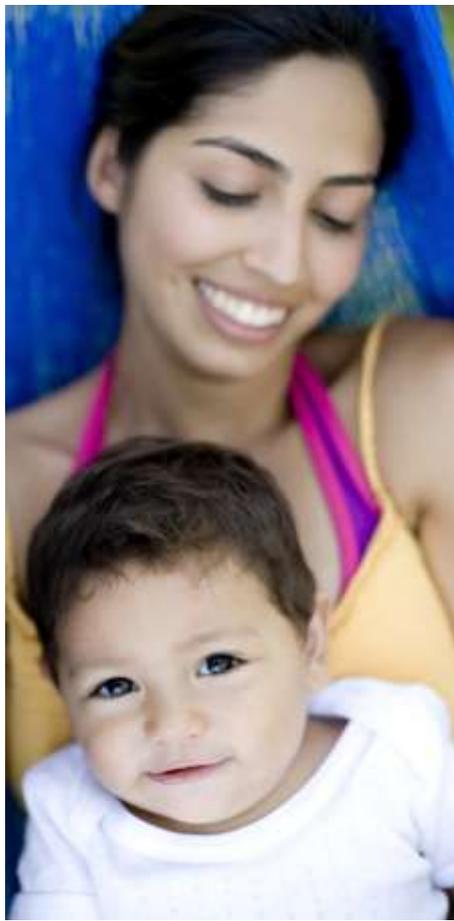
Member Burroughs made a motion to adjourn at 10:53 a.m. Member Sondrol seconded the motion. Motion carried unanimously.

SUBMITTED BY:

APPROVED BY:

Sandy Smith, Administrative Assistant

Howard Weiske, Vice Chair



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**SFY 2016 – 2018
FUNDING PLAN RECOMMENDATIONS
LA PAZ/MOHAVE REGION**



TOPICS TO REVIEW AND DISCUSS

- Regional allocation for SFY 2016 – 2018
- Key data findings from 2014 Needs and Assets
- Highlights from key informants (System Briefs)
- NEW: Proposed Guiding Principles
- Recommendations from Funding Plan Workgroup
- Regional Funding Plan DRAFT



REGIONAL ALLOCATION

La Paz/Mohave Region

Allocations and Funding Sources	SFY 2016	SFY 2017	SFY 2018
		ESTIMATED	ESTIMATED
SFY Allocation	\$2,331,836	\$3,645,557	\$3,645,557
Population Based Allocation	\$1,164,069	\$2,358,224	\$2,358,224
Discretionary Allocation	\$1,167,767	\$1,287,333	\$1,287,333
Carry Forward From Previous Year	\$1,313,721		
Total Regional Council Funds Available	\$3,645,557	\$3,645,557	\$3,645,557

Reminder: Due to the statewide budget reset in SFY 2016, this carry forward balance from the previous year is part of our regional allocation, not in addition to it.

Allocations and Funding Sources	2015	2016	2017	2018
Population Based Allocation	\$2,149,225			
Discretionary Allocation	\$1,212,000			
Other (FTF Fund balance addition)	\$372,748			
Carry Forward From Previous Year	\$1,772,210			
Total Regional Council Funds Available	\$5,506,184	\$3,645,557	\$3,645,557	\$3,645,557
Strategies	Allotment	Allotment	Allotment	Allotment
Court Teams	\$400,000	\$400,000	\$400,000	\$400,000
Home Visitation	\$1,114,006	\$1,114,006	\$1,114,006	\$1,114,006
Family Support – Children with Special Needs	\$150,000	\$150,000	\$150,000	\$150,000
Family, Friends & Neighbors (Kith and Kin)	\$100,000	\$100,000	\$100,000	\$100,000
Professional Development ECE	\$400,000	\$400,000	\$400,000	\$400,000
Expansion: Increase Slots	\$63,172			
Quality First Child Care Scholarships	\$2,315,821	\$2,315,821	\$2,315,821	\$2,315,821
Quality First Coaching & Incentives	\$272,885	\$272,885	\$272,885	\$272,885
Quality First Academy	\$19,740	\$19,740	\$19,740	\$19,740
Quality First Warmline Triage	\$1,596	\$1,596	\$1,596	\$1,596
Quality First Inclusion Warmline	\$4,410	\$4,410	\$4,410	\$4,410
Quality First Mental Health Warmline	\$4,536	\$4,536	\$4,536	\$4,536
Quality First CCHC Warmline	\$987	\$987	\$987	\$987
Child Care Health Consultation	\$62,370	\$62,370	\$62,370	\$62,370
Community Outreach	\$83,000	\$83,000	\$83,000	\$83,000
Community Awareness	\$30,000	\$30,000	\$30,000	\$30,000
Statewide Evaluation	\$255,216	\$195,190	\$195,190	\$195,190
Total	\$5,277,739	\$5,154,541	\$5,154,541	\$5,154,541
Total Unallotted	\$228,445	(-\$1,508,984)	(-\$1,508,984)	(-\$1,508,984)



KEY DATA FINDINGS – EARLY LEARNING

There is a shortage of early learning programs in the region, as evidenced by:

- Decrease in the number of regulated programs in the region (from 86 in 2011 to 67 in 2014);
- Reduction in the total licensed capacity for child care (from 3,817 in 2011 to 3,195 in 2014);
- Wait lists for Head Start and school district programs;
- Insight provided by key informants.



KEY DATA FINDINGS – EARLY LEARNING

Quality preschool programs have significant, lasting benefits.





KEY DATA FINDINGS – EARLY LEARNING

Over the past 6 years (from SFY 2010 – 2015) we have invested more than \$8.5 million dollars in **Preschool Expansion** programs that have benefited approximately 1,133 children in:

Mohave County

- Beaver Dam Elementary School District
- Bullhead Elementary School District
- Kingman Unified School District
- Lake Havasu Unified School District
- Mohave Valley Elementary District
- Topock Elementary School District

La Paz County

- Bouse Elementary School District
- E.Q. Scholars Academy in Quartzsite (now closed)
- Salome Consolidated Elementary District
- Wenden Elementary School District



KEY DATA FINDINGS – EARLY LEARNING



The number of quality programs (rated at 3-5 stars) has doubled.

Star Ratings as of July 23, 2013

Regional Council	1 Star	2 Star	3 Star	4 Star	5 Star	Total
La Paz/Mohave Region	0	13	4	1	0	18

Star Ratings as of October 20, 2014

Regional Council	1 Star	2 Star	3 Star	4 Star	5 Star	Total
La Paz/Mohave Region	0	7	7	3	1	18



KEY DATA FINDINGS – EARLY LEARNING

Most young children in the region are not in regulated child care.

Age Group	Population of Children La Paz/Mohave Region	Number of Children Served	% of Population Served La Paz/Mohave Region
Infants (birth-1 year)	2,114	126	6%
1 year olds (13-23 months)	2,201	214	10%
2 year olds (24-35 months)	2,244	372	17%
3 year olds (36-47 months)	2,365	555	23%
4 year olds (48-59 months)	2,236	627	28%
5 year olds (60-71 months)	2,237	252	11%
Total (Population 0-4)	11,160	1,894	17%
Total (Population 0-5)	13,397	2,146	16%
Total served (including providers who could only report total served)		2,420	18%
Total served including estimates for missing providers		2,782	21%



KEY DATA FINDINGS – FAMILY SUPPORT

Over the past 6 years (from SFY 2010 – 2015) we have invested more than \$7.5 million dollars in **Home Visitation** programs that have benefited approximately 2,092 families. These programs are evidence-based and proven to:

- Improve birth outcomes such as healthy birth weight;
- Promote more efficient use of health care services;
- Increase early detection of developmental delays;
- Increase parent confidence and enhance parent-child interaction;
- Promote positive developmental outcomes for children, such as social competence and fewer behavior problems.



KEY DATA FINDINGS – FAMILY SUPPORT

The multiple home visiting programs that are available to meet the needs of children and families in the region are a key asset; however continued efforts are needed to:

- Better reach and engage families in rural communities;
- Address duplication in Bullhead, Kingman, Havasu and Parker;
- Target services to high-need populations, including children with special needs and grandparents raising grandchildren;
- Examine and clarify eligibility requirements;
- Coordinate and improve the referral process for families.



KEY DATA FINDINGS – FAMILY SUPPORT

Home Visiting Collaborative

We are one of the many partners working with the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), funded by the Arizona Department of Health Services through a federal grant, and being implemented by the Mohave County Department of Public Health to address this need.





KEY DATA FINDINGS – HEALTH



The entire La Paz/Mohave Region is designated a Mental Health Professional Shortage Area and much of the region is a Dental Health Professional Shortage Area. All of La Paz County and most of Mohave County (except Bullhead and Lake Havasu) are designated “medically underserved.”



KEY DATA FINDINGS – HEALTH

There is a need for additional support and resources for children with special needs.



Children and Youth with Special Health Care Needs: A Mohave County Community Assessment:

The Mohave County Department of Public Health has completed a needs assessment for families, children, and young adults with special health care needs and their providers in Mohave County. The assessment findings will help determine service gaps, forecast service areas, identify improvement strategies and advance the quality of care for this often neglected population. Join us for a presentation of the findings on **October 30th from 3-5pm** at three locations on the Mohave Community College campuses in Bullhead, Lake Havasu and Kingman.





KEY DATA FINDINGS – HEALTH



Early Childhood Collaboration Event

Please join us for an opportunity to understand the various statewide early childhood programs in Arizona that are the core of Arizona's Early Childhood System. We will define terms, learn more about our programs and develop collaborative relationships. All those who work with young children are welcome, including, but not limited to AzEIP, Home Visiting professionals, early childhood educators and health care providers.

Tuesday, November 4, 2014

9am – 1pm

City Hall

310 North 4th Street

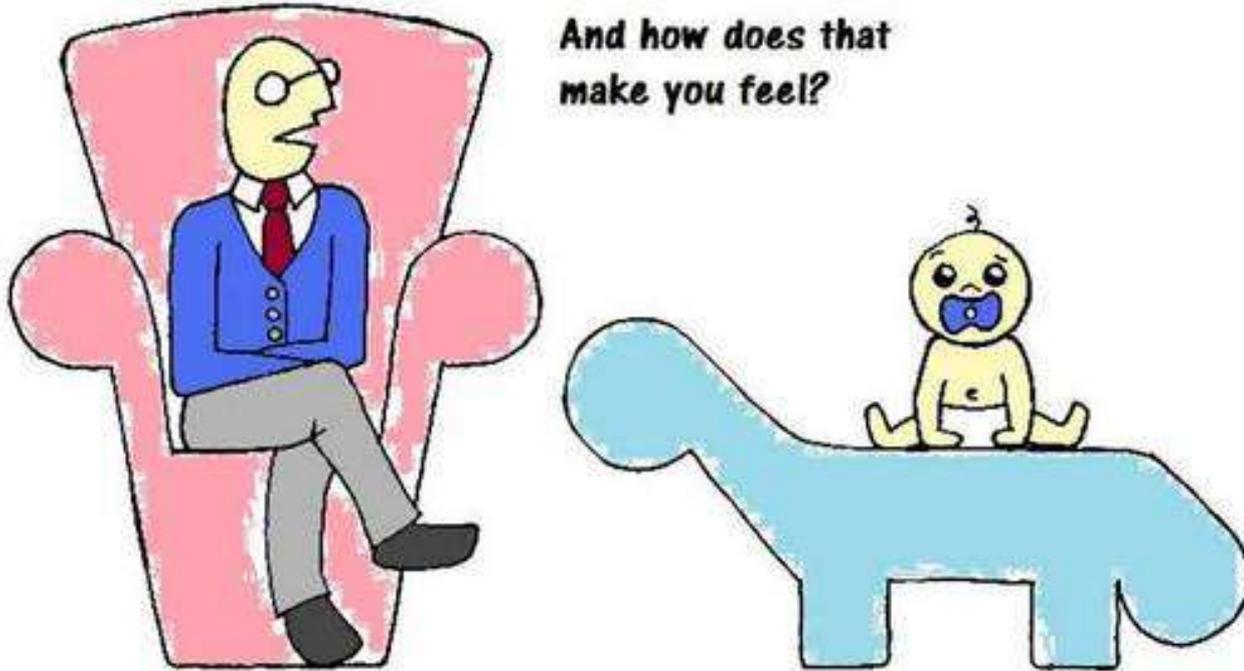
Kingman, AZ 86401

A networking lunch will be provided through the generous support of the BHHS Legacy Foundation.



KEY DATA FINDINGS – HEALTH

There is a need for mental health resources for children and families.





KEY DATA FINDINGS – HEALTH

Over the past 6 years (SFY 2010 – 2015) we've invested more than \$2.4 million dollars in the **Court Team for Infant and Toddler Mental Health**. The program benefits every child that comes in to the child welfare system in the region and provides frequent training and technical assistance in infant and toddler mental health to a variety of child and family service providers. The court team model is evidence-based and proven to:

- Increase services provided to eligible children and their parents, particularly health care services, including pediatric visits and developmental screening;

STRONG FAMILIES BUILD A STRONG SOCIETY.

"As a juvenile court judge, I know that what happens to kids in their early years sets the foundation for a lifetime. That's why First Things First partners with communities across Arizona to strengthen families and empower parents in their role as their child's first teacher."

JUDGE
Richard Weiss



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FirstThingsFirstAZ.gov





KEY DATA FINDINGS – PROFESSIONAL DEVELOPMENT



Positive Behavior Guidance

September 13, 2014

Lake Havasu City





KEY DATA FINDINGS – OUTREACH

Data points to an information deficit among families and early childhood professionals in the region.

Continued efforts are needed to increase outreach to businesses, churches, and service organizations in a position to share information with their members. More outreach is needed from agency to agency, and from agencies to families, about what services and resources are available. This can be done through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Local, city-level boards and coalitions can help lead and foster these efforts.





PROPOSED – GUIDING PRINCIPLES

These guiding principles are **proposed to describe our beliefs and philosophy pertaining to the prioritizing of needs. They guide what we do, how we do it, and why we do it. Strategies shall be prioritized to support these principles.**

- Inequity and vulnerability should be addressed by directing services and resources to populations and communities that historically have been underserved.
- Health (including physical, mental and oral health, nutrition, and social and emotional well-being) is essential to school readiness and should be a central focus of ALL early childhood services.
- A relationship-oriented approach that nurtures trusting/responsive relationships at all systems levels, including parent-child, family-staff, staff-agency, and agency-agency interactions is fundamental to our success.
- Decisions should be made based on data, which includes the input and experience of caregivers, providers, residents and other stakeholders.
- Preference should be given to evidence-based strategies and approaches.



RECOMMENDATIONS – PRIORITIES

Change From This (in SFY 2013 – 2015):	To This (in SFY 2016 – 2018):
Limited access to comprehensive caregiver education and support	Implement comprehensive, relationship-based caregiver education and family support programs.
Need for policies, procedures and technical assistance to meet the developmental needs of young children and their families involved in the child welfare system	Develop and implement policies and practices, and provide technical assistance, to support the social and emotional well-being, and meet the need for a caring and consistent environment, of young children and their families involved in the child welfare system.
Limited access to quality and affordable early childhood education	Increase access to quality early learning programs in remote and underserved areas.
Need for a more skilled and educated early childhood workforce	Provide opportunities for professional development that creates a more skilled and educated early childhood workforce.
Limited knowledge and awareness of the importance of early childhood development and health	Promote existing early childhood resources and build public will and awareness in support of early childhood development and health.
	Promote health (including physical, mental and oral health, nutrition, and social and emotional well-being) by including health as a central focus of ALL early childhood services and connecting families with appropriate and timely health services.



RECOMMENDATIONS – FUNDED STRATEGIES

- Reduce funding for Quality First Scholarships to prior levels; AND give priority to remote and underserved areas.
- Expand the Family, Friend and Neighbor (Kith and Kin) strategy to serve additional communities and families.
- Target Home Visitation services to specific populations and under-served, more remote areas to address instances of overlap/duplication of services.
- Include children with special needs as a target population to be served through the home visiting strategy and eliminate the separate strategy.
- Where possible, make reductions to better align future strategy allotments with past expenditures.



RECOMMENDATIONS – UNFUNDED APPROACHES

- Promote Infant Toddler Mental Health Coalition of Arizona (ITMHCA) Endorsement for early childhood professionals.
- Work with the Court Team, Head Start, DES Child Care Administration and FTF Quality First Scholarship programs to connect children in foster care with quality early learning programs. (Work with local foster care licensing agencies to increase awareness/uptake of existing resources.)
- Explore opportunities for multi-agency collaboration (with AzEIP, SNAC, school districts, etc...) in support of early intervention and Child Find and sharing developmental screening results to address the issue of duplicate/multiple screening of the same child.



