

ATTACHMENT #1



FIRST THINGS FIRST

Ready for School. Set for Life.

Phoenix North Regional Partnership Council Meeting November 4, 2014

AGENDA ITEM	Approval of Minutes
BACKGROUND	The attached minutes are from the Phoenix North Regional Council Regular Meeting which was held on October 14, 2014 at John C. Lincoln Cowden Center, 9202 North 2 nd Street, Phoenix, AZ 85020
RECOMMENDATION	The Regional Director presents these minutes for the Regional Council's discussion and possible approval.



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Childhood Development & Health Board Phoenix North Regional Partnership Council

Meeting Minutes – October 14, 2014

Welcome, Introductions, and Call to Order

Chair Cindy Quenneville called to order the Phoenix North Regional Partnership Council Regular Meeting at approximately **1:05 p.m.** The meeting was held at John C. Lincoln Cowden Center, 9202 North 2nd Street, Phoenix, Arizona 85020. Introductions were held and attendees were welcomed.

Members PRESENT

Dr. Lyn Bailey
Cindy Quenneville, Chair
Wendy Resnik
Ana Stigsson
Billy Thrall
Toby Urvater, Vice Chair
Kathryn Wauters
Christina Spicer
Jenny Tetreault

Members ABSENT

Connie Robinson
Chris Tompkins

Approval of Minutes

Chair Quenneville called for a motion to approve the September 9, 2014 Regular Meeting Minutes.

Motion: Vice Chair Urvater moved to approve the meeting minutes as presented. Member Wauters seconded. Motion carried.

Calls to the Public

The following individuals addressed the Council during the Call to the Public agenda item:

Dr. Marj Jones with Arizona Learning Institute informed the Council on the importance of continued funding of strategies for FY16.

Sherry Fronterhouse with the EAR Foundation informed the Council on the programs and services that are provided by the EAR Foundation.

Albie Abrahams with Southwest Human Development Smart Support Program reported on the program evaluation findings to the Council.

Due to the numerous requests for Calls to the Public, Chair Quenneville requested that the remaining requests be presented prior to meeting adjournment.

State Fiscal Year '16 – 18 Strategic Planning

Strategic Planning Timeline – Director Yearwood reviewed the Council's strategic planning timeline for the development of the strategic and funding plan.

Budget Consideration – Director Yearwood briefly reviewed the FY15 Funding Plan Summary in comparison to FY16 Funding Plan allocations which has been reduced by approximate 34%. The council requested additional clarification how the FTF Directed Strategy "Statewide Evaluation" allocation was derived and what evaluation studies will be conducted in FY16. Council further discussed the possible impacts to services and programs in the region.

Discuss and establish priority recommendation by FTF goal areas – Director Yearwood convened three subgroups of Council Members by goal areas; Family Support, Early Learning, and Health to collectively to establish priorities for each goal area. Priorities established:

Early Learning

1. Every child age birth through five has access to quality early care and education.
2. Support for professional development and education for those who care for children ages birth through five.

Health

1. Increase access to health and behavioral health services for children ages birth through 5
2. Increased education and access to preventative health and nutrition services for children ages birth through 5

Family Support

1. Families of young children are aware of and are given the skills to successfully raise their children
2. Connect and/or convene organizations that support families in order to maximize the utilization of services and strengthen families

Chair Quenneville asked the Council how they would like to proceed with strategic planning and FY16 Funding Plan development. The council agreed to request that Director Yearwood and FTF Staff to assist the Council by providing strategy and funding recommendations to the Council.

FY14 Program Implementation

Director Yearwood provided an overview of the year end data and financial reports that capture the final expenditures and completed Targeted Service Units for strategies and grantees from FY14 for North Phoenix and Central Phoenix.

Regional Director's Update

Council Member Webinars – Director Yearwood thanked members who have participated in the *Conflict of Interest* and *Open Meeting Law* trainings. She further informed the members who were not able to participate that they will be given a training CD and materials to view at their earliest convenience. Additional required trainings on *FTF Statewide and Signature Strategies*, *Communications*, and *Research and Evaluation* will be scheduled in the coming months.

FTF honored by City of Phoenix Library – Director Yearwood informed the Council that FTF was invited to attend the “Dinner in the Stacks” event and was honored and recognized for their contribution and efforts around early literacy.

Council Member Announcements

FTF Chair/Vice Chair Meeting – Chair Quenneville and Vice Chair Urvater attended a telephonic meeting with CEO Sam Leyvas, Board Chair Janice Decker and Maricopa and Phoenix Chairs and Vice Chairs. They shared FTF statewide updates with the Council.

Next Meetings

Tuesday, November 4, 2014, 1:00 p.m. – 4:00 p.m.

John C. Lincoln Cowden Center – Room 1AB
9202 North 2nd Street
Phoenix, Arizona 85020

Thursday, November 20, 2014, 9:00 a.m. – 12:00 p.m.

