



Phoenix South
FY15 Funding Plan Summary
FY16 worksheet for Council and Committee Work

	Allocations and Funding Sources	FY 15	FY 16	Notes	
	FY Allocation	\$17,751,460	\$17,299,507	3% reduction from FY15 allocation	
	Population Based Allocation	\$11,940,642			
	Discretionary Allocation	\$3,739,906			
	Other (FTF Fund balance addition)	\$2,070,912			
	Carry Forward From Previous Year	\$12,002,472			
	Total Regional Council Funds Available	\$29,753,932	\$17,299,507	29% reduction from FY15 budget/ total allotted	
	Strategies	Allotted	For Discussion Only; Draft Amount Worksheet		
HEALTH	Care Coordination/Medical Home	\$1,616,624		HEALTH AREA IS \$2,894,011 12% of total FY15 budget	
	Developmental and Sensory Screening	\$148,000			
	Health Insurance Enrollment	\$148,000			
	Oral Health	\$751,000			
	Recruitment – Stipends/Loan Forgiveness	\$364,387			
FAMILY SUPPORT	Family Resource Centers	\$1,212,970		FAMILY SUPPORT AREA IS \$5,674,170 23% of total FY15 budget	
	Family Support – Children with Special Needs	\$135,050			
	Family Support Coordination	\$625,500			
	Home Visitation	\$2,808,400			
	Parent Education Community-Based Training	\$175,750			
	Prenatal Outreach	\$698,000			
	Reach Out and Read	\$18,500			
Quality And Access to Early Care and Education	Family, Friends & Neighbors	\$996,000		QUALITY/ACCESS AREA IS \$13,385,563 55% of total FY15 budget	
	Director Mentoring/Training	\$311,194			
	FTF Professional REWARD\$	\$286,575			
	Inclusion of Children with Special Needs	\$333,000			
	Mental Health Consultation	\$719,550			
	Quality First Center and Home Enrollment	\$2,171,954	\$1,602,172		Note: QF program enrollment is 9% of total FY15 budget
	<i>QF includes: QF Academy, Warmlines, Coaching and Incentives, Child Care Health Consultation, and state funding for assessments and TEACH Scholarships</i>				
	<i>Phoenix South Funds 95 Centers and 30 Homes in Quality First</i>				
Quality First Scholarships	\$8,567,290		Note: QF Child Care Scholarships is 35% of total FY15 budget 1146 child scholarship slots funded in FY15		
Coordination	Comprehensive Preventative Health Programs	\$300,000		Coordination Area is \$687,530 total 3% of FY15 budget	
	Court Teams	\$220,000			
	Service Coordination	\$55,530			
	Kindergarten Transition	\$112,000			
Community	Community Awareness	\$19,440		Community Area is \$234,940 total <1% of FY15 budget	
	Community Outreach	\$117,000			
	Media	\$98,500			
Evaluation	Statewide Evaluation	\$1,213,309	\$926,247	<1% of FY15 budget	
	Total Allotted	\$24,223,522	\$2,528,419		
	Total Remaining/ Unallotted	\$5,530,409	\$14,771,088		

Phoenix South Regional Partnership Council

FY16-18 Regional Priorities

- ❖ Increase the number of quality programs serving children birth to five.
- ❖ Influence public policy to increase funding for access to quality programs serving children birth to five.
- ❖ Increase access for all children birth to five to developmental and sensory screenings, oral health screening and services, and access to healthy food.
- ❖ Work with community stakeholders to increase awareness and education to parents, providers (including medical professionals) and policy makers around the importance of quality health practices and nutrition to children birth to five.
- ❖ Families with children birth to five will increase their understanding of early childhood development and health.
- ❖ Families with children birth to five will have access to information and support as needed.
- ❖ Families with children birth to five are connected and engaged in their communities in order to support their child's school readiness.

FTF SFY16 Strategy Universe

GOAL AREA	STRATEGY	EVIDENCE	DESCRIPTION
Early Care and Education	Quality First	Evidence Informed	Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers. Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Scholarships	Evidence Based	Helps low-income families afford a better educational beginning for their children. Provides scholarships to children to attend quality early care and education programs.
	Expansion: Increase Slots and/or Capital Expense	Promising Practice	Increases the number of child care providers who are state/tribal licensed or certified, and strengthens the skills of caregivers in those settings who are working with children birth to 5 years old. Recruits new or existing providers to begin to serve or expand services. May assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs.
	Family, Friend and Neighbor Care	Evidence Informed	Improves the quality of care and education that children receive in unregulated child care homes. Supports provided to family, friend and neighbor caregivers include training and financial resources.
	Inclusion of Children with Special Needs	Evidence Informed	Promotes the inclusion of special needs children in early education activities. Provides consultation and training to child care providers about how to best meet the needs of children with special needs in their early care and education settings.
	Kindergarten Transition	Promising Practice	The intent of this promising practice strategy, Kindergarten Transition, is to use a community of practice model that brings together local groups of early care and education program providers with administrators and teachers from public elementary school sites offering kindergarten. The expected result is a collaborative and coordinated kindergarten transition approach and plan that increases the effectiveness of transition into kindergarten for children and families in the local community. Funds are used to develop and facilitate communities of practice to promote a partnership between local early care and education programs and school district kindergarten programs to ensure effective kindergarten transition.
	Summer Transition to Kindergarten	Evidence Informed	Helps children who may not have had any preschool experiences (and their families) to prepare for the transition to kindergarten. Provides first time classroom experiences for children who are about to begin kindergarten, and information to their parents.
Professional Development	College Scholarships for Early Childhood Professionals	Evidence Informed	Provides access to higher education for the early childhood workforce working directly with or on behalf of young children birth through age five. The expected results of supporting continuing education and degree completion is elevating and professionalizing the field, recruiting and retaining a quality early childhood workforce and supporting and increasing the quality of services provided to young children.
	FTF Professional REWARD\$	Promising Practice	Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills. Improves retention of early care and education teachers through financial incentives.
	Language Communication and Literacy in Early Care and Education Settings	Evidence Informed	The intent of the evidence-informed Language, Communication and Literacy in Early Care and Education Settings strategy is to provide instruction for early care and education providers and teachers on early language and literacy by offering consultation and training to effectively incorporate language and literacy into everyday teaching and care. The expected results are higher quality early childhood education curriculum, practices and programs related to early language and literacy. Funding is used to provide instruction for early care and education providers and teachers on early language and literacy by offering consultation and training to effectively incorporate language and literacy into everyday teaching and care.
	Professional Development Early Care and Education Professionals	Evidence Informed	Improves the professional skills of those providing care and education to children 5 and younger. Provides quality education and training in community settings to early care and education professionals. This strategy now includes former Director Mentoring/Training.
	Recruitment into the Field	Evidence Informed	Improves the quality of early child care and education by expanding access to training and offering career counseling to potential early education workers. Recruit new early care and education professionals by offering scholarships for higher education.
	Care Coordination Medical Home	Evidence Based	Improves children's health care and future development by ensuring they have a regular source of care. Provides children and their families with effective case management, and connect them to appropriate, coordinated health care.

FTF SFY16 Strategy Universe

GOAL AREA	STRATEGY	EVIDENCE	DESCRIPTION
Health	Child Care Health Consultation	Evidence Based	Improves the health and safety of children in a variety of child care settings. Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care.
	Comprehensive Preventative Health Programs	Promising Practice	Decreases preventable and chronic health issues in young children. Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families.
	Developmental and Sensory Screening	Evidence Based	Increases children’s access to preventive health care and helps to identify potential learning problems early on. Provides children with developmental, oral, vision, and/or hearing screening and referrals for follow-up services.
	Family Support-Children with Special Needs	Evidence Informed	Improves the education and health of children with special needs who don’t qualify for publicly funded early intervention programs. Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.
	Health Insurance Outreach and Enrollment	Promising Practice	Increases children’s access to preventive health care and builds community awareness of the availability of public health insurance options. Assists families in application for or renewal of public health insurance.
	Mental Health Consultation	Evidence Informed	Helps child care staff and early childhood programs to support the social-emotional development of young children. Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce.
	Nutrition/ Obesity/ Physical Activity	Various programs are Evidence Based	Improves the health and safety of young children by providing community-based health education on a variety of topics including: healthy food choices and appropriate physical activity. Provides health education focused on obesity prevention to children, families and early care and education professionals.
	Oral Health	Evidence Based	Decreases preventable oral health problems in young children. Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.
	Recruitment - Stipends/Loan Forgiveness	Evidence Informed	Improves the quality and range of therapeutic and intervention services in underserved communities. Offers professionals financial incentives to work in underserved communities.
Family Support	Family Resource Centers	Promising Practice	Strengthens families of young children by providing locally-based information and instruction on health and child development issues. Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development.
	Family Support Coordination	Promising Practice	Improves service delivery to families with young children by streamlining the system and simplifying application procedures. Improves the coordination of, and access to, family support services and programs.
	Food Security	Promising Practice	Improves the health and nutrition of children 5 and younger and their families. Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old.
	Home Visitation	Evidence Based	Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child’s health and early learning. Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child’s health and early learning.
	Native Language Preservation	Promising Practice	Connects children in tribal communities to their native language and culture in the critical early years. Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.
	Parenting Education	Evidence Informed	Strengthens families with young children by providing voluntary classes in community-based settings. Provides classes on parenting, child development and problem-solving skills.
	Parenting Outreach and Awareness	Promising Practice	Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness. Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.

FTF SFY16 Strategy Universe

GOAL AREA	STRATEGY	EVIDENCE	DESCRIPTION
Evaluation	Statewide Evaluation		Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Court Teams		Promotes children’s wellbeing and reduces recurrence of abuse and neglect. Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system.
	Service Coordination		Strengthens and improves the coordination of services and programs for children 5 and younger. Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.
Community Awareness	Community Awareness		Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Community Outreach		Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Media		Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.

Evidence-Based	Validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
Evidenced-Informed	Clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. A promising practice cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
Promising-Practice	Clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is <i>informed</i> by at least one of the following: <ul style="list-style-type: none"> • Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as • A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be • Culturally responsive practices that are known to contribute positively to program outcomes. A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence



FIRST THINGS FIRST

Ready for School. Set for Life.

SFY16

Strategy Universe

Quality First

Strategy Intent:

This evidence informed strategy is intended to increase the quality of early care and education programs serving children birth through five in order to help children prepare for success in kindergarten and beyond.

Strategy Evidence:

Evidence based assessment tools (Environment Rating Scales, Classroom Assessment Scoring System) are used in the determination of a programs quality rating. Research has indicated that the scores on these assessment tools are linked with positive child outcomes and teacher behaviors. The components included in the model have been informed through the use in other states and include: financial incentives, on-site coaching, assessment, child care health consultation and access to professional development. A Validation study will be commenced towards the end of Fiscal Year 2015 to validate the rating scale as well as determine if and how the components add value to the Quality First model.

State level systems building activities:

- Quality First, Arizona's Quality Improvement and Rating System (QIRS), is an organized way to assess, improve and communicate the quality of early care and education programs that families consider for their children. Quality First:
 - empowers families to become informed consumers who choose high quality for their children;
 - gives policymakers effective tools to improve EC&E quality;
 - promotes accountability so that donors, legislators and taxpayers feel confident investing in quality;
 - gives providers a roadmap to quality improvement; and
 - promotes the health and development of children in early care and education.

Changes for FY16 to consider:

- Scholarships no longer a required component when funding a QF site
- First Things First will provide incentives to all Quality First programs.
- Early literacy focus added

The intent of financial incentives in Quality First is to support and help sustain quality in early care and education programs. The implementation of financial incentives in Fiscal Year 2016 will be as follows:

- 1 – 2 star programs will continue to have access to financial incentives to purchase materials; equipment and professional development is directly tied to the program's Quality Improvement Plan.
- 3 – 5 star programs will receive financial incentives and can use the revenue at their discretion to focus on quality improvement to continue to grow and/or maintain the quality of their program.
- Financial incentives will be tied to quality levels and program size:
 - The higher the quality, the higher the incentive value
 - The larger the site, the larger the incentive value

The table below includes the incentive values for each star level and each program size. The values were based on an incremental increase from the current 1 – 2 star program incentive.

Provider Type	1 & 2 Star	3 Star	4 Star	5 Star
Large Center 151+ children	\$8,400.00	\$9,400.00	\$10,400.00	\$11,400.00
Medium Center 51 – 150 children	\$5,250.00	\$5,875.00	\$6,500.00	\$7,125.00
Small Center 0 – 50 children	\$3,675.00	\$4,125.00	\$4,575.00	\$5,025.00
Group Home DHS Licensed	\$2,100.00	\$2,350.00	\$2,600.00	\$2,850.00
Family Home DES Certified	\$1,050.00	\$1,175.00	\$1,300.00	\$1,425.00

*values are annual amounts

*amount increase per star rating level increase is about 11%

*number of children is based on the number of children 0 – 5 not yet in kindergarten that a program is licensed for.

The Quality First program package includes, for each enrolled center or home:

- Coaching
- Financial incentives
- Licensure fee assistance
- Specialized Technical Assistance
- Quality First Academy
- **FTF State Program funding pays costs associated with program administration, assessment and Early Childhood Education College Scholarships.**

Cost:

Regional Councils are assisted by FTF staff (using a regional specific Quality First Financing tool) to arrive at regional Quality First costs.

Quality First Scholarships

Strategy Intent:

The intent of the evidence based strategy, Quality First Scholarships, is to provide financial assistance in the form of scholarships for children from low income families (200% of Federal Poverty Level and below) to attend quality early care and education programs. The expected result is increased access for children to quality early care and education settings which promote readiness for kindergarten.

Strategy Evidence:

Access to quality early care and education programs can result in social, developmental and health benefits to young children that help to prepare them for later success in school and in life. Quality early care experiences in stable out-of-home settings help young children develop strong attachments to caregivers and teachers, in addition to their parents. These attachments set the stage for future relationships throughout a child's life. Scholarships support continuity of care for children so that previously formed supportive relationships with caregivers can remain in place.

The Quality First Scholarship strategy is one financing mechanism to provide both access and affordability for children in low-income families to those early care and education settings demonstrating quality programming. Funding will support program enrollment for children who may not otherwise have access to high quality early care and education during the years prior to their kindergarten entry.

Changes for FY16 to consider:

- No longer a required component to be funded in the Quality First package

Following the established direction to increase access to quality early learning environments, scholarships were only awarded to programs with a 2, 3, 4, 5 star rating in Fiscal Year 2015 and were to be awarded only to **3, 4 and 5 star programs in Fiscal Year 2016**. This policy direction will continue and is not affected by the decision to de-bundle QF Scholarships from the QF program.

QF scholarships are awarded by program size and star rating. After base model scholarships are awarded, any additional scholarships available in the region are distributed through a waterfall process, unless targeted by age or zip code

Base Model QF Scholarships	Large	Medium	Small	Home
3 Star	12	9	6	2
4 Star	15	11	8	3
5 Star	17	12	9	4

For Regional Councils that prioritize access to quality ECE and provide a level of funding for QF scholarships, the implementation of scholarships will continue at a statewide level with the same policies and operational procedures followed across all regions funding scholarships

With the separation QF scholarships from QF, regional councils will need to determine if access (affordability) to quality early care and education is a priority need and if so will need to determine level of scholarships to provide in the regional area.

To support regional council decision making, information will be available for scholarship numbers and the funding necessary for a variety of options (i.e.- continue at FY15 levels; 100% of the base model). This will provide a starting point for discussion. Councils may determine an amount of scholarship and funding level (funding a percentage of the base model or funding a percentage over the base model). Regional councils will continue to be able to target by zip codes or age bands where determined as appropriate approach or priority.

Regional Councils have flexibility in funding scholarships and have a variety of options. **Once funded, QF Scholarships will be awarded to 3, 4 and 5 star providers as follows:**

Region Funds 100% of the base model (chart above):

1. Programs will be awarded the base model as identified in the table above.
2. Any additional Scholarships that remain after awarding the base model will be distributed through a waterfall process that considers star rating, continuity of care, and the ability of a program to fill/use the slot.

Region Funds a Percentage of the base model:

1. Distribution will be provided in alignment with the percentage funded.
2. Any additional scholarships that remain after awarding the base model will be distributed through a waterfall process that considers star rating, continuity of care, and the ability of a program to fill/use the slot.

Regions may consider expanding to 2 star programs if base scholarships are fulfilled for 3-5 star programs; and may consider geographic targeting if and where a specific regional need is determined.

Cost:

Cost per scholarship is based upon the Quality First Rating at the center or home site; and age of child.