RECOMMENDATIONS – UNFUNDED APPROACHES

- Participate in the MIECHV Home Visiting Collaborative to promote coordinated referral across home visitation programs and improve access to services for families.
- Promote health (including physical, mental and oral health, nutrition, and social and emotional well-being) by including health education and screening as a key component of ALL early childhood services and working to connect families with appropriate and timely health information/resources. (Example: Delta Dental Grant)



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Merritt Beckett, MPH, MSW

La Paz/Mohave Regional Partnership Council

Regional Director

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Needs and Assets Report Snapshot
La Paz/Mohave Regional Partnership Council

Attachment 02b

DEMOGRAPHICS		
Regional Population	<ul style="list-style-type: none"> • Of a total population of 211,436 in the region, 13,397 were children ages birth-five (6%). • 65% of children ages birth-four in the region were White, 28% were of Hispanic/Latino origin, 2% were Native American, 1% were African American, and 1% were Asian or Pacific Islander. • The Colorado City-Centennial Park area had the highest percentage of households with children under six (68%), followed by the Arizona part of the Fort Mojave Indian Tribe (17%). 	p. 25 p. 35 p. 25
Economic Circumstances	<ul style="list-style-type: none"> • An estimated 37% of children in the region lived in poverty, higher than the state as a whole (27%). • 44% of children ages birth-five in La Paz County lived in poverty; 36% in Mohave County. • Median family income was \$40,786 in La Paz County, \$46,594 in Mohave County, \$59,563 in the state. • 7,217 (54%) children birth-five received SNAP; 4,295 (39%) received WIC; and 394 (3%) received TANF. 	p. 40 p. 42 p. 50
Family Composition	<ul style="list-style-type: none"> • 9,129 families have children under age six (10% of households in the region). • Most young children – 80% of children birth to-five – live with at least one of their parents. • Of the 20% of children not living with their parents, 17% are living with other relatives such as grandparents, uncles, or aunts, and 3% live with non-relatives. • Six areas in the region have a higher percent of young children living with their grandparents than the state as a whole (14%). 	p. 25 p. 30 p. 32
EARLY CHILDHOOD SYSTEM		
Early Learning	<ul style="list-style-type: none"> • There are 67 licensed child care centers in the region, down from 86 in 2011. • 9 Head Start centers serve 272 of 4,601 three and four year old children in the region (6%). • Total licensed capacity for child care dropped from 3,817 in 2011 to 3,195 in 2014. • An estimated 80% of children ages birth-five are in family, friend and neighbor settings. <p><u>Recommendations from Key Informants:</u></p> <ul style="list-style-type: none"> • Explore the possibility of expansion of preschool, Head Start and Early Head Start programs in the region. • Explore options for partnering to provide transportation between half-day district and Head Start programs and child care centers. The lack of transportation between these settings is a large barrier to utilizing these services for working families. 	p. 67 p. 70
Health	<ul style="list-style-type: none"> • All of La Paz County and most of Mohave County (except Bullhead and Lake Havasu) are designated “medically underserved.” The entire region is designated a Mental Health Professional Shortage Area and much of the region is designated a Dental Health Professional Shortage Area. • 1,750 births in the region in 2012, which continued a downward trend since 2009. • 83% of women in the region receive early prenatal care. • Tobacco use during pregnancy in the region (14%) is much higher than the state as a whole (4%). 	p. 86 p. 89 p. 91 p. 99 p. 117

Needs and Assets Report Snapshot
La Paz/Mohave Regional Partnership Council

Attachment 02b

	<ul style="list-style-type: none"> Age-adjusted mortality rate for alcohol-induced deaths is 14.2/100,000 in the state. Mohave County is slightly higher at 14.7/100,000; La Paz County is much higher at 41.3/100,000. For women only, the age-adjusted mortality rate for alcohol-induced deaths for the state was 7.7/100,000; but 54.9/100,000 in La Paz County, the highest for any county in the state. <p><u>Recommendations from Key Informants:</u></p> <ul style="list-style-type: none"> Continue and expand educational opportunities for early childhood providers and educators on mental health and special needs topics. Promote degree and certification programs to prepare the local early childhood workforce; in particular, with coursework in mental health, services for children with special needs and case management. 	
<p>Family Support</p>	<ul style="list-style-type: none"> In 2013, 109 children birth-five in the region were in foster care; 108 in 2012, and 132 in 2011 (17% decrease from 2011-2013). In La Paz County, 8% of youth indicated that they currently had an incarcerated parent, and 29% indicated that they had a parent who had previously been incarcerated. These numbers were lower in Mohave County (4% and 21% respectively). Families in the region were more likely to report reading to their children (58%), telling stories to their children (54%) and drawing with their child (50%) six or seven days a week compared to families across the state (51%, 51% and 47% respectively). <p><u>Recommendations from Key Informants:</u></p> <ul style="list-style-type: none"> Continued efforts are needed to reduce duplication of home visitation services; better coordinate care for families; address application fatigue; and improve referral mechanisms, especially in Lake Havasu, Bullhead and Kingman. The possibility of offering additional support services targeted to more remote areas should also be explored. 	<p>p. 119 p. 125 p. 132</p>
<p>Outreach & Awareness</p>	<p>Results of the 2012 First Things First Family and Community Survey demonstrated higher levels of satisfaction with available information and resources and agreement with ease of locating services, compared to the state. For example:</p> <ul style="list-style-type: none"> 48% of respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health,” compared to 39% of respondents across the state. 81% of respondents “strongly” or “somewhat agreed” that “it is easy to locate services that I want or need,” compared to 74% of respondents across the state (see Figure 53). <p><u>Recommendations from Key Informants:</u></p> <ul style="list-style-type: none"> Continue outreach efforts to promote existing health, education and family support programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Increase outreach to schools, churches, businesses, and service organizations who may be able to share information. Local, city-level boards or coalitions can help lead and foster these efforts. 	<p>p. 138</p>



LA PAZ / MOHAVE

EARLY CARE AND EDUCATION BRIEF

AUGUST 2014

Prepared by

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College of Agriculture and Life Sciences
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Funded by

First Things First La Paz/Mohave Regional Partnership Council

First Things First’s vision is that all Arizona’s children are ready to succeed in school and in life. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children’s health care; and support for families to provide nurturing, healthy and resource-rich environments for their children. Coordinating policies, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national BUILD Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. **Context:** The political environment that surrounds the system and affects its success
2. **Components:** The quality and performance of programs and services
3. **Connections:** The strength and effectiveness of linkages across the system
4. **Infrastructure:** The foundational supports the system needs to function effectively
5. **Scope and Scale:** The comprehensiveness of the system for all children.

To gather this information, the La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and child care providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014.

Altogether, 101 individuals participated in an interview, which was structured around the BUILD Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early care and education, 2) children’s health care and 3) family support programs.

This brief addresses findings on early care and education from the perspective of these stakeholders.

La Paz/Mohave Region Early Care and Education Brief

Interviews with key informants started with the question, “What do you think are the most important factors that make a child adequately prepared to enter kindergarten?” The need for quality early learning opportunities to provide the educational, social, and emotional experience for children to succeed was one of the most common responses. The extent to which these opportunities are available across the region, barriers preventing their availability or accessibility, and recommendations for realizing, expanding and supporting these programs and services will form the content of this brief.

An Overview of Early Care and Education in the La Paz/Mohave Region

In the spring of 2014, there were 52 licensed child care centers in the La Paz/Mohave Region, including nine Head Start Centers and one tribally-regulated child care center. In addition, there were eight family care group homes certified by ADHS, six family care homes certified by AZ DES and one nanny certified by DES¹. The number of licensed child care

¹ Department of Economic Security. (2014). [CCR&R data set]. Unpublished raw data received from the First Things First State Agency Data Request.

providers in the region has dropped substantially since December 2011, when there were 58 licensed child care centers, 14 family care group homes and 13 family care homes. The licensed capacity for these providers has also dropped in those three years, from a total licensed capacity of 3,817 in 2011, to 3,277 in 2014.

While population projections predict a decrease in the population of children aged birth through 5 in La Paz (-2%) and Mohave Counties (-9%) as well as the state (-2%) by 2015, these populations are projected to rebound by 2020 (+9%, +6%, +12%), and rise sharply by 2025 (+17%, +21%, +23%)².

The majority of licensed child care options in the region are in the three larger communities in Mohave County: Bullhead City, Kingman, and Lake Havasu City. Inadequate transportation may affect access to these services, particularly for those living in outlying areas.

The cost of child care is also a contributing factor for many families. In La Paz County and Mohave County, the cost of full-time care in a child care center is roughly 13 percent and 11 percent of median family income for children aged 3 to 5. For infants, this care costs 16 percent and 14 percent of median family income. And these estimates are for one child in child care. For families with multiple children, these costs increase.

The estimated percent of children ages 3 and 4 years enrolled in nursery school, preschool or kindergarten in the region is 33 percent, similar to the state rate of 34 percent. Interestingly, approximately 41 percent of 3 and 4 year olds in La Paz County are enrolled in one of these programs, while Mohave County matches the state (34%)³.

² Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

³ American Community Survey 5-Year Estimates, 2008-2012, Table B14003

While not all families will choose licensed child care, or care outside of the home for their young children, having insufficient capacity to meet the needs of families, particularly for working families, may be a concern.

The Context of the Early Care and Education System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact early the care and education system in the region.

Strengths

- During the last decade, there has been increasing knowledge in the early childhood and other communities in the region about the extensive developmental changes that occur in the early years.
- There has also been an increased focus on early childhood education and increased understanding as to its importance.
- Supportive communities and school boards have been key to some schools' ability to offer, maintain and expand early childhood programs in times of limited funding.

Challenges

- Political beliefs and a strong culture of self-reliance affect availability of and access to early care and education programs provided by government agencies.
- Early childhood education is not perceived as being a priority issue among some in the region evidenced by common sentiments such as; "I did fine without preschool," and "learning begins in kindergarten."
- Educating older community members on the importance of early education is needed to impact funding and program support in a region with large retirement-aged populations. This can counteract the common question, "When I was a kid we didn't have this, so why do we need it now?"
- There is a need to incorporate preschool into the "school" vernacular to increase

acceptance, and impress upon parents and leaders the impact that a quality preschool program can have on kindergarten readiness.

- The lack of a state mandate for preschool and kindergarten impacts parental support; “If it was important, the state would mandate that my child go to preschool.”
- The lack of state requirements for child care provider training and certification also impacts the quality of and perceptions about early care and learning programs in the region.
- Limited funding creates the need to prioritize limited preschool slots based on a number of factors, which by default excludes some children from these opportunities.
- While universal, full-day pre-K is seen as highly valuable, the region is unprepared to implement this. Reasons include: the lack of physical space for classrooms, the lack of qualified teachers, and the lack of funding for materials, resources, transportation and pay, as well as some discomfort with the inclusion of a mandate.
- The transient nature of many families in the region creates the need for continual and ongoing education on the importance of early childhood and early education and marketing of the options for early care and education programs.
- The issue of substance abuse, and the chaos and dysfunction within families that often causes, interferes with parental interest in or knowledge to enroll children in early learning programs.
- Both city-level community development efforts and organization- and district-level recruitment and retention incentives are needed to increase the number of educated early care and education professionals who move into and stay in the region.

The Components of the Early Care and Education System in the Region

Stakeholder perceptions of the available early care and education programs and services in the region, and factors impacting their quality, are summarized in the following section.

Strengths

- First Things First programs supporting the professional development of child care and early learning staff have been important to improving the quality of early care and education options in the region.
- School-based child care programs that function as high school learning laboratories, providing experience, credits and sometimes pay to high school students can impact the number of child care workers in the region.
- Early care and learning programs can be valuable settings to educate parents on a variety of topics such as routine and recommended health care and developmental milestones, and also provide resources and referrals on these topics.
- Head Start’s comprehensive child and family services are extremely helpful in supporting enrolled families in identifying resources and accessing needed services. Components of Head Start such as Mental Health Consultants, or Family Development Consultants, may be useful as models for incorporation into other early learning settings.
- Two district preschool programs in La Paz County share a preschool teacher. This addresses the obstacle of finding additional qualified teachers, and also allows the two schools to keep costs down. Because both are half-day programs, this collaboration works well.
- Providing meals and snacks during early care and learning programs can be a large benefit to children enrolled in these programs, as a means of supplementing their nutritional needs.

Challenges

- Low levels of education and lack of knowledge regarding child development of some child care staff impacts the quality of some early care options.
- The lack of early education degree programs and higher education opportunities in the region was also cited as a barrier to improving the quality of early care and education programs.
- Private child care centers often struggle to find a balance between staff salaries and fees to maintain profitability, which can affect their ability to recruit educated or certified child care providers, impact staff turnover, and influence their decision to support professional development for their staff.
- Turnover of staff in early care and education settings is seen as a large issue impacting quality, as well as a multi-faceted one: “We have high turnover in early childhood programs because of low pay, which affects the consistency of staff and the ability to find quality providers, and this pay is in part dependent on state funding which is stagnant.”
- Not having bilingual child care and early learning staff can affect some families’ utilization of these services, although finding well-qualified staff who are also bilingual can be difficult.
- Transportation is a large barrier because many communities in Mohave and La Paz counties are far removed from child care and early learning options, and few of those services provide transportation.
- Expanded hours and days of care for a variety of child care and early learning programs are needed to increase working parents’ options for accessing these programs and services.

The Connections across the Early Care and Education System in the Region

Stakeholders discussed strengths, challenges and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

Strengths

- First Things First, WACOG Head Start, the Arizona Early Intervention Program (AzEIP), and local school districts collaborate to co-host Child Find events in Mohave, La Paz and Yuma counties (the three counties that WACOG serves) to help link children in need of early intervention with appropriate services to meet their needs.
- School districts and Head Start programs in the region often invite providers from private child care programs to participate in their staff professional development and training opportunities.

Challenges

- Lack of knowledge of available programs and services (early care and education, health care and family support) among child care providers themselves is a barrier to referral and coordination: “Good information on services and programs is hard to find.”
- There continue to be “turf issues” between private child care centers and school-based early learning programs often due to a perceived competition to fill slots.

Recommendations

- Partner to seek funding for additional early care and education services. Include First Things First, Head Start, school districts and private preschools and child care centers, as well as the business and medical community in these collaborations.
- Increase networking and opportunities for cross-system collaboration to engage and share information between early care and school settings and provider agencies. This will improve coordination with and referral to available health and family support services, as well as providing information to

families at these agencies on available early care and education options.

- Explore options for partnering to provide transportation between half-day district and Head Start programs and child care centers. The lack of transportation between these settings is a large barrier to utilizing these services for working families.
- Provide health care services and educational resources through child care and early learning centers, e.g. flu shots and dental screenings.
- Increase web access to meetings among system partners to address time and transportation issues.
- Hold more meetings among system partners in La Paz County to improve attendance and provider buy-in.
- Ensure that owners and directors of early care and education settings have information on regional resources to be able to disseminate this information.
- Utilize an online resource for both parents and providers to find information on available programs and services (early care and education, health care and family support), and for providers to make referrals to other organizations.
- Leverage the large influx of winter visitors who often come to the region with much time, resources and caring to give to local early childhood efforts.
- Increase the use of local media in public awareness campaigns.
- Increase the use of social media to relay information on available early care and education programs.

The Infrastructure in the Early Care and Education System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- For new early education programs, allow more time in funding cycles for planning

and start-up, ideally one year, before students are first enrolled.

- Explore additional grant funding for non-school-based early care and education options. Limits to space, time and resources in school settings may make other settings to create or expand child care more appropriate.
- Offer additional training and cross-training on topics such as the basics of early childhood development, recognizing developmental issues, and how to address behavioral issues, so that those in early education settings and child care centers are more aware of when referrals might be advised. Also provide basic training on early learning topics such as early literacy, vocabulary training, and problem solving to early care and education providers.
- Address organizations' barriers to supporting their staff's attendance at training events (e.g. requiring staff to use personal time off to attend trainings during work hours).
- Offer additional degree and certification programs in the region to prepare the future local early care and education workforce.

The Scope and Scale of the Early Care and Education System in the Region

Stakeholders discussed the comprehensiveness of the early care and education system in the region and the factors that affect it.

Strengths

- A greater variety of early care and learning options (Head Start, district preschools, private child care and preschool centers, and home-based providers) are available in the three large cities in Mohave County: Bullhead City, Kingman and Lake Havasu City, and in Parker in La Paz County.
- The addition of First Things First-funded preschools and scholarship slots for children at district preschools, and

scholarships through Quality First in private child care programs have been assets in increasing participation in early learning programs by addressing the barrier of affordability.

- Programs and resources offered through libraries, churches and community organizations help supplement the available early learning opportunities in the region.

