

ATTACHMENTS #1-5



FIRST THINGS FIRST

Ready for School. Set for Life.

Phoenix South Regional Partnership Council Meeting Health Committee November 7, 2014

AGENDA ITEM 3	Discuss and Establish Strategy Recommendations
BACKGROUND	<p>Regional Partnership Councils establish a three year strategic plan and submit an annual funding plan to the First Things First (FTF) State Board. The strategic plan, including funded and unfunded strategies, defines how the Regional Council will address its priorities over the next period.</p> <p>The Regional Council finalized priorities for FY16-18 at the October 9th Council meeting, and has now has assigned Committees to meet and establish recommendations for funded or unfunded strategies by goal area.</p> <p>This Health Committee of the Regional Council met on October 30th, 2014 and established an initial set of recommendations. To complete their work, the Committee is meeting again to discuss two specific strategies: 1) Care Coordination/Medical Home, and 2) Recruitment - Stipends and Loan Forgiveness. The Committee will also review the full list of recommendations in preparation of presenting these to the Council on November 13th, 2014.</p>
RECOMMENDATION	Committee to consider the strategies and appropriate recommendations in consideration of the Regional Council priorities and ability to address those priorities.

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.



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 Note: QF program enrollment is 9% of total FY15 budget Note: QF Child Care Scholarships is 35% of total FY15 budget 1146 child scholarship slots funded in FY15
	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	\$2,105,092	
	<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			
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	\$3,031,339	
Total Remaining/ Unallotted		\$5,530,409	\$14,268,168	

SFY16 Strategies "AVAILABLE"

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 or Evidence Based	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	Evidence Informed	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 or Promising Practice	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 Based or 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 or Evidence Based	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.

SFY16 Strategies "AVAILABLE"

GOAL AREA	STRATEGY	EVIDENCE	DESCRIPTION
	Teacher Scholarships for Early Childhood Professionals		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.
Health	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.
	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	Evidence Based, Informed or 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 Based or 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	Evidence Based, Informed or Promising Practice	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, Informed or Promising Practice	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	Evidence Based, Informed or 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	Evidence Informed	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.

SFY16 Strategies "AVAILABLE"

GOAL AREA	STRATEGY	EVIDENCE	DESCRIPTION
	Parenting Education	Evidence Based	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	Evidence Based, Informed or 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.
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.



Care Coordination/Medical Home

I. INTENT OF STRATEGY

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

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

II. DESCRIPTION OF SIGNIFICANCE

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

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

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

III. IMPLEMENTATION STANDARDS

A. Program Standards:

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

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

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

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

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

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

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

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

B. Staffing Standards

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

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

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

C. Additional Standards

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

D. Administrative Home Standards

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

IV. REFERENCES AND RESOURCES

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

- G. Arizona Early Childhood Career and Professional Development Network Website: azearlychildhood.org (available Fall 2014)
- H. Early developmental screening in early childhood systems: American Academy of Pediatrics and Healthy Child Care America and Child Care and Health Partnership (www.healthychildcare.org): <http://www.healthychildcare.org/pdf/DSECSreport.pdf>
- I. Ages and Stages resources: <http://agesandstages.com/>
- J. Parents Evaluation of Developmental Status Assessment Tool: <http://www.pedstest.com/learnaboutPEDS/IntroductiontoPEDS.aspx>
- K. Centers for Disease Control and Prevention (CDC) developmental screening guidelines and tools: <http://www.cdc.gov/ncbddd/child/devtool.htm> and <http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>
- L. Modified Checklist for Autism in Toddlers (MCHAT): <https://www.m-chat.org/mchat.php>
- M. First Signs: Autism spectrum disorder resource: <http://www.firstsigns.org/>
- N. Meisels, S.J., & Atkins-Burnett. S. (2005) 5th edition. Developmental Screening in Early Childhood: A Guide. Download at: <http://www.naeyc.org/store/files/store/TOC/121.pdf>
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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: 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>	



Recruitment- Stipends and Loan Forgiveness

I. INTENT OF STRATEGY

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.

II. DESCRIPTION OF SIGNIFICANCE

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 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.

III. IMPLEMENTATION STANDARDS

A. Program Standards

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

- ***Evidence based programs*** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer

review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.

- **Evidence informed is** a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- **Promising practice** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
 - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
 - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.
 - Culturally responsive practices that are known to contribute positively to program outcomes.

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

1. Implement an evidence informed model using the principles of the federal National Health Service Corps (NHSC) program (<http://nhsc.hrsa.gov/>) to support the recruitment of specialized therapists to work in under-served FTF regions funding this strategy.
 - a. Qualified applicants must meet the following criteria:
 - A graduate from an accredited program, and,
 - Therapists willing to relocate or travel to a specific FTF region(s) to provide services; or,
 - Therapists who are willing to work part-time in more than one region or across state lines (for Arizona state border regions).
 - Therapists currently working in the region do not qualify for this program.
 - b. A service commitment includes:
 - Provision of services to children in the regions for two years in return for the financial benefits described in program components below.
 - A commitment to work with a caseload that is at least 50% of children birth to age 5.
 - Attendance at a minimum of one regional council meeting in the region they work to introduce themselves to the council members.