STRATEGY NAME: EXPANSION, START-UP AND/OR CAPITAL EXPENSE

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the promising practice strategy, Expansion: Increase Slots and/or Capital Expense, is to recruit new or existing providers to begin to serve or expand services to children birth to age 5 and not yet in kindergarten. The expected results are an increase in the number of slots available in early care and education programs and/or the number of number of early care and education providers that are state/tribal licensed or certified, and therefore, meet health and safety standards as well as participate in Quality First.</p> <p>Funding for this strategy will support the expansion, start-up or capital expense of programming for those children who may not otherwise have access to high quality early care and education due to a lack of licensed and/or certified providers in particular neighborhoods or localities.</p> <p>Start-Up programs are those in which children will not be enrolled in the program during the fiscal year due to various start-up requirements. Programs are sometimes located in remote areas of the state or underserved neighborhoods where an increase in child care or preschool slots is warranted. Start-up activities may include equipping and licensing a classroom and playground, hiring and training qualified staff, training and technical assistance for planning and implementing a new program, and in some</p>	<p>This is a promising practice strategy, and does not have an evidence base; however, the theory of change reflects that if programs expand to offer more slots for young children to access early care and education programs committed to improving quality, then those children will benefit.</p>	<p>During the past three years Start-Up and Expansion strategies have proven difficult to implement in some regions due to the current economic environment. System-wide under-enrollment precipitated by fewer children receiving DES Child Care subsidies and higher unemployment means that many providers throughout the state have available child care slots.</p> <p>However, there are sometimes remote areas of the state or underserved neighborhoods or targeted populations where an increase in child care or preschool slots is warranted. Prior to investing in an Expansion, Start-Up or capital expense strategy, a regional council must determine that there is a demand for child care or preschool services that is not being met. Then they must assess the capacity and willingness of currently existing programs to expand to meet the need (in the case of Expansion) or identify the capacity and/or willingness of an organization to start-up and operate a new early care and education program.</p> <p>When the goal is to address a need for quality early care and education where there currently is no service available, Start-Up may be an appropriate strategy to consider. This strategy may be targeted to a specific age group, such as infants or preschoolers or for children with special needs, for whom there is no access to services or for whom a Regional Council has prioritized services. When determining if Start-Up is an appropriate strategy, consider the following:</p> <ul style="list-style-type: none"> • What is the identified need for quality early care and education in the targeted area? • Is there currently any existing regulated early care and education in the targeted area, e.g., Head Start, Title 1, IDEA, Community Education, or those 	<p>The cost of this strategy varies according to the type of expansion and the specific needs of a region. Major capital expansion is clearly more expensive than equipping an already existing classroom and playground.</p> <p>Examples of costs:</p> <ul style="list-style-type: none"> • Start-Up including additional coaching/mentoring : \$15,000 - \$150,000, depending on anticipated length of the start-up period. • The average cost for a highly qualified staff person is approximately \$ 3,500 per month. • Examples of capital expenditures include: lease-hold improvements, equipment over \$5,000 for a single item, and build-out costs (expected to vary widely.) • The cost of supporting children’s attendance

<p>cases building or renovating space. If capital improvement is required, the FTF Capital Improvement Policy must be followed, including the requirement for matching funds.</p>		<p>funded through philanthropic organizations, parent tuition and other tuition subsidy?</p> <ul style="list-style-type: none"> • Does the capacity to start-up and operate a quality early care and education program in the targeted area exist? • Are there opportunities to use other funding sources? What efforts can be started to build a shared funding model? <p>If a region determines Start-Up as the appropriate strategy, the following components should be considered when planning:</p> <ul style="list-style-type: none"> • Coaching and technical assistance by a professional early childhood program development specialist to plan a new classroom or program site; • Preparation for the licensing and/or certification process; • Facility improvement grants to equip a new setting or renovate / retrofit an existing facility; • Capital improvement or construction (the FTF Funding Plan Guidance for Construction and Purchases of Real Property* must be followed and requires matching funds); • Early childhood education personnel to plan and implement the start-up phase and the enrollment of children. <p>If the goal is to expand the availability of <u>existing</u> services, Expansion may be an appropriate strategy to consider. The Expansion strategy may be targeted to a specific age group, such as infants or preschoolers or for children with special needs, for whom there is limited or no access to services or for whom a Regional Council has prioritized services.</p> <p>When determining if Expansion is an appropriate strategy, consider the following:</p> <ul style="list-style-type: none"> • What is the identified need for expanding quality early care and education in the targeted area? • Is there currently any existing regulated early care and education in the targeted area, e.g., Head 	<p>must be included in the Expansion or Start-Up strategy if children will be enrolled during the expansion or start up year. Children’s attendance is supported through operational costs to hire the teaching staff needed for the classroom(s). Cost will be variable by program, region and other factors</p> <ul style="list-style-type: none"> • Expansion programs may be eligible for Quality First Scholarships based on the program’s existing star rating, but is dependent on the Regional Council funding for Quality First Scholarships. See the Quality First Scholarships Standard of Practice. <p>The estimated costs of Expansion or Start-Up will be determined by a professional early childhood program development consultant/specialist after a site visit, and in discussion with program</p>
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		<p>Start, Title 1, IDEA, Community Education, or those funded through philanthropic organizations, parent tuition and other tuition subsidy?</p> <ul style="list-style-type: none"> • Do existing regulated early care and education providers enrolled in Quality First have the capacity to expand to serve the targeted population? • What is the potential impact on existing early care and education providers in the targeted area? • Are there opportunities to use other funding sources? What efforts can be started to build a shared funding model? <p>If a region determines Expansion as the appropriate strategy, the following components should be considered when planning:</p> <ul style="list-style-type: none"> • Coaching and technical assistance by a professional early childhood program development specialist to plan a new classroom or program site to serve the targeted population; • Preparation for the licensing and/or certification process, if applicable; • Facility improvement grants to equip a new setting or renovate / retrofit an existing site; • Capital improvement or construction (the FTF Funding Plan Guidance for Construction and Purchases of Real Property* must be followed and requires matching funds); • Early childhood education personnel to plan and implement the expansion and enrollment of children. • Funding for Quality First Full Participation or Rating Only. <p>Start-Up and Expansion strategies should reflect First Things First’s commitment to providing families with choices and a mixed service delivery system which includes both public and private school systems.</p>	<p>personnel.</p> <p>Planning ahead, the cost for Quality First Full Participation for the following fiscal year will need to be allotted for each Expansion, Start-Up or Capital Expense site. For example: if Expansion or Start-Up is funded for a site in FY15, funding would be required for FY16 for Quality First Full Participation.</p>
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*Refer to Attachment A in the Expansion Standard of Practice, *FTF Funding Plan Guidance for Construction and Purchases of Real Property*.

The length of time required for a **Start-Up** and/or **Expansion** strategy will vary, depending upon the following:

- Whether a classroom and outdoor area are available or will require capital building or renovation;
- Availability of equipment and materials versus a need to purchase and await their delivery;
- Whether the site is already licensed/certified or must submit an application to the Department of Health Services (DHS) Child Care Licensing, DES or military or tribal regulatory authority;
- Familiarity of the early care and education program and staff with providing early childhood programming for the targeted population;
- Time required for hiring and professionally preparing qualified staff.

Based upon previous experiences with similar strategies, a **Start-Up** strategy typically takes at least six months and may require up to 12 months before children are able to be enrolled and begin early care and education services.

A thorough analysis should be conducted when considering an **Expansion** strategy in order to identify already existing early care and education providers, the capacity of those community providers – school-based, Head Start, or private – to serve more children and the need for technical assistance and support to achieve quality care and education.

When funding a **Start-Up** strategy, a regional council must also plan to allot funding for Quality First enrollment (Full Participation or Rating Only) for the first full year in which children will be attending. In addition, if children will be enrolled during the first year of start-up (prior to the site enrollment in Quality First), the regional council must

		<p>include funding to support teaching staff..</p> <p>There may need to be more than one year of start-up if a new classroom is literally being newly built or staff is starting with limited expertise in early care and education services. The time required should be discussed prior to the development of a budget and timeline for the Start-Up strategy.</p>	
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EXPANSION, START-UP AND/OR CAPITAL EXPENSE FY 2015

Start-Up – New Sites	Expansion – Existing Sites
<p>No children are enrolled during fiscal year.** Contract with a professional early childhood program development consultant /specialist or other FTF approved vendor to facilitate start-up. Possible components of contract to be funded:</p> <ul style="list-style-type: none"> • Equipment and materials • Coaching / mentoring • Preparation for the licensing and/or certification process • Capital and building expenses • Personnel <p>No funding for Quality First Full Participation in start-up only year but required in subsequent years.</p> <p>**If children are enrolled after the start-up period but during the same fiscal year as Start-Up, operational costs for teaching staff must be funded.</p> <p>May fund Quality First Scholarships in second year. See Quality First Scholarships Standard of Practice for guidelines and eligibility.</p>	<p>Expansion programs must be enrolled in or have applied for Quality First Full Participation.</p> <p>Must achieve a 3-5 star rating by third year</p> <p>Quality First Scholarships may be considered if Regional Council chooses to fund. See Quality First Scholarships Standard of Practice for guidelines and eligibility.</p> <p>Possible components of contract to be funded:</p> <ul style="list-style-type: none"> • Equipment and materials • QUALITY FIRST Coaching / ADE mentoring • Preparation for the licensing and/or certification process if applicable • Capital and building expenses • Personnel

STRATEGY NAME: FAMILY, FRIEND AND NEIGHBOR CARE

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the evidence informed Family, Friend and Neighbor Care strategy is to provide training, professional development and financial resources to family, friend and neighbor caregivers. The expected result is an improvement in the quality of caregiving, teaching and learning for children in unregulated home based early care and education settings.</p> <p>First Things First (FTF) defines family, friend and neighbor (FFN) care as: a broad range of child care arrangements provided in the home of the child or caregiver, by extended family members, friends, neighbors and other unrelated adults for a fee, or free, while parents need to be away, go to work or go to school. Family, friend and neighbor care is also often referred to as <i>kith and kin</i>, <i>informal care</i>, <i>unregulated and license exempt child care</i>, or <i>relative care</i> (Families and Work Institute, 2006).</p> <p>Family, friend and neighbor care providers typically do not receive regular access to information, education, or training on children’s health, safety and child development. In Arizona, FFN care providers can legally care for four children for pay, with a maximum limit of six children</p>	<p>Nationally, in-home care is the most common type of child care for children under the age of 5 whose parents work (Susman-Stillman and Banghart, 2008). Evidence suggests that training provided to FFN caregivers can result in positive outcomes for children. For example, report findings from a national study involving Arizona community partners who provided training and support to FFN caregivers showed that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. The impact was noted in the following areas: 1) safety in the home environment, particularly fire safety; 2) establishing and maintaining a daily schedule for the children; 3) encouraging providers to utilize the resources of their local library; 4) developing a written formalized child care services agreement with parents, and 5) increased knowledge regarding the Child and Adult Food Program. Participants in this program indicated interest in becoming better providers by providing a higher level of care to the children and families they serve. (Mathematica Policy Research, Inc., 2006).</p> <p>In 2010, a local study of over 800 participants in the Arizona Kith and Kin</p>	<p>Knowledge of the needs for support, the child and family demographics, provider demographics, geography and current capacity of providers to participate should all be part of determining an appropriate model. Considerations for specific components and the associated costs should be made at the local level.</p> <p>Current promising models/components being implemented in Arizona include:</p> <ul style="list-style-type: none"> • Arizona Kith and Kin Project: based on a facilitated group model which brings providers together for professional development and practice sessions, includes 14 weeks of classes. The curriculum includes elements of quality care and safety, which are available in English and in Spanish. • Use of the Child Care Assessment Tool for Relatives (CCAT-R) developed by Bank Street College in New York. • Use of the Family Child Care Environmental Rating Scale (FCCERS) to assess quality improvement. The model utilizing this tool includes up to \$2000 available to each provider to make quality and safety improvements and an additional \$500 is available for becoming regulated. 	<p>The unit costs vary based on the program model or components and vendors providing the services. In-home models cost more due to travel for services provided in the home, rather than a group setting.</p> <p>The facilitated group model cost is about \$40,000 per 14 week session. Groups are generally comprised of around 20 providers for a per provider cost of \$2,000.</p> <p>An in-home model costs nearly \$6,000 per provider.</p> <p>The pathway to regulation model</p>

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children for whom they provide care. Child care provided by FFN caregivers, for the most part, is legally exempt from regulation and is therefore of growing interest to families and policymakers.</p>	<p>Project, conducted by the Indigo Cultural Center, found significant increases in quality indicators in the areas of: health and safety; materials in the physical environment; provider-child communication patterns; provider engagement; learning activities; and providers' basic knowledge about child development.</p> <p>In recent years, the question of what types of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. Growing awareness of the large number of children in unregulated FFN care settings and emphasis on school readiness has generated increasing interest in efforts to support these caregivers and their need for professional development (Porter, 2007).</p>	<ul style="list-style-type: none"> • The Parents as Teachers (PAT) in-home model. • Pathways to certification/regulation. 	<p>costs roughly \$2,300 per participant.</p>

STRATEGY NAME: INCLUSION OF CHILDREN WITH SPECIAL NEEDS

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the evidence informed strategy, Inclusion of Children with Special Needs, is to provide onsite consultation and coaching to increase the capacity of early education programs to include and serve children with special health and/or developmental needs. The expected results include: early care and education professionals increasing their knowledge of how to effectively serve children with special needs and as a result being more willing to enroll children with health or developmental concerns.</p> <p>To address quality improvements in early childhood programs and further promote effective inclusive practices, First Things First (FTF) supports the provision of a comprehensive, consultative model which provides on-going professional development, on-site technical assistance, and a variety of staff supports based on needs. A successful approach is developed first through assessment of the early care and education staff’s knowledge base and expertise related to children with disabilities and general understanding of child development. Based on the assessment of staff, an appropriate plan is developed to address individual and programmatic needs. Technical assistance to an early care and</p>	<p>As noted in a joint position statement issued by the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) in 2009, “an ever-increasing number of infants and young children with and without disabilities play, develop, and learn together in a variety of places – homes, early childhood programs, neighborhoods, and other community based settings.” In the broadest sense, “early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a [wide] range of activities and contexts as full members of families, communities, and society” (DEC/NAEYC, 2009). Embracing the philosophies of inclusive practices and family-centered services often results in:</p> <ul style="list-style-type: none"> • children and their families feeling a strong sense of belonging; • development of positive social relationships, and; • learning occurring to children’s fullest potentials. <p>Inclusive practices benefit all children – both children with special needs as well as those who are typically developing. Research suggests that including children with special needs with typically developing classmates supports the development of individual</p>	<ul style="list-style-type: none"> • This strategy serves child care providers – not specific children. • All participating providers must demonstrate a commitment to quality by either being (1) an enrolled Quality First participant or (2) on the Quality First waitlist and do not decline participation if selected, or (3) be accredited by a national organization which is recognized by the Arizona Department of Education or Department of Economic Security. • Consider how many Quality First sites you have at a quality level or higher, which may position a provider to more fully participate in the inclusion consultation. • Providers are often unwilling to serve children with special needs, therefore target numbers should be reasonable and realistic due to likely challenges with outreach and provider enrollment. • Consider whether the region has the capacity to implement the strategy, or will it require seeking contracts outside of the region. • Councils should consider how many consultation models, such as Child Care Health Consultation or Mental Health Consultation, are available in their region currently and ensure 	<p>Unit Cost: The cost for Inclusion Consultation per center or home is \$10,000/yr.</p> <p>The model includes: a program assessment of inclusion practices; on-site provider trainings; onsite coaching and specialized technical assistance ranging from a minimum of twice a month to intensive, ongoing sessions; the purchase of adaptive equipment and/or classroom materials; and, travel expenses.</p>

<p>education provider is then provided that includes supporting their understanding of established goals and objectives of children’s Individualized Education Plans (IEPs), Individual Family Service Plans (IFSPs), or medically diagnosed (by a doctor, psychiatrist or psychologist) health condition and how to incorporate them into the program’s established curriculum and daily routines. In addition identification of adaptive materials or program modifications that may be needed to support children’s full participation is also a component of an effective consultative model. Furthermore, referral and support networks are established and maintained with appropriate state agencies such as the Department of Health Services/Division of Children with Special Health Care Needs, community agencies, behavioral health programs, social services, the Arizona Early Intervention System (AzEIP) and public school systems so that early care and education providers are able to offer families accurate information and appropriate linkages to needed services.</p>	<p>abilities, interests, positive social relationships, developmental rates, and learning styles of young children both with and without identified disabilities (National Professional Development Center on Inclusion, 2009). Children with identified disabilities may include those who are being served through an Individual Education Plan (IEP), and Individual Family Service Plan (IFSP), Section 504 accommodation plan, or have a medically diagnosed health condition for which the child would benefit from the development of an Individual Health Plan (IHP).</p> <p>Parents and professionals alike typically view inclusion as a positive ideal; however, many families often share concerns related to the quality of early childhood settings and the capacity of providers to appropriately care for their child. Therefore, improving the quality of early care and education for young children is critical to the successful promotion of inclusive practices. High quality inclusive programs ensure:</p> <p>Access – to materials, environments, and services; Participation – in a wide range of activities in which typically developing children also participate; and Supports - access to a variety of resources, professional development activities, and funding (DEC/NAEYC, 2009).</p>	<p>coordinated efforts are conducted and managed.</p> <ul style="list-style-type: none"> • Similar to other consultation models, services may be more intense due to the nature of the subject matter. 	
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STRATEGY NAME: KINDERGARTEN TRANSITION COMMUNITY OF PRACTICE