John C. Lincoln Cowden Center – Gym
9202 North 2nd Street
Phoenix, Arizona 85020

Call to the Public (con't)

The following individuals addressed the Council.

Janelle Rodaccia with the FTF Family Resource Center Network informed the Council on the collaborative work and services being offered at the Family Resource Centers in Phoenix North Region.

Jewel Riley with Teen Parent Support Program introduced herself to the Council as the new program director.

Kensley Gabbard with Arizona Child Care Association informed the Council on the importance of retaining Quality First Scholarships in the Phoenix North Region.

Lisa Armijo with Family Resource Center informed the Council on the importance of continued funding of Family Resource Centers in Phoenix North Region.

Sherri Suschena with Sunrise Preschools informed the Council on the importance of continued funding of Quality First Scholarships for her center and the impact it will have on children and families should scholarships be depleted.

Don DeWitt with Children's Academy and Arizona Child Care Association expressed his gratitude in receiving Quality First Scholarships and the positive impact it is making and encourages the Council to retain the Quality First Scholarships in the Phoenix North Region.

Adjournment

Meeting adjourned at 3:15 p.m.

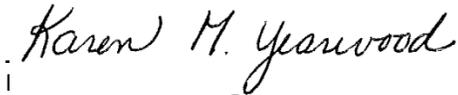
Respectfully submitted on this 24th day of October, 2014

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

Phoenix North Regional Partnership Council



Rosemary Galindo, Administrative Assistant



Cindy Quenneville, Chair

ATTACHMENT #s 2-11



FIRST THINGS FIRST

Ready for School. Set for Life.

Phoenix North Regional Partnership Council Meeting November 4, 2014

AGENDA ITEM	State Fiscal Year '16-18 Strategic Planning
BACKGROUND	<p>Regional Partnership Councils establish a three year strategic plan and then submit an annual funding plan to the First Things First (FTF) State Board which defines how the regional council will spend its regional allocation. In establishing their strategic direction, Regional Partnership Councils conduct an assessment of their region, determine prioritized needs and identify effective approaches for meeting those needs which includes both funded strategies and non-funded approaches in order to build on the assets in the region, leverage FTF funding and work to ensure a coordinated and quality system of services for young children is developed.</p> <p>At the September 9th meeting of the Council, members engaged in a discussion of the vision and general priorities for the Council.</p> <p>At the October 14th Council meeting, the Council further refined the priorities which will inform the strategic plan. The Council also directed FTF staff to offer recommendations as to which funded strategies will best address the priority needs. Regional Director Yearwood will present a proposal for Council consideration and will outline the next steps in the strategic planning process.</p>
RECOMMENDATION	None

Phoenix North Regional Partnership Council Priority Recommendations and Justifications

Early Learning:

Every child, ages birth through five, has access to quality early care and education

Support for professional development and education for those who care for children ages birth through five.

Justification:

Data:

- 66% of 3 and 4 year olds in Maricopa County are not enrolled in preschool. Overall ranking of Arizona as 49th in the nation for preschool access
- 75% of 3 and 4 year olds who live below 200% of the Federal Poverty Level are not enrolled in preschool
- 28.5% of the children in the region live in poverty.
- In Phoenix North, currently 8,546 children ages 0-5 are enrolled in Quality First programs; and 141 programs are enrolled in Quality First
- Informal child care by family, friends and neighbors is a common and heavily used resource

Need in Region:

- Access to increased funding for early care and education
- Increase in number of quality programs

Additional Considerations:

- Stable, consistent child care is an important resource for children in this region
- Considered that there may be opportunities for both direct regional funding, and other funders, as future direction
- Considered narrowing population to single parents, or economic status, arriving at “all children” as priority. Goal that there would be a space in quality programs for all children
- Priority is to include both formal (licensed) care and informal (family, friend, and neighbor) care: wherever a parent seeks child care or education outside of their own home
- Professional development, with focus on professional credentials or degree, is important to quality

Phoenix North Regional Partnership Council Priority Recommendations and Justifications

Health:

Increase access to health and behavioral health services for children ages birth through five

Increased education and access to preventative health and nutrition services for children ages birth through five

Justification:

Data:

- 13% of children in Maricopa County do not have health insurance; Arizona ranks 49th in the nation
- Less than 25% of children in Arizona under 6 have received a developmental screening
- 25% of children living in Maricopa County were without enough food in 2011
- 91% of Arizona parents with children birth to 3 months did not receive a new parent home visit

Need in Region:

- Greater awareness around behavioral health needs of children birth to five
- Creating more of a systems approach in order to educate both parents and providers
- To build and strengthen existing 0-5 health delivery mechanisms

Additional Considerations:

- Access to services incorporates many facets, ie. quality, transportation, affordability, specialized services, etc.
- Concern that unfunded approaches may not get sufficient attention because “what gets funded, gets done” trend
- Prevention and early intervention is key