Challenges

- Those early care and education programs deemed to be quality programs, and free of charge, with available subsidies, or with a sliding fee scale, often have significant waiting lists.
- In Mohave County outside of the larger cities, and in most of La Paz County, district preschools are often the only early care and education option.
- In larger communities, the age of care most needed is infant care, and for smaller communities care for children aged 3 and younger is the most lacking.
- Modifications to Head Start, from full-day to half-day programs in some communities and no longer providing transportation at some sites due to federal funding cuts, has affected enrollment and attendance at these sites.
- In addition to a limit to the number of available early care and education slots, the inability to afford child care or early education programs is a large barrier to accessing these programs in the region.
- In the larger cities, a number of private child care centers and home-based providers have closed in the last year, decreasing the number of early care slots available in the region.
- With the economic downturn and lack of available DES subsidies, many families previously in center-based care turn to the more affordable option of home-based child care, which can be both regulated and unregulated care, and can vary greatly in terms of quality.

- Due in large part to the lack of affordable early care and learning options, many parents who would prefer licensed center- or home-based care are turning to unregulated child care arrangements.
- A lack of parent awareness, both about the importance of early childhood education and the availability of programs, impedes families taking advantage of the opportunities that are available.
- Families' decisions about where to enroll a child may have more to do with the location, duration and cost of care than the quality or the content of the care.

The Gap Group

- Working families who don't qualify for income-based child care subsidies or scholarships struggle to afford quality early care and education for their children.
- Working parents are often unable to participate in half-day early education programs, and are more likely to need after hours or weekend care, which is extremely limited in the region.
- Those programs viewed as the highest quality, such as Head Start, school district preschools, and curriculum-focused child care centers, are largely inaccessible to this gap group.

Conclusions: Priorities for Building the Early Care and Education System in the Region

The goal of the key informant interviews was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the early care and education system in the region. Utilizing their responses, summarized in the previous sections, as well as secondary data available on the state of the early care and education system in the region, the following are identified as priorities for the La Paz/Mohave Region:

- Address the dearth of licensed, certified and quality early care and education options in the region.
- Examine the allocation of First Things First scholarship funds to see if offering these scholarships on a sliding fee scale instead of a full scholarship might provide more opportunities to more families.
- Place additional focus on the quality of kith and kin care environments because they are so common in the region.
- Explore the possibility of expansion of Head Start and Early Head Start in the region.
- Improve parents' knowledge about the importance of early childhood and early education, as well as the options for early care and education programs, and the financial assistance available for programs.
- Provide educational resources to parents on why quality in an early care or learning setting is important and how to tell if a care option is a quality option.
- Improve collaboration between health departments and local communities to provide immunization clinics, and health, dental, hearing and vision screenings at schools and child care centers.
- Ensure that information on early care and education options in the region is available at local health care and family support agencies for dissemination. Also ensure that early care and education settings have information available to refer the families they serve to local health care and family support resources.
- Support a one-stop resource for early childhood information, be it an individual, a location, a publication or a website, with local, city or town-level information within communities.
- Promote more outreach among agencies and to families about what early care and learning options are available, through community fairs, local resource guides, referral networks, radio and print media, and social networks. Also increase outreach with this information to churches, businesses, and service organizations, who may also be able to share this information.
- Partner to provide transportation options to and between different early care and learning settings.
- Continue and expand educational opportunities for child care providers and educators on mental health and special needs topics.
- Promote additional degree and certification programs in the region to prepare the future local early care and education workforce.
- Expand the concept of the high school learning laboratory to more schools to impact the future, homegrown, early care and education workforce.

Next Steps in Systems Building

First Things First (FTF) is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age 5.

From an organizational perspective, the FTF La Paz/Mohave Regional Partnership Council will take the input provided by survey respondents – as well as recommendations made by the authors of this report – as it considers which early childhood strategies to fund in fiscal years 2016-2018.

From a systems perspective, the regional council will use the information contained in this report to stimulate dialogue about further advancing the region's early childhood system in areas such as: increasing collaboration or cooperation among system partners to enhance the effectiveness of or reduce duplication in early childhood programs; opportunities to leverage or maximize existing early childhood funds; and, addressing the needs of young children that are beyond the scope of FTF.

Citations

Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. BUILD Initiative.



LA PAZ / MOHAVE

FAMILY SUPPORT BRIEF

AUGUST 2014

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First Things First La Paz/Mohave Regional Partnership Council

First Things First’s vision is that all Arizona’s children are ready to succeed in school and in life. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children’s health care; and support for families to provide nurturing, healthy and resource-rich environments for their children. Coordinating policies, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national BUILD Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. **Context:** The political environment that surrounds the system and affects its success
2. **Components:** The quality and performance of programs and services
3. **Connections:** The strength and effectiveness of linkages across the system
4. **Infrastructure:** The foundational supports the system needs to function effectively
5. **Scope and Scale:** The comprehensiveness of the system for all children.

To gather this information, the La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and childcare providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014.

Altogether, 101 individuals participated in an interview that was structured around the BUILD Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early care and education; 2) children’s health care and 3) family support programs.

This brief addresses findings on family support services (including parenting education, home visitation and crisis support services) from the perspective of these stakeholders.

La Paz/Mohave Region Family Support Brief

Interviews with key informants started with the question, “What do you think are the most important factors that make a child adequately prepared to enter kindergarten?” Respondents commonly spoke about the importance of children living in a safe and secure environment where the basic needs of food, shelter, and love are met first and foremost. The role of the family and family well-being, the presence of positive parent-child interactions, and the need for children to be in nurturing home environments free of domestic violence and substance abuse were commonly mentioned. This brief describes the current state of the family support system in the La Paz/Mohave Region from the perspective of key stakeholders.

An Overview of Family Support Services in the La Paz/Mohave Region

Thirty-seven percent of children aged birth through 5 in the La Paz/Mohave Region live below the poverty level (compared to 27% in the state)¹ which indicates a need for a variety of services to support families with young children in the region.

¹ American Community Survey 5-Year Estimates, 2008-2012, Table B17001

Home visitation programs are a key component of family support in the region. Programs such as Healthy Families, Parents as Teachers, Building Bright Futures and services offered by the county health departments, the Learning Center for Families and Head Start offer a variety of family-focused services with the goal of improving child health and developmental outcomes and preventing child abuse.

Parenting education is another key component of family support. Parenting programs and classes are held by a variety of organizations such as the Association for Supportive Child Care, Mohave Mental Health, Easter Seals Blake Foundation, Interagency Council, Arizona Children's Association, Parker Area Alliance for Community Empowerment, and school districts.

Crisis support services, another component of family support, offer services to families dealing with issues such as abuse, domestic violence and displacement. There are four domestic violence shelters in the La Paz/Mohave Region, and a number of organizations in Mohave County that provide homelessness services. Child welfare reports were made 69 times in La Paz County and 648 times in Mohave County for the period between October 2012 and March 2013. These reports were most often for neglect (La Paz 78%, Mohave 70%) or physical abuse (La Paz 20%, Mohave 26%).² The number of young children removed from their homes decreased from 2010 to 2012 in both counties, contrary to an increase in removals across the state as a whole.³

Food insecurity, limited access to food, and limited availability of nutritious food, is another reality that many families in the region face. In Arizona, 28 percent of children are deemed food insecure, while 30 percent of Mohave County's children and 31 percent of La Paz County's children are food insecure⁴. Over half

of the children aged birth through 5 in the region are participating in Nutrition Assistance (SNAP)⁵. In addition, more than a third of children aged birth through 4 in Mohave County (39%) are also participating in Arizona's WIC, a federally funded nutrition program, more than the state as a whole (29%)⁶.

The Context of the Family Support System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact family support services in the region.

Strengths

- The judicial system in Mohave County shows strong support and collaboration around early childhood issues.
- An increased personal commitment to professional development among early childhood professionals has increased the overall knowledge base regarding development and child welfare in the region.

Challenges

- Political beliefs and a strong culture of self-reliance affect utilization of services provided by government agencies.
- Early childhood is not perceived as being a high priority issue among some in political leadership.
- The transient nature of the younger population impacts the degree of political support for early childhood issues as well as knowledge of and participation in family support services.
- Generational poverty and day-to-day struggles for survival impact families' participation in family support services. Many families are "more concerned with getting by than moving up."

² Arizona Department of Economic Security, Child Welfare Reports, 2014

³ Arizona Department of Economic Security, 2014

⁴ <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

⁵ Arizona Department of Economic Security, 2014

⁶ Arizona Department of Health Services, 2014

- The issues of substance abuse, and the chaos and dysfunction within families that often causes, impacts families’ knowledge of and utilization of family support services.
- The geographic spread of the region and funding limits may affect access to family support programs. Home visitation programs have mileage restrictions which limit who they can serve.

The Components of the Family Support System in the Region

Stakeholder perceptions of the available quality family support programs and services in the region, and factors impacting their quality, are summarized in the following section.

Strengths

- There are a number of quality parenting and home visitation services available in the region to meet the various needs of children and families, particularly in Mohave County.
- Libraries, schools and churches are noted resources for family support in the region, often providing meeting places and offering parenting education and support groups.

Challenges

- Continued efforts are needed to reduce duplication of home visitation services and to better coordinate care for families.
- Language barriers and cultural issues are an obstacle to family support services, including the stigma associated with family support. Many families perceive that these services are only used by “bad” parents.
- Stakeholders emphasized the need for an increased focus on prevention. Family support programs should focus first on preventing the issues that lead to the need for crisis support, and foster an environment of support and openness among families and providers.
- There were a number of concerns raised about the quality of providers within the child welfare system in the region. Mental health and child welfare providers were

often seen to be uncertified, underqualified, or inexperienced, and there was seen to be a lack of therapists knowledgeable in trauma-based therapy.

- Transportation is a large barrier as many communities in Mohave and La Paz counties are far removed from many parent education resources.
- Programs specifically for fathers, grandparents and teen parents are needed to counteract recent program and funding cuts to these services.
- Immigration status may be a reason families chose not to participate in family support programs.
- Expanded hours for parenting education and other support resources to evenings and weekends are needed to allow working parents’ options for accessing services.
- Cross-state licensing of therapists in neighboring states is needed to allow those providers to also work with families participating in home visitation programs in Arizona.
- Additional crisis support services are needed in the region. Stakeholders’ highest priorities for these services include: 1) a crisis nursery; 2) a family shelter for families dealing with homelessness; and 3) crisis and ongoing placement and counseling services for children and families dealing with domestic violence and substance abuse.

The Connections across the Family Support System in the Region

Stakeholders discussed strengths and challenges affecting linkages across the early childhood system in the region, and also made recommendations to improve connections.

Strengths

- The Arizona Department of Health Service’s Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) has supported the hiring of a Home Visiting Coordinator in the region. Monthly collaboration meetings of home visiting and family support

providers are convened to decrease duplication of services and improve application and referral mechanisms across home visitation programs in the region.

Challenges

- Lack of knowledge of available programs and services among families and among service providers themselves is a barrier to referral and coordination.
- There continue to be “turf issues” among provider agencies, often due to competition for funding or clients, which inhibits the effective collaboration and coordination needed to meet the needs of families with young children in the region.
- Frequent staff turnover is an issue for many family support programs in the region.

Recommendations

- Increase the use of local media in public awareness campaigns.
- Improve the communication between tribal and county agencies so that families on and off of tribal lands have knowledge of and access to all available family support services in the region.
- Provide opportunities for cross-system collaboration, bringing together family support agencies, school administrators, child care providers, and health care providers to share information across disciplines.
- Involve political and business leaders in discussions regarding the need for and funding of family support services at the community level. The parents of young children work in the community and businesses are impacted by the home environment of their employees.
- Increase web access to meetings among system partners to address time and transportation issues.
- Hold more meetings among system partners in La Paz County to improve attendance and provider buy-in.

- Consider the use of existing regional collaborations as models for an early childhood coalition. One example is the Havasu Area Resource Team (HART) whose focus is on the coordination and provision of services for school-aged children and their families.
- Partner to provide transportation to parenting education and other family support events.
- An annual referral and resource guide was mentioned by many stakeholders as a needed resource at both the regional and city level.
- Churches currently serve a crisis support need in many communities and could be supported or expanded upon with the addition of funding, consultation or referral mechanisms from regional agencies.

The Infrastructure in the Family Support System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- Address short grant funding cycles of some family support services, e.g. parenting education courses, which affect sustainability and attendance.
- Address how changes in funding mechanisms and new funding cycles cause disruptions in services and collaboration between partner organizations.
- Explore how staff turnover and leadership changes have affected the trajectory and focus of a number of family support programs in the region.
- Offer additional training and cross-training to preschool teachers, child care providers and health and support service providers in the basics of trauma and the needs of children in the child welfare system and how to recognize potential warning signs.
- Address the lack of foster care placements and the inconsistent training of foster parents; multiple agencies oversee and train foster parents in the region.

- Increase the number of cross-provider (health, family support and early care and education) networking and information sharing opportunities in the region to improve referral systems. Examples include annual all-county meetings, quarterly informational lunches, and monthly community-based networking and information sharing meetings.
- Offer additional degree and certification programs in the region to prepare the future local workforce, in particular, coursework in mental health services and child welfare.

The Scope and Scale of the Family Support System in the Region

The comprehensiveness of the family support system in the region, and the factors affecting this, as discussed by stakeholders, are summarized in the following section.

Strengths

- Family support programs are available in the three large cities in Mohave County; Bullhead City, Kingman and Lake Havasu City, and to a lesser degree in Parker in La Paz County.
- The court system and court programs have had a positive impact in the region, increasing sensitivity to the needs of young children and their families, better supporting these children, and offering training opportunities in the region to expand providers' knowledge.
- Family support programs are provided in a number of settings including schools, hospitals, libraries, and provider agencies.
- Family support services are provided by many organizations in the region including churches, non-profits, schools and government agencies.

Challenges

Parenting Education

- Eligibility criteria, such as enrollment in AHCCCS or involvement in the child welfare system, or the stigma of parenting education, may limit participation in these services.
- Attendance at parenting education events is often an issue. Suggestions for improving participation include: providing child care during the session; requiring attendance as part of a parent involvement component for schools; reframing either the title of the class or embedding it within a "fun" event; offering the session in Spanish; or, providing incentives such as money, tickets for events, or other "prizes."
- The lack of transportation is a barrier to participation in parenting education services. Stakeholders suggested a mobile service to provide information and resources in outlying communities, or offering classes thru an on-line mechanism for those families with transportation issues.

Home Visitation Services

- The available slots for a number of home visitation programs in the region point to a need to raise awareness of the programs.
- In La Paz County and in remote regions of Mohave County, access to home visitation programs is limited.
- Mileage limitations influence which families in the region can participate in home visitation services.
- Stakeholders identified a common misperception of families, that home visitation programs are only for low-income families or those involved with the child welfare system. This misperception likely affects receipt of and participation in home visitation programs.

Child Welfare and Foster Care

- The lack of sufficient residential placements for children necessitates children waiting in unsuitable placements for long periods of time, or the need to transfer children out of

the community or even the state to find a suitable placement.

- Cited as an even more dire need were placements that qualified as therapeutic homes for children with special needs.
- Mental health professionals and therapists trained in trauma based therapy and who are comfortable working with young children are needed to address the needs of the child welfare system in the region.
- Stakeholders discussed limited family support resources for children and their families not enrolled in AHCCCS or involved with the child welfare system.
- Substance abuse services and in-patient treatment for families of young children in the region are important needs, in part to address the issues of transportation and separation from family.

Other Family Support

- Stakeholders often discussed the importance of supporting the whole family, including providing information and referrals on a number of services such as job training, food assistance, financial and housing assistance and AHCCCS enrollment help.
- Food insecurity is a large concern in the region and programs such as the food bank and backpacks with food for school-aged children were seen as valuable services in the region.

Conclusions: Priorities for Building the Family Support System in the Region

The goal of the key informant interviews was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the family support system in the region. Utilizing those responses, summarized in the previous sections, as well as secondary data available on the state of the family support system in the region, the following priorities are proposed.

- Address the dearth of mental health professionals who are qualified to work with young children and trained in trauma-based therapy.
- Reframe parenting education and support to be less likely to imply a deficit that needs to be addressed, and instead as a support for good parenting.
- Provide training opportunities for early childhood professionals on the needs of children in the child welfare system and how to recognize potential warning signs. Offering these training opportunities in more locations than the three large cities in Mohave County might also be advised.
- Explore the possibility of offering additional support services aimed at fathers, grandparents and teen parents.
- Continue efforts to address duplication in home visitation services, application fatigue and improved referral mechanisms.
- Examine eligibility conditions for home visitation (geographic limits) and parenting programs (AHCCCS enrolled or involvement in child welfare programs) to determine if such criteria are necessary.
- Educating parents on the importance of parenting and family support for their children's development and success could be achieved in a number of ways. These include; incorporation of family support and resources into community events like fun fairs and play groups, existing events such as family nights at schools, events at casinos, or safety nights at the fire department, and inclusion of information in local resource guides, radio and print media, and social networks.
- Increase family support programs' outreach to churches, businesses, and service organizations, who may also be able to share this information with their members.
- Support a one-stop resource for early childhood information, be it an individual, a location, a publication or a website, with local, city or town-level information.