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost
<p>The intent of this promising practice strategy, Kindergarten Transition, is to use a community of practice model that brings together local groups of early care and education program providers with administrators and teachers from public elementary school sites offering kindergarten. The expected result is a collaborative and coordinated kindergarten transition approach and plan that increases the effectiveness of transition into kindergarten for children and families in the local community.</p> <p>Kindergarten Transition Communities of Practice are known as Neighborhood School Communities and will be facilitated by a Kindergarten Transition Specialist to support collaborations between public and private early care and education programs in order to assure:</p> <ul style="list-style-type: none"> • effective transitions for children from their pre-kindergarten program to the local public school district • a plan is in place for programs participating in the community of practice to meet standards for sensory and developmental screening; • a plan is in place to ensure inclusive environments for children identified 	<p>The Kindergarten Transition strategy uses a Communities of Practice model designed to bring together groups of early childhood service providers to increase the effectiveness of kindergarten transition. “Support from programs and schools can help families overcome their concerns about the upcoming transitions, and enjoy the excitement of the changes and opportunities ahead (Patton, et.al., 2013).</p> <p>According to theorists Jean Lave and Etienne Wenger, Communities of Practice are ways of promoting innovation, developing social capital, and facilitating and spreading knowledge within a group. Communities of Practice can be defined, in part, as a process of social learning that occurs when people who have a common interest in a subject or area collaborate over an extended period of time, sharing ideas and strategies, determining solutions, and building innovations (Etienne Wenger, 2006). Wenger provides this definition: “Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.”</p>	<p>Regional Councils must understand the collaboration requirement of this strategy and ascertain the interest and understanding of the commitment involved for all participants.</p> <p>Through a self-evaluation process using the Arizona Department of Education ECQUIP (Early Childhood Quality Improvement Process) rubric, each Neighborhood School Community is expected to discuss the components that are already in place, what is needed and what could be enhanced before determining the goals to be addressed. This process will be facilitated within each community by a Kindergarten Transition Specialist.</p> <p>Families, community-based programs, private child care and preschool providers (including family child care homes) and public schools are critical to the development of a high quality early childhood education system for young children entering kindergarten. Effective coordination and collaboration among communities, schools and families is required for a successful transition program. Participants of this strategy will collectively develop a transition plan, including ongoing activities. The Kindergarten Transition Specialist will plan and facilitate the participants in discussion, completion, and support the implementation of the transition plan.</p>	<p>The unit cost for this strategy is \$4,500.00 per Neighborhood School Community (community of practice).</p>

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost
<p>with special needs;</p> <ul style="list-style-type: none"> • a review of the School District's Literacy plan and implementation of activities to support the plan in all programs participating in the community of practice; • sharing of resources for and implementing program self-assessment and continuous quality improvement in • sharing of resources for and implementing ongoing child assessment in all programs • professional development plans for teaching staff in programs participating in the community of practice, • creation of a sustainability plan to ensure that the community of practice continues. 			

STRATEGY NAME: SUMMER TRANSITION TO KINDERGARTEN

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the evidence informed strategy, Summer Transition to Kindergarten, is to provide classroom experiences for children who may not have had any preschool experiences (and their families) in order to prepare for the transition to kindergarten. The expected result is that children and their families are more prepared for the school-based environment and learning activities upon entry into kindergarten.</p> <p>Based primarily on social-emotional development rather than academic preparation, these programs help children become familiar with a classroom setting and group norms, while engaging in a learning environment that is supportive of children’s comprehensive development. Kindergarten transition programs also prepare families to engage in their child’s education and support their child’s learning at home.</p>	<p>The transition to kindergarten to be one of the most important milestones a child will experience (Pianta, 2004). Each year, nearly 90,000 children enter kindergarten across Arizona. However, 66% of Arizona’s children ages 3 and 4 years do not attend an early childhood education program (Arizona Kids Count Data Book, 2014). Children with few group experiences may find adjusting to the kindergarten setting more challenging than children who have attended early childhood education programs. In response, numerous short-term kindergarten transition programs have sprouted up across the nation that operate in the summer months prior to children beginning kindergarten.</p> <p>High quality summer kindergarten transition programs, especially for children without previous classroom experience, help familiarize young children with the routines of a classroom setting and group activities, include family involvement activities, and provide opportunities for families and teachers to share expectations. These programs review basic concepts such as participating in a group, asking for help, and other rules and routines associated with beginning school. By learning classroom routines and socializing/interacting with other children, children enter kindergarten more prepared for school success (INPEACE, 2008). Families will receive support in understanding the processes of enrollment and partnership with their child’s school.</p>	<p>Summer transition programs should operate for a minimum of 45 child contact hours and take place as close to the beginning of the school year as possible.</p> <p>Consider whether the school districts in the region have the capacity to implement the strategy, as it occurs outside the normal school year calendar.</p> <p>This strategy serves school districts for the purpose of outreaching to and enrolling specific children, especially those of kindergarten-entry age without previous classroom experience.</p> <p>Developmental and sensory screenings are recommended for each child enrolled in the Summer Transition program.</p> <p>Councils should consider the total number of age eligible children in the region who are in need of a first-time exposure to the classroom setting and the number of school districts available in the region to ensure efforts are conducted and managed in a coordinated approach.</p>	<p>The unit costs vary based on the program model, specifically the intensity and duration of the program, and the school district providing the services.</p> <p>The typical unit cost ranges between \$600 to \$1100 per child for the entire program duration; ranging from 3 to 6 weeks and a minimum of 45 contact hours.</p>

STRATEGY NAME: COLLEGE SCHOLARSHIPS FOR EARLY CHILDHOOD PROFESSIONALS

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of this evidence informed Professional Development strategy is to provide access to higher education for the early childhood workforce working directly with or on behalf of young children birth through age five. The expected results of supporting continuing education and degree completion is elevating and professionalizing the field, recruiting and retaining a quality early childhood workforce and supporting and increasing the quality of services provided to young children.</p> <p>Well-educated and highly skilled early childhood teachers are strongly linked with high quality and optimal child outcomes at entry into kindergarten. This strategy will ensure that more early care and education professionals have access to education and training to achieve degrees, credentials and specialized skills to promote children’s cognitive, social, emotional and physical development. As a result of higher educational attainment and specialized in-service training, professional compensation will increase and more staff will remain in the field of early care and education.</p>	<p>Research strongly suggests that the quality of child care is tied to wages, education, and retention of teachers (Saluja, G., Early, D. M. and Clifford, R. M., 2002). The quality of early care and education depends on the professionalism, education and skills of the teacher.</p> <p>Providers with higher levels of education tend to be paid more, and higher-paid teachers tend to remain in the same job for a longer period of time and work with the same children over time, creating a system of continuity of care which helps to nurture the important relationships between themselves as the primary caregiver and the child. It is within the context of these relationships that children grow and develop optimally.</p> <p>“When young children and their caregivers are tuned into one another, and when caregivers can read the child’s emotional cues and respond appropriately to his or her needs in a timely fashion, their interactions tend to be successful and the relationship is likely to support [the child’s] healthy development in multiple domains, including communication, cognition, social-emotional competence, and moral understanding” (Shonkoff, J.P. and Phillops, D., Eds, 2000, p. 28).</p> <p>There is also a link between educational attainment and teacher's beliefs about early childhood education. In a study at Indiana University, researchers found that when teachers had a higher education level, regardless of the major area of study, they were more likely to support developmentally appropriate practices. The researchers did find, however, that teachers with course work specific to working with young children were more likely to support child-initiated learning, such as allowing children to select some of their own activities, valuing active exploration in children's learning, and respecting students' individual differences when planning curricula (Minnesota Department of Children, Family & Learning, 2001).</p>	<p>Scholars should not be concurrently enrolled in another early childhood education scholarship program (i.e., Professional Career Pathways Project). In addition, programs administering this strategy are required to confirm that each participant has exhausted other forms of financial aid including completion of application for Federal Financial Aid.</p> <p>Regional Councils should review educational attainment data to determine how many scholars they wish to support.</p> <p>Grantee is required to make connections with this strategy and other programs and strategies to enhance the early childhood system and avoid duplicate use of resources. Councils may consider community assets and investments in higher ed continuum for scholars, including:</p> <ul style="list-style-type: none"> • Recruitment into the Field • Arizona Early Childhood Workforce Registry • Institutions of Higher Education • High School Early Childhood Career and Technical Education (CTE) programs • Professional Development For Early Childhood Professionals strategies 	<p>100/200 level coursework (CDA/Associate’s pathways) - \$2,115.00 per scholar (\$235.00 per credit) – based on 9 credits per year enrollment (knowing that some scholars will enroll in more and some will enroll in less)</p> <p>300+ level coursework (Bachelor’s pathway) - \$10,800.00 per scholar (900.00 per credit) – based on 12 credits per year enrollment (knowing that some scholars will enroll in more and some will enroll in less).</p>

STRATEGY NAME: FTF PROFESSIONAL REWARD\$

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Costs
<p>The intent of this promising practice strategy, First Things First (FTF) Professional REWARD\$, is to provide financial incentives to early care and education teachers for children birth to age 5, and is dependent on the teacher’s educational attainment, continued educational progress and commitment to continuous employment. The expected result is improved retention rates of highly qualified teachers, an improvement in the educational level of the professional workforce and continuity of care for young children enrolled in early care and education programs.</p>	<p>Insert once we have literature cite.</p>	<p>REWARD\$ allows one financial incentive award per eligible applicant each fiscal year; however, there are two award cycles, one in the fall and one in the spring. Applicants that do not apply or do not receive an award in the fall may apply in the spring. Those professionals that received an award in the fall are not eligible for an award in the spring. Regional</p> <p>Councils should consider how many total professionals they wish to impact with this strategy for the fiscal year. Award amounts for each professional will vary based on their educational attainment and recent progress; therefore, actual numbers will almost always vary from the target service numbers.</p> <p>Eligible requirements for professionals and programs:</p> <ul style="list-style-type: none"> • Applicants must work at a program that serves children B to age 5 • Program is enrolled Quality First participant; or • Accredited by a national organization recognized by either the Arizona Department of Education or the Arizona Department of Economic Security; or • Currently on the waiting list for Quality First participation and never declined participation in the Quality First program. <p>Regional Councils also should be aware that once the total number of incentives has been awarded, a balance may still exist in their funded allocation. Additional awards at the standard per unit cost may be considered by using the attached guidance.</p>	<p>Total Cost per Professional: \$1,350.00</p> <ul style="list-style-type: none"> • Administrative cost: \$350.00 • * Average incentive award: \$1,000.00 <p>*The range of incentive amounts is \$300 to \$2000 based on the level of each applicant. For planning purposes FTF uses an average cost.</p> <p>Approximately 50% of funding is made available for the fall, and the number of incentive awards distributed may vary, depending upon qualifications of applicants. Remaining awards are distributed in spring.</p>

Additional Guidelines for Allocating Funding for FTF Professional REWARD\$

Regional Partnership Councils choosing to fund FTF Professional REWARD\$ should specify both an allotment (dollar) amount and an approximate number of incentives to be awarded (target service number) during the fiscal year. The total allotment should be calculated based upon the unit cost described below*.

Another factor to be considered is that there are two application periods in a fiscal year: one in the fall and one in the spring. The goal is to distribute approximately 50% of the award in each of the two application periods (fall and spring) of the fiscal year.

When a Regional Partnership Council still has funds remaining, after the target service number has been reached, the Council may designate this funding for additional REWARD\$ incentives. Since the Agreement with the Administrative Home specifies the dollar amount allocated for this strategy, the Regional Partnership Council does not need to take any further formal Council action because:

- a. No approval is needed to spend a funding amount that has been initially allocated and approved by the Board, and
- b. The Regional Partnership Council may utilize the remaining balance of its allocated funding to fund REWARD\$ eligible participants during a subsequent application period.
 - The number of additional REWARD\$ incentives will be determined by dividing the remaining balance by the unit cost established by FTF Finance.
 - The unit cost will include an administrative amount and an incentive award amount for each additional award.

***FY16 UNIT COST: Amount for each additional award is \$1,350 which includes an administrative cost of \$350.00 and an award amount of \$1,000.**

When a Regional Partnership Council has reached 75% of its funds during an application period, the FTF Professional REWARD\$ Administrative Home will notify the Regional Coordinator in writing, with copies to the Regional Manager, the FTF Senior Policy Specialist, and the appropriate Finance staff. The application period will be closed once it is determined, through close monitoring by the grantee, that the number of eligible applications received will utilize the allocated funds for the award period.

STRATEGY NAME: LANGUAGE, COMMUNICATION AND LITERACY IN EARLY CARE AND EDUCATION SETTINGS

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the evidence-informed Language, Communication and Literacy in Early Care and Education Settings strategy is to provide instruction for early care and education providers and teachers on early language and literacy by offering consultation and training to effectively incorporate language and literacy into everyday teaching and care. The expected results are higher quality early childhood education curriculum, practices and programs related to early language and literacy.</p>	<p>Research indicates that early language and literacy development begins at birth and is closely linked to a child’s earliest experiences with people, sounds, facial expressions, movement, music, books, oral and written stories, etc. The interactions that young children have with their physical surroundings, especially if there are ample literacy materials and experiences, and with the adults in their lives, form the building blocks for language, communication, reading and writing development. Early literacy theory emphasizes the natural unfolding of skills through the enjoyment of books, the importance of positive interactions between young children and adults, and, the critical role of literacy-rich experiences. Specifically, the seminal research study conducted by Betty Hart and Todd R. Risley (1995) highlighted the importance of early language development among young children. Based on their monthly observations of young children from the age of nine months to 36 months, the authors found that the amount of words children hear from a very young age significantly affects their own development in several aspects. Not only do children learn vocabulary and language patterns through interactions with parents and other caregivers, but these interactions also influence their emotional and social development. Infants learn about communication and social skills, as well as develop a sense of security, when their parents sustain social interactions such as smiling and responding vocally.</p> <p>Because many young children, including infants and</p>	<p>Considerations for components and the associated costs should be determined based on the local level of need for support, provider demographics, geography and current capacity of providers to participate.</p> <p>Model components may include:</p> <ul style="list-style-type: none"> • Professional development opportunities for early childhood professionals • Site-based consulting and mentoring • Classroom books • Lending libraries • Story time volunteers • Parenting education <p>When working with programs that are participating in Quality First, literacy consultants must coordinate with Quality First coaches to ensure that there is not duplication of services and that the literacy consultant and Quality First coach are working in tandem to support the identified needs of the early childhood professionals.</p> <p>Reaching out to and engaging early childhood professionals providing care in their homes can present a challenge and requires the development of strong relationships, non-traditional</p>	<p>The unit cost of \$1,500 - \$2000 per site is an estimate based on a consultative model in a medium size center-based setting that includes:</p> <ul style="list-style-type: none"> • professional development for early care and education providers • site-based consulting and mentoring • providing classroom books • setting up a family lending library, and • providing parent education workshops <p>The cost is dependent on the size of the center. The cost for supporting a center is higher than the cost for supporting a home provider.</p>

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
	<p>toddlers, spend so much time in early care and education settings outside their own homes, the professionals who are responsible for their care must possess the tools and skills to promote language and communication development, and know how to assist when development is not progressing as it should. Children’s early experiences with oral and written language, both formal and informal, provide essential foundations for all of their learning. It is during this brief period of time that language learning lays the foundation for literacy acquisition. For these reasons, early educators must possess the appropriate skills and confidence to incorporate effective teaching practices for the children in their care. Not only should early educators be able to employ effective teaching strategies, they should also be prepared to identify possible developmental delays and refer families to the necessary interventions as early as possible.</p>	<p>and flexible approaches to providing professional development, and staff that are linguistically and culturally responsive to their needs.</p>	