Phoenix North Regional Partnership Council Priority Recommendations and Justifications

Family Support:

Families of young children are aware of and are given the skills to successfully raise their children

Connect and/or convene organizations that support families in order to maximize the utilization of services and strengthen families

Justification:

Data:

- 28% of children under 6 in Arizona had parents who had predictive concerns about their development
- 0-5 age children are the largest population entering foster care in Arizona; and remain in care the longest period of time
- 28% of children 0-5 in the region live in poverty

Need in Region:

- Access to and increased awareness of/inventory of all available services
- Building a sense of community, belongingness for families
- Engaged, connected and educated parents
- Strengthen communities that also support parents (e.g. faith communities, schools)

Additional Considerations:

- If families and communities are strengthened, the work of FTF will be sustainable in spite of reduced funding
- There are many entities who are working to support families, but there is a need for a holistic, coordinated effort

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.

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.

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

Allocations and Funding Sources	FY 15	FY 16	Notes/Considerations
FY Allocation	\$15,026,267	\$14,594,593	
Carry Forward From Previous Year	\$8,488,915	-	
TOTAL - Regional Council Funds Available	\$23,515,182	\$14,594,593	The allocation for sfy16 is a 34% reduction from the total amount allotted to spend in sfy15 (\$22,121,957)

Strategies	Allotted	FY 15 TSU	Proposed Allotted	FY 16 TSU	Notes/Considerations	
Early Care & Education	Community Based Professional Development	\$179,795	268 participating professionals	\$179,795	268 participating professionals	
	Early Care and Education Professionals	\$754,000	528 home based providers served	\$754,000	528 home based providers served	
	Family, Friends & Neighbors					
	FTF Professional REWARDS	\$230,175				
	Inclusion of Children with Special Needs	\$567,000				
	Mental Health Consultation	\$756,450	37 centers/ 6 home based providers served	\$526,277	60 centers/0 homes	The cost model for MHC has changed from an average cost of \$15-17K per center/home to \$12,239 per center/home.
Quality First- Center and Home Enrollment	\$2,515,440	127 Centers/ 14 homes	\$2,391,687	127 Centers/ 14 homes	Note: Per direction of the FTF State Board, Councils must maintain at least the number of centers and homes funded in SFY15.	
	QF includes: QF Academy, Warmlines, Coaching and Incentives, Child Care Health Consultation, and state funding for assessments and TEACH Scholarships					
Quality First Scholarships	\$9,055,798	1,155 Scholarships	\$6,216,811	745 scholarships	See attachment	
Health	Care Coordination/Medical Home	\$541,577	1,008 children receiving screenings 1,008 children served 1,008 development screens conducted 1,008 families served (HIE Assistance) 1,008 vision screenings conducted 1,008 hearing screenings conducted	\$541,577	1,008 children receiving screenings 1,008 children served 1,008 development screens conducted 1,008 families served (HIE Assistance) 1,008 vision screenings conducted 1,008 hearing screenings conducted	
	Developmental and Sensory Screening	\$419,598				
	Health Insurance Enrollment	\$552,000				
	Oral Health	\$252,000	2,520 children receiving screenings 2,520 children receiving flouride varnishes 9 participating professionals 2,048 participating adults	\$250,000	3,000 children receiving screenings 300 prenatal women served 1,200 participating adults	See attachment
Family Support	Family Resource Centers	\$740,000	7,500 families served (duplicated count)	\$740,000		Current funding is for 6 FRCs which are located in the northern area of the region. Considerations: Increase number of FRCs in the region or maintain current number? Increase the amount of funding for each FRC to support increased activities (e.g. Health Insurance Enrollment, participation in Family Resource Network)? Fund a regional Case Manager/Navigator at an additional cost of \$70,000.
	Family Support – Children with Special Needs	\$229,950				
	Family Support Coordination	\$724,500				
	Home Visitation	\$1,810,317	489 families served 489 children receiving developmental screenings	\$1,810,317	489 families served 489 children receiving developmental screenings	Note: The number of families served for this funding amount may vary depending on the Home Visitation models that are selected.
	Parent Education Community-Based Training	\$744,164	979 participating adults	\$438,250	TBD based on the model selected	Funding reduced to reflect that the teen parents were not specified as a target population
	Parent Outreach and Awareness	\$375,000	2,500 books distributed 2,000 workshops held 50 events held	\$375,000	To be determined based on the activities funded	
	Prenatal Outreach (no longer a separate strategy)	\$252,000				
	Reach Out and Read	\$50,500	6,307 books, 18 participating practices			
Evaluation	Statewide Evaluation	\$1,027,042	No target service units	\$781,442	No target service units	See attachment - Evaluation is reduced by 24% sfy15 to 16
Coordination	Court Teams	\$50,000	1,000 children served 275 participants attending	\$50,000	To be determined	Note: funding for this strategy was also provided by Phoenix South in FY'15.
	Service Coordination	\$68,530	No target service units	\$50,000	No target service units	See attachment - Funding to support Maricopa Family Resource Network, an FRC evaluation study and Find Help Phoenix website
Community Awareness	Community Awareness	\$27,260	No target service units	\$27,260	No target service units	See attachment
	Community Outreach	\$117,000	No target service units	\$117,000	No target service units	See attachment - Phoenix North portion of funding for 3 staff members for Phoenix North and Phoenix South
	Media	\$81,500	No target service units	\$81,500	No target service units	See attachment
Total Allotted		\$22,121,597		\$15,330,916		
Total Remaining		\$1,393,585		(\$736,323)		