- Ensure all childhood professionals in the region have information available to disseminate on the importance and availability of family support services.
- Promote additional degree and certification programs in the region to prepare the future local workforce, in particular, coursework in mental health services and child welfare.

Next Steps in Systems Building

First Things First (FTF) is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age 5.

From an organizational perspective, the FTF La Paz/Mohave Regional Partnership Council will take the input provided by survey respondents – as well as recommendations made by the authors of this report – as it considers which early childhood strategies to fund in fiscal years 2016-2018.

From a systems perspective, the regional council will use the information contained in this report to stimulate dialogue about further advancing the region's early childhood system in areas such as: increasing collaboration or cooperation among system partners to enhance the effectiveness of or reduce duplication in early childhood programs; opportunities to leverage or maximize existing early childhood funds; and, addressing the needs of young children that are beyond the scope of FTF.

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LA PAZ / MOHAVE
HEALTH BRIEF

AUGUST 2014

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Funded by

First Things First La Paz/Mohave Regional Partnership Council

First Things First’s vision is that all Arizona’s children are ready to succeed in school and in life. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children’s health care; and support for families to provide nurturing, healthy and resource-rich environments for their children. Coordinating policies, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national BUILD Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. **Context:** The political environment that surrounds the system and affects its success
2. **Components:** The quality and performance of programs and services
3. **Connections:** The strength and effectiveness of linkages across the system
4. **Infrastructure:** The foundational supports the system needs to function effectively
5. **Scope and Scale:** The comprehensiveness of the system for all children.

To gather this information, the La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and child care providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014.

Altogether, 101 individuals participated in an interview which was structured around the BUILD Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early learning; 2) children’s health care and 3) family support programs.

This brief addresses findings on children’s health care from the perspective of these stakeholders. Health care services assessed include medical, dental, vision, emergency medicine, mental health services, services for children with special needs and rehabilitative care.

La Paz/Mohave Region Children’s Health Care Brief

Having easily available, affordable, high quality health care services for expectant mothers and young children can have profound impacts in a community. Access to high-quality health care can improve birth outcomes, ensure more children receive routine and recommended care, reduce delays in seeking care, and affect the continuity of care received. All of these factors can have an impact on school readiness and success, and on a child’s long-term health and well-being. This brief describes the current state of the children’s health care system in the La Paz/Mohave Region from the perspective of key stakeholders.

Overview of Children’s Health Care in the La Paz/Mohave Region

Access to health care can be problematic for the La Paz/Mohave Region. All of La Paz County and all but the areas around Lake Havasu City and Bullhead City in Mohave County have been designated as “medically underserved” by the Arizona Department of Health Services,¹ and

¹<http://www.azdhs.gov/hsd/designations/DownloadWindow/BasicMaps/AZMUA.pdf>

much of the region has been designated as a “dental health professional shortage area.”²

The ratio of the county population to the number of primary care providers provides an indicator of the health care infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Mohave County, it is about 872:1, climbing to 1,742:1 in La Paz County. This is similar to other rural and frontier areas in the state, and illustrates the challenge that residents in more outlying areas face in obtaining care.

The larger communities in the region are served by hospitals and community health clinics, and local health clinics provide services in outlying communities. However, there are few pediatricians and fewer pediatric dentists, even in the larger communities. Specialty medical and dental care for young children is very often unavailable.

Approximately 14 percent of children from birth to 5 years of age are uninsured in the region, compared to 11 percent for the state as a whole. Roughly 25 percent of the population of Mohave County, and 24 percent of the population of La Paz County are enrolled in AHCCCS, slightly higher than the state as a whole (21%).³

The percentage of uninsured births in the state is just over 3 percent which is similar to Mohave County (5%). The percentage of uninsured births in La Paz County is much higher at 15 percent.⁴ In addition, the infant mortality rate is higher in La Paz and Mohave Counties than in the state as a whole (8.7 in La Paz and 7.5 in

Mohave compared to 6.5 per 1,000 births in the state).⁵

The region faces unique challenges related to children’s health care due to the geographically remote nature of many of its communities, as well as the expanse of the region.

Context of the Early Childhood Health Care System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact children’s health care in the region.

Strengths

- Some communities show strong support and collaboration around essential health services, e.g., annual events like the Havasu Stick’em offer free child immunizations.
- La Paz Regional Hospital, the only non-Indian Health Services hospital in La Paz County, recently received the designation of Critical Access Hospital.
- A strong volunteer spirit among health care providers and service organizations enables some children to receive health care and supplies who would not otherwise have access to them.
- The growing number of young families and greater awareness of the importance of early childhood has caused some providers of services to children to shift resources to the birth to 5 population.

Challenges

- Political beliefs and a strong culture of self-reliance affect utilization of services provided by government agencies.
- Early childhood is not perceived as being a high priority issue among some in political leadership.
- Having a large elder and retirement population is seen as affecting the limited

² <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

³ AHCCCS (2014). Population by County. Retrieved from <http://www.azahcccs.gov/reporting/enrollment/population.aspx>

⁴ Arizona Department of Health Services (2013). Advance vital statistics by county of residence, Arizona, 2012, Tables T18 and T19. Retrieved from <http://azdhs.gov/plan/report/avs/avs12/avs2012.pdf>

⁵ Arizona Department of Health Services, Primary Care Area Statistical Profiles, 2014

health care resource allocation in the region towards those groups.

- The transient nature of the younger population in the area impacts the degree of political support for early childhood issues as well as follow-up on referrals by parents and follow-up by health care providers.
- Generational poverty and day-to-day struggles override health care seeking and impede accessing routine and recommended care.
- The issue of substance abuse, and the chaos and dysfunction within families that often causes, interferes with knowledge of and utilization of health care services for children.
- Both city-level community development efforts and agency-level recruitment and retention incentives are needed to increase the number of qualified workers who move into and stay in the region, particularly in the fields of mental health and special needs services.

Components of the Early Childhood Health Care System in the Region

Stakeholder perceptions of the available health care programs and services in the region, and factors impacting their quality, are summarized in the following section.

Strengths

- High quality pediatric medical and dental services are available in larger communities.
- Head Start’s coordinated health services, and education for families on routine and recommended health care, are a solid resource for children enrolled in Head Start.
- Ongoing quality community programs were identified in many areas. These included: Mohave Community College free dental exams and fluoride varnishes; Havasu Stick’em free immunizations, sports physicals, and vision and hearing screenings; Kingman Regional Medical Center Kid’s Day Health and Safety Fair; La Paz County Health Department’s school-

based immunization program and annual EXPO; and Mohave County Health Department’s free immunization clinics.

- There is currently a Promotora outreach program in development in La Paz County.

Challenges

- Most children’s medical care is provided by family practice physicians or nurse practitioners, rather than pediatricians, which some stakeholders felt may impact the quality of specialized care.
- Services with home offices based in other cities were seen to lack the local community knowledge and commitment needed to have a successful impact in the region.
- There is a “rotational” aspect of medical care that is particular to rural communities (practitioners staying for two years to get experience or to fulfill loan obligations). The continuity of care families and children receive suffers with these frequent provider changes.
- There were a number of concerns raised about the quality of mental health services available across the region. Staff were often seen to be uncertified, underqualified, or inexperienced, and stakeholders identified a lack of therapists knowledgeable in play or trauma-based therapy.
- Stakeholders identified a need for increased focus on preventative health services, and for education about what routine health care should be for children. They felt that there was a need to directly address the sense families have that, “If my child isn’t sick, why should I go to the doctor?”
- Transportation is a large barrier because many communities in the region are far removed from health care services.
- Language barriers and cultural issues are an obstacle to health care services, including limiting AHCCCS enrollment and knowledge and/or utilization of available services.
- Expanded clinic and health care service hours to evenings and weekends are needed to increase working parents’ options for accessing services.

- Within the Fort Mojave Indian Tribe, a new challenge to children’s health care access is children not meeting the tribal membership criteria. Some programs, however, have included a descendant’s clause for eligibility for services which does not require tribal enrollment.

Connections Across the Early Childhood Health Care System in the Region

Stakeholders discussed strengths, challenges affecting the strength and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

Strengths

- The newly formed Oral Health Coalition is working to integrate preventive oral health education into existing family support and early learning programs in the region. This work is funded through a grant from Delta Dental and provided by the University of Arizona Mohave Cooperative Extension.
- The Mohave County Special Needs Advocacy Coalition (SNAC) led by the Mohave County Health Department coordinates special needs services in the region, provides networking opportunities for providers, and connects parents and caregivers to resources and support including support groups in Bullhead City, Kingman and Lake Havasu City.

Challenges

- Vacancies in health service agencies and high rates of turnover of staff impact the accessibility of health services, the continuity of care families receive, and the ability for inter-agency coordination to plan, organize and deliver services.
- Lack of knowledge of available programs and services among service providers themselves is a barrier to referral and coordination: “Good information on services is hard to find.”

- There are “are turf issues” among provider agencies due to competition for funding.
- Networking and collaborative efforts have stalled, not moving from brainstorming to planning and implementation phases.

Recommendations

- Increase the use of local media in public awareness campaigns.
- Increase the use of social media to relay health service information.
- Hold community-based health and community services fairs with an array of providers available to talk with parents.
- Funding mechanisms should require partnering to support collaboration and sustainability.
- Increase networking, meetings, and opportunities to engage and share information and advertising materials to improve coordination and referral among health service provider agencies.
- Improve the connection and communication between tribal and county agencies so that families inside and outside of tribal lands have knowledge of and access to all available services in the region.
- Provide opportunities for cross-system collaboration, bringing together school administrators, child care providers, health care providers and family support agencies to share information across disciplines.
- Provide health care services and educational resources through child care and early learning centers, e.g. flu shots.
- Involve political and business leaders in discussions regarding the need for funding of health services at the community level.
- Increase web access to meetings among system partners to address time and transportation issues.
- Hold more meetings among system partners in La Paz County to improve attendance and provider buy-in.
- Ensure that pediatricians, family practice providers, community health workers and Promotoras have information on regional

resources to be able to disseminate this information.

Infrastructure in the Early Childhood Health Care System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- Address short grant funding cycles of some health care services, e.g. free health screenings, which affect sustainability and family perceptions and care seeking.
- Address how changes in funding mechanisms and new funding cycles cause disruptions in services and collaboration between partner organizations.
- Offer additional training and cross-training on children’s health care topics, such as developmental milestones and mental health topics, so that those in early education or child care centers are more aware of when referrals might be advised.
- Address regional agency barriers to supporting their staff’s attendance at training events (e.g. requiring staff to use personal time off to attend trainings during work hours).
- Offer additional degree and certification programs in the region to prepare the local health care workforce; coursework in mental health services and case management were singled out as examples.

Scope and Scale of the Early Childhood Health Care System in the Region

Stakeholders discussed the comprehensiveness of the children’s health care system in the region and the factors that affect it.

Strengths

- General pediatric medical and dental care is available in the three large cities in Mohave County: Bullhead City, Kingman and Lake

Havasu City. General pediatric medical care is available in Parker in La Paz County.

- General hearing and vision screening are also available in these larger communities in hospital settings at birth.
- Schools provide vision and hearing screenings to children enrolled in preschool or kindergarten, which is particularly important in smaller communities.
- Kingman Regional Medical Center’s Pediatric Unit is equipped to address some pediatric specialty needs.
- In La Paz County, the school districts and county have formed a county consortium to share therapists and the associated costs. Therapists travel to various schools to work with children with special needs.

Challenges

General Medical Services

- Almost all respondents, representing all provider types, replied “no” to the question “Do you think there are adequate health care services for young children in your community?”
- In the larger communities, which do have pediatric care, long wait times to see a provider due to the demand for services are common, often resulting in the use of urgent care for routine care needs, e.g., colds and flu.
- For the smaller cities in Mohave County and all of La Paz County, both general and specialty medical services for young children are needed.
- The decrease in school nursing staff may impact one avenue to health care for young children enrolled in school-based preschool and kindergarten.
- The region lacks specialists, including pediatric audiologists and optometrists.
- Transportation to access services in larger cities, or metropolitan areas, is needed.
- The decreasing number of inter-state agreements between AHCCCS and out of state health care providers, delays in AHCCCS reimbursements to those

providers, and families not being enrolled in AHCCCS, can all impact access to health care for families living in border communities.

Mental Health Services

- Mental health services were consistently cited as the greatest health care need for young children in both counties.
- Mental health services are largely unavailable for those not on AHCCCS.
- Long wait times for referral follow-up and appointments are common.
- The use of non-certified mental health workers to provide care, and the absence of coordination of care between the mental health provider, families, schools and other health care providers are issues.
- The needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.
- Although AHCCCS-covered children are entitled to mental health services, they first require a diagnosis (such as autism, ADHD, or psychiatric disorders). Lack of specialists sometimes means children are unable to be diagnosed in a timely manner, delaying care and early intervention.
- Substance abuse services and in-patient treatment for families of young children in the region are important needs.

Specialty Medical Care

- Second to the need for mental health services, was the need for services for children with special needs.
- Some providers have stopped accepting APIPA, the new children's AHCCCS plan that facilitates Children's Rehabilitation Services (CRS) services. This will require families to travel great distances to find a provider.
- There has been ongoing difficulty in recruiting providers and specialists to the region. This has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing vacancies.

- For services for the birth through 3 age group, there are substantial time lags between referrals and follow-up, and waits of months for therapy to begin are common.
- There are limited resources for children with less severe delays, who would still benefit from early intervention.
- Even when families are able to receive specialty care by travelling to more urban areas, follow-up is difficult due to the lack of therapeutic resources in the region and the difficulty in maintaining contact with the outside-of-region provider.
- Emergency care for young children is limited in the region.

The Gap Group

- Working families who don't qualify for subsidized health care struggle to afford health services for their children.
- The economic downturn has had an effect on regional businesses, such as casinos, causing some to reduce or eliminate health benefits, creating a new pool of uninsured or underinsured families.

Conclusions: Priorities for Building the Early Childhood Health Care System in the Region

The goal of the key informant interviews was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the early childhood health care system in the region. Utilizing their responses, summarized in the previous sections, as well as secondary data available on the state of the children's health care system in the region, the following are identified as priorities for the La Paz/Mohave Region:

- Address the lack of mental health providers and speech, occupational and physical therapists, who are qualified to work with young children.
- Continue and expand educational opportunities for child care providers and

educators on mental health and special needs topics.

- Promote additional degree and certification programs in the region to prepare the local health care workforce; in particular, provide coursework in mental health services and case management.
- Partner with health departments and local communities to provide more ongoing immunization clinics, and health, dental, hearing and vision screenings at schools, child care centers, and other local community sites.
- Support a one-stop resource for health care information, be it an individual, a location, a publication or a website, with local, city or town-level information.
- Improve community outreach on existing health care programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Local, city-level boards or coalitions can help lead and foster these efforts.
- Consider a model used by successful collaborative clinics (e.g., Sun River Utah program) where different providers come once or more each month to a single location. In larger cities, these collaborative clinics could focus on specialty care, and in smaller communities they could also provide that missing general, young child focused healthcare piece.
- Partner to provide transportation options to clinics and health services.
- Increase wrap-around support. This could be increased linkages and coordination between 1) primary care and specialty care, 2) primary care and other health care services in the community or farther afield, 3) primary care and family support programs in the community or 4) primary care and transportation providers. Need to partner between agencies and

organizations to build an effective referral system.

- For services for children with special needs, establish a specialist coordination group educated on the needs of the local population. Include early intervention agencies and programs, as well as health care providers and early childhood educators. Hold ongoing meetings (with web access option) to share information on programs/services, and allow client-based discussion, problem-solving and referral.

Next Steps in Systems Building

First Things First (FTF) is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age 5.

From an organizational perspective, the FTF La Paz/Mohave Regional Partnership Council will take the input provided by survey respondents – as well as recommendations made by the authors of this report – as it considers which early childhood strategies to fund in fiscal years 2016-2018.

From a systems perspective, the regional council will use the information contained in this report to stimulate dialogue about further advancing the region's early childhood system in areas such as: increasing collaboration or cooperation among system partners to enhance the effectiveness of or reduce duplication in early childhood programs; opportunities to leverage or maximize existing early childhood funds; and, addressing the needs of young children that are beyond the scope of FTF.

Citations

Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. BUILD Initiative.



FIRST THINGS FIRST

Ready for School. Set for Life.