STRATEGY NAME: PROFESSIONAL DEVELOPMENT FOR EARLY CARE AND EDUCATION PROFESSIONALS

Strategy Summary	Evidence/Research	Council Decision Points for Consideration	Estimated Costs
<p>The intent of the evidence informed Professional Development for Early Care and Education Professionals strategy is to provide high quality professional development for those that teach and care for young children. Services must include at least two of the following components: providing professionals with a series of learning seminars; the establishment of communities of practice; and/or, individual coaching for leaders and/or practitioners. The expected results of the implementation of this strategy include: participants increasing their knowledge base of early childhood and changing their practice in supporting young children's development and learning; and, participants receiving higher education credit for these learning opportunities that will articulate into a degree or certificate program.</p>	<p>Results of a recent independent evaluation study conducted by Mid-continent Research for Education and Learning (McREL, 2013) and funded by the First Things First (FTF) Central Pima Regional Partnership Council, showed the importance of community based professional development in providing a level of support and sense of community that early care and education professionals had not experienced in other forms of professional development. Early care and education professionals cited the cohort learning communities and the coaching received as key factors in supporting their ongoing professional development and retention in the early childhood field while also affording them the opportunity to successfully apply their learning more effectively in classroom settings. Early care and education professionals also stressed their access to subject matter experts, hands-on learning experiences, opportunities to network with their peers, and professional development that was tied to college credit as other important aspects of their community based professional development experiences.</p> <p>In addition to cohort and community of practice models that promote innovation and facilitate the spread of knowledge within a group, grantees may pursue other approaches to professional development, such as single day learning seminars, a planned series or sequence of multi-day professional development sessions that are held over the course of several months; and individual</p>	<p>The Standard of Practice for the Professional Development for Early Care and Education Professionals strategy contains specific criteria depending upon the focus of the particular educational opportunity offered (i.e. education for early care and education professionals, for communities of practice, for mentoring/coaching, and for conference scholarships). The full Standard of Practice for this strategy should be reviewed to gain clarity on implementation in a Regional Council desires to identify specific components.</p> <p>Educators/facilitators must meet the qualifications established by the institutions of higher education from which credit will be sought. Credit awarded should articulate to degree requirements or a certificate of completion.</p>	<p>Costs will be localized and dependent upon qualifications of educators, type of professional development opportunities, materials, travel, etc.</p> <p>Examples of the per person costs can vary significantly depending on the model components, geographical location and intensity of approach:</p> <ul style="list-style-type: none"> • Approximately \$650 per person for a model that brings various members in the early care and education community and business leaders together for a comprehensive series of workshops, classes and guest speakers • Approximately \$2,500 per person for a model that includes multiple components such as learning seminars, training tier levels, cohort/communities of practice, mentoring, conferences, guest speakers as well as incentive and reward programs for participating individuals who are eligible to earn college credits for coursework completed

	<p>coaching to practitioners and/or administrators. While these models come in different forms, they have a common goal of increasing the level of preparation and knowledge of early care and education providers, and encouraging them to pursue certification and college degrees in the field. At least two of the four models must be implemented together to ensure that professional development is not conducted in a single meeting, but rather supports deeper understanding through continued discussions in a group setting or individualized coaching.</p> <p>Research demonstrates that one of the most effective types of professional development approaches includes one-on-one mentoring or coaching, also referred to as “consultation.” Consultation has been described in the early childhood literature as a way of achieving changes through collaborative problem solving between a consultant and a consultee who willingly enter a relationship for the purpose of ultimately benefiting the children and families served by programs or organizations (Buysse, 2006).</p>		
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STRATEGY NAME: RECRUITMENT INTO THE FIELD

Strategy Summary	Evidence/Research	Decision Points for Council Considerations	Estimated Costs
<p>The intent of the evidence informed strategy, Recruitment into the Field, is to recruit new early care and education professionals into the early care and education field. The expected result is to improve the quality of early child care and education by expanding access to professional development and offering career counseling to potential members of the early education workforce.</p> <p>Programs target individuals who want to pursue degrees in the early childhood field. Priority may be given to targeted populations based upon regional needs, including Early Childhood Development students; high school career and technical education students interested in early childhood education, recent high school graduates or teens enrolled in technical schools; non-traditional students who are not working in the early care and education field.</p> <p>Scholarships made available to the target population must be used toward early childhood education course work, general education coursework, or developmental coursework.</p> <p>As part of their coursework, participants observe and intern in a Quality First or accredited child care setting as determined by their coursework or professional development program. This on-site experience provides an opportunity for participants to see the advantages of working in high quality settings that recognize and reward educational attainment.</p>	<p>Research strongly suggests that the quality of early care and education programs is tied to wages, education, and retention of teachers (Saluja, Early and Clifford, 2002). Providers with higher levels of education typically earn higher salaries, and higher-paid teachers tend to remain in the same position for a longer period of time. One method to increase the number of highly qualified early childhood professionals is to recruit a personnel into the field who are supported, with scholarships, to achieve higher education in early childhood development, education and related fields.</p> <p>Researchers have explored the link between educational attainment and teacher's beliefs about early childhood education. They found when teachers had a higher education level, regardless of the major area of study; they were more likely to support developmentally appropriate practices (McMullen and Alat, 2002). The researchers did find, however, that teachers with course work specific to working with young children were more likely to support child-initiated learning, such as allowing children to select some of their own activities, valuing active exploration in children's learning, and respecting students' individual differences when planning curricula. Based on these findings, it is suggested that while it is important to provide specific professional development courses to child care providers, it may be more important to recruit highly-educated</p>	<p>Regional Councils, community colleges, non-profits and local clubs are listed as potential partners in the process of awarding scholarships.</p> <p>Systems to ensure that participants are not concurrently enrolled in another early childhood education scholarship program will need to be implemented. In addition, programs administering this strategy are required to confirm that each participant has exhausted other forms of financial aid including completion of Free Application for Federal Student Aid (FAFSA).</p> <p>Each Regional Council will establish criteria for successful applicants; however, the grantee will conduct the application reviews and make scholarship award recommendations.</p> <p>Preference is given to participants who agree to remain in the early childhood field (preference would be that scholarship recipients work in the classroom) within the regional area for a specified period of time – to be determined by the Council – following completion of the credential/degree program. Ensuring participants' service time commitment in the identified region after the award may be challenging.</p>	<p>Costs range per scholarship type and region, and may be determined by considering the following components that may be included in the program model:</p> <ul style="list-style-type: none"> • Tuition • Fees • Books • Materials • Supplies • Administration of the program, which may include staff time and related expenses associated with coordinating observation and internship placements. <p>Comparable college scholarship models average approximately \$3000 annually per scholar.</p>

<p>Another goal of the strategy may be to attract individuals into the field who are highly educated in other areas, but are interested in and open to exploring career opportunities in the early care and education field. The intent of these recruitment strategies are to encourage those who are newly recruited to remain in the early childhood field.</p>	<p>individuals to the field. The ability to recruit highly-qualified teachers is strongly tied to the ability to compensate them adequately (MN Dept. of Learning, 2001). An investment in workforce development that focuses on high quality staff recruitment represents a major first step in ensuring there is an adequate supply of qualified caregivers and teachers who can give children the early learning boost they need to succeed in school and in life (First Five Los Angeles, 2005).</p>		
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STRATEGY NAME: CARE COORDINATION/MEDICAL HOME

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence-based Care Coordination/Medical Home strategy is to embed a care coordinator into a clinical practice to assist at-risk families with young children to navigate the complex health care and social service systems. The expected result of effective care coordination is that children receive well child visits, the services that they need, and that they use services efficiently to avoid duplication and unnecessary stress on their families.</p> <p>An important component of care coordination is its association with a medical clinic that is designated as a “medical home” for the child and their family. First Things First (FTF) expects that all grantees will be certified as a medical home or be moving towards certification.</p>	<p>There are 2 Evidence Based models for care coordination:</p> <p>Healthy Steps: The concept of the integrated Healthy Steps Program is to position early childhood development specialists in primary care clinics. The team approach provides the resources medical providers need to coordinate quality care, and provide information and linkages that parents want and need. The Healthy Steps specialist's office will be located next to clinic rooms for "warm hand offs", as well as provider and patient consultation. The Healthy Steps specialist will support the primary medical provider by bringing more specialized knowledge to bear on issues that the medical provider thinks require additional support. The average cost for a low intensity family is \$290 to \$412 for a high resource need family. http://homvee.acf.hhs.gov/document.aspx?rid=3&sid=12&mid=5</p> <p>Pediatric Alliance for Coordinated Care (PACC): This model includes clinics that serve children in a medical home model, as well as a designated pediatric nurse practitioner acting as case manager, a local parent consultant for each practice, the development of an individualized health plan for each patient, and continuing medical education for health care professionals. The model standards include service coordination by a trained staff member of the team within the clinic with families who</p>	<p>Targeted Population options:</p> <p>Level 3: High risk newborns- recent discharge from Neonatal Intensive Care or newly diagnosed medical conditions.</p> <p>Level 2: Children with ongoing complex medical conditions or chronic health problems- asthma, juvenile diabetes, and developmental delays- not eligible for other care coordination services. Also, children with high social risks- low income, homeless living with relatives, living in homeless or domestic violence shelters can be specified.</p> <p>Level 1: All children enrolled in practice or born in the region when there is an association with a birthing hospital.</p> <p>Medical practice considerations:</p> <ol style="list-style-type: none"> 1. Medical practice readiness for a care coordination team model in their practice. 2. Medical practice achieving ‘medical home’ certification or working towards certification required. 3. Medical practice with electronic health records used to identify children with risks and need for care coordination services. 4. New option for FY16: Medical practices willingness to provide a 	<p>Based on previous FTF grant applications, the estimated cost of this strategy includes: hiring a care coordinator, benefits, purchase of equipment and supplies.</p> <p>This cost estimate is based on a caseload of 1: care coordinator in level for 750 children in a practice. Caseload variations are dependent on level of risks and need for care coordination needs.</p> <p>The average cost per child receiving care coordination services in both evidence-based models is \$300-400 per child per year.</p> <p>Multiply the expected TSU by \$400 to get an estimated total cost. If the TSU is 100, the caseload is 100. When a family is no longer in need of services, a new</p>

	<p>require coordination of multiple providers, tests and those who have medically at-risk children. The average cost per family was \$400 per year depending on family need complexity. http://www.ncbi.nlm.nih.gov/pubmed/15121919</p> <p>Use of non-evidence-based models: If there is a need to use a model that is not evidence based in order to first build community capacity to deliver an evidence based program, a detailed description of the proposed model, as well as justification for not proposing full implementation of one of the evidence-based models must be submitted to FTF. Use of such a model allows community capacity building, improves access to needed services and accommodates regional differences.</p>	<p>proportion of support for ongoing care coordination services in subsequent years. (100% FTF support in Year 1, 50% support in Years 2 and 3)</p> <ol style="list-style-type: none"> 5. Care coordinator employed by practice or shared between practices; care coordinator can be located outside of practice or embedded within practice. 6. Medical practice or community clinic serving 25-50% low income children or children with AHCCCS insurance. <p>Community considerations:</p> <ol style="list-style-type: none"> 1. Community capacity and need for care coordination services. 2. Number of medical centers/clinics or group practices in the region 	<p>child/family will be added.</p> <p>Actual costs will vary depending upon caseload, size of medical practice, geographic location, travel expenses and capacity within the region.</p>
Additional Strategies			
<p>Developmental and Sensory Screening</p> <p>Provide or monitor developmental and sensory screening.</p>	<p><i>See Developmental and Sensory Screening Standard of Practice for details</i></p>	<p><i>See Developmental and Sensory Screening Strategy Summary for details</i></p>	
<p>Health Insurance Enrollment and Outreach Assistance</p> <p>Expand the awareness about publicly funded health insurance options</p>	<p><i>See Health Insurance Enrollment and Outreach Assistance Standard of Practice for details</i></p>	<p><i>See Health Insurance Enrollment and Outreach Assistance Strategy Summary for details</i></p>	

STRATEGY NAME: CHILD CARE HEALTH CONSULTATION

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence based Child Care Health Consultation strategy is to provide statewide health and safety consultation specific to early care and education settings for children birth to age 5. The expected results are improved overall quality of care, reduced illness, and increased school readiness by supporting best practices that increase provider knowledge and promote behavior change, policy development and improvements in program environments.</p>	<p>The emerging literature on early brain development and on school readiness emphasizes the importance of high-quality early childhood programs in achieving the goal of having all children enter school ready to learn (American Academy of Pediatrics, 2005). Early care and education programs offer significant opportunities to promote the health and well-being of children and families. However, these programs also present inherent health risks. Best practices minimize health risks and enable out-of-home care programs to promote healthy behaviors and link families to community based health and development services.</p> <p>The benefits of health consultation and collaboration across disciplines support programs with best practices for teaching good health behaviors and creating safe environments (Alkon, 2002, 2009; Banghart, 2009). The literature suggests that substantial numbers of early child care providers do not have access to child care health consultation (Ramler, 2006). Child care health consultation supports programs in developmental surveillance, infection management, oral health practices and improved nutrition standards (Ramler, 2006; American Academy of Pediatrics, 2011).</p> <p>A Child Care Health Consultant (CCHC) is a specially trained health professional that provides advice and support to early childhood program staff through education and the identification of site-specific health and safety needs, utilizing a prevention based approach with the program staff.</p>	<p>All CCHC's operate within the statewide infrastructure for child care health consultation. FTF serves as the statewide administrative home for this program, staffed by the FTF CCHC Program Manager.</p> <p>Each CCHC is employed by a local organization in or nearby the region in which they deliver CCHC services.</p> <p>Consideration: All Quality First participants have access to CCHCs, and Regional Councils may fund non-Quality First programs to participate in CCHC as well.</p>	<p>The unit cost of delivering CCHC services is \$2470 per early care and education program (home based or center based) per year. This cost is built into the Quality First unit cost for providers participating in Quality First. The cost for non-Quality First providers is the same: \$2470 per provider.</p> <p>Added travel costs for rural regions is estimated at \$500 per center/home and should be based on the number of rural sites and not the total number of providers, unless all are rural programs. There is a maximum of \$15,000 per region for additional travel costs.</p>

STRATEGY NAME: COMPREHENSIVE PREVENTATIVE HEALTH PROGRAM

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of this promising practice strategy is to support investigation of the health prevention services and programs that currently exists in a region, to identify gaps in those services, and to intentionally collaborate among agencies and organizations to provide services.</p> <p>The collaboration is a promising practice but the interventions can be evidence based or evidence informed.</p> <p>The expected results are a) increased coordination of preventive health services and leveraging or resources to enhance service delivery to families with children birth through age 5; and, b) increased professional development opportunities for staff in community-based health and social service programs on various dimensions of preventive health services; and, hence to better serve families in the region.</p>	<p>Health prevention service gaps need to be identified through a purposeful planning and implementation process within a region. In today’s complex health care system, community safety and health care reform require an integrated approach to preventing illness, injury, and inequity in access to services by children and their families. To have a quality prevention system requires interdisciplinary partnerships and collaboratives that join knowledge, perspectives, and tools from diverse fields to generate comprehensive solutions. It also includes leveraging resources to ultimately improve and increase service delivery to children and their families.</p> <p>According to The Prevention Institute, collaboratives are “a union of people and organizations working to influence outcomes on specific problems. They are useful for accomplishing a broad range of goals that reach beyond the capacity of any individual member organization. These goals range from information sharing to coordination of services from community education to advocacy for major environmental or policy (regulatory) changes.” The benefits of forming and maintaining effective community collaborations include reducing duplication of services, leveraging resources, strengthening bargaining power, and getting “buy in” from community members.</p> <p>This strategy allows for designing and</p>	<p><u>Population considerations:</u> Informing families about and engaging families in behaviors that enhance health outcomes through health promotion and disease and injury prevention can be highly effective for all population groups. This approach, however, can be particularly effective for population groups known to be at risk for health disparities, such as children in low income households and children from certain racial/ethnic groups who are at higher risk, including Hispanic, Native American, and African American children. This approach can also be very effective in regions where preventative health services are fragmented and challenging for families to access, and as such, the collaborative helps build a system.</p> <p><u>Community considerations:</u> To have a quality preventative health system requires interdisciplinary partnerships and collaboratives that join knowledge, perspectives, and tools from diverse fields to generate comprehensive solutions. It also includes leveraging resources to ultimately improve and increase service delivery to children and their families. A region should assess the degree to which partnerships or collaboratives are</p>	<p><u>Staffing:</u> <i>A Collaborative Manager/Coordinator:</i> salary will vary by geographic location, education and experience. An approximate range is \$35,000 to \$55,000 excluding fringe benefits.</p> <p><i>Administrative Support:</i> administrative support may be desired for organizing collaborative meetings and trainings for collaborative members, as well as collecting and reporting data.</p> <p><i>Topic Experts:</i> to conduct preventive health training for collaborative members. This will vary by qualifications of the trainer (e.g., a physician, nurse, dental hygienist, community health educator).</p>