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STRATEGY:

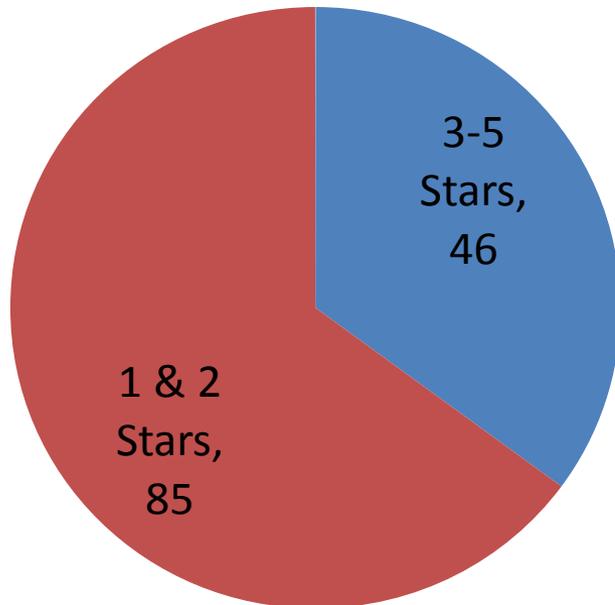
**Quality First
Scholarships**

Fiscal Year 2015

FY15 Enrolled Provider Star Ratings

As of October 27, 2014

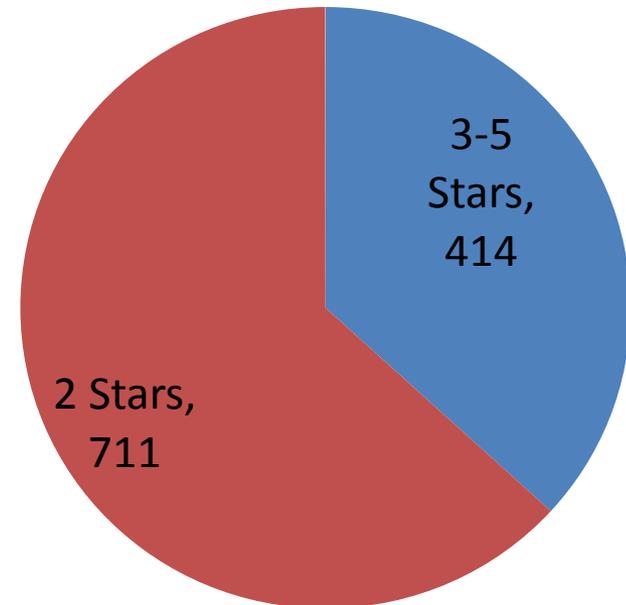
Providers by Star Rating



FY15 Distribution of Scholarships Awarded

As of October 27, 2014

of Scholarships Awarded by Star Rating



FY15: \$9,055,798

Base Model Scholarships

- 932
- \$7,224,189

Additional Scholarships

- 159
- \$1,299,865

Teen Scholarships

- 64
- \$531,744

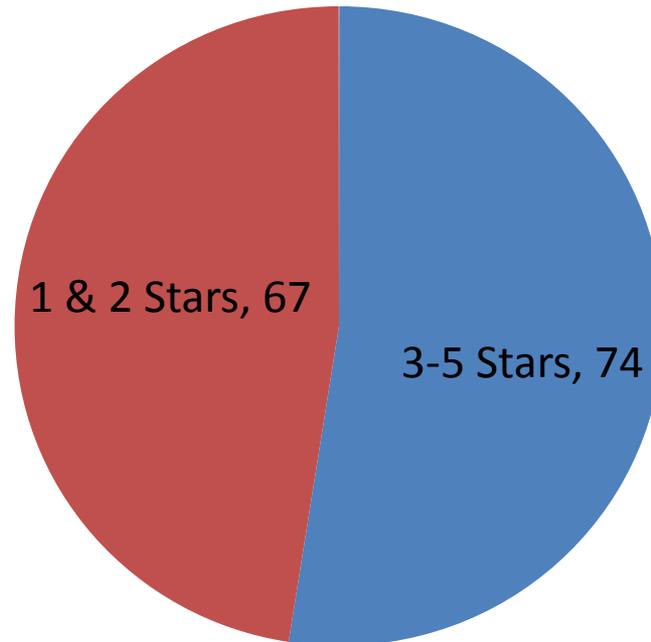
September Usage

- 1,052 scholarships used
- 1,246 distinct children served

Fiscal Year 2016

Estimated # of Providers by Star Rating

Using Aggressive Progression Estimates



FY16 Scholarship Funding Considerations

3-5 Star Base Model

- 74 providers estimated at 3-5 Stars
- 745 scholarships
- \$6,216,811

2-5 Star Base Model

- 141 funded providers
- 1101 scholarships
- \$8,641,715

Variations

- Increase/decrease scholarships for 3-5 Stars
- Zip-target to 3-5 star or 2 star
- Manage to specific \$ amount



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STRATEGY:

Oral Health

Proposal: Maricopa Countywide Oral Health Multi-regional Project

INTENT OF THE STRATEGY

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

PROPOSAL

The proposal for a robust, effective, multi-regional preventative oral health program was created in response to the needs of Maricopa County and to achieve the following:

- a. Leverage funding by pooling each region's oral health budget to;
 - i. Receive the full capacity of a local oral health program and
 - ii. Expand the capacity for multiple organizations to implement an oral health program that may not have otherwise had the capacity to carry out the full scope of work as outlined
- b. Reduce the administrative costs apparent in the current array of FTF funded oral health grantees
- c. Maintain a coordinate reimbursement system across all FTF oral health providers and implement an organized method to re-invest those dollars back in to local service delivery
- d. Provide a case management system to ensure that children are being attached to a dental home, and that urgent/emergent dental needs are being treated by a dental provider
- e. A comprehensive effort to coordinate access to services to reduce the barriers that cause families not to access existing services and supports due to lack of awareness and/or lack of knowledge needed to locate and engage in services.
- f. Create a seamless service delivery structure that ensures that children do not receive duplicated fluoride varnishes across regional boundary lines
- g. Provide consistent messaging around oral health education for families, caregivers
- h. Reduce inefficiencies by offering coordinated workforce professional development to all oral health providers delivering oral health preventative services in the Phoenix/Maricopa regions with the purpose of developing a workforce with similar levels of knowledge and skills

- i. Leadership amongst all county FTF funded oral health programs and promote collaboration
- j. Advocate for policy development for the oral health agenda within the county