- c. Program components include funding for both loan forgiveness and stipends as a package:
 - Student loan forgiveness: Pay off \$15,000 per year of a student loan for two years for a maximum of \$30,000 over the two year period. Verification of the loan and loan balance from the bank or loaning institution is required to be presented by the therapists to the administrative home and payment is directly to the institution and not the therapist; and
 - Stipends: \$10,000 per year for two years as a stipend that is paid directly to the therapists- \$5,000 as a sign-on bonus and \$5,000 at the end of the first year; \$5,000 provided in the middle of the second year and at the \$5,000 at the end of the second year for a total of \$20,000 for two years. Use of these funds is at the discretion of the contracted therapists.
 - Partial stipends and loan forgiveness for therapists willing to travel to other regions can be considered by regions who will share a therapist who is willing to travel across regional boundaries or across state lines.
 - Therapist travel: Added travel costs can be considered in rural and frontier regions.

2. Literacy learning in early childhood provides the foundation for future literacy success and is rooted in exposure to rich language experiences and engaging activities that build knowledge, understanding and speaking, expands vocabulary, and supports a child's ability to become a successful independent reader. For this strategy, literacy learning in early childhood includes to:
 - a. Promote and support the use of meaningful early literacy experiences by therapists funded through this program.
 - b. Encourage therapists to engage families in meaningful, day to day two-way communication about how a child develops language and early literacy skills.
 - c. Encourage therapists to recommend age appropriate books for use in therapy environments both to read to children and as a resource for families.

3. FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:
 - a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
 - b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
 - c. Collaboration with other service providers in the region is expected of the therapists who are funded in the region.

5. Continuous Quality Improvement
 - a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
 - b. In the written policy, the following should be addressed:
 - How data is used to assess the progress and outcomes of program implementation.
6. FTF embraces cultural responsiveness as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.
 - a. Offer programs and services congruent with the needs of diverse children and families.
 - b. Offer programs and services that are responsive to the impact of cultural factors such as histories, traditions, values, family systems and structures, social class, and religion and spiritual beliefs.
 - c. Create a learning environment conducive to and includes all children and families no matter their ethnic, cultural, or linguistic backgrounds.
 - d. Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.

B. Staffing Standards

1. Direct and supervisory Staff
 - a. Hire staff that understand the strategy intent and have experience in recruiting qualified therapists and the fiscal monitoring skills to account for distribution of funds.
 - b. Employ well-trained and competent staff and provide continual relevant professional development opportunities.
2. The Arizona Early Childhood Workforce Registry

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

 - a. Therapists who are contracted through this program working in behalf of children birth – age 5 must enroll in the Registry by June 30, 2016.

C. Additional Standards

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

D. Administrative Home

The strategy services are provided through an administrative home/organization. The responsibilities of the administrative home are:

1. Use direct activities and social media venues to conduct recruitment within the regions that are funding the strategy. Recruitment activities include but are not limited to: attending job fairs at local institutions of higher education where PT/OT/SLP programs exist; connecting with the Arizona Early Intervention Program (AzEIP) contractors in the regions to make them aware of the program; and, make contact with health care organizations such as hospitals, large pediatric clinical practices, and/or community health care centers in the regions to make them aware of the program and to refer newly hired therapists to participate in the program.
2. Develop an application and monitoring process that ensures commitment and compliance with program standards.
 - a. Accept and process applications from individuals who may qualify for the program.
 - b. Establish additional policies, procedures and guidelines as necessary to assure consistency of application and monitor service commitment expectations.
3. Develop a payment system for student loan repayment funds to financial institutions on behalf of eligible therapists, as well as distribution of stipend payments.

IV. REFERENCES AND RESOURCES

- A. Arizona Medically Underserved Areas (AzMUA). Arizona Department of Health Services: <http://www.azdhs.gov/hsd/shortage/azmua.htm>
- B. Loan Repayment Program (for physicians, dentists and mental health practitioners). National Health Service Corps, US Department of Health and Human Services: <http://nhsc.hrsa.gov/loanrepayment/index.html>
- C. HRSA- National Health Service Corps standards: <http://nhsc.hrsa.gov/>
 - a. Loan repayment guidelines: <http://nhsc.hrsa.gov/loanrepayment/index.html>
 - b. Scholarship guidelines to be referenced for stipends and eligibility standards: <http://nhsc.hrsa.gov/scholarships/index.html>

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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		

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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

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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

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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