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
	<p>implementing a preventative health collaborative among agencies and organizations in a defined region, drawing from evidence-informed and promising practice approaches to building a collaborative that addresses health prevention topics that enhance the health of families with children birth through age 5 and expectant mothers.</p> <p>A variety of collaborative building models and guidelines exist. Though they may differ in their specific steps, they do have many common elements that may assist those interested in forming and maintaining a collaborative. There are two integral characteristics of effective collaboratives:</p> <ul style="list-style-type: none"> • <i>Coordination</i>: Involves more formal relationships with an established mission. • <i>Collaboration</i>: A more durable and pervasive relationship marks collaboration. <p>Topics to be addressed by the collaborative may include but are not limited to:</p> <ul style="list-style-type: none"> • Fetal Alcohol Spectrum Disorder • Asthma • Vaccines • Early Screening and Intervention • Injury Prevention • Oral Health • Obesity Prevention 	<p>already formed around preventative health and ensure that a new collaborative will build on versus supplant or duplicate existing efforts.</p> <p><u>Programmatic Considerations:</u> The ultimate outcome is increased preventative health services delivered to children birth to age 5 through the coordination and collaboration afforded by the collaborative. It should be noted that although a six-month planning and development period to build the collaborative is expected, it is also expected that the collaborative will be able to collect and report data on families and children served as a result of the collaborative process by the end of the grant year.</p> <p>The health prevention collaborative can be based within a single region or across regions determined by need, service availability and community capacity. Often there are multiple community partners and organizations in a community delivering health prevention interventions.</p>	<p><u>Educational Materials and Supplies:</u> The cost for materials for collaborative member trainings and families receiving preventative health services is highly variable; some written materials produced by the Arizona Department of Health Services and the United States Department of Health Services are available at no cost.</p> <p><u>Travel</u> Consider the cost of travel for the Collaborative Manager/Coordinator for Collaborative meetings, with costs higher in rural regions than in urban. State of Arizona reimbursement guidelines for travel costs at \$0.45 per mile can be used as a guideline.</p>

DEVELOPMENTAL AND SENSORY SCREENING

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence based Developmental and Sensory Screening strategy is to support routine and appropriate screening of all young children. The expected result is early identification of a developmental, hearing or vision concern, and referral for further evaluation if necessary. This can be a stand-alone strategy or it is a secondary strategy associated with other First Things First (FTF) strategies.</p> <p>Parental awareness of the importance of routine screening is an important aspect of this strategy.</p>	<p>Recent statistics indicate that as many as 25% of children, birth to age 5, are at moderate or high risk for developmental, behavioral, or social delays (National Survey of Children’s Health, 2011-2012). Many children with developmental and sensory concerns miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development or other developmental areas and in sensory deficits impact a child’s ability to be ready for school.</p> <p>Screening for developmental delays or sensory deficits is not diagnostic and should not be represented as definitive.</p> <p>Screening leads to parent education and support and if appropriate, a referral for a diagnostic evaluation by a child’s health care provider, the Arizona Early Intervention Program (AzEIP) for children birth up to age 3, or the local public school district for children age 3 – 5 years, to determine if the child is eligible and to develop a plan for intervention services.</p>	<p>Council decision points are:</p> <ul style="list-style-type: none"> • Determine if the intent is to fund Developmental and Sensory Screening as a stand-alone strategy or as a secondary strategy with another FTF strategy such as Home Visitation, Care Coordination/Medical Home or Family Resource Centers. • Determine if the strategy will include developmental, hearing, and or vision screening. Can support 1-3 options. • <i>Target population:</i> This strategy is appropriate and effective for all children; however, if Regional Council wishes to target a specific population, special emphasis is on children who have spent time in a neonatal intensive care unit (NICU), and who may have had health problems when they were born. Also, children who might be missed during routine screening within a medical home. • <i>Location target:</i> Regional Councils may target locations for screening such as child care settings, Family Resource Centers, within a medical home, or a community based health center. <p>Other considerations include:</p> <ul style="list-style-type: none"> • Data collection on tribal lands must 	<p>Cost estimates are based on the following factors:</p> <p><u>Staffing and Administration:</u> The salary of a Program Manager/Coordinator will vary by geographic location, education and experience. An approximate range is \$35,000 to \$55,000 excluding benefits.</p> <p><u>Travel:</u> This cost will vary and depends on whether screening will be provided at varied locations within the community, or at an organization’s office or a program setting (child care, WIC or SNAP office, etc.)</p> <p><u>Material costs for Developmental Screening:</u></p> <ul style="list-style-type: none"> • Decision of grantee to purchase • Printed screening materials or use online screening tools. • The following are costs associated with the Ages and Stages questionnaires (ASQ) and the Parents' Evaluation of Developmental Status (PEDS): • ASQ- \$250 per start-up package http://agesandstages.com/asq-products/ (unlimited duplication of materials and resources), • ASQ online Family Access annual subscription: \$349.95 - can

	<p>Although developmental and sensory screenings are both included in this strategy, grantees may be selected separately to conduct one or more screening types (developmental, hearing, and/or vision). However, the intent is that screening is a more routine and comprehensive effort.</p>	<p>have tribal authorization to collect and use screening data.</p> <ul style="list-style-type: none"> Community based screening, including participation with a local mobile health screening van and screenings using portable screening equipment. 	<p>customize, family access with local follow-up opportunities</p> <ul style="list-style-type: none"> Online management (ASQ Pro, ASQ Enterprise, and ASQ Hub) and online questionnaire completion (ASQ Family Access) options. The ASQ Hub allows for non-identified data to be captured and analyzed. PEDS- \$30 for 50 responses- (limited duplication available) http://www.pedstest.com/WhoWeAre.aspx <p><u>Equipment Costs for Sensory Screening:</u></p> <ul style="list-style-type: none"> Varies based upon type of testing and access to screening equipment used. Equipment can be purchased and maintained or can be rented Through the Ear Foundation at http://earfoundationaz.webs.com/ or the service sub-contracted. Approximate purchase cost for the following hearing screening equipment is dependent upon service delivery model used: <ul style="list-style-type: none"> Otoacoustic Emissions \$4000 (Otoacoustic emissions (OAE) hearing screening is optimal) Typanometry ~\$2500 Audiometer ~\$2000 Annual calibration is approximately \$150 per piece of equipment Approximate cost for the following vision screening equipment is dependent upon service delivery model used: <ul style="list-style-type: none"> Ophthalmoscope \$200 A. Photo-screener or
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STRATEGY NAME: FAMILY SUPPORT FOR CHILDREN WITH SPECIAL NEEDS

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child’s development will progress as a result of the supportive interactions.</p> <p>The target population for this strategy is children with mild to moderate developmental concerns, and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for age birth to age 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs respectively.</p>	<p>It is estimated that 12% of all young children have a developmental concern in one of the domains for growth and development and approximately 3-6% receive early intervention services (Halfon, 2004, 2012). This leaves many children who could benefit from developmental supportive services, but may not be receiving any assistance. The average age that parents report developmental concerns is 17-18 months when they notice that a child is not developing within the range that is expected. Nationally, fewer than half the children with developmental concerns are identified prior to entering school and many do not receive services until they are struggling in elementary school (Boulet, 2009). Providing supports early – during the first five years while critical brain and social emotional development is occurring – is optimal for a child to make significant gains. The longer treatment is delayed, the more challenging it can be for a child to “catchup” to peers and the more likely delays and social emotional issues will develop or deepen. It is less expensive and better results are achieved when support begins when a child is young (especially in the first two years) rather than waiting until school age (Halfon, 2010, 2012).</p> <p>Program models must be developed and</p>	<p>Targeted Population options:</p> <ol style="list-style-type: none"> 1. Primary eligibility for participation in this program remains for children who are not eligible for AzEIP (Part C) or special education services through the school district (Part B) and who could benefit from developmental supportive services. 2. It is permissible to recruit and enroll children/families that had not been referred to AzEIP or the public school district first under the following conditions: <ul style="list-style-type: none"> • A parent can self-refer due to a developmental concern; • A health provider or early child care educator can refer a child if there is a developmental concern and it is clear that the child will not be eligible for early intervention services.(Example-concern about gross motor development and the need for more tummy time and physical activity.) • If a child receives services based on the second criteria above, and during the course of receiving developmental supports, are determined to meet eligibility criteria for AzEIP or school district services, <u>then the</u> 	<p>Unit costs vary depending on level of services needed and service intensity. If the council chooses the Parents as Teachers (PAT) program model, the average cost per child is \$3250.</p> <p>For non-PAT models, the average cost is approximately \$2500 per child</p> <p>Also consider:</p> <ul style="list-style-type: none"> • Travel for rural regions or large geographies will be higher than densely populated regions. Can use state of Arizona reimbursement guidelines for travel costs at \$0.45 per mile. • Other start up costs such as staff training, screening materials, parent support, children’s books.

	<p>implemented with the core components below. Existing evidence based or evidence informed program models that include the core components may also be implemented. Example: Parents as Teachers (PAT) is an evidence based model for working with families with children with developmental concerns. Information is found at: http://www.parentsasteachers.org/supporting-families-of-children-with-special-needs</p>	<p><u>referral must be made to the appropriate program by the grantee.</u></p>	
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Additional Strategies

<p>Developmental and Sensory Screening</p> <p>Administer, record and monitor age appropriate screenings and minimize unnecessary duplication of screening.</p>	<p><i>See Developmental and Sensory Screening Standard of Practice for details</i></p>	<p><i>See Developmental and Sensory Screening Strategy Summary for details</i></p>
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STRATEGY NAME: HEALTH INSURANCE OUTREACH AND ENROLLMENT ASSISTANCE

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the promising practice strategy, Health Insurance Outreach and Enrollment Assistance, is to expand the awareness of families about publicly funded health insurance options, as well as potentially affordable health plans that can be purchased through the federal marketplace, and to assist families with enrollment, retention and renewal of children birth through age 5 in these plans. The expected result is an increased proportion of young children with health insurance, which in turn reduces financial barriers to a) preventive health services such as well-child visits, immunizations, and developmental and sensory screening in the medical setting, and b) sick care.</p>	<p>Although recent federal and state legislation generally improve access to public and private health insurance, the information and action needed to enroll and maintain coverage can be daunting and challenging for families. As such, outreach to and identification of families without health insurance—and providing information, application assistance and renewal assistance—is an important component of access to health care.</p> <p>Although there are not evidence-based models for this work, outreach and enrollment/ renewal assistance is a promising practice that occurs nationally and in Arizona in a wide variety of settings, such as health clinics, child care settings, social service agencies, recreation centers, and homeless shelters. Reports based on national, as well as Arizona experiences, indicate that such assistance can make a difference in obtaining coverage for children, particularly when the assistance is provided by trusted, culturally responsive staff in community-based settings.</p>	<p><u>Population considerations:</u></p> <p><i>Loss of Kids Care II:</i> The Arizona children’s health insurance program, Kids Care II, ended December 31, 2013. Nearly 2/3 of the 37,101 children enrolled prior to program closure were moved to AHCCCS (Medicaid) because of the ACA income eligibility increase. Nevertheless, more than 1/3 were dropped from coverage and notified to seek coverage through the federal Health Insurance Marketplace – these low income children are at particular risk for remaining uninsured because the cost to families of enrolling their child in private health insurance.</p> <p><i>Immigrant Status:</i> Depending on immigration status, some families and children are not eligible for AHCCCS or purchasing health insurance through the federal marketplace. The remaining options for these families and children are free and reduced cost care at federally qualified health centers or other free clinics, or urgent care in hospital emergency rooms.</p> <p><u>Programmatic Considerations:</u></p> <p>Regional Partnership Councils may elect to adopt Health Insurance Outreach and Enrollment Assistance as a primary</p>	<p>Costs will vary depending on the scope of work and whether this is funded as a primary or supporting strategy.</p> <p>Considerations for cost may include personnel, advertising, materials and supplies, and mileage. They may also include professional development (PD) to stay current on public health insurance and options available through the federal Health Insurance Marketplace. PD costs should not, however, include training to become a Navigator or Certified Application Counselor.</p> <p>The approximate cost per family enrolled is \$160 to \$200 for a primary strategy.</p> <p>No additional costs should need to be considered as a</p>

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
		<p>strategy. In this case, it is expected that the grantee will actually provide outreach and assist families with the AHCCCS or Health Insurance Marketplace application process.</p> <p>This strategy is also a supporting strategy for other First Things First health and family support strategies such as Care Coordination/Medical Home, Home Visitation, and Family Resource Centers. In this case, it is <i>optional</i> for the grantee to actually assist families with the AHCCCS or Health Insurance Marketplace application process.</p> <p>Nevertheless, it is required that when identified as a secondary strategy, the grantee identifies uninsured families with children birth through age 5, and refers these families to programs that can assist with the enrollment process.</p>	<p>secondary strategy since it entails asking about insurance status and referring a family for assistance.</p>

STRATEGY NAME: MENTAL HEALTH CONSULTATION

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Costs
<p>The intent of the evidence informed early childhood Mental Health Consultation (MHC) strategy is to build the skills and capacity of early childhood education professionals to interact with children and their families. The expected result is the prevention, early identification, and reduction of challenging classroom behaviors and improved teacher skills. Further expected results are a decrease in negative outcomes for children, such as expulsion from preschool programs.</p> <p>MHCs are mental health professionals with expertise in children’s social and emotional development working with early care and education providers. They engage in activities that promote enhanced early childhood practices and problem-solving through collaborative relationships with staff that interact with families and children. MHC has primarily been focused on working within licensed child care centers or homes; however, MHC services can also be provided to home visitation programs and contribute to professional development for family friend and neighbor (FFN) programs.</p>	<p>Many professionals, including those working in early care and education, home visitation, and health care, are often faced with behavioral concerns of young children they are working with, and do not have the expertise to find solutions. Preschool expulsion is one of the strongest indicators that a child is on a developmental pathway that could lead to negative outcomes later in life (Gilliam & Shahar, 2006). Early, unaddressed behavior problems may be an indicator of a larger concern which in turn may lead to more serious mental health conditions that can affect learning and achievement. MHC is a strategy for enhancing the overall functioning of early childhood classrooms and programs, supporting early childhood providers’ understanding of and sensitive responsiveness to the young children in their care.</p> <p>Early childhood MHC has been shown to improve the “preschool mental health climate,” that includes early childhood staff understanding of the social and emotional needs of the children under their care and the staff’s ability to address challenging child behaviors in the classroom. Many professionals are stymied when trying</p>	<ul style="list-style-type: none"> • This is a multi-regional strategy with an administrative home infrastructure. (MHC are regionally hired and supervised through the administrative home or sub-contractor with responsibility for adherence to the Standard of Practice). • Regulated early care and education centers and homes are eligible to participate in the program depending on regional variations. Programs may be enrolled in Quality First, or non-Quality First programs. • While most centers and homes will receive MHC services for the entire year, some centers/homes require less time for services. In this case, as a center or home dis-enrolls from MHC, then another center or home will replace it. This will mean that the actual service unit (ASU) may exceed the TSU determined by the Regional Council. • MHC can also be provided to home visitation program staff that are working with complex cases If Regional Councils choose to fund for this and are funding Home Visitation programs. MHC can also be a component of 	<p>Unit Cost: The cost for MHC per center or home is \$12,239/yr.</p> <p>The council can choose to fund MHC services to be extended into a home visitation or FFN program.</p> <p>The cost for MHC in home visitation programs is 50% of the average cost per center/home (\$6,119.50). A home visitation program is defined as an individual program. If there is more than one home visitation grantee or program in your region, count them as two HV programs (\$6,119.50 X 2 = \$12,239, or the equivalent cost of one center/home.</p> <p>For regions that fund FFN, the cost for MHC will be 25% of the average cost per center/home, which is</p>

<p>Whether these expanded services are provided depends on strategy decisions made by a First Things First (FTF) Regional Partnership Council.</p>	<p>to identify the supports needed for their staff and for families when dealing with challenging behaviors.</p> <p>MHC can provide support services to home visitation program staff and is considered a promising practice in the area of home visitation. Home visitors who are working with families that have mental health and substance abuse problems can benefit from having a consultation opportunity to discuss their concerns and options for interventions with a MHC.</p> <p>MHC has also been shown to be effective in contributing to the training opportunities for family, friend and neighbor (FFN) programs. They do not provide the same level of services that they do for licensed early care and education programs, but can contribute to the curriculum that addresses dealing with challenging behaviors in FFN training sessions.</p>	<p>professional development and training for Family, Friend and Neighbor (FFN) Care programs if Regional Councils choose to fund for this, and also fund FFN programs.</p>	<p>\$3059.75.</p> <p>Adding the home visitation or FFN option <u><i>is not a stand-alone model.</i></u> There must be MHC services for at least 4 centers/homes funded (a part time case load) for HV or FFN to be included in this strategy.</p> <p>HV and FFN programs can also contract separately for MHC services if their budgets allow for consulting services.</p> <p>A multi-regional approach might be viable if it supports a full time position.</p>
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STRATEGY NAME: NUTRITION/OBESITY/PHYSICAL ACTIVITY