The proposed approach to achieve the projected gains noted above, is to utilize an administrative home.

An administrative home approach model will allow for a lead agency to work with multiple community partners to implement the countywide scope of work and achieve oral health outcome objectives. This approach will allow for funding from the Regional Partnership Councils to be pooled and leveraged to both build upon current infrastructure and capacity and move toward scale. This approach will assist in moving the oral health agenda forward and assist in moving toward sustainability.

The administrative home entity is strongly encouraged to utilize the current array of oral health providers that provide screening, varnish and education. The RFGA applicant will be asked to submit signed Memorandums of Understanding with their grant application. The administrative home will be responsible for all aspects of program and fiscal oversight, including ensuring that any sub-contractors adhere to the First Things First Standards of Practice and Arizona State Procurement Laws.

In FY14, councils within Maricopa County awarded \$2,354,062 for oral health services, serving a total of 23,456 children (actual). Councils within Maricopa County awarded for oral health services \$2,337,106 to 23,854 children in FY15. The Councils represented in this include East Maricopa, Northwest Maricopa, Southeast Maricopa, Southwest Maricopa, Phoenix South and Phoenix North.

A. Expected Administrative Duties

- i. Service Integration specific to sub-grantees: coordination and collaboration of program and services with sub-grantees to implement Scope of Work and Standards of Practice
- ii. Coordination of quality data collection and reporting
- iii. Evaluation and Quality Assurance
- iv. Fiscal management, reporting and fluoride varnish reimbursement

- v. System Coordination
 - a. Establish and maintain a countywide child oral health data collection and surveillance system for ongoing tracking/monitoring, timely communication of findings, and the use of data to initiate and evaluate interventions.
 - b. Actively participate in the statewide Oral Health Community of Practice.
 - c. Actively promote the Oral Health Dental Network website <http://healthyteethaz.org/> and assist in recruiting provider enrollment.

- vi. Policy Support
 - a. Provide leadership around policy advocacy for oral health agenda.
 - b. Mobilize community partnerships between and among policymakers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.
 - c. Advocate for the reimbursement of fluoride varnish from commercial insurance plans
 - d. Develop and promote policies for better oral health and to improve health systems.
 - e. Provide oral health communications and education to policymakers and the public to increase awareness of oral health issues.

B. Service Delivery Components

- i. Oral Health Intervention, Promotion and Education

- ii. Oral Health Education for Families and Other Caregivers

- iii. Provider Education

PROPOSED COST

A unit of service of 3000 children receiving screening/varnishes is proposed. It is suggested that a region choose 1 unit or ½ unit. At 3000 children per unit, we propose a budget of \$250,000 for all services per unit.