SFY 2016 La Paz/Mohave Regional Funding Plan

DRAFT

LA PAZ/MOHAVE
Regional Partnership Council

Presented to the First Things First Board
January 22-23, 2015

La Paz/Mohave
Funding Plan Summary
SFY 2016 Proposed

Allocations and Funding Sources	2016	Recommendations to the Board SFY16 Strategies and Allotments
SFY Allocation	\$2,331,836	
Population Based Allocation	\$1,164,069	
Discretionary Allocation	\$1,167,767	
Other (FTF Fund balance addition)	0	
Carry Forward From Previous Year	\$1,313,721	
Total Regional Council Funds Available	\$3,645,557	
Strategies	Proposed Allotment	
Court Teams	\$350,000	
Home Visitation	\$725,072	
Family, Friends & Neighbors	\$240,000	
Professional Development ECE	\$300,000	
Community Outreach	\$80,000	
Community Awareness	\$25,000	
Quality First Scholarships	\$1,397,400	
Quality First Coaching & Incentives	\$243,695	
Quality First Academy	\$18,800	
Quality First Specialized Technical Assistance	\$11,000	
Child Care Health Consultation	\$59,400	
Statewide Evaluation	\$195,190	
Total	\$3,645,557	
Total Unallotted	\$0	

LA PAZ/MOHAVE REGIONAL PARTNERSHIP COUNCIL

**Regional Funding Plan
SFY 2016
July 1, 2015 - June 30, 2016**

- I. Regional Allocation Summary**
SFY 2013 - 2015 and SFY 2016 - 2018

- II. Three Year Recap - Review of SFY 2013 - 2015 Funding Plans**
 - A. Strategy Allotments, Awards and Expenditures
 - B. Strategies and Units of Service

- III. SFY 2016 – 2018 Strategic Direction**
 - A. Regional Priorities, Selected FTF Indicators and Priority Roles, and Approaches to Achieve Outcomes
 - B. System Building - Unfunded Approaches
 - C. Opportunities for Public Private Partnership
 - D. Changes in Funded Approaches from SFY 2015 to SFY 2016
 - E. New Proposed Funded Approaches
 - F. Target Service Units Proposed
 - G. Proposed Funding Summary SFY 2016 -2018
Regional Partnership Council Budget

**Section I.
Regional Allocation Summary
La Paz/Mohave Regional Partnership Council**

Allocations and Funding Sources	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
FY Allocation						
Population Based Allocation						
Discretionary Allocation						
Other (FTF Fund Balance Addition)						
Carry Forward from Previous Year						
Total Regional Council Funds Available						

(Jennifer and/or Melody will do this.)

Section II.A.**SFY 2013 - 2015 Strategy Allotments, Awards and Expenditures****La Paz/Mohave Regional Partnership Council**

		SFY 2013 - 2015						
		La Paz/Mohave Funding Plan Summary						
Allocations and Funding Sources	2013			2014			2015	
FY Allocation			\$3,897,043			\$3,661,533		\$3,733,973
Population Based Allocation			\$2,201,904			\$2,098,193		\$2,149,225
Discretionary Allocation			\$1,281,910			\$1,198,124		\$1,212,000
Other (FTF Fund balance addition)			\$413,229			\$355,216		\$372,748
Carry Forward From Previous Year			\$2,340,171			\$2,764,476		\$2,116,179
Total Regional Council Funds Available			\$6,237,214			\$6,416,009		\$5,850,152
Strategies	Allotted	Awarded	Expended	Allotted	Awarded	Expended	Allotted	Awarded
Court Teams	\$410,000	\$410,000	\$379,522	\$400,000	\$400,000	\$355,020	\$400,000	\$400,000
Home Visitation	\$1,200,000	\$1,199,074	\$1,047,149	\$1,200,000	\$1,114,006	\$1,051,628	\$1,114,006	\$1,114,006
Family, Friends & Neighbors	\$100,000	\$100,000	\$96,659	\$100,000	\$100,000	\$99,222	\$100,000	\$100,000
Professional Development ECE	\$400,000	\$400,000	\$306,312	\$400,000	\$400,000	\$300,993	\$400,000	\$400,000
Community Outreach	\$83,000	\$83,000	\$64,252	\$83,000	\$83,000	\$70,426	\$83,000	\$83,000
Community Awareness	\$30,000	\$30,000	\$27,005	\$30,000	\$30,000	\$22,997	\$30,000	\$30,000
Quality First	\$369,697	\$320,905	\$285,772					
Quality First Pre-K Scholarships	\$1,108,100	\$928,800	\$761,838	\$1,365,583	\$1,245,242	\$1,159,131		
Quality First Scholarships	\$397,063	\$397,063	\$293,088	\$450,948	\$450,948	\$402,797	\$2,315,821	\$2,315,821
Quality First Coaching & Incentives				\$326,082	\$326,082	\$281,415	\$272,885	\$258,537
Quality First Academy				\$21,817	\$18,125	\$14,726	\$19,740	\$19,740
Quality First Child Care Health Consultation				\$994	\$994	\$751	\$987	\$707
Quality First Inclusion Warmline				\$4,852	\$4,852	\$3,413	\$4,410	\$3,890
Quality First Mental Health Consultation Warmline				\$4,990	\$4,990	\$4,812	\$4,536	\$4,536
Quality First Pre-K Mentoring				\$78,507	\$78,507	\$74,825		
Quality First Warmline Triage				\$1,941	\$1,941	\$1,937	\$1,596	\$1,596
Child Care Health Consultation	\$47,880	\$7,579	\$7,182	\$51,926	\$51,926	\$39,950	\$62,370	\$62,370
Expansion: Increase Slots and/or Capital Expense	\$85,000	\$85,000		\$264,300	\$264,300	\$195,253	\$63,172	
Family Support – Children with Special Needs	\$150,000	\$150,000	\$141,539	\$150,000	\$150,000	\$140,222	\$150,000	\$150,000
Needs and Assets	\$11,125	\$11,125	(\$3,875)	\$42,000	\$33,075	\$29,873		
Oral Health					\$35,000			\$25,000
Recruitment – Stipends/Loan Forgiveness	\$51,584	\$23,460	\$20,166					
Scholarships TEACH	\$66,000	\$66,000	\$24,867					
Statewide Evaluation	\$107,344	\$107,344	\$21,262	\$193,948	\$193,948	\$50,439	\$255,216	\$255,216
Total	\$4,616,793	\$4,319,350	\$3,472,738	\$5,170,888	\$4,986,937	\$4,299,830	\$5,277,739	\$5,224,420
Total Unallotted	\$1,620,421	\$297,443	\$846,612	\$1,255,121	\$183,951	\$687,106	\$572,414	\$53,319

**Section II.B.
SFY 2013 - 2015
Strategies and Units of Service**

**La Paz/Mohave Regional Partnership Council
Units of Service by Strategy**

La Paz/Mohave Region Units of Service by Strategy						
Strategy Description	Fiscal Year 2013		Fiscal Year 2014		Fiscal Year 2015	
	Targeted Units	Contracted Units	Targeted Units	Contracted Units	Targeted Units	Contracted Units
Court Teams Strategy						
Number of children served	304	200	200	200	200	200
Number of participants attended	525	525	525	525	525	525
Home Visitation Strategy						
Number of children receiving screening					298	316
Number of developmental screenings					298	388
Number of families served	343	318	298	298	298	316
Number of hearing screenings conducted					0	316
Number of vision screenings conducted					0	316
Family, Friends & Neighbors Strategy						
Number of home based providers served	60	60	60	60	60	60
Community Based Professional Development Early Care and Education Professionals Strategy						
Number of participating professionals	200	200	200	200	200	200
Quality First Scholarships Strategy						
Number of scholarship slots for children 0-	62	62	78	78	297	297
Quality First Pre-K Scholarships Strategy						
Number of FTF-funded pre-K children	183	223				
Number of Pre-K scholarship slots			183	183	0	0
Number of private/public community partner pre-K sites receiving support	4	8				
Number of public school-district pre-K sites receiving support	9	8				
Quality First Coaching & Incentives Strategy						
Number of Centers	20	18	0	20	20	20
Number of Homes	1	1	0	1	1	1
Number of Rating Only Centers			0	0	0	0
Child Care Health Consultation Strategy						
Number of center based providers served	18	0	20	20	20	20
Number of home based providers served	1	0	1	1	1	1
Number of Non-QF Centers			0	0	0	0
Number of Non-QF Homes			0	0	0	0

Notes about SFY14 contracted service units and SFY15 service units:

REGIONAL DIRECTOR: unless otherwise noted in the table rows, provide explanation for any strategies which show zeros or numbers which would raise questions to the average reader. The following notes, in black font, are for every region. Select from red font as appropriate.

Notes about SFY14 contracted service units and SFY15 service units:

Home Visitation Service Numbers:

In SFY15, additional targeted service units were included in this strategy “number of children receiving screening” and “number of developmental screenings conducted”.

Quality First Coaching and Incentive Numbers:

In SFY14, the Regional Partnership Council targeted 45 Centers and 9 Homes for Full Participation. For SFY 15 targeted service units for the region are: 47 Centers and 10 Homes for Full Participation.

In SFY 13 and the “0” reflects that “Rating Only” centers were not funded.

Quality First Scholarship Service Numbers:

TSU changes are due to the SFY15 QF model changes approved by the Board. TSU changed from 569 SFY 14 to 504 SFY 15 due to program model changes which impacted the eligibility of programs to receive scholarships based upon star ratings, participant size. Additionally, in SFY15, the target service unit for Quality First Pre-Kindergarten scholarship is included in the Quality First Scholarship service unit.

Child Care Health Consultation Service Numbers:

The Gotham region does not fund Child Care Health Consultation outside of the Quality First bundle, thus there are no targeted or contracted Non-Quality First centers/homes service numbers.

The change in targeted service units in SFY15 is a result to the change in the number of enrolled Centers and Homes in Quality First full participation, as explained above.

**Section III. A.
Strategic Plan
SFY 2016 - 2018**

Regional Priorities, Selected FTF Indicators and Priority Roles, and Approaches to Achieve Outcomes

Regional Priority Need(s) to be addressed	School Readiness Indicators and Regional Benchmark Aligned with the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2016 – 2018 Approaches	
			Unfunded Approaches	Funded Approaches
<p>Implement comprehensive, relationship-based caregiver education and family support programs targeted to underserved areas and vulnerable populations.</p> <p>Develop and implement policies and practices, and provide technical assistance, to support young children and their families involved in the child welfare system, promote their social and emotional well-being, and meet their need for a caring, consistent environment.</p> <p>Increase access to quality early learning programs in underserved areas and for vulnerable populations.</p> <p>Provide opportunities for professional development that create a more skilled and</p>	<p>Kindergarten Readiness <i>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical.</i> <u>NOTE:</u> The baseline and benchmark data for this indicator is not yet available. Benchmark related to developmental domains of socialemotional, language and literacy, cognitive, and motor and physical to be recommended in FY15 based on baseline data from Arizona kindergarten developmental inventory.</p> <p>Developmental Delays Identified in Kindergarten <i>% of children with newly identified developmental delays during the kindergarten year (pending possible modification of indicator language and determination of data sources).</i> <u>NOTE:</u> The baseline and benchmark data for this indicator is not yet available. Available data source for this</p>	<p>Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p> <p>Quality, Access and Affordability of Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.</p> <p>Access to Quality Health</p>	<p>Components <i>Establishing high-performing and quality programs and services</i></p> <ul style="list-style-type: none"> Promote Infant Toddler Mental Health Endorsement (ITMHCA) <p>Connections <i>Creating strong and effective linkage across the system</i></p> <ul style="list-style-type: none"> Connect children in foster care with quality early learning programs Multi-agency collaboration on early intervention and Child Find Home Visiting Collaborative (MIECHV) 	<p>Court Team</p> <p>Home Visitation</p> <p>Family, Friends and Neighbors</p> <p>Professional Development ECE</p> <p>Community Outreach</p> <p>Community Awareness</p> <p>Quality First (coaching, scholarships, CCHC & TEACH)</p> <p>Statewide Evaluation</p>

Regional Priority Need(s) to be addressed	School Readiness Indicators and Regional Benchmark Aligned with the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2016 – 2018 Approaches	
			Unfunded Approaches	Funded Approaches
<p>educated early childhood workforce.</p> <p>Promote existing early childhood resources and build public will and awareness in support of early childhood development and health.</p> <p>Promote health (including physical, mental and oral health, nutrition, and social and emotional well-being) by including health as a central focus of ALL early childhood services and connecting families with appropriate and timely health information and resources.</p>	<p>indicator was not identified during the initial approval of statewide benchmarks. FTF is convening stakeholders and content experts this summer to decide if the indicator language needs to be modified, and then determine possible data sources to set baselines and benchmarks.</p> <p>Confident Families <i>% of families who report they are competent and confident about their ability to support their child's safety, health and well being</i> REGIONAL BENCHMARK: 69% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020. (Baseline: 59%)</p>	<p>Care Coverage and Services - Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p> <p>Professional Development System – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.</p> <p>Build Public Awareness and Support – Convene partners, provide leadership, and provide funding to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public.</p>		

**Section III. B.
Unfunded Approaches
SFY 2016 – 2018**

A Regional Partnership Council may identify unfunded approaches to carry out in addition to funded approaches. Unfunded approach(es) to demonstrate how the Regional Council is advancing the early childhood system in the region.

SFY 2016 – 2018 Unfunded Approaches					
Regional Priority Need	System Building Approach	Outcome to Achieve	Role of Regional Council	Current and Potential System Partners to Engage	Time-line
Provide opportunities for professional development that create a more skilled and educated early childhood workforce.	<p>Components</p> <p><u>Promote ITMHCA Infant Toddler Mental Health Endorsement</u></p>	<p>Components</p> <p>More professionals endorsed Improved program quality</p>	<p>Components</p> <p>Partner – Council co-convenes and facilitates with identified system partner(s) to implement the approach.</p>	<p>Components</p> <p>Infant Toddler Mental Health Coalition of Arizona (ITMHCA); Court Team; the Association for Supportive Child Care</p>	<p>Start: 07/2015</p> <p>Finish: 06/2018</p>
<p>Increase access to quality early learning programs in underserved areas and for vulnerable populations.</p> <p>Promote existing early childhood resources and build public will and awareness in support of early childhood development and health.</p>	<p>Connections</p> <p><i>Creating strong and effective linkage across the system</i></p> <p><u>Connect Children in Foster Care with Quality Early Learning Programs</u></p> <p><u>Multi-Agency Collaboration on Early Intervention and Child Find</u></p>	<p>Connections</p> <p><i>Creating strong and effective linkage across the system</i></p> <p>Child care included on Court Team Checklist; Referrals occur routinely between programs.</p> <p>Joint planning across system components; Referrals occurring from one program to another.</p>	<p>Connections</p> <p><i>Creating strong and effective linkage across the system</i></p> <p>Partner – Council co-convenes and facilitates with identified system partner(s) to implement the approach.</p> <p>Participant – Council is one of many community members involved in a community-based initiative.</p>	<p>Connections</p> <p><i>Creating strong and effective linkage across the system</i></p> <p>Court Team, Department of Economic Security (DES) Child Care Administration, Head Start, Foster Care Licensing.</p> <p>Department of Economic Security (DES) AzEIP program, Head Start, school districts, and home visiting providers.</p>	<p>Start: 07/2015</p> <p>Finish: 06/2018</p>

SFY 2016 – 2018 Unfunded Approaches					
Regional Priority Need	System Building Approach	Outcome to Achieve	Role of Regional Council	Current and Potential System Partners to Engage	Time-line
Implement comprehensive, relationship-based caregiver education and family support programs targeted to under-served areas and vulnerable populations.	<u>Home Visiting Collaborative</u> FTF is one of many partners funding home visitation in the La Paz/Mohave Region. The region will participate in an unfunded strategy – a Home Visiting Collaborative – to coordinate referrals across programs and ensure access to appropriate services for eligible families.	Joint planning across system components; Referrals occurring from one program to another.	Participant – Council is one of many community members involved in a community-based initiative.	Mohave County Department of Public Health, Arizona Department of Health Services (MIECHV), and grant partners.	

**Section III. C.
Opportunities for Public Private Partnerships
SFY 2016-2018**

Regional Opportunities for Public Private Partnership

Regional Priority Need	Approaches (Funded and Unfunded)	Type of Partnership
<p>Promote health (including physical, mental and oral health, nutrition, and social and emotional well-being) by including health as a central focus of ALL early childhood services and connecting families with appropriate and timely health information and resources.</p>	<p>The University of Arizona Cooperative Extension, the Delta Dental of Arizona Foundation, and First Things First, support a Child Care Health Consultant (CCHC) in the region to provide these <u>additional oral health promotion duties</u>:</p> <ol style="list-style-type: none"> 1. Convene the La Paz/Mohave Oral Health Coalition at least quarterly; 2. Provide parent/family events at least quarterly to promote oral hygiene and raise awareness of existing oral health resources; 3. Distribute evidence-based oral health materials and messages; 4. Partner with local service providers to integrate oral health education and prevention activities into existing programs; 5. Provide dental screening and fluoride varnish application for children enrolled in Quality First child care centers. <p>The CCHC is a Dental Hygienist who works directly with staff and children in child care centers to improve health and safety outcomes, including oral health.</p>	<p>Grant from Delta Dental of Arizona Foundation (\$25,000)</p>

Section III.D.**Changes in Funded Strategies from SFY 2015 to SFY 2016****Strategies Not Continuing in SFY 2016 – 2018**

Strategy Name	SFY 2015 Allotment/ Cummulative Allotment SFY 2013 - 2015		SFY 2015 Target Service Units	Explanation Rationale for Discontinuation
Family Support for Children with Special Needs	SFY 2015 \$100,000	SFY 2013 – SFY 2015 \$300,000	60	The current strategy serves only Bullhead and Kingman, and the same in-home model (Parents as Teachers) is being provided by multiple agencies in these communities. The regional council determined that the target population will be better served through the region’s home visitation strategy, which is provided region-wide.
Expansion: Increase Slots	SFY 2015 \$63,172	SFY 2013 – SFY 2015 \$258,425	20	This strategy was intended to end in December 2014. Once programs receive a Quality First star rating, they will be supported through the region’s child care scholarship strategy.