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the Nutrition, Physical Activity and Obesity Prevention strategy is to provide evidence based community and place-based interactive health education to support children birth to age 5 in achieving and maintaining a healthy weight. Some evidence informed and promising practice models will also be acceptable. Interactive health education will focus on healthy nutrition and physical activity and be provided to children, families, early child care and education professionals, and others in the community who care for young children. The expected result is reduction in risk factors for poor nutrition and insufficient physical activity, which in turn can reduce the prevalence of overweight and obesity during early childhood. A healthy weight during early childhood is highly predictive of achieving a healthy weight at all ages, as well as reduction in psychosocial and health consequences of overweight and obesity.</p>	<p>Being overweight or obese in early childhood significantly increases the likelihood of a lifelong trajectory of not achieving and maintaining a healthy weight. An unhealthy weight contributes to high risk for developing chronic diseases such as diabetes, both in childhood and later in life, and for the first time in America’s history, children are growing up with the prospect of being less healthy and living shorter lives than their parents as a result. Of note, the risk for having an unhealthy weight begins before birth; hence, healthy nutrition and a healthy weight are essential for expectant mothers.</p> <p>In addition, as noted in the BUILD Arizona Initiative’s policy paper (2013), <i>Healthy Child Development and Obesity Prevention: Arizona Opportunities in the Early Years</i>, the impact on a child of being overweight or obese goes beyond physical health. The effect includes social and emotional development, as well as children’s inclusion in activities, which are both predictors of later educational success.</p> <p>This strategy allows for selection among a wide variety of evidence-based and evidence-informed approaches to providing interactive health education on healthy nutrition and physical activity, and allows for proposal of non-listed best practice models. <u>Examples</u> of approaches are:</p> <p><u>Early Care and Education Settings</u></p> <p><i>Nutrition and Physical Activity in Child Care (NAP SACC):</i> An evidence-based program that includes a</p>	<p><u>Population considerations:</u></p> <p>Achieving and maintaining a healthy weight through healthy nutrition and physical activity is challenging for young children and families in all population groups; nevertheless, children in low income households and children from certain racial/ethnic groups are at higher risk, including Hispanic, Native American, and African American children.</p> <p><u>Community considerations:</u></p> <p>Access to healthy foods and finding safe places for physical activity are more challenging in some communities, such as rural communities and low income urban communities. For example: In rural areas family participation in the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may be high; however, finding a store that carries healthy food may require a 50 mile or more drive. In an urban area, busy streets might make a family walk too dangerous and local playgrounds may be unsafe because of lack of maintenance or use for non-child activities.</p>	<p>Costs depend on the program model, but the following should be considered:</p> <p><u>Staffing:</u></p> <p>The salary of a Program Manager/Coordinator will vary by geographic location, education and experience. An approximate range is \$35,000 to \$55,000 excluding benefits.</p> <p>The salary of a Health Educator will vary by geographic location, education and experience. An approximate range is \$25,000 to \$45,000 excluding benefits.</p> <p><u>Educational Materials and Supplies:</u></p> <p>The cost per unit is highly variable; some materials produced by the Arizona Department of Health Services and the United States Department of Agriculture are available</p>

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
	<p>child care center self-assessment of nutrition and physical activity practices, goal setting, and technical assistance provided by a trained child care health consultant; includes parent involvement.</p> <p><i>Color Me Healthy</i>: A nationally recognized program designed to reach children ages four and five with fun, interactive learning opportunities on physical activity and healthy eating.</p> <p>Others are:</p> <ul style="list-style-type: none"> • Little Voices for Healthy Choices (Early Head Start & Migrant and Seasonal Head Start) • I am Moving, I am Learning (Head Start) • Hip-Hop to Health <p>Sports, Play and Active Recreation for Kids (SPARK)</p> <p><u>Community Settings</u></p> <p><i>Healthy Corner Stores Network</i>: Supports efforts to increase the availability and sales of healthy, affordable foods through small-scale stores in these communities.</p> <p><i>National Farm to School Network</i>: Works to bring local food sourcing and food and agriculture education into school systems and preschools; is an information, advocacy and networking hub for communities</p> <p>Others are:</p> <ul style="list-style-type: none"> • <i>Healthier Food Retail: Beginning the Assessment Process in Your State or Community</i> (Centers for Disease Control and Prevention) • <i>Grow It, Try It, Like It!</i> (United States Department of Agriculture) • <i>The Food Trust</i> 	<p><u>Programmatic Considerations</u>:</p> <p>With increased emphasis on and discussion about the prevalence and consequences of overweight and obesity, programs to address this topic have increased. There is still far too little focus on this topic in early childhood; nevertheless, it is important to understand if and how communities are already addressing this issue so that a FTF funded initiative fills an unmet need and gains synergy with any existing programs through collective cooperation and collaboration.</p>	<p>at no cost.</p> <p><u>Travel</u></p> <p>The cost of travel for health educators in rural regions can be significant and travel costs should be considered. An estimate \$1000 per rural region program should be considered or use of state of Arizona reimbursement guidelines for travel costs at \$0.45 per mile can be considered.</p>

STRATEGY NAME: ORAL HEALTH

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of this strategy is to provide best practice approaches that enhance the oral health status of children birth through age 5. The expected results are prevention of tooth decay and reduction in the prevalence of early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. The approaches for this strategy include: oral health screening for children and expectant mothers with referrals to oral health providers for follow up care as needed; fluoride varnishes for children; oral health education for families and other caregivers; and, outreach to families, other caregivers including early learning and care providers, and oral health and medical professionals.</p>	<p>This strategy: a) requires evidence-based approaches for oral health screening and application of fluoride varnish; b) allows for selection among evidence-based and evidence-informed approaches for oral health education; and, c) allows for selection among evidence-informed and promising practice approaches for outreach to families, other caregivers including early learning and care providers, and oral health and medical professionals. <u>Examples</u> of approaches are:</p> <p><u><i>Oral Health Screening and Application of Fluoride Varnish</i></u></p> <ol style="list-style-type: none"> 1. <u>Oral Health Risk Assessment Tool</u> developed by the American Academy of Pediatrics: http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf 2. Caries-Risk Assessment Tool (CAT) developed by the American Academy of Pediatric Dentists, based on a set of clinical, environmental and general health factors: http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf 3. Caries Management By Risk Assessment (CAMBRA) developed to assess the child's risk for tooth decay 	<p><u>Population considerations:</u></p> <p>The prevalence of tooth decay in children through five years of age is high; by age 4, more than half (52%) of Arizona's young children have experienced dental decay. In addition, children in low income households and children from certain racial/ethnic groups are at higher risk for tooth decay, including Hispanic, Native American, and African American children.</p> <p>By fiscal year 2016, a survey by the Arizona Department of Health Service funded by First Things First, will provide regional estimates of the prevalence of tooth decay among kindergarten children; meanwhile, regional estimates are only available for 3rd grade children.</p> <p><u>Community considerations:</u></p> <p>A child's first visit to the dentist, and establishment of a dental home, should occur within 6 months of eruption of the first tooth and no later than 1 year of age. Nevertheless, access to a dentist who will see a young child is low, particularly in rural areas. As such, trained primary care providers (e.g., pediatricians) can bill the Arizona Health Care Cost Containment System</p>	<p><u>Unit Cost</u></p> <p>Based on a cost analysis of current budgets in 17 regions, the average cost per child receiving oral screening and fluoride varnish application and distribution of oral health kits for children is \$75 per child per year.</p> <p>With the inclusion of prenatal screening and adult education included the cost is \$85 per TSU total.</p> <p><u>A new option for some regions:</u></p> <p>If the grantee is one of the following government entities, it is possible to extend the AHCCCS reimbursement for fluoride varnish application through the ADHS Office of Oral Health. These government entities currently contract with ADHS to bill AHCCCS for sealants of secondary adult teeth. ADHS has agreed to extend these contracts for fluoride varnish application in FY16.</p> <ul style="list-style-type: none"> • Coconino County Public Health Services District • Maricopa County Public Health

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
	<p>and determine appropriate preventive and therapeutic interventions: https://www.coursera.org/#course/cariesmanagement</p> <p>4. Caries Risk Assessment Form (Ages 0-6) developed by the American Dental Association as a practice tool for dentists and a communication tool with the parent/guardian: http://www.ada.org/~media/ADA/Science%20and%20Research/Files/topic_caries_over6.ashx</p> <p><u>Oral Health Education</u></p> <ol style="list-style-type: none"> American Dental Association: <i>Smile Smarts!</i> An oral health curriculum for preschool through grade eight, for students offering flexible, modular lesson plans, support materials, hands-on classroom demonstrations, student activity sheets, and suggestions for further oral health activities www.mouthhealthykids.org/en/educators/smile-smarts-dental-health-curriculum/ National Maternal and Child Oral Health Resource Center www.mchoralhealth.org/toolbox/professionals.html <i>Open Wide and Trek Inside!</i> National Institute of Health with the National Institute of Dental and Craniofacial Research, a creative, inquiry-based, 	<p>(AHCCCS) for children with Medicaid for an oral health screen and fluoride varnish every six months until the age of two. Nevertheless, there are still many expectant mothers and children through age five who can benefit from a community-based oral health program such as that described in this strategy.</p> <p><u>Programmatic Considerations:</u></p> <p>Ensure that a First Things First funded oral health program has added value in the community and does not supplant or duplicate the efforts of other oral health and medical professionals.</p> <p><u>Options:</u></p> <ol style="list-style-type: none"> <i>Obtaining Fluoride Varnish Reimbursement through AHCCCS</i> First Things First can work with the program to determine the feasibility of and appropriate mechanisms for obtaining reimbursement. It is expected that reimbursement collected will be reinvested in the program to provide services to additional children after operational cost for billing are taken into consideration. <i>Teledentistry</i> Through the exchange of clinical 	<p>Department</p> <ul style="list-style-type: none"> Navajo County Public Health Services Pima County Health Department Sun Life Family Health Center Canyonlands Healthcare Mohave Community College <p><u>Staffing:</u></p> <p>Direct service staffing for an oral health program includes:</p> <ul style="list-style-type: none"> A professional to conduct oral health screenings and apply fluoride varnish: this is typically a dental hygienist but may include a dentist, physician or registered nurse. Staff to conduct oral health education and outreach, who may include the professionals listed above or an individual with a bachelor's degree in health education or a public health field (preferably) or other allied health professionals may qualify, such as promotoras <p><u>Materials and Supplies:</u></p> <ul style="list-style-type: none"> Clinical supplies for screening and fluoride varnish Educational materials Office supplies/general

Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
	<p>active learning instruction program. www.science.education.nih.gov/supplements/nih2/oral-health/default.htm</p> <p><u><i>Oral Health Outreach</i></u> Use promising practice approaches a) to reach expectant mothers and families with children through age 5 in a variety of community settings is encouraged, such as through early learning and child care environments, WIC and immunization clinics, and other community settings where families visit or congregate, and b) to reach oral health and medical professionals to enhance their education of the importance of oral health for expectant mothers and young children, and to build a referral base for oral health professionals to refer expectant mothers and families to a dental home and for treatment needs.</p>	<p>information over distances, teledentistry can facilitate the delivery of dental care in areas underserved by dental practitioners, and therefore overcome social and geographic barriers. Teledentistry may be a helpful approach for rural regions to accelerate transmission of oral health screening data to a dental provider to help accelerate follow up care when treatment is needed. First Things First can work with the program to determine the applicability and feasibility of, and appropriate mechanisms for teledentistry.</p> <p>http://azdhs.gov/phs/owch/oral-health/azsmiles/documents/about/EDT_Grant-Program-Key-Points.pdf</p> <p>3. <i>Community of Practice</i> First Things First encourages all oral health programs to participate in a local, regional or statewide community of practice to exchange ideas and best practices for the delivery of oral health education, outreach, and screening and varnishes for expectant mothers and children.</p>	<p>supplies needed to operate the oral health program</p> <p><u>Travel</u> The cost of travel for in rural regions can be significant. Funds can be added based on regional need and grantees should include the cost of travel in proposed budgets. Adding \$2-4 per child (TSU) in a rural area is an estimated addition, or use of state of Arizona reimbursement guidelines for travel costs at \$0.45 per mile can be considered.</p> <p>Teledentistry equipment can be added to the cost. It is estimated that the cost of equipment is approximately \$25,000 that includes training, equipment, and software needed. http://www.jdentaled.org/content/75/6/733.long</p>

STRATEGY NAME: RECRUITMENT – STIPENDS AND LOAN FORGIVENESS

STRATEGY INTENT	EVIDENCE / RESEARCH	COUNCIL CONSIDERATIONS	COST
<p>The intent of the evidence informed Recruitment, Stipend and Loan Forgiveness strategy is to recruit and incentivize physical therapists (PT), occupational therapists (OT) and speech language pathologists (SLP) to work in areas of unmet need due to a shortage of qualified therapists. The expected result of the strategy is to increase the numbers of specialized therapists providing needed services.</p>	<p>Arizona, much like the rest of the country, has a documented shortage of health professionals in certain areas of the state. First Things First is particularly interested in identifying therapists that will provide services for children birth to 5 years, and will locate or provide services in areas of unmet need. At the federal level, the U.S. Department of Health and Human Services (HHS) established Health Professional Shortage Areas (HPSA's) to identify gaps in primary health care, mental health and dental providers and to target recruitment efforts and provide incentives through the National Health Service Corps (NHSC). However, these federal programs do not offer the same recruitment incentives of loan forgiveness and stipends for specialized therapists as they do for other credentialed professionals. The FTF strategy model is based on the federal program model (http://nhsc.hrsa.gov/) and pays a portion of a therapist's student loan directly to the loan institution for two years in exchange for a two year commitment from the contracted therapist to work in the FTF region. It also pays a stipend that is paid directly to the therapist to be used at their discretion and can include added travel costs if a Regional Council determines this need.</p>	<ul style="list-style-type: none"> • A single region can fund this strategy or it can be funded through a multi-regional approach. • In rural regions, there may not be enough children to require a full time therapist. Options: <ul style="list-style-type: none"> ○ A multi-regional strategy can be funded to contract with a single therapist that travels between regions. ○ Partial loan forgiveness and stipends can be considered to encourage a therapist that travel across state lines or across regions to provide services. • The administrative costs cover: recruitment of therapists, oversight of the service commitment, loan payments, marketing and fiscal management. <ul style="list-style-type: none"> ○ Administrative costs are not returned to the region if a contract is not signed with a therapist. Loan forgiveness and stipend funds will be returned to the regional budget if therapists are not contracted. • Therapists receiving funds must commit to a two year service obligation. • This strategy requires a minimum two year commitment from the council to support therapists after they are under contract. The council must plan for two years' worth of funding <i>up front in a single fiscal year.</i> 	<p><u>Loan repayment</u> costs for all therapists: \$15,000 per year for two years paid at the end of year one and year two up to \$30,000 total. If loans are not that high, the remainder will revert back into the program.</p> <p><u>Stipend</u> costs for all therapists include: \$10,000 per year for 2 years with a specific payment schedule: \$5,000 sign-on bonus, and \$5000 at the end of year 1, \$5,000 mid-year 2 and \$5,000 at the end of year 2.</p> <p>The therapists can spend stipend funds on licensing, moving costs or at their discretion.</p> <p>One therapist may receive both loan repayment (\$15,000) and stipend benefits (\$10,000) each year for a total benefit of \$25,000 per year.</p> <p><u>Total cost to a regional council could be up to \$25,000 per therapist per year, plus an administrative cost of 15% per therapist. For example, benefits</u></p>

			<p><u>of \$25,000 per year for a therapist would also have a 15% administrative cost of \$3,750 per year, for a total of \$28,750.</u></p> <p>Travel costs can range from \$500-2500 per therapists depending on council intent and region.</p> <p>A part time position can also be funded by a region. This would be more relevant for therapists who travel into the region from another region or across state lines to provide services in the region.</p>
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STRATEGY NAME: FAMILY RESOURCE CENTERS

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of Family Resource Centers, a promising practice strategy, is to serve as a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child’s optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and support for their child’s school readiness.</p> <p>Family Resource Centers offer a variety of services for families so they can access information and education. There are three core service areas and centers must offer the first core service, Community Referral Services. The other two core service areas, Parenting Skills Development and Support Services, and Linkages to Key Services Through Family Navigators, are optional.</p>	<p>Arizona’s parents and families with young children, regardless of background, can benefit from information about child development, support in developing parenting skills, and access to resources as shown by data collected by First Things First (FTF) in statewide and regional needs and assets reports, and by preliminary data collected in the 2012 Family and Community Survey. Family Resource Centers are an important prevention approach for addressing the need for child development and parenting information that families need (The California Family Resource Center Learning Circle, 2000). Access to information to build knowledge on various parenting and child development topics helps families overcome conditions associated with social and economic stress such as punitive parenting, abuse or neglect, parental psychological distress, parental substance abuse, and limited opportunity for learning at home, can moderate a child’s risk for poor outcomes (Benedetti, 2012).</p> <p>Family Resource Centers increase protective factors and capitalize on family strengths. Family Resource Centers work toward creating milieus that help increase protective factors, such as developing community connections, improving access to resources, reducing social isolation, improving parenting skills, and stabilizing families (The California Family Resource Center Learning Circle, 2000).</p>	<p>Targeted Population: The target population for Family Resource Centers is limited to prenatal families, and parents, families and caregivers of children birth to age 5.</p> <p>Provider considerations: Regional Councils should consider which of the core services they would like implemented in the Family Resource Center. All centers must implement Community Referral Services. In addition to providing resource and referral information, Family Resource Centers may offer Parent Skill Development and Support Services (Parenting Education, Outreach and Awareness), and Linkages to Key Services Through Family Navigators. <i>(Each area has implications for cost.)</i></p> <p>Community considerations and connections: Councils may identify partnerships with cities or other state and local entities in expansion or development of a Family Resource Center. Considerations for implementation should include how FTF funded resource, referral, parent awareness and outreach activities and/or parenting education will be incorporated into existing programming/ services already offered at the center.</p> <p>As a community hub, Family Resource</p>	<p>Costs vary depending on the components included in the service delivery (\$270,000 to \$555,000).</p> <p>All Family Resource Centers are required to provide Community Referral Services for families. Providing only this service will incur costs related to:</p> <ul style="list-style-type: none"> • Staffing – Paraprofessionals (median salary \$27,000) and Program Manager (median salary \$42,000). • Program supplies and materials • Space/Location • Outreach/Marketing <p>Family Resource Centers providing additional components and strategies will require additional funding for:</p> <ul style="list-style-type: none"> • Staffing to support the implementation of the additional components and/or strategies • Program supplies and