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STRATEGY:

Coordination

Phoenix North Strategy Consideration

Strategy: Service Coordination

Project: Family Resource Network

Service agencies that work together and achieve high level coordination and collaboration are often easier for families to access and the services provided are more responsive to the needs of the families. Cross-system efforts may also result in increased capacity to deliver services because of the work that organizations do to identify and address gaps in service sectors. Therefore, by supporting a variety of cross-system efforts, First Things First will be instrumental in creating a high quality, interconnected, and comprehensive early childhood service delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing children's overall development.

The Maricopa and Phoenix regions have established a "Family Resource Network" to improve the quality of services delivered by family resource centers and family support specialists. The cross-regional Service Coordination Strategy includes activities which require "FTF directed" implementation.

- Convening of Family Resource Network members in order to address the established objectives of: sharing of knowledge, experiences, and innovative practices; strategic planning and problem solving; and to establish collective philosophies that Collaboration members can embrace and implement.
- Improve quality through best practices by development of a best practice tool kit, establishing a speakers' bureau and providing trainings for all new members, and by developing a professional development schedule for members.
- Establish a shared extranet as a forum for strategic planning, coordination of resources, professional development.
- Support the operation of the FindHelp Phoenix website provides an online directory for families who are in need of resources

Recommendation: Each Regional Council in Maricopa County is being asked to consider funding \$50,000 to support the activities of the Network and to fund an FRC evaluation study.



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STRATEGY:

Evaluation

FTF Research and Evaluation Overview

FTF Research and Evaluation Plan Status

1. Relentless Focus on Implementation

As part of continuous quality improvement of grantee performance data, FTF has prioritized certain strategies in each of the programmatic goal areas to collect improved short term implementation data from grant partners for SFY 16 and beyond. SFY 15 will be used as the planning year to determine grant partner capacity and database elements to access.

- **Health:** Oral health, Care Coordination, Child Care Health Consultation, Mental Health Consultation
- **Family Support:** Home Visitation, Parenting Education, Family Resource Center
- **Early learning:** Quality First Coaching, Child Care Scholarships and College Scholarships

Grant partner data requirements are always aligned with strategy specific standards of practice. Grantee implementation data informs FTF universal and targeted quality assurance processes along with other programmatic and financial data elements. The FTF Research and Evaluation National Advisory panel provided specific recommendations for efficient and effective data collection and capacity building:

- Tighten standards of practice and selection criteria/rubrics to prioritize evidence-based programs.
- Create rigorous standards for evidence-informed and/or innovative programs.
- Collect meaningful input and output data and fidelity of implementation data from evidence-based models as part of program requirements.
- Focus on securing short term outcomes that might begin to address the question of whether funded programs are meeting the needs of their communities.
- Identify outcome/impact data that could be secured via an administrative data base versus evaluation studies.
- A dual-tiered data requirement approach: Grantees with greater capacity versus those with limited capacity and resources.
- Examine how councils are meeting community needs with existing data and provide tools to support all regions to interpret and integrate data into decision making.

2. Integrated Data System and FTF Dashboard

FTF has made progress in our collaboration with other state agency partners to begin sharing data. We have a memorandum of understanding (MOU) in place with Arizona Department of Education (ADE) and are working on an ongoing agreement to secure annual sharing of data. We have had initial discussions with the Arizona Department of Economic Security (DES), the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS). We are currently accessing data for FTF needs and assets projects and school readiness projects from ADE, DES and ADHS. FTF will continue working on data sharing agreements with agency partners and focus efforts on building an administrative database to house comprehensive early childhood data.

FTF research and evaluation staff and program staff are collaborating with other agency partners (e.g. ADHS, DES) to build a statewide integrated Home Visitation data system. ADHS will be utilizing MIECHV funds to begin the build of this shared database and FTF will partner to capture data from our grant

partners on dosage of service delivery to families. We are expecting to begin collecting this data for some of our Home Visitation models in SFY 16.

FTF is developing a data dashboard, including a mapping tool that will present existing program service data, financial data, census data, and other agency data in new and meaningful ways. The dashboard is planned to be launched sometime in the fall of 2014.

3. Regional Councils, Indian Tribes and Nations

FTF research and evaluation efforts continually focus on ensuring that data efforts meet Regional Councils' needs. This includes providing tools to all regions to utilize data for strategic planning and providing ongoing data support.

As part of honoring our relationship with Arizona tribes and nations, it is our ongoing commitment to continue an open dialogue and consultation with Tribal Governments on potential studies on which to collaborate, as well as on specific tribal data and approval processes necessary for tribal participation in FTF research and evaluation projects.