PLACEHOLDER pending Strategy Universe Updates July 2014 – Footnote

Strategies Continuing in SFY 2016 – 2018 at Reduced Levels					
Strategy Name	SFY 2015 Allotment	SFY 2016 Allotment	Target Service Units		Explanation Rationale for Reduction
			SFY 2015	SFY 2016	
Quality First Scholarships	\$2,315,821	\$1,397,400	261	188	Scholarships targeted to 3-5 star providers.
Home Visitation	\$1,114,006	\$725,072	298	200	Services to be targeted to increase access in underserved areas and reduce duplication in Bullhead, Lake Havasu, Kingman and Parker.
Community Based Professional Development ECE	\$400,000	\$300,000	165	165	Allotment is reduced to better align with prior expenditures.
Court Team	\$400,000	\$350,000	200	200	Allotment is reduced to better align with prior expenditures.
Community Outreach	\$83,000	\$80,000	-	-	Allotment is reduced to better align with prior expenditures.
Community Awareness	\$30,000	\$25,000	-	-	Allotment is reduced to better align with prior expenditures.

**Section III.E.
New Strategies
SFY 2016 Funding Plan
New Proposed Strategies**

None.

DRAFT

Section III.F.

Proposed Target Service Units – Funded Strategies SFY 2016 – 2018

		2016	2017	2018
Strategy	Service Unit	Target	Target	Target
Court Teams	Number of children served	200	200	200
	Number of participants attended	500	500	500
Home Visitation	Number of children receiving screening	200	200	200
	Number of developmental screenings conducted	200	200	200
	Number of families served	200	200	200
	Number of hearing screenings conducted	200	200	200
	Number of vision screenings conducted	200	200	200
Family, Friends & Neighbors	Number of home based providers served	120	120	120
Professional Development ECE	Number of participating professionals	200	200	200
Quality First Coaching & Incentives	Number of Centers	19	19	19
	Number of Homes	1	1	1
	Number of Rating Only Centers	-	-	-
Quality First Scholarships	Number of scholarship slots for children 0-5 years	188	188	188
Child Care Health Consultation	Number of center based providers served	19	19	19
	Number of home based providers served	1	1	1
	Number of Non-QF Centers	-	-	-
	Number of Non-QF Homes	-	-	-

PLACEHOLDER Notes about SFY 2016 – 2018 proposed targets:

**Section III.G.
Proposed Funding Plan Summary SFY 2016 – 2018**

OPTION A

Include only enough funds in Quality First Coaching and Incentives and Quality First Academy to continue supporting the twenty (20) sites currently in the program (19 centers and 1 home).

			
FY 2016 - 2018 La Paz/Mohave Funding Plan Summary			
Allocations and Funding Sources	2016	2017	2018
FY Allocation	\$2,331,836	\$3,645,557	\$3,645,557
Population Based Allocation	\$1,164,069	\$2,358,224	\$2,358,224
Discretionary Allocation	\$1,167,767	\$1,287,333	\$1,287,333
Other (FTF Fund balance addition)			
Carry Forward From Previous Year	\$1,313,721		
Total Regional Council Funds Available	\$3,645,557	\$3,645,557	\$3,645,557
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Court Teams	\$350,000	\$350,000	\$350,000
Home Visitation	\$725,072	\$725,072	\$725,072
Family, Friends & Neighbors	\$240,000	\$240,000	\$240,000
Professional Development ECE	\$300,000	\$300,000	\$300,000
Community Outreach	\$80,000	\$80,000	\$80,000
Community Awareness	\$25,000	\$25,000	\$25,000
Quality First Scholarships	\$1,397,400	\$1,407,494	\$1,410,625
Quality First Coaching & Incentives	\$243,695	\$233,601	\$230,470
Quality First Academy	\$18,800	\$18,800	\$18,800
Quality First Specialized Technical Assistance	\$11,000	\$11,000	\$11,000
Child Care Health Consultation	\$59,400	\$59,400	\$59,400
Statewide Evaluation	\$195,190	\$195,190	\$195,190
Total	\$3,645,557	\$3,645,557	\$3,645,557
Total Unallotted	\$0	\$0	\$0

Section III.G.

Proposed Funding Plan Summary SFY 2016 – 2018

OPTION B

Include enough funds in Quality First Coaching and Incentives and Quality First Academy to bring all eight (8) Head Start programs in the region into the Quality First system as “rating only without scholarships” sites. This would bring the total number of Quality First sites in the region from 20 to 28. Including Head Start as part of our FTF early learning system has several benefits, including: making the system less fragmented and making our applications for federal dollars more competitive. It’s also an inexpensive way we can help make quality early learning programs available to more low-income families.

			
FY 2016 - 2018 La Paz/Mohave Funding Plan Summary			
Allocations and Funding Sources	2016	2017	2018
FY Allocation	\$2,331,836	\$3,645,557	\$3,645,557
Population Based Allocation	\$1,164,069	\$2,358,224	\$2,358,224
Discretionary Allocation	\$1,167,767	\$1,287,333	\$1,287,333
Other (FTF Fund balance addition)			
Carry Forward From Previous Year	\$1,313,721		
Total Regional Council Funds Available	\$3,645,557	\$3,645,557	\$3,645,557
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Court Teams	\$350,000	\$350,000	\$350,000
Home Visitation	\$700,000	\$700,000	\$700,000
Family, Friends & Neighbors	\$200,000	\$200,000	\$200,000
Professional Development ECE	\$300,000	\$300,000	\$300,000
Community Outreach	\$80,000	\$80,000	\$80,000
Community Awareness	\$20,000	\$20,000	\$20,000
Quality First Scholarships	\$1,383,920	\$1,394,024	\$1,397,145
Quality First Coaching & Incentives	\$319,727	\$309,623	\$306,502
Quality First Academy	\$26,320	\$26,320	\$26,320
Quality First Specialized Technical Assistance	\$11,000	\$11,000	\$11,000
Child Care Health Consultation	\$59,400	\$59,400	\$59,400
Statewide Evaluation	\$195,190	\$195,190	\$195,190
Total	\$3,645,557	\$3,645,557	\$3,645,557
Total Unallotted	\$0	\$0	\$0

First Things First
La Paz/Mohave Regional Partnership Council

Governance Policy Manual

P R E F A C E

This document, initially adopted by the La Paz/Mohave Regional Partnership Council on May 20, 2008, and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the La Paz/Mohave Regional Partnership Council.

DISCLAIMER

ALL POLICIES FOUND IN THIS GOVERNANCE POLICY MANUAL ARE SUBJECT TO CHANGE FROM TIME TO TIME AS APPROVED BY THE REGIONAL PARTNERSHIP COUNCIL. THE FIRST THINGS FIRST REGIONAL OFFICE DISSEMINATES HARD COPIES OF ADDITIONS/REVISIONS NOT MORE THAN TWICE EACH YEAR. THE WEB COPY, LOCATED AT [HTTP://WWW.AZECDH.GOV](http://www.azecdh.gov) IS UPDATED AS NEEDED FOLLOWING APPROVAL BY THE REGIONAL PARTNERSHIP COUNCIL. PRIOR TO ACTING IN RELIANCE UPON A SPECIFIC COUNCIL POLICY AS IT APPEARS IN ANY COPY OF THE GOVERNANCE POLICY MANUAL, PLEASE CHECK TO MAKE SURE THAT THE COUNCIL HAS NOT RECENTLY APPROVED ANY ADDITIONS OR REVISIONS TO THAT SPECIFIC POLICY.

Contact: Merritt Beckett, by phone at 928-854-8732 or by email mbeckett@azftf.gov

Contact Us:
First Things First
La Paz/Mohave Regional Partnership Council
1979 N. McCulloch Ave. #106
Lake Havasu, AZ 86404
928-854-8732

1-101 Organization, Authority and Location

The La Paz/Mohave Regional Partnership Council (herein “the Council”) is established as a result of a ballot initiative, Proposition 203, which was approved by voters in November 2006. The purpose, authority, powers and duties of the Council are included in A.R.S. Title 8, Chapter 13 as well as in other statutes and laws of the State of Arizona. The Council is appointed by the Arizona Early Childhood Development and Health Board and assisted in the performance of its duties by staff employees known as the First Things First Staff. The La Paz/Mohave Regional Office is located in Lake Havasu, Arizona. The office is maintained by the Regional Staff.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-102 Departure from Council Policy

- A. Persons desiring to depart from the policies adopted by the Council shall submit a request in writing to the Chairperson of the Council
- B. No departure from Council policy shall be permitted without the approval of the Council

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-103 Meetings of the Council

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each calendar year. The Chairperson or any four members of the council may at any time call a special meeting of the Council.

A majority of the membership of the Council shall constitute a quorum for the transaction of business at any meeting of the Council, but a number less than a quorum may adjourn from time to time. Council members may participate at any meeting in person, by teleconference and/or by videoconference provided that all members may hear one another.

Public notice of all meetings of the Council shall be provided in accordance with the requirements of law. All notices required by this policy shall at least specify the time, date and place of the meeting.

The agenda and all material relating to agenda items shall be transmitted electronically to each member of the Council at least seven days prior to the date of such meeting. Amendments to the agenda and additional supporting materials, not previously available, shall be transmitted at least three days prior to the scheduled meeting. Except with the approval of three-fourths of the voting members in attendance at a meeting, and if permitted by law, no action shall be taken by the Council on any matter where material is not timely submitted in accordance with this policy.

Special meetings may be held upon such notice to the members of the Council as is appropriate to the circumstances and upon such public notice as is required by law. All material relating to special meeting agenda items shall be transmitted to each member of the Council as far in advance of the meeting as possible.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-104 Meeting Procedures

The rules contained in the current edition of Robert's Rules of Order Newly Revised (available online at <http://www.rulesonline.com/>) shall govern the deliberations of the Council in all cases to which they are applicable and in which they are not inconsistent with these Council policies and special rules of order the Council may adopt, and with any applicable statutes.

The order of business for any regular meeting of the Council shall be in accordance with the written agenda prepared for the meeting. Such agenda shall provide for both an executive session and open session in accordance with requirements of law. The open session portion of the agenda shall provide at least for the following:

1. Call to order
2. Approval of minutes of prior regular or special meetings if not included on consent agenda
3. Adoption of all consent agenda items
4. Matters presented by the chairs of standing committees of the Council
5. Reports, if any, from ad hoc or special committees appointed by the Council
6. Matters presented by the First Things First Regional Director
7. Announcements and adjournment

Routine matters listed in the open session portion of the agenda for a regular meeting of the Council may be grouped together and decided by the Council without discussion or debate. Such matters shall be designated as "Consent Agenda Items." Any member of the Council may request discussion or debate on any individual item listed as a Consent Agenda Item, and the matter shall be considered and decided separately at such time in the meeting as may be directed by the Chairperson.

During the course of any regular meeting of the Council, the Chairperson shall act as presiding officer and all motions shall be directed to the Chairperson. However, the Chairperson may delegate to the chair of each respective standing committee the responsibility for chairing discussion of items presented to the Council by that chairperson. Whenever a matter before the Council is deferred for further discussion, the Chairperson may assign the matter to an appropriate committee, schedule the matter for further consideration at a future meeting of the Council, or take other appropriate action, and may otherwise direct the Regional Staff with respect to the matter.

All meetings of the Council are open to the public except for executive sessions. The Council reserves the right, however, to maintain order to prevent interference by any member or members of the public with the conduct of its meetings.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-105 Call to the Public Procedure

During each Council meeting, the Council may conduct a “Call to the Public” when members of the public may address the Council. Speakers who wish to address the Council:

- Must turn in a signed request (using the form provided at the Council meeting) to the Regional Director. Any written materials for the Council should be included with this request.
- Are given up to five minutes to make their remarks.

The following priority will be given to speakers during “Call to the Public”:

1. Matters scheduled on the same meeting’s agenda.
2. Other matters; presenters who haven’t addressed the Council in the previous two months.
3. Other matters: presenters who have addressed the Council in the previous two months.

The Council retains its prerogative to:

- Refuse to hear comments on a specific issue if a public comment session has been held on the issue.
- Limit the time or the number of speakers on the same issue.
- Refuse to have letters read *on behalf of other individuals*.

Council Members may not discuss or take legal action regarding matters that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. §38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to criticism, or scheduling the matter for further consideration and decision at a later date.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-106 Minutes of Meetings of the Council

Minutes of all meetings of the Council shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes lists of staff changes, reports, lists of budget information, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the "La Paz/Mohave Regional Partnership Council's Documents File," which shall be kept in the custody of the Regional Director and available for ready reference.

Each member of the Council shall be furnished with copies of the minutes of the open session portion of each regular and special meeting of the Council. Members of the Council shall be furnished with copies of the minutes of the executive session portion of any meeting of the Council for the purpose of approving those minutes, after which all copies shall be returned to the Regional Director.

All minutes of the open session portion of any meeting of the Council shall be open to public inspection during regular business hours at the First Things First Regional Office located in Lake Havasu, AZ. Minutes of executive sessions shall be kept confidential except from members of the Council or as otherwise required by law. Copies of minutes or excerpts from any minutes of the open session portion of any Council meeting or from any executive session, if the law permits such disclosure, may be furnished by the Regional Director. If such minutes have not yet been approved by the Council, they shall be marked "Draft."

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-107 Committees and Subcommittees

The Council may establish and maintain standing committees composed of members of the Council appointed by the Chairperson. The Chairperson will serve as an ex officio member of all standing committees.

Standing Committees may meet apart from regular meetings of the Council and provide a report to the Council of business conducted. All members of the Council attending a standing committee meeting are eligible for voting on standing committee matters.

The Chairperson of the Council may establish such other ad hoc or special committees as the Chairperson deems necessary or advisable. The Chairperson shall appoint the membership of such committees, which shall include at least one member of the Council, and shall designate the matters to be considered by said committees. All such committees shall act as advisory bodies to the Council and report their recommendations to the Council.

All such standing, ad hoc or special committees shall hold and conduct their meetings in accordance with requirements of law. The chair of each such committee shall be its presiding officer and shall set the time, date and place of the meetings.

The Executive Committee shall be a standing committee of the Council. Its members shall include the Chairperson, Vice-Chairperson and the chairs of any other Standing Committees established by the Council. Unless otherwise directed by the Chairperson, the Chairperson will preside over the Executive Committee. If the law permits, the Council may delegate a specific decision-making authority to the Executive Committee from time to time. In addition, if a matter is deemed to be urgent by the Chairperson, the Executive Committee may be convened for specific decision-making, subject to adoption at a subsequent regular meeting of the Council.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-108 Council Officers and Their Duties

At the first regular meeting of the Council following June 1 of each fiscal year beginning in 2015, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected.

In the absence of good reason to the contrary, it shall be the policy of the Council, in nominating members to serve as its Chairperson and Vice Chairperson, to nominate members who have previously served as a member of the executive committee to help ensure greater past experience on the Council. Notwithstanding the previously stated preference for experience, the Council may nominate any appointed member for its Chairperson and Vice-Chairperson. A majority vote of the appointed members of the Council shall be required to elect.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided, to serve as an ex officio member of all committees of the Council, and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson.

It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson. The Vice-Chairperson does not automatically succeed the Chairperson. Both the Chairperson and the Vice-Chairperson are eligible for reelection.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-109 Communications To or From the Council

Communications from the Council to members of the legislature, the press and the public should, whenever possible, be transmitted by and through the Chairperson of the Council. Inquiries in regard to matters upon which the Council has taken, or probably will take a position, should be referred to the Chairperson.

There will be cases when an individual member of the Council will feel obligated to answer inquiries. In these cases, the member of the Council expressing an opinion as to matters upon which the Council has taken a position should support the position taken by the Council or make it perfectly clear that he or she is expressing an opinion that has not been approved by the Council.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-110 Lobbying

The Council recognizes and appreciates the privilege each individual in this State and Nation has to express his or her opinion and to seek to make that opinion known to members of Congress, and State legislature. The Council also recognizes the responsibilities with which it has been entrusted in connection with the operation of the early childhood development and health system and the advancement of early childhood development and health programs in the State of Arizona and recognizes that on occasion the interests of the Council will not coincide with the interests of individual members of the Council.