	<p>Knowledge of parenting practices and child development including “accurate information about raising young children and appropriate expectations for their behavior” has been cited by the Doris Duke Strengthening Families Initiative as one of six key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect (Center for the Study of Social Policy, 2008). The strength based approach essential to Family Resource Centers, supports families problem solving while simultaneously developing skills, abilities, and resources for themselves. Family Resource Centers bring together services and activities that education, develop skills and promote a change of behavior for families. This increases the capacity of families to be healthy, involved members of dynamic communities.</p> <p>Family Resource Centers are promising approaches for addressing issues such as: child abuse and neglect, substance abuse, family violence, family stability, family isolation, family health, and educational outcomes (The California Family Resource Center Learning Circle, 2000). While a Family Resource Center model is considered to be a promising practice, the programs and services provided at Family Resource Centers may indeed be evidence based or evidence informed. Family Resource Centers support families by providing access to information and education addressing a variety of child development and health topics, and by bringing together services and activities that educate, develop skills and promote stability within families. Family Resource Center services are designed with the flexibility to respond to the wide spectrum of needs of the community and reach diverse families. Family Resource</p>	<p>Centers should promote local FTF funded programs (e.g., home visitation, oral health), as well as other partner funded and administered programs that are beneficial as a continuum and system of local services and supports for families. Regional Councils can consider the role of Family Resource Centers in this system and identify and consider valuable connections and/or other FTF strategies that may complement and strengthen the local system.</p>	<p>materials for Parenting Education or Parent Outreach and Awareness (e.g., resource distribution and educational sessions)</p> <ul style="list-style-type: none"> • Staffing (Family Navigators) to provide case management services (median salary \$35,000)
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	<p>Centers work collaboratively with all community partners to bring together resources and activities into an integrated service system that is accessible and responsive.</p>		
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STRATEGY NAME: FAMILY SUPPORT COORDINATION

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the promising practice, Family Support Coordination is to provide a short-term, individual family-level intervention that supports families with young children that are experiencing difficulty accessing and engaging with timely and efficient services to meet their needs. The expected result is to increase utilization of available community support services by families with previously limited engagement or participation in other early childhood and health services.</p>	<p>Supports that assist families are often fragmented, provided in isolation, limited in scope and lack the coordination which produce the best outcomes for families. In addition, many families are faced with obstacles that inhibit their access to services such as demographic characteristics and family dynamic issues. Demographic characteristics such as low education attainment, unemployment, poverty, single parents, and language barriers are common to families who need support but do not access services. Family dynamics and attitudinal/behavioral impediments include: distrust of government agencies; lack of time; apprehension about judgment from others; existing crisis; and ambivalence towards needing assistance. Family Support Coordination strives to bring together the family support system and engage families who experience difficulty or are reluctant to access services. Families receiving Family Support Coordination services are connected to comprehensive, culturally relevant, and community based supports and services, both formal and informal.</p>	<p>Targeted Population options: Family Support Coordination targets families experiencing one or more of the following challenges to accessing services:</p> <ul style="list-style-type: none"> ● Low education attainment ● Unemployment ● Poverty ● Single parent ● Language barrier <p>Councils may target a specific population. Some examples include but are not limited to: teenage parents, single parents, families in poverty, unemployed households, and families from minority ethnic communities, parents of children with disabilities, parents with disabilities, isolated parents, and transient families (including recent immigrants).</p> <p>Provider considerations: Providers should have a proven record of effectively working with other family support and community services agencies. Partnerships with local agencies is the single most important factor influencing Family Support Coordination service providers' ability to reach vulnerable and disadvantaged families.</p> <p>Community considerations: Service providers should have a clearly articulated plan with an array of creative strategies to reach the target population.</p>	<p>Approximate Costs: Costs range from \$1,150 to \$1,900 per family. When budgeting consider the following components:</p> <ul style="list-style-type: none"> ● Staffing: The median salary for a Family Support Coordinator is \$35,000 a year and supervisor \$42,000 a year ● Caseload – one FTE may have a caseload not to exceed 25 families ● Materials (pamphlets, brochures, resource guides) ● Administrative costs – office space, telephone and internet, equipment ● Travel- Family Support Coordinators provides services to families in their homes on a frequent basis. Travel costs will depend on the geography of the region and number of

			families. Arizona state reimbursement for travel may be used as a guide at \$.45 per mile.
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STRATEGY NAME: FOOD SECURITY

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of this promising practice Food Security strategy is to provide food and other healthy living information to meet the nutritional needs of families that lack access to sufficient, safe and nutritious food according to the implementation standards, age appropriate feeding schedules and food content standards for food boxes, food backpacks, or food vouchers. The expected result is access to sufficient, safe and nutritious food for children birth to age 5.</p>	<p>In “food secure” households, all household members have access at all times to enough food to enable healthy and active lifestyles. “Food insecure” households experience times during the year when household members lack or are uncertain of their ability to acquire enough food due to lack of funds or other food resources (Coleman-Jensen, Nord & Singh, 2013). Food insecurity remains a significant problem for Arizona families (Building Bright Futures, 2013).</p> <p>Scientific evidence suggests that hungry children are less likely to become productive citizens. According to the Center on Hunger and Poverty, inadequate nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure, elevated occurrence of health problems, higher levels of aggression, hyperactivity, and anxiety among impoverished children.</p> <p>Adequate prenatal nutrition is critical for normal development of the fetal body and brain. According to Cook and Jeng (2009) food insecurity has been associated with low birth weight deliveries and with a variety of psychosocial risk factors (i.e., stress, anxiety and depressive symptoms) in moderate to high-risk pregnancies with observable dose-response relationships (increasingly higher psychosocial risks with increasing severity of food insecurity).</p>	<p>Targeted Population options: Pregnant women are at an elevated risk of malnutrition due to the amplified nutrient requirements needed for reproduction. In addition to providing food to families with children birth to age 5, the food security strategy should include pregnant women.</p> <p>Provider considerations: Service providers vary in the size of their food distribution efforts. Small and large scale operations have benefits to the community. Small providers are typically able to tailor the food container to the precise ages/stages of the child and the size of the family. Larger providers are able to distribute food to more families as food storage capacity is greater. All providers must have the ability to meet the food content and food safety standards required for this strategy.</p> <p>Community considerations: Stronger integration of public health and nutrition education strategies with food distribution is a promising practice approach for addressing hunger and nutrition. Councils should consider how the food security strategy will complement and connect with other efforts in the community to address food insecurity.</p>	<p>Approximate cost is \$15 to \$25 for a three day supply of food for a family of four. Supplemental hygiene products for children such as diapers will likely increase the cost.</p> <p>Costs vary from provider to provider depending on how the service provider measures the food. Some service providers use a formula to convert the pounds of food to the number of food boxes, food backpacks or food vouchers distributed.</p> <p>Service providers using a cost per pound formula typically receive donated food and only use FTF funding to pay for the food handling expenses (i.e., staff, travel and equipment). Service providers use regionally-specific past performance data to calculate the distribution costs.</p>

	<p>Evidence on the influence of food insecurity in prenatal development remains largely indirect, deriving from the large body of evidence for the critical role of healthful nutrition during this period.</p>		
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STRATEGY NAME: HOME VISITATION

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence based Home Visitation strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Expected results that are common to home visitation programs include: improved child health and development, increase in children’s school readiness, enhancement of parents’ abilities to support their children’s development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability.</p>	<p>Decades of research and evidence demonstrates that home visitation can be an effective method of delivering family support and child development services (Mathematica, 2014). A variety of evidence-based models exist to address the spectrum of universal, targeted, or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, or low income families. The experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention are critical to implementation and intended impacts. Yet, the common ground that unites home visitation program models is the importance placed on infant and toddler development. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information, education and support on parenting, child development and health topics while simultaneously assisting with connections to other resources or programs as needed. Having a portfolio of high-quality home visiting programs is beneficial for serving the diverse needs of Arizona’s children and families.</p>	<p>Targeted Population options (by program model):</p> <ul style="list-style-type: none"> • Healthy Families: at risk families identified by program assessment tools; enrollment before the child reaches 3 months of ages continuing to age 5. • Nurse Family Partnership: first time, low-income mothers, by 28 weeks of gestation through 2 years of age. • Parents as Teachers: universal; pregnancy through age 5. • Home-based Instruction for Parents of Preschool Youngsters (HIPPY): universal; children ages 3 to 5. • Early Head Start: low income families with children birth to age 3. <p>Provider considerations: Service providers must have capacities to fulfill the following: reach the target population, coordinate with other FTF funded and community services in the community, implement the program model with fidelity, and maintain good standing with the national model organization.</p> <p>Community considerations: Are there available resources in the community to adhere to the model’s goals, objectives, and implementation. For example, if the</p>	<p>Approximate Cost:</p> <ul style="list-style-type: none"> • Healthy Families \$3,500 per year/per family • Nurse Family Partnership: \$5,000 per year/per family • Parents as Teachers: \$2,000 per year/per family • Home-based Instruction for Parents of Preschool Youngsters (HIPPY): \$1,250 per year/per family • Early Head Start cost depends on the curriculum used by the grant partner. The Early Head Start program may utilize an evidence based model such as Parents as Teachers. <p>Travel costs – Can use state of Arizona reimbursement guidelines for travel costs at \$0.45 per mile. Travel for rural regions or large geographies will be higher than densely</p>

		<p>model requires nurses to staff the home visits, is there local capacity to provide that type of staffing.</p> <p>Home visitation is part of the larger continuum of family support within the context of an early childhood system. It is important to consider how this strategy can work with and build upon other strategies implemented in the region and other community assets to address prioritized needs. It is important to be aware of other state funding for home visitation through the Arizona Department of Economic Security and Department of Health Services. Home visitation may already be provided in the community and can be further expanded or leveraged.</p>	<p>populated regions. Home visitors travel to the homes of families approximately one time per week. Home visitor may be assigned up to 20 families.</p>
Additional Strategies			
<p>Developmental and Sensory Screening</p> <p>Provide developmental and sensory screening or make referrals to health care providers or qualified others.</p>	<p><i>See Developmental and Sensory Screening Standard of Practice for details</i></p>	<p><i>See Developmental and Sensory Screening Strategy Summary for details</i></p>	

STRATEGY NAME: NATIVE LANGUAGE PRESERVATION

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the promising practice strategy, Native Language Preservation, is to provide opportunities for Native American children to understand their own culture, language, and connection to the tribal community. The expected results are an increase in the number of children and families in tribal communities who can speak their native language and an improvement in early language and emergent literacy outcomes for Native American children.</p>	<p>Evidence suggests that culturally-based education programs, with strong native language programs, positively influence a young child’s academic, social and cultural development, including an individual’s identity (Demmert, 2001; Demmert & Towner, 2003). The National Association for the Education of Young Children (NAEYC) brief, Where We Stand: Responding to Linguistic and Cultural Diversity (2009), emphasizes that children learn and grow to their fullest potential when the home language and culture is valued and integrated within the curriculum and learning environment. NAEYC also recognizes that the language and culture of the home is what children know and it is the basis for their unique perspective on life and learning. This important foundation and framework supports children as they begin to make sense of experiences and construct knowledge.</p> <p>During the first 12 months after birth, an infant learns to differentiate between sounds and to reproduce sounds that are consistently reinforced. Young children develop an understanding of the rules for a particular language through listening and participating in day to day interactions. Children are able to learn more than one language simultaneously and keep the rules for those different languages separate (Espinosa, 2013).</p>	<p>Targeted Population options: The target population is limited to early childhood educators, caregivers and parents of children birth to age 5. It is imperative that participants understand the time commitment required and are selected to participate based on their dedication to the goals of the strategy. Family engagement is central to the success of the strategy and should be a component of the center-based curriculum.</p> <p>Provider considerations: A clear plan for how the program will utilize and/or build capacity among early childhood program providers, community elders, and K-12 language instructors should be articulated.</p> <p>Community considerations: Typically, Native Language Preservation program model and materials must first be developed as the language and cultural artifacts are unique to each tribal community. The program development stage can take between six months to a year. Additionally, communities may want to conduct a pilot phase before full implementation. This may take up to, but is not limited to, another six months.</p>	<p>Unit costs will vary upon:</p> <ul style="list-style-type: none"> • Development of a new program models for parenting education or center-based programs • Adaption of existing program models and materials • The number of early childhood providers and number of staff to be trained • The needed ancillary staff including direct service providers, supervisors, and elders and/or community speakers • The number of children and families to be served • Consultants, early literacy experts or project coordinators may have a fee for service of \$5000 minimum • Travel costs in rural regions or locations with large geographies. Arizona state reimbursement at \$0.45 per mile may be used as a guideline. At a minimum, \$15,000

			to adapt an existing curriculum (e.g. parenting education or center-based), produce one children's book and train one to two early childhood education providers. This estimate excludes the consultant, expert, or coordinator fee.
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STRATEGY NAME: PARENTING EDUCATION

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence informed Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Samuelson, 2010).</p>	<p>Though more experimental studies are needed to better understand the necessary elements of parenting education programs, well evaluated or evidence based program models illuminate many components of effective parenting education programs. The literature on parenting education suggests that the most effective programs maintain consistent focus on parenting skills and developmental information. Such programs work to strengthen family level protective factors through emphasizing family strength and building parents' skills.</p>	<p>Targeted Population options: Population characteristics such as prenatal, single parenting, grandparents raising grandchildren, kinship, fathers and teen parents are important to consider when selecting and implementing a parenting education program. In addition, parenting education program models may have a specific curriculum for families of infants, toddlers, and preschoolers.</p> <p>Provider considerations: To maximize program effectiveness, following a tested and proven program design with fidelity is essential. Changing components of a curriculum can alter the desired impact of the program.</p> <p>Community considerations: If an evidence-based parenting education curriculum or program can be found that closely matches the community's needs, parent educators can implement the program with fidelity while additionally listening for and responding to participant needs. Parenting education should be implemented in coordination with other family support, children's health and early learning strategies to ensure optimal programming for each family.</p>	<p>Costs will vary depending upon the program model(s) selected. The approximate cost is \$2,000 to \$3,000 per family on an annual basis.</p> <p>Costs may include:</p> <ul style="list-style-type: none"> • Staff • Professional Development • Outreach • Curriculum • Program Supplies and Materials • Incentives • Child care • Space

STRATEGY NAME: PARENTING OUTREACH AND AWARENESS

Strategy Intent	Evidence / Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the promising practice strategy, Parenting Outreach and Awareness, is to increase families’ awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child’s overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.</p>	<p>Child development and neuroscience research emphasizes the importance of infants to engage in discovery through everyday explorations shared by a sensitive, attentive caregiver (National Scientific Council on the Developing Child, 2007; Stamm, 2007). Yet, according to the preliminary results in the FTF) 2012 Family and Community Survey, just under half of Arizona parents (46%) acknowledged that babies sense and react to their surroundings in the first month of life. Just over half of Arizona parents surveyed (54%) still believe that children do not take in and react to their environment until two months of age or later. These results suggest that about half of Arizona parents do not yet fully understand their child’s very early interactive experiences with the environment are essential to optimal health and development. Parenting Outreach and Awareness provides families of young children with information, materials or connections to resources and activities that increase awareness of early childhood development and health. In most cases, outreach and awareness alone are not sufficient to make or sustain a behavior change. While awareness may increase, families may not have the resources or tools to effectively implement the change. While the Parenting Outreach and Awareness strategy is considered to be a promising practice, some programs that</p>	<p>Targeted Population options: The target population for Parenting Outreach and Awareness strategies is limited to prenatal families, parents and caregivers of children birth to 5 years.</p> <p>Provider considerations: All materials distributed using FTF funds should be easily recognized as coming from FTF. To do this, a consistent look, feel, tone and style must be applied to all internal and external communications and collateral (fliers, brochures, etc.). Approved logos, typefaces, color palettes, images and copy (text) are provided by FTF to help ensure consistency is upheld by all staff, Regional Councils, grantees, partners and anyone using the FTF brand.</p> <p>If development of new media or new materials is necessary, considerable time will be needed for development prior to distribution. For example, if a resource guide must be newly created, this may take several months to identify content, format and design. Time for printing and production is also a factor.</p> <p>Community considerations: The Parenting Outreach and Awareness strategy is selected after first identifying</p>	<p>Costs range from less than \$500 to \$1000 per family, per year for resource distribution and or workshop activities.</p> <p>When considering budgets, consider the following components:</p> <ul style="list-style-type: none"> • Materials (e.g., pamphlets, brochures, books, resource guides) that cover a variety of child health, development topics and community resources • Staffing or contracted services for material development/ distribution or for family workshops • Travel costs if implementing workshops around the region <p>Paid advertising requires a substantial financial investment and must be</p>

	<p>increase awareness and knowledge may indeed be evidence based or evidence informed and result in behavior change. That said, it is important to consider that Parenting Outreach and Awareness is likely one approach in the continuum of family support efforts that can provide assistance to families and is likely most effective when coupled or bundled with other supports and services.</p>	<p>existing gaps and needs in local communities. For example, if a community has data that indicates parents and families are not reading regularly with their young children, a parent outreach and awareness strategy can be an appropriate approach to increase families' awareness about the importance and value of daily reading activities through messaging, story times at the local library that may also include a book distribution component or book club, and identification of additional related community resources.</p>	<p>accompanied by other strategies in order to be effective in changing behavior. Development of paid advertisements can cost upwards of \$200,000, in addition to the cost of placing the advertising (actually paying for the billboard, cinema or newspaper ad, television or radio spot, etc.). Regional Partnership Councils interested in funding paid advertisements should consult with FTF External Affairs Department.</p>
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FIRST THINGS FIRST

Ready for School. Set for Life.