- FTF recognizes that Arizona's tribes are sovereign and have complete authority over all research and data collection conducted on their lands; they own all data collected on their lands; and they control the use and dissemination of all data.
- Specific studies with anticipated tribal data collection will include requirements for culturally appropriate assessment and analysis, as well as coordination with FTF regional staff to work with tribal community members and appropriate authorities to request permission for data collection.
- The National Panel recommended convening an actively involved tribal advisory consultation team to review and provide input for all aspects of FTF's evaluation efforts. As we plan projects in the future we will be executing this recommendation.
- FTF is currently finalizing a Tribal Data Policy that will be shared with tribal leadership in the October 2014 Tribal Consultation meeting. This will guide our overall approach for managing tribal data.

Planning for Regional Studies

During the 2014 National Advisory Panel meeting, the panel provided considerations for planning regional studies:

- Length of strategy or program implementation
- Cost considerations & research questions to address
- Utilize administrative database (a data system that is a work in progress that aims at sharing child and program level data across agencies)
- Utilize other national and statewide study findings
- Case study approach – Regional strategy bundle
- Leverage current regionally available data
- Statewide studies to capture regionally representative samples
- Utilize fidelity of implementation data to help improve program implementation
- Prioritize highly funded FTF strategies/programs to be evaluated for short-term & long-term outcomes

First Things First research and evaluation staff will be available to provide technical assistance to regional directors and regional partnership councils to:

- Help determine the need for and cost implications of a regional study; for example a literature review may determine that other studies have been completed that would help answer the region’s questions
- Help determine readiness for a study; for example a strategy should not be evaluated too soon after implementation
- Clearly define the study’s purpose and questions to be answered
- Define a potential methodological approach; for example a case study approach can be very informative whereas a rigorous and resource intense method such as case-control may not be feasible
- Develop a scope of work, select a vendor, and help to monitor vendor performance and product quality
- Interpret results and translate to action

4. Research and Evaluation Studies

FTF Goal Area	Evaluation Plan Studies	Notes
Early Learning	Quality First Implementation and Validation	RFP is expected to be released before December 2014; Phase 1 of the study is to commence before the end of SFY 15.
	Child Care Demand	Completed in SFY 13.
	Child Care Capacity	This study is on hold. FTF leadership is determining an efficient and effective data collection approach that takes into account nationally available data.
	Compensation and Credentials	Completed in SFY 13.
	Workforce Survey	This study is cancelled. The research questions will be addressed by data collected via the FTF workforce registry database. The timeline for this survey is under development.
Family Support	Home Visitation Study	Some of the data for this study will be collected as part of statewide home visitation integrated data system efforts; FTF will begin working on finalizing specific research questions, planning study design, and developing scope of work in SFY 16.
	Family and Community Survey	The 2012 Family and Community Survey report will be released later this fall. As per the National Advisory Panel recommendations, FTF will be revising this survey to capture both quantitative and qualitative aspects of caregiver knowledge, behavior and perceptions related to young children's development. The next survey will be launched in SFY 17 or SFY 18. This data is the source of school readiness indicator #10 -Confident Families. The panel also recommended that FTF clearly define the construct we are trying to measure as part of SRI 10.

FTF Goal Area	Evaluation Plan Studies	Notes
Health	Oral Health Survey	FTF has contracted with the Arizona Department of Health Services (ADHS) for this project. SFY 14 was a planning year for sample size determination and recruitment, methodology development, finalizing measures, etc. SFY 15 is the implementation year. Data collection efforts have begun including a brief parent/care giver survey and oral health screenings of children in kindergarten. Findings will be reported in early SFY 16. This data is the source of school readiness indicator #9 –Dental Health.
	Care Coordination/Medical Home Study	FTF is determining study feasibility in light of SFY 16-18 regional planning.
	Intervening Early Opportunity Assessment	Completed in SFY 13.
Evaluation	Children’s Budget	Completed in SFY 13. The next round will be aligned with the gubernatorial election timeline.
	Regional Needs and Assets (RNA)	SFY 14 reports will be presented to the FTF Board at the September 2014 meeting. SFY 16 RNA reports will be a condensed version, while still meeting the statutory requirements. A revised RNA RFP will be released towards SFY 18 RNA cycle, and the project commencement timeline and report due dates will be shifted to align with funding planning timeframe. This change will not impact the FTF Board statutory due dates.
	Statewide Needs and Assets	Next report is due in December of 2015.
Regional Evaluation Studies	Innovative Professional Development Communities of Practice	Completed in SFY 14 (Funded by Central Pima regional council).
	Family Support Study	Completed in SFY 14 (Evaluation of a bundle of family support strategies funded by five FTF regional councils).

5. FTF School Readiness Indicators

The FTF board approved school readiness indicators (SRI) to provide a comprehensive composite measure of system progress in the areas of early learning, family support and health for young children. The school readiness indicators are designed to measure all efforts in the early childhood system, not just FTF’s. Each regional council has prioritized a minimum of 3 school readiness indicators to guide their work. These prioritized school readiness indicators, along with other available data, guide regional strategic planning.