In approaching members of the State legislature or members of Congress, members of the Council shall make every effort to indicate clearly that the position they take is an individual position or is the position of a group other than the Council. In instances in which the Council has taken an official position, the member endorsing a differing position shall make it clear to the legislative body that the Council has endorsed a different or contrary position.

The members responsible for the disbursement or allocation of State funds shall determine prior to disbursement or allocation that such funds will not be used for purposes of influencing legislation unless such use receives specific authorization by the Council.

Only the Chairperson of the Council or his or her designated delegate shall speak for the Council to members of the legislature in matters relating to policy. In responding to members of congress or State legislators, Council members shall make every effort to accurately communicate official Council positions. In matters for which the Council hasn't taken an official position, Council members should indicate clearly that the position they take is an individual position or is the position of a group other than the Council.

This policy is not intended to nor shall it be enforced so as to restrict rights guaranteed to individual employees or Council members but is an attempt only to separate the views of those individuals from positions which the Council may take in attempting to discharge its responsibilities under the statutes of the State of Arizona.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-111 Conflict of Interest

Council members and employees shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8. These statutes set the minimum standards expected of public officers and employees who, in their official capacities, are faced with a decision or contract that might affect their direct or indirect pecuniary or proprietary interests or those of a relative. Section 38-503 provides in part:

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale, purchase or service.

Any public officer or employee who has, or whose relative has, a substantial interest in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision.

Under this law, a Council member or employee who has a conflict of interest must disclose the interest and refrain from participating in the matter. Council members and employees may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website at http://www.azag.gov/Agency_Handbook/Agency_Handbook.html. Public officers and employees should review conflicts of interest matters not specifically addressed in the Handbook with their supervisors or legal counsel.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, no Regional Partnership Council member shall vote on, or participate in the discussion of, any grant proposal in which any entity by which they are employed or on whose Council they serve has a substantial interest, as defined by Section 38-502.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, all Council members and employees shall complete a Conflict of Interest Statement upon adoption of this policy and annually thereafter on a form to be provided by the central office staff. These forms will be reviewed by the Regional Director and legal counsel for resolution or mitigation of potential conflicts of interest. Any potential conflicts of interest that cannot be resolved or mitigated satisfactorily will be placed on the Early Childhood Development and Health Board's upcoming agenda for disclosure purposes and to help ensure compliance with the conflict of interest laws.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-112 Amendments

These policies shall not be added to, amended, or repealed except at a meeting of the Council and by public vote of a majority of all voting members of the Council. Any proposed addition, deletion, or amendment shall be filed with the Regional Director, in writing, at least seven days before such meeting, and it shall be the duty of the Regional Director to promptly distribute a copy to each member of the Council.

Amendments to Council policy will require a two-step process to adopt: 1) the draft policy change will receive a *first reading* at a public meeting, during which Council members may discuss the draft amendment and request that staff make changes as deemed appropriate (a vote to adopt is not taken at this stage) and 2) the draft policy change will receive a *second reading* at a subsequent public meeting during which the Council may direct staff to make further changes or may vote its adoption.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

1-113 Chair and Vice Chair Job Descriptions

Chair Job Description

1. Is a member of the Regional Partnership Council (RPC).
2. Serves as a liaison between RPC and the community, promoting First Things First values, mission, and goals.
3. Works with the Regional Director to help create partnerships within the region.
4. Provides leadership to the RPC in order to achieve regional and state goals, objectives and statutory requirements.
5. Helps guide and mediate RPC actions with respect to organizational priorities and governance concerns.
6. Chairs meetings of the RPC after developing the agenda with the Regional Director.
7. In collaboration with the Regional Director, the Chair helps guide the RPC through strategic planning.
8. Appoints the chairpersons of committees, in consultation with Council Members and the Regional Director.
9. Serves *ex officio* as a member of committees and attends their meetings when invited.
10. Discusses issues confronting the RPC with the Regional Director.
11. Consults with the Regional Director on any issues regarding financial planning and financial reports.
12. Provides feedback to the Regional Director and the RPC to evaluate the performance of the RPC in achieving the First Things First mission.
13. When following Robert's Rules of Order, it is the practice for chairs to abstain from voting; however, a chair can choose to vote at any time, IF there is no Conflict of Interest.
 - In the event that there is a tie by the other voting members, the chair's vote may be the tie-breaker.
 - If there is no tie and the chair decides to vote, creating a tie, the motion will be lost.
14. Performs other responsibilities assigned by the RPC.

Adopted July 24, 2008
Re-Approved October 28, 2010
Re-Approved June 28, 2012

Vice Chair Job Description

1. Is a member of the RPC.
2. Performs Chair responsibilities when the Chair cannot be available (see Chair Job Description)
3. Works closely with the Chair and Regional Director.
4. Participates closely with the Chair to develop and implement officer transition plans.
5. Performs other responsibilities as assigned by the RPC.

Adopted July 24, 2008
Re-Approved October 28, 2010
Re-Approved June 28, 2012

1-114 Attendance Policy

This policy is intended to establish minimum standards of participation in order to support the full contribution of all Regional Partnership Council Members.

An attendance problem shall be defined as:

- A member misses three consecutive meetings.
- A member misses three meetings in a twelve-month period.

In the event of an attendance problem, notice will be sent to the Arizona Early Childhood Development and Health Board recommending that the member be removed from the Council.

A member who resigns their membership or is removed shall be replaced by the Arizona Early Childhood Development and Health Board after a public application process in accordance with A.R. S. Section 8-1162(D).

Adopted October 23, 2008
Re-Approved October 28, 2010
Re-Approved June 28, 2012

First Things First
(Name) Regional Partnership Council

Governance Policy Manual

PREFACE

This document, initially adopted by the (Name) Regional Partnership Council on (Date) and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the (Name) Regional Partnership Council.

DISCLAIMER

All policies found in this Governance Policy Manual are subject to change from time to time as approved by the Regional Partnership Council. Copies of the Manual are available from the First Things First regional office and online at <http://www.azftf.gov>. Prior to acting in reliance upon a specific policy as it appears in any copy of the Manual, please check to make sure that the Council has not recently approved any additions or revisions to that specific policy.

Contact us:
First Things First
(Name) Regional Partnership Council
XXXX, Regional Director
Street Name
Address, AZ XXXXX
XXX@azftf.gov
XXX.XXX-XXX

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1-101 Organization, Authority and Location

In November 2006, Arizona voters passed Proposition 203, a ballot initiative that established A.R.S. Title 8, Chapter 13 and created First Things First. Subsequently, the First Things First Arizona Early Childhood Development and Health Board (“the Board”) designated the (Name) region and created the (Name) Regional Partnership Council (“the Council”) effective July 1, (Year) pursuant to A.R.S. Title 8, Chapter 13, Article 2. The Council’s purpose, authority, powers and duties are included in A.R.S. Title 8, Chapter 13 as well as in other statutes and laws of the State of Arizona. The Council members are appointed by the Board and assisted in the performance of their duties by First Things First staff. The (Name) Regional Office is located in (Location), Arizona and is maintained by First Things First regional staff.

Adopted XXXXXX

1-102 Council Officers and Their Duties

In the last quarter of each fiscal year, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected.

The Council may nominate any appointed member for its Chairperson and Vice-Chairperson. A majority vote of the appointed members of the Council shall be required to elect.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson. It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson.

The Chairperson or the Vice Chairperson may be removed from office by a majority vote of the appointed members of the Council upon motion by a Council member alleging the violation of a specific provision of this Governance Policy Manual or alleging specific actions which bring into public disrepute the Council, the Board or First Things First as an organization. If a Chairperson or Vice Chairperson is removed, a replacement shall be elected as soon as is practicable.

1-103 Meetings of the Council

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each fiscal year. The Chairperson or any four members of the Council may call a special meeting of the Council at any time.

Six members of the Council shall constitute a quorum for the transaction of business at any Council meeting. It is the policy of First Things First to adjourn a meeting when quorum is lost. Council members may participate at any meeting in person, by teleconference and/or by videoconference provided that all members may hear one another and the public can attend and listen to all members.

Written notice of any regular meeting of the Council, plus the agenda and all material relating to agenda items, shall be transmitted to each Council member at least five calendar days prior to the date of such meeting. Amendments to the agenda and additional supporting materials, not previously available, shall be transmitted at least 24 hours prior to the scheduled meeting. All notices, agendas and other materials may be transmitted to Council members by email or by any other quick and reliable method to each member's last known place of residence or other designated address. A Council member may request in writing at least 10 days prior to a meeting to receive a copy of the documents by mail instead of email. Except with the approval of three-fourths of the Council members in attendance at a meeting, and if permitted by law, no action shall be taken by the Council on any matter where the supporting materials were not timely transmitted in accordance with this policy.

Special meetings may be held upon such notice to Council members and the public as is required by law. All material relating to special meeting agenda items shall be transmitted to each Council member as far in advance of the meeting as possible.

1-104 Meeting Procedures

Council meetings shall be conducted by the Chairperson, the Vice Chairperson or designee acting as Chairperson of the Council. The Chairperson is responsible for maintaining order in each Council meeting and giving each Council member a fair opportunity to participate in the discussion and resolution of issues that come before the Council. The Chairperson is also responsible for determining the manner of any public participation and for maintaining order during public participation in any Council meetings. All motions shall be directed to the Chairperson.

All Council committee meetings shall be conducted by the chairperson of the committee or the committee chairperson's designee. The chairperson of each committee has the same responsibilities for each committee meeting that the Chairperson has for Council meetings.

In determining what procedures to use to conduct meetings and resolve issues, the Council Chairperson and committee chairpersons may refer to Robert's Rules of Order (available online at <http://www.rulesonline.com>) for guidance.

The agenda for any regular meeting of the Council shall provide at least for the following:

1. Call to order
2. Call to the public
3. Approval of minutes of prior regular or special meetings, if not included on the consent agenda
4. Adoption of all consent agenda items
5. Matters of Council business for discussion and approval
6. Reports, if any, from committees appointed by the Council
7. Matters presented by the First Things First Regional Director
8. Announcements and adjournment

Routine matters may be grouped together and decided by the Council without discussion or debate. Such matters shall be designated as "Consent Agenda Items." Any member of the Council may request discussion or debate on any individual item listed as a Consent Agenda Item, and the matter shall be considered and decided separately at such time in the meeting as may be directed by the Chairperson.

The Chairperson may delegate to the chair of each respective committee the responsibility for chairing discussion of items presented to the Council by that chairperson. Whenever a matter before the Council is deferred for further discussion, the Chairperson may assign the matter to an appropriate committee, schedule the matter for further consideration at a future meeting of the Council, direct regional staff with respect to the matter or take other appropriate action.

1-105 Call to the Public Procedures

During each regular Council meeting, the Council conducts a “Call to the Public” when members of the public may address the Council. The Council may conduct a “Call to the Public” at special meetings as well. Speakers who wish to address the Council:

- A. Should turn in a signed request (using the form provided at the Council meeting) to the Regional Director along with any written materials for the Council.
- B. May have five minutes to make their remarks.

The Chairperson may allow speakers who have not turned in a request form, and the Council may change, in accordance with Governance Policy 1-113, the amount of time allowed for speakers at a particular meeting.

The following priority may be given to speakers during the “Call to the Public” when the Council may not have enough time to hear from all who wish to speak:

- A. People who have submitted signed request to speak forms.
- B. Matters scheduled on the same meeting’s agenda.
- C. Off-agenda matters: presenters who haven’t addressed the Council in the previous two months.
- D. Off-agenda matters: presenters who have addressed the Council in the previous two months.

The Council retains its prerogative to:

- A. Refuse to hear comments on a specific issue if a public comment session has been held on the issue.
- B. Limit the time or the number of speakers on the same issue.
- C. Refuse to have letters read *on behalf of other individuals*.

If speakers have comments that are too long for the time allowed or if members of the public would like materials distributed to the Council, written materials may be provided to the Regional Director or Administrative Assistant. Regional staff shall distribute those written materials to the Council members.

Council members may not discuss or take action on matters raised during the Call to the Public that are not on the agenda. For such non-agenda matters, the Council may respond to criticism, ask staff to review the matter or ask for the matter to be placed on a future agenda. Staff shall later inform the Council of staff efforts to respond to a speaker’s concerns.

1-106 Meeting Minutes

Minutes of all Council meetings shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes lists of staff changes, reports, lists of budget information, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the “(Name) Regional Partnership Council’s Documents File,” which shall be kept in the custody of First Things First staff and available for ready reference.

Each Council member shall be furnished with copies of the minutes of the open session portion of each Council meeting. Council members without a conflict of interest shall be furnished with copies of the minutes of the executive session portion of any meeting of the Council for the purpose of approving those minutes, after which all copies shall be returned to the Regional Director.

All minutes of the open session portion of any Council meeting shall be open to public inspection at the First Things First Regional Office located in (Location), AZ. Minutes of executive sessions shall be kept confidential except from members of the Council or as otherwise allowed by law. Copies of minutes or excerpts from any minutes of the open session portion of any Council meeting or from any executive session if the law permits such disclosure may be furnished by the Regional Director. If such minutes have not yet been approved by the Council, they shall be marked “Draft.”

1-107 Committees and Subcommittees

The Council may establish and maintain committees composed of members of the Council and/or other individuals appointed by the Chairperson. The Chairperson may designate that the Chairperson of the Council shall serve as an ex officio member of a committee.

The Chairperson of the Council shall designate the matters to be considered by the committees. All committees shall act as advisory bodies to the Council and report their recommendations to the Council. Unless one is designated by the Chairperson of the Council, a committee chairperson shall be elected by the committee members.

Committees may establish and maintain their own subcommittees. The relationship between a committee and its subcommittee shall be the same as the relationship described in this policy between the Council and a committee.

Committees and subcommittees shall comply with the Open Meeting Law. *See* A.R.S. § 38-431(1),(6).

1-108 Conflicts of Interest

Council members shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8. These statutes set the minimum standards expected of public officers and employees who, in their official capacities, are faced with a decision or contract that might affect their direct or indirect pecuniary or proprietary interests or those of a relative. Section 38-503 provides in part:

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale, purchase or service.

Any public officer or employee who has, or whose relative has, a substantial interest in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision.

Under this law, a Council member who has a conflict of interest must disclose the interest and refrain from participating in the matter. Council members may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website at <http://www.azag.gov/agency-handbook>. Council members should review conflicts of interest matters not specifically addressed in the Handbook with the Regional Director or legal counsel.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, no Council member shall vote on, or participate in the discussion of, any grant proposal in which any entity by which they are employed or on whose board they serve has a substantial interest, as defined by Section 38-502. See A.R.S. § 8-1173(C).

Council members shall complete a Conflict of Interest Acknowledgement and State Service Disclosure Statement at the beginning of their term and annually update the State Service Disclosure Statement. Additionally, Council members shall complete a Conflict of Interest Disclosure form whenever they declare a conflict at a Council meeting. All completed forms shall be given to First Things First staff for recordkeeping.

1-109 Communications from the Council

Communications from the Council concerning matters relating to the policies and actions of the Council to members of the Legislature, any other governing body, the press or the public should be made by the Chairperson, the Chairperson's designee or someone authorized by the Council.

Any member of the Council who expresses an opinion concerning matters upon which the Council has taken a position should support the position taken by the Council or make it clear that he or she is expressing a personal opinion that has not been approved by the Council.

1-110 Lobbying & Campaigning

Lobbying occurs under Arizona law when a person attempts to influence the passage or defeat of any legislation by directly communicating with any State Legislator. By contrast, campaigning refers to attempts to influence an election. In other words, lobbying relates to matters a Legislator will vote on, while campaigning relates to matters the general public will vote on.

Lobbying

The Council recognizes and appreciates the privilege each individual in this State and Nation has to express his or her opinion and to seek to make that opinion known to members of the State Legislature and Congress. The Council also recognizes the responsibilities with which it has been entrusted in connection with the Board and the advancement of early childhood development and health programs in the State of Arizona and recognizes that on occasion the interests of the Board and Council will not coincide with the interests of individual Council members.

Only the Chairperson of the Council or his or her designee shall speak for the Council to members of the State Legislature or Congress in matters relating to policy. When speaking for the Council to Legislators or their staff, the Chairperson or designee shall make every effort to accurately communicate official Council positions, while refraining from speaking on behalf of the Board or First Things First unless specifically authorized to do so by the Board or Board Chairperson or First Things First's Chief Executive Officer respectively. A Chairperson or member designee lobbying in his or her official capacity on matters pertaining to the Council is exempt from the lobbying laws requiring registration and expenditure reporting.