STANDARDS OF PRACTICE

Revised August 2014

COMMUNITY AWARENESS

I. INTENT OF STRATEGY

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

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

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

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

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

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

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

II. DESCRIPTION OF SIGNIFICANCE

Community Awareness, Defined

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

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

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

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

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

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

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

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

III. INTENT OF STRATEGY

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

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

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

Measuring Success

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

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

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

Women

FY2013 (33%)

Very Actively Supportive

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

Parents

FY2013 (22%)

Very Actively Supportive

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

Age 18-49

FY2013 (29%)

Very Actively Supportive

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

Age 65+

FY2013 (28%)

Very Actively Supportive

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

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

Brand and Messaging Standards

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

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

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

Community Awareness Plan & Tactics

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

A. Collateral Materials

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

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

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

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

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

B. Educational reinforcement items

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

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

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

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

C. Children's Books as an Educational Reinforcement Item

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regional Implementation Plans

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

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

Roles and Responsibilities

A. Role of the Regional Council

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

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

B. Role of the Regional Director

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

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

C. Role of Communications Staff

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

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

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

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

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

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

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

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

IV. RESOURCES AND REFERENCES

Appendix 1

Commonly Used Terms

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

Sources and Citations

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

Communications Toolkit, First Things First, 2010.

Appendix 2

Community Awareness Budget Clarifications

PROGRAM FUNDS

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

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

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

Disallowed Expenditures

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

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

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

CLARIFICATIONS

Solicitation:

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

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

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

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

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

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

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

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

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

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

Food:

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

Event Planning Process from Proposal to Payment

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

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

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

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

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

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

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

Appendix 3

**Community Awareness Budget
FTF Directed Strategy**



FIRST THINGS FIRST

**Regional Partnership Council
SFY 2015**

Total Community Awareness Budget: \$

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

Approval Signature

Date (after signed, give to Finance)

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

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

Appendix 4

EXAMPLES OF FTF-HOSTED EVENT ACTIVITIES:

Family Fun Day Activities -Children’s Development Domains

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

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

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

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

Appendix 5

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

INSERT DATE AND PLACE

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

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



FIRST THINGS FIRST

Ready for School. Set for Life.

STANDARDS OF PRACTICE

August 2014

COMMUNITY OUTREACH

I. INTENT OF STRATEGY

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

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

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

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

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

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

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

II. DESCRIPTION OF SIGNIFICANCE

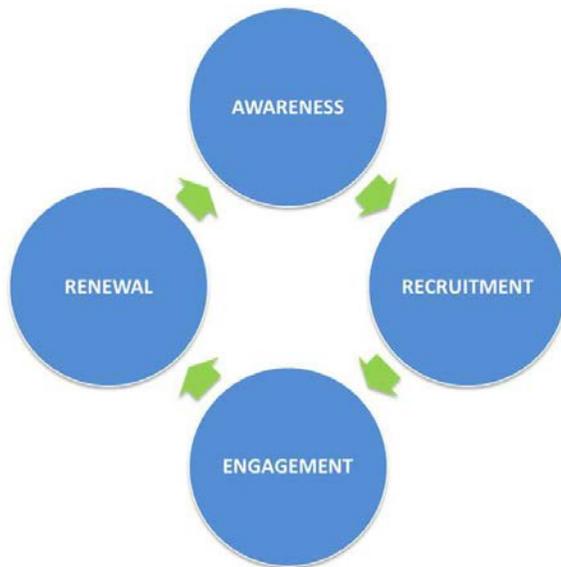
Community outreach seeks to influence how community members think about, value and engage in supporting early childhood development and health. Community outreach provides the most direct form of communication as it reaches community members where they are at. Community outreach provides depth to other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

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

III. IMPLEMENTATION STANDARDS

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

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



COMMUNITY OUTREACH TACTICS

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

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

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

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

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

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

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

The trainings offered include:

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

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

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

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

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

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

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

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

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

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

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

ENGAGEMENT MODEL

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

REGIONAL IMPLEMENTATION PLAN

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

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

MEASURING SUCCESS

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

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

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

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

Roles and Responsibilities

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

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

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

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

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

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

B. Role of the Regional Council

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

C. Role of the Regional Director

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

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

D. Role of Communications Staff

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

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

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

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

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

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

IV. IMPLEMENTATION STANDARDS

Sources and Citations

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

Appendix 1

Tiered-engagement Profiles

Level 1 – “FRIENDS”

Stakeholder Profile

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

Level 2 – “SUPPORTERS”

Stakeholder Profile (Most of Level 1, Plus:)

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

Level 3 – “CHAMPIONS”

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

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

Appendix 2

Community Engagement Calls-to-Action

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

(Most of Level 1, plus:)

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

(Most of Levels 1 and 2, plus:)

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

Core and Elevator Messages

CORE MESSAGES ABOUT EARLY CHILDHOOD

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

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

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

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

CORE MESSAGES ABOUT FTF

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

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

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

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

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

ELEVATOR SPEECHES

30 seconds

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

60 seconds

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

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

COMMUNITY OUTREACH, MEDIA AND COMMUNITY AWARENESS

Background

Public awareness of the importance of early childhood development and health is a crucial component of efforts to build a comprehensive, effective early childhood system in Arizona. That's why the framers of the initiative that created First Things First and a cross-sector task force of early childhood stakeholders identified public awareness as one of the key system areas in which First Things First should focus its investments. Why is public awareness so important?

- **Public awareness impacts individual behaviors.** Every day, individuals – from parents and caregivers to business leaders and policymakers – make decisions that impact the lives of young children. Without awareness of how early experiences influence later success, individuals may not make decisions that are in the best interests of young children. In the case of parents and caregivers, a fundamental understanding of the importance of early childhood may also affect their willingness to seek out or participate in early childhood programs funded in their communities.
- **Public awareness impacts system building.** In order for various sectors in our community – service providers, businesses, philanthropy, faith communities and policymakers – to do their part to ensure school readiness for all children, they must first understand the importance of early childhood and value early childhood *for their own reasons*. Connecting early childhood to issues that diverse audiences value – such as reduced government spending, lower crime, higher graduation rates and an improved economy – helps to ensure that these varied audiences will see early childhood as an issue that matters to them and in which they are willing to invest time and resource.
- **Public awareness impacts public policy.** Public opinion – what constituents and stakeholders value and prioritize – matters to policymakers. Public opinion not only influences which policies are addressed; it may also influence the tone and content of those policies. This is why there is a great deal of public engagement surrounding policy changes (including funding) associated with public education; it is an issue that many people value and prioritize.

Therefore, as a critical partner in creating a family-centered, comprehensive and collaborative early childhood system, one of the primary responsibilities of First Things First is to raise public awareness about the importance of early childhood and elevate the public discourse about our shared commitment to children birth to 5.

First Things First's efforts in this area are outlined in the statewide FY14- FY17 Strategic Communications Plan adopted by the Board. The three major goals include:

- Raise awareness of, and build public support for, the importance of early childhood;
- Position FTF as a recognized and trusted voice in early childhood;
- Build awareness of early childhood programs and services, including First Things First statewide initiatives.

There is no one strategy that will achieve all those goals and make early childhood an issue that more Arizonans value and prioritize. Therefore, the plan includes strategies that complement and build on each other, including:

Paid Media:

Paid advertising offers the opportunity to reach the greatest number of Arizonans with simple, impactful messages about the importance of early childhood. For many Arizonans, this is the only contact with early childhood messaging they will have, so it is important that the messages be consistent statewide and repeated often enough to be internalized by the audience.

Community Outreach:

Region-based community outreach positions target specific audiences using a variety of tactics to share information about the importance of early childhood and the role of FTF in helping prepare Arizona's youngest kids for school. The focus is on creating community voices – from trusted and recognized local leaders – to help spread the word about the importance of early childhood and build an engaged, community-level constituency that can move local systems-building efforts forward.

Conducted by community outreach staff, proactive regional media relations earn placement of stories on the importance of early childhood, in addition to success stories about FTF-funded programs, in a variety of media statewide, including newspapers, magazines, radio programs, newsletters and blogs. These placements convey to the community that early childhood is an important issue – not just for children and families – but for schools, businesses and communities throughout Arizona.

Community Awareness:

Community awareness encompasses activities to reinforce the messages sent through all the other strategies. It involves activities at the regional level, such as participation in/sponsorship of community events to build awareness of the importance of early childhood. It also includes the purchase and distribution of branded Educational Reinforcement Items (ERIs) and Born Learning parent education materials to bolster messaging about the critical role that early experiences play in a child's early development.

Funding for Public Awareness

Funding to build public awareness of the importance of early childhood comes from both statewide and regional funds. In total, the three strategies that comprise community awareness comprise 2% of FTF's total program spending in FY14.

The infrastructure that supports most of the activities outlined above is funded at the statewide level. This includes research on current awareness levels and effective messaging, the development of statewide advertising campaigns, the design and content of several websites and FTF's social media presence, design and content of marketing materials to support both public awareness and program efforts (such as fact sheets, brochures, etc.), initial training and on-going management support of community outreach staff, and staff to plan and implement FTF's statewide efforts in the areas of tribal affairs, government affairs, statewide media, and community awareness.

Strategies that support building public awareness at the local level, including placement of paid advertising in local media, regional community outreach staff and community awareness events/materials are supported through regional funding.

The Strategic Communications Plan – and, by extension, efforts to increase public awareness of and support for early childhood development and health – depends on a consistent effort with the appropriate resources.

Community Outreach

In FY14, community outreach expanded its scope with a systemic model of community engagement to move stakeholders beyond awareness to engaging in specific action on behalf of young kids.

Subsequently, First Things First saw a **52% increase in community outreach activities statewide**, including a **193% increase in site tours** (29 tours for community leaders in FY13 to 85 tours in FY14) and a **257% increase in the number of individuals trained to speak about early childhood** (775 people trained in FY13 to 2,773 people trained in

FY14). Community outreach staff also are chiefly responsible for the **78% increase in media stories** on early childhood, First Things First and grantees realized in FY14.

The Community Outreach strategy includes: salary, employee related expenses (benefits), regional travel, office supplies, external printing, and regional media subscriptions.

Paid Media

Research shows that the average person must hear a message at least seven times before they are prompted to act on it. The strategies outlined in the Strategic Communications Plan are designed to ensure this level of message saturation, including the paid media effort.

FY14 included a new advertising creative concept that links what research has shown to be the most credible messengers – including pediatricians and teachers – with the most impactful messages. The new campaign kicked off just as the fiscal year was closing, so impression numbers will not be available until Spring 2015. However, the goal was to meet or exceed the impression numbers from the previous campaign, which for the Maricopa area was **more than 233 million impressions. In addition, due to the fact that television and radio signals from the Phoenix area reach many parts of the state, this media buy impacts public awareness in many other regions.**

While it is impossible to draw a direct relationship between media funding and awareness levels, FTF's past experience suggests a strong correlation between the two:

To help build on our progress thus far and to support maximum saturation by current and future paid media efforts, we ask that the regional council consider level funding.

Community Awareness

The Community Awareness strategy includes the purchase and distribution of Educational Reinforcement Items (ERIs), parent education materials and children's books, as well as support of event participation and sponsorship.

ERIs, materials and children's books are valuable tools as visual reminders of information shared on the importance of early childhood. Depending on the audience and circumstances, some of these items may be more appropriate than others. For example, Born Learning materials are specifically targeted to parents and caregivers and are best used when there is sufficient time to explain the materials in detail.

Support of event participation and/or sponsorship is valuable as local events present opportunities to build awareness about the importance of early childhood. Sometimes, these events require a fee for participation, as well as materials and/or marketing specifically associated with the event. Because there are many community events and limited resources, we recommend that regional councils focus outreach efforts on the events that present the best opportunities to reach our target audiences.

Phoenix South Regional Partnership Council

Goal Area	Strategy	Strategy Description	Projected Amount
Early Care and Education	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.	\$8,567,290
	Quality First Coaching & Incentives	Quality First: Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers. Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. (QF Academy, Warmlines, Coaching and Incentives, Child Care Health Consultation)	\$2,171,954
	Kindergarten Transition	Development of Community of Practice among schools and early care providers.	\$112,000
	Inclusion of Children with Special Needs	Provides consultation and training to child care providers about how to best meet the needs of children with special needs in their early care and education settings. Promotes the inclusion of special needs children in early education activities.	\$333,000
	Family, Friends & Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education in unregulated child care homes.	\$996,000
	QUALITY & ACCESS SUBTOTAL		
Professional Development	FTF Professional REWARD\$	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.	\$286,575
	Director Mentoring/Training	Provides education, mentoring and training to early care and education directors. Increases the efficiency of the early care and education system by building the leadership and business skills of its administrators.	\$311,194
	PROFESSIONAL DEVELOPMENT SUBTOTAL		

Phoenix South Regional Partnership Council

Health		
Recruitment – Stipends/Loan Forgiveness	Offers professionals financial incentives to work in underserved communities. Improves the quality and range of therapeutic and intervention services in underserved communities.	\$364,387
Prenatal Outreach	Provides outreach and education to pregnant women and their families and links pregnant women to sources of prenatal care. Increases healthy pregnancies and good birth outcomes.	\$698,000
Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.	\$751,000
Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.	\$719,550
Health Insurance Enrollment	Assists families in application for or renewal of public health insurance. Increases children’s access to preventive health care and builds community awareness of the availability of public health insurance options.	\$148,000
Family Support – Children with Special Needs	Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of children with special needs who don’t qualify for publicly funded early intervention programs.	\$135,050
Developmental and Sensory Screening	Provides children with developmental, oral, vision, and/or hearing screening and referrals for follow-up services. Increases children’s access to preventive health care and helps to identify potential learning problems early on.	\$148,000
Comprehensive Preventative Health Programs	Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families. Decreases preventable and chronic health issues in young children.	\$300,000
Care Coordination/Medical Home	Provides children and their families with effective case management, and connect them to appropriate, coordinated health care. Improves children’s health care and future development by ensuring they have a regular source of care.	\$1,616,624
HEALTH SUBTOTAL		\$4,880,611

Phoenix South Regional Partnership Council

Family Support	Reach Out and Read	Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children. Expands children's access to reading by promoting child literacy as a part of pediatric primary care.	\$18,500
	Parent Education	Provides classes on parenting, child development and problem-solving skills.	\$175,750
	Community-Based Training	Strengthens families with young children by providing voluntary classes in community-based settings.	
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning.	\$2,808,400
	Family Support Coordination	Improves the coordination of, and access to, family support services and programs. . Improves service delivery to families with young children by streamlining the system and simplifying application procedures.	\$625,500
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.	\$1,212,970
			FAMILY SUPPORT SUBTOTAL
Coordination	Service Coordination	Coordination and collaboration to improve and streamline service delivery. Strengthens and improves the coordination of services and programs for children 5 and younger.	\$55,530
	Court Teams	Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system. Promotes children's wellbeing and reduces recurrence of abuse and neglect.	\$220,000
			COORDINATION SUBTOTAL

Phoenix South Regional Partnership Council

Community Awareness	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.	\$19,440
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.	\$117,000
	Media	Increases public awareness of importance of early childhood via a media campaign and public engagement.	\$98,500
	COMMUNITY AWARENESS SUBTOTAL		\$234,940
Statewide Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.	\$1,213,309
	EVALUATION SUBTOTAL		\$1,213,309