To date, the regional councils have set benchmarks for the year 2020 for a sub-set of school readiness indicators with available baseline data (tribal regional council benchmarking is dependent on tribal approvals). For the rest of the SRIs listed below, we have yet to establish a valid and reliable data source to measure system progress within each specific domain. FTF is working with community partners to identify these data sources.

Indicator 1/School Readiness: Refer to the next section (#6) on kindergarten readiness assessment.

Indicator 5/Developmental Delays Identified in Kindergarten: FTF staff and stakeholder discussions, as well as Dr. Charles Bruner’s Intervening Early Opportunity Assessment report identified that there is not a single comprehensive data source that could capture the concept that was originally used for developing this population based indicator. FTF is currently reconsidering the language for indicator # 5 and determining what is the right gauge to measure progress of early identification of developmental delays. Towards this goal, FTF staff members are engaged in discussions with the representatives from the three Program Advisory Committees to revise the indicator language, align it with available data, and identify ways to measure the re-conceptualized indicator construct.

Indicator 8/Well-Child Visits: FTF is continuing to work with AHCCCS to access this data.

Indicator 9/Dental Health: Refer to Oral Health Survey in Research and Evaluation Studies, section #4.

6. Kindergarten Readiness Assessment

Arizona, led by the Arizona Department of Education (ADE), has joined nine other states and three nationally recognized research partners in a consortium led by North Carolina to enhance a state-of-the-art system for assessing young children’s learning, developing a K-3 formative assessment.

FTF will be collaborating with ADE in the development and implementation of a Kindergarten readiness assessment. Once adopted in Arizona, this will be called a Kindergarten Developmental Inventory (KDI) to emphasize its formative purpose in guiding instruction. It is anticipated that Arizona’s KDI will be piloted during the 2017 school year. This will be the data source for indicator #1 (School Readiness).

The FTF National Panel recommendations emphasized that of utmost importance in development of a Kindergarten Developmental Inventory for Arizona is an understanding of kindergarten readiness as a multidimensional construct that encompasses the key domains and dimensions of physical well-being and motor development; social and emotional development; approaches toward learning; language and literacy development; and cognitive development and general knowledge. This assessment is expected to be a user-friendly, effective resource for generating clear information on where children are in their learning and where they need to go next.



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STRATEGIES:

Community Awareness

Community Outreach

Media



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PHOENIX NORTH REGIONAL FUNDING SFY16

COMMUNITY OUTREACH, MEDIA AND COMMUNITY AWARENESS RECOMMENDATIONS

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.**
- **Public awareness impacts system building.**

Public awareness impacts public policy

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.

Earned Media:

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 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 only 1% of the Phoenix North’s total program projected spending in FY15.**

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.

Recommendations

The success of 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.

The Phoenix North Regional Partnership Council supported the efforts in FY15. The Communications and Public Affairs Division and FTF regional staff recommends continued funding of these strategies in Fiscal Year 2016, including:

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

RECOMMENDATION:

FY15 Allocation for Community Outreach	FY16 Recommended Allocation for Community Outreach	Notes
\$117,000	\$117,000	Recommended allocation remains the same, and would allow for implementation of strategy with 3 staff members.

Paid Media

The Phoenix North Regional Partnership Council's FY15 advertising dollars were strategically pooled with other regions in Maricopa County. Given the contiguous nature of the metro-Phoenix media market, this approach was designed to increase the reach and effectiveness of the media buy.

RECOMMENDATION: Maintain FY15 investment level of \$81,500 for Media strategy in Fiscal Year 2016.

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.

RECOMMENDATION: Maintain funding for the purchase of ERIs as well as community awareness event sponsorship and/or participation as part of the regional council's broader education and awareness strategy in Fiscal Year 2016 in the amount of \$27,260.

The following documents also provide additional details. If you would like a copy, please email Karen Yearwood at kyearwood@azftf.gov.

- Strategic Communications Plan (2014-2017)
- Community Outreach and Community Awareness Standards of Practice-Phoenix Community Outreach Plan
- State Fiscal Year 2015 and quarterly reporting



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Intensive
Intervention
for Children with
Additional Needs

- Court Teams

Targeted
Services for Children
(reducing risk factors)

- Home Visitation
- Oral Health (Screening and Varnish)
- Mental Health Consultation
- Care Coordination/Medical Home

Services & Supports for all Children & Families
(universal)

- Quality First Programming
- Quality First Base Scholarships
- Family Resource Centers
- Family Friend and Neighbor
- Parenting Education
- Parent Outreach and Awareness

Platform Elements for All Supports and Services:

- Information for Families
- Standards / Practice
- Cultural Responsiveness
- Workforce
- Financing

- Statewide Evaluation
- Professional Development- Early Care & Education Professionals
- Community Outreach
- Community Awareness