Any Council member may speak to members of the State Legislature or Congress in an individual capacity. For matters in which the Council has not taken an official position, any Council member communicating with a member of the State Legislature or Congress shall make every effort to indicate clearly that the position that he or she is taking is an individual position or is the position of a group other than the Council. In instances in which First Things First, the Board or the Council has taken an official position, a Council member endorsing a differing position shall make it clear that First Things First, the Board and/or the Council has endorsed a different or contrary position. Council members who, on their own behalf, appear before a legislative committee or communicate with a State Legislator in person, by phone or by letter to lobby in support of or in opposition to legislation are also exempt from the lobbying laws requiring registration and expenditure reporting.

This policy is not intended to nor shall it be enforced so as to restrict rights guaranteed to individual Council members, but is an attempt only to separate the views of individual members from positions which First Things First, the Board and/or the Council may take in attempting to discharge their responsibilities under the statutes of the State of Arizona.

* Council members who only engage in exempt lobbying are not considered lobbyists. See A.R.S. §§ 41-1231 & 41-1232.04. Additionally, Council members should be aware that the Council cannot make any expenditure for entertainment for a state officer or employee (including Legislators) and Council members cannot accept an expenditure for entertainment from a lobbyist or someone acting on behalf of a lobbyist. Entertainment refers to admission to or participation in a sporting event or a cultural event or activity. See A.R.S. §§ 41-1231(5)-(6) & 41-1232.08.

Campaigning

The Council shall not spend or use public resources to influence an election. See A.R.S. § 16-192. This prohibition includes the use or expenditure of monies, materials, equipment, buildings, postage, telecommunications, computers, web pages and any other thing of value of First Things First to support or oppose a candidate or ballot measure.

Individual Council members may express their personal views and even advocate for or against a candidate, initiative or other ballot measure, as long as they do not use public resources to do so. In these activities, Council members may identify themselves as Council members, but should not state or imply that they speak for the Council.

1-111 Attendance

The Council's governing statutes recognize the importance of consistent attendance by Regional Council members with the following statement:

Members of the Regional Partnership Council who miss more than three meetings without excuse or resign their membership shall be replaced by the Board after a public application process and with the input of the Regional Partnership Council.

See A.R.S. § 8-1162(D).

Attendance Expectations. Council members are expected to attend all Council meetings. It is understood that there will be times when Council members will need to miss a meeting. The Regional Director shall maintain an attendance roster that documents each member's attendance at scheduled meetings.

Excused Absence. An excused absence occurs when a Council member is unable to attend a meeting due to an emergency, illness, injury or previously scheduled travel, work, tribal ceremony or family obligation that prevents participation at a meeting either in person or by phone.

Notification of a previously planned obligation should be provided to the Regional Director at least two weeks in advance of the scheduled meeting. A Council member who misses a meeting other than for a previously planned obligation shall contact the Regional Director as soon as possible to provide an explanation for missing a meeting. An emergency is a situation that cannot reasonably be planned for in advance, such as car trouble, weather conditions, family illness and obligation to tribal ceremonies.

Unexcused Absence. An unexcused absence occurs when a Council member is absent from a scheduled meeting without providing sufficient notice or an explanation of the reasons for the member's absence consistent with the excused absence definition above.

Determination of Excused Absence. Regional staff shall assist the Chairperson in keeping track of excused absences. If there is a question about whether an absence meets the definition of an excused absence, the Chairperson or Vice Chairperson may consult with the Regional Director for a determination. If necessary, the matter can be presented to the Council.

Attendance Problems. An attendance problem means:

- A. Two consecutive unexcused absences.
- B. Three consecutive absences, excused or unexcused.
- C. Three unexcused absences in a 12-month period.
- D. More than five excused and unexcused absences in a 12 month period.

Addressing an Attendance Problem. Upon identification of an attendance problem, the Chairperson or Vice Chairperson shall call the Council member to discuss the member's attendance record and remind the member of the attendance expectations. If the Council member's difficulties are resolvable, then the Chairperson or Vice Chairperson shall attempt to help resolve them with assistance of staff.

If a member reaches a level of non-attendance under "d" above, of which no more than three are unexcused, the Chairperson may ask the member to resign his or her position in order to ensure the Council has sufficient participation to timely and appropriately complete its work. If the member wishes to continue on the Council, the matter shall be put to the Council at its next meeting. The Council member shall be entitled to speak to this item. The Regional Council shall then decide whether to refer the matter to the Board for possible removal of the member from the Council.

If a member misses more than three meetings in a 12 month period without excuse, the Chairperson or Vice Chairperson shall ask that the member resign his or her position on the Council. If, upon request, the member does not resign, the matter shall be forwarded to the Board for appropriate action.

1-112 Code of Conduct

Council members shall abide by the following code of conduct:

- A. Listen carefully to fellow Council members.
- B. Respect the opinions of fellow Council members.
- C. Respect and support the majority decisions of the Council.
- D. Recognize that all authority is vested in the full Council only when it meets in a legal public session.
- E. Keep well informed about the issues which could come before the Council.
- F. Participate actively in Council meetings and actions.
- G. Bring to the attention of the Council any issues that could have an adverse effect on the Council, the Board or First Things First.
- H. Refer complaints concerning Council related matters and members to the proper level, specifically the Chairperson or Vice Chairperson.
- I. Represent all the people the Council serves and not primarily a particular issue, personal agenda or interest group.
- J. Abide by the Conflicts of Interest policy and laws.

If there is a violation of this code of conduct, the member(s) suspected of the violation shall meet with the Chairperson or Vice Chairperson to discuss the matter. The Chairperson or Vice Chairperson shall attempt to resolve the matter and if necessary refer it to the Council for action.

The Council by a majority vote of the appointed members of the Council may recommend to the Board that a member be removed as a Council member upon motion by a Council member alleging the violation of a specific provision of this Manual or alleging specific actions which bring into public disrepute this Council, the Board or First Things First as an organization.

1-113 Departure from Council Policy

The Council may approve a temporary departure from a policy in this Governance Manual provided the departure would not violate the law. No departure from Council policy shall be permitted without the approval of the Council.

1-114 Amendments

These policies shall not be added to, amended or repealed except at a Council meeting and by majority vote of all appointed Council members. Any proposed addition, deletion or amendment shall be filed with the Regional Director, in writing, at least 10 days before such meeting, and it shall be the duty of the Regional Director to promptly distribute a copy of the proposal to each Council member.

Amendments to Council policy require a two-step process to adopt: (i) the draft policy change shall receive a *first reading* at a public meeting, during which Council members may discuss the draft amendment and request that staff make changes as deemed appropriate (a vote to adopt is not taken at this stage) and (ii) the draft policy change shall receive a *second reading* at a subsequent public meeting during which the Council may direct staff to make further changes or may vote its adoption.

SFY 2015 La Paz/Mohave Financial Report

Attachment 04

	Grantee Name	Contract Number	Contract Period	Total Allotment	Awarded	YTD Expense	Expense Variance	Award Expended	Allotment Expended	Reimbursement Activity		
								% of Award Expended	% of Allotment Expended	Pending	Paid (Last 30 Days)	
Community Awareness	Community Awareness			Subtotal:	\$30,000	\$30,000	\$1,750	\$28,250	5.8%	5.8%		
	First Things First (FTF-Directed)	PSC-STATE-15-0723-01	07/01/2014-06/30/2015		\$30,000	\$1,750	\$28,250	5.8%				
	Community Outreach			Subtotal:	\$83,000	\$83,000	\$14,361	\$68,639	17.3%	17.3%		
	First Things First (FTF-Directed)	PSC-STATE-15-0724-01	07/01/2014-06/30/2015		\$83,000	\$14,361	\$68,639	17.3%				
	Goal Area Subtotal:			\$113,000	\$113,000	\$16,111	\$96,889	14.3%	14.3%			
Coordination	Court Teams			Subtotal:	\$400,000	\$400,000	\$100,000	\$300,000	25.0%	25.0%		
	Mohave County Superior Court	GRA-RC006-13-0537-01-Y3	07/01/2014-06/30/2015		\$400,000	\$100,000	\$300,000	25.0%				
	Goal Area Subtotal:			\$400,000	\$400,000	\$100,000	\$300,000	25.0%	25.0%			
Evaluation	Statewide Evaluation			Subtotal:	\$255,216	\$255,216	\$255,216	-	100.0%	100.0%		
	First Things First (FTF-Directed)	PSC-STATE-15-0732-01	07/01/2014-06/30/2015		\$255,216	\$255,216	-	100.0%				
	Goal Area Subtotal:			\$255,216	\$255,216	\$255,216	-	100.0%	100.0%			
Family Support	Home Visitation			Subtotal:	\$1,114,006	\$1,114,006	\$117,477	\$996,529	10.5%	10.5%	\$74,970	\$77,885
	Arizona Department of Economic Security	ISA-MULTI-14-0636-01-Y2	07/01/2014-06/30/2015		\$17,439	-	\$17,439	0.0%				
	Arizona's Children Association	FTF-RC006-13-0356-08-Y3	07/01/2014-06/30/2015		\$420,589	\$17,636	\$402,954	4.2%			\$46,543	
	Child and Family Resources Inc.	FTF-RC006-13-0356-04-Y3	07/01/2014-06/30/2015		\$389,967	\$58,615	\$331,352	15.0%			\$28,426	\$58,615
	The Learning Center for Families	FTF-RC006-13-0356-01-Y3	07/01/2014-06/30/2015		\$286,011	\$41,227	\$244,784	14.4%				\$19,270
	Goal Area Subtotal:			\$1,114,006	\$1,114,006	\$117,477	\$996,529	10.5%	10.5%	\$74,970	\$77,885	

Health	Child Care Health Consultation			Subtotal:	\$62,370	\$62,370	\$3,691	\$58,679	5.9%	5.9%	\$300
	First Things First (FTF-Directed)	PSC-STATE-15-0722-01	07/01/2014-06/30/2015		\$3,236	\$3,236	-		100.0%		
	Maricopa Department of Public Health	GRA-STATE-14-0631-01-Y2	07/01/2014-06/30/2015		\$1,110	\$142	\$968		12.8%		\$142
	Pima County Health Department	GRA-STATE-13-0525-01-Y3	07/01/2014-06/30/2015		\$2,017	\$313	\$1,704		15.5%		\$158
	University of Arizona, Cooperative Extension	GRA-STATE-14-0632-01-Y2	07/01/2014-06/30/2015		\$56,007	-	\$56,007		0.0%		
	Children with Special Needs			Subtotal:	\$150,000	\$150,000	\$22,937	\$127,063	15.3%	15.3%	\$11,809
	Child and Family Resources Inc.	FTF-RC006-13-0354-02-Y3	07/01/2014-06/30/2015		\$150,000	\$22,937	\$127,063		15.3%		\$11,809
	Oral Health			Subtotal:	\$0	\$25,000	-	\$25,000	0.0%	0.0%	
	University of Arizona, Cooperative Extension	GRA-RC006-14-0709-01-Y2	07/01/2014-02/28/2015		\$25,000	-	\$25,000		0.0%		
	Goal Area Subtotal:				\$212,370	\$237,370	\$26,628	\$210,742	11.2%	12.5%	\$11,809
Professional Development	Professional Development ECE			Subtotal:	\$400,000	\$400,000	\$28,965	\$371,035	7.2%	7.2%	\$14,599
	Association for Supportive Child Care	FTF-RC006-13-0375-01-Y3	07/01/2014-06/30/2015		\$400,000	\$28,965	\$371,035		7.2%		\$14,599
	Goal Area Subtotal:				\$400,000	\$400,000	\$28,965	\$371,035	7.2%	7.2%	\$14,599
Early Learning	Preschool Start-Up/Expansion			Subtotal:	\$63,172	\$63,172	-	\$63,172	0.0%	0.0%	\$31,586
	Arizona Department of Education	ISA-RC006-13-0625-01-Y3	07/01/2014-12/31/2014		\$63,172	-	\$63,172		0.0%		\$31,586
	Family, Friends & Neighbors			Subtotal:	\$100,000	\$100,000	\$9,853	\$90,147	9.9%	9.9%	\$5,035
	Association for Supportive Child Care	FTF-MULTI-13-0406-01-Y3	07/01/2014-06/30/2015		\$100,000	\$9,853	\$90,147		9.9%		\$5,035
	Quality First Academy			Subtotal:	\$19,740	\$19,740	\$1,468	\$18,272	7.4%	7.4%	\$741
	Southwest Human Development	FTF-STATE-14-0431-03-Y2	07/01/2014-06/30/2015		\$19,740	\$1,468	\$18,272		7.4%		\$741
	Quality First CCHC Warmline			Subtotal:	\$987	\$707	-	\$707	0.0%	0.0%	
University of Arizona Cooperative Extension	GRA-STATE-14-0629-01-Y2	07/01/2014-06/30/2015		\$707	-	\$707		0.0%			

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Quality First Coaching & Incentives			Subtotal:	\$272,885	\$258,537	\$129,110	\$129,427	49.9%	47.3%	\$64,555	
Valley of the Sun United Way	FTF-STATE-14-0427-02-Y2	07/01/2014-06/30/2015		\$258,537	\$129,110	\$129,427	49.9%			\$64,555	
Quality First Inclusion Warmline			Subtotal:	\$4,410	\$3,890	\$528	\$3,362	13.6%	12.0%	\$528	
Southwest Human Development	FTF-STATE-13-0426-01-Y3	07/01/2014-06/30/2015		\$3,890	\$528	\$3,362	13.6%			\$528	
Quality First MHC Warmline			Subtotal:	\$4,536	\$4,536	\$749	\$3,787	16.5%	16.5%	\$375	
Southwest Human Development	FTF-STATE-13-0344-02-Y3	07/01/2014-06/30/2015		\$4,536	\$749	\$3,787	16.5%			\$375	
Quality First Scholarships			Subtotal:	\$2,315,821	\$2,315,821	\$594,984	\$1,720,838	25.7%	25.7%		
First Things First (FTF-Directed)	PSC-STATE-15-0738-01	07/01/2014-06/30/2015		\$20,776	\$20,776	-	100.0%				
Valley of the Sun United Way	FTF-STATE-15-0484-01	07/01/2014-06/30/2015		\$2,295,045	\$574,208	\$1,720,838	25.0%				
Quality First Warmline Triage			Subtotal:	\$1,596	\$1,596	\$274	\$1,322	17.2%	17.2%	\$155	
Southwest Human Development	FTF-STATE-13-0351-02-Y3	07/01/2014-06/30/2015		\$1,596	\$274	\$1,322	17.2%			\$155	
Goal Area Subtotal:				\$2,783,146	\$2,767,999	\$736,966	\$2,031,034	26.6%	26.5%	\$31,586	\$71,390
Overall Total:				\$5,277,739	\$5,287,592	\$1,281,364	\$4,006,228	24.2%	24.3%	\$118,365	\$164,173

SFY 2015 La Paz/Mohave Financial Report

Attachment 04



La Paz/Mohave Regional Partnership Council	
Proposed 2015 Meeting Dates & Locations	
The regular meeting time is 9:30 am. Location rotates.	
DATE	LOCATION
Thursday February 26, 2015	Littlefield
Thursday March 26, 2015	Parker
Thursday April 23, 2015	Bullhead City
Thursday May 28, 2015	Salome
Thursday June 25, 2015	Colorado City
Thursday July 23, 2015	Wenden
Thursday September 24, 2015	Kingman
Thursday October 22, 2015	Bouse
Thursday December 3, 2015	Lake Havasu

Join us for a presentation of findings from the...

Children and Youth with Special Health Care Needs; A Mohave County Community Assessment



Thursday October 30th, 2014

3:00 PM-5:00 PM

Mohave Community College Locations

The Mohave County Department of Public Health has completed a needs assessment for families, children, and young adults with special health care needs and their providers in Mohave County.

The assessments findings will help determine service gaps, forecast service areas, identify improvement strategies for schools and advance the quality of care for this often neglected population. Join us for a presentation of the findings on October 30th at one of these three locations:

Bullhead City Campus

Building 500 Room 508

3400 Highway 95

Bullhead City, AZ 86442

Lake Havasu City Campus

Building 500 Room 508

1977 Acoma Blvd. West

Lake Havasu City, AZ 86403

Neal Campus - Kingman

Building 500 Room 508

1971 Jagerson Ave.

Kingman, AZ 86409

For more information on this meeting please contact Jacqueline Larson at 928-753-0794 or Jacqueline.larson@mohavecounty.us



Early Childhood Collaboration Meeting

Please join us for an opportunity to understand the various statewide early childhood programs in Arizona that are the core of Arizona's Early Childhood System. We will define terms, learn more about our programs and develop collaborative relationships. All those who work with young children are welcome, including, but not limited to AzEIP, Home Visiting professionals, early childhood educators and health care providers.

**Tuesday, November 4, 2014
9am – 1pm**

**City Hall
310 North 4th Street
Kingman, AZ 86401
[register here](#)**

A networking lunch will be provided through the generous support of the BHHS Legacy Foundation.