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- Agenda Item:** Consent Agenda
- Attachment:** A. Pinal Regional Regular Meeting Minutes – October 21, 2014 – Attachment 01
- Background:** The attached minutes are from the Pinal Regional Council Regular Meeting held on Tuesday, October 21, 2014 at the Central Arizona College Small Business Development Center (Camino Mercado – Board Room) 540 North Camino Mercado Suite 1 Casa Grande, Arizona 85122.
- Recommendations:** The Sr. Regional Director presents these minutes for the Regional Council's discussion and possible approval.



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Arizona Early Childhood Development & Health Board Pinal Regional Partnership Council

Meeting Minutes
Tuesday, October 21, 2014

Welcome, Introductions and Call to Order

The Pinal Regional Partnership Council Regular Meeting was held on Tuesday, October 21, 2014 at the Central Arizona College Small Business Development Center (Camino Mercado – Board Room) 540 North Camino Mercado Suite 1 Casa Grande, Arizona 85122.

Regional Council Chair Fain called the meeting to order at approximately 8:34 a.m.

Regional Council Members Present: Mariano Baca, Kameron Bachert, Jill Broussard (arrived at 8:52 a.m.), Stuart Fain, Pauline Haas-Vaughn, Christina Jenkins, Adam Saks, and Norma Wyatt

Regional Council Members Not Present: Ashlea Anderson, Michael Kintner, and Richard Saran DDS

Chair Fain welcomed everyone in attendance.

Declaration of Conflict of Interest

Chair Fain asked the Regional Council Members if there were Conflicts of Interest regarding items on this agenda. There were no conflicts at this time.

Call to the Public

Chair Fain made a call to the public, there was one response to the call to public. Kelly Burgess, Outreach Coordinator, New Directions Institute, Arizona Children's Association. Ms. Burgess provided a brief summary on the services offered by her organization. Ms. Burgess shared a handout with information on workgroups that are offered by New Directions Institute.

Consent Agenda

A motion was made by Member Saks to approve the Consent Agenda, seconded by Member Haas-Vaughn. Motion carried (7-0-0).

Presentation on Evaluation

Chair Fain recognized Roopa Iyer, Ph. D., Senior Director, Research and Evaluation, First Things First (FTF). Dr. Iyer introduced Lisa Colling, Ph.D., Program Evaluation Specialist, Research and Evaluation, First Things First. Dr. Iyer provided an in depth overview on the history and current work plan of Research and Evaluation within First Things First to the Regional Council members.

Member Broussard arrived at 8:52 a.m.

Dr. Iyer and the Regional Council Members had a lengthy discussion on the FTF Research and Evaluation Overview document (Attachment 02). Aimee Kempton, Pinal Regional Director provided a lengthy presentation to the Regional Council members on the Pinal Data and Financial Reports (Attachment 03).

Chair Fain requested the Regional Council take a break at 09:55 a.m.; Chair Fain reconvened the meeting at 10:07 a.m.

Discussion of the Pinal Strategic Planning for Funding

Chair Fain recognized Aimee Kempton, Pinal Regional Director who presented the Strategic Planning for SFY2016- SFY2018 PowerPoint (Attachment 03) for the Regional Council members.

Chair Fain requested the leads for the committee meetings provide a brief summary to the Regional Council members. Member Haas-Vaughn presented the Health Committee meeting minutes (Attachment 04) and provided a summary of the identified needs, identified assets, prioritized benchmarks, and regional strategies. Vice Chair Bachert presented the Family Support Committee meeting minutes (Attachment 05) and provided a summary of the identified needs, identified assets, prioritized benchmarks, and prioritized regional strategies. Chair Fain presented the Early Care and Education Committee meeting minutes (Attachment 06) and provided a summary of the identified needs, identified assets, prioritized benchmarks, and prioritized regional strategies.

Ms. Kempton presented the Combined Community Forum notes (Attachment 07) and a handout including identified needs and identified assets, follow up questions/community feedback, and events was provided to the Regional Council members. The Regional Council had a lengthy discussion on the information received from the committee meeting and community forums.

Ms. Kempton provided the Regional Council members with individualized stickers to participate in an activity which allowed the council members to identify and prioritize the needs, benchmarks and strategies. Ms. Kempton and the Regional Council members had a lengthy discussion on the activity. Ms. Kempton shared that due to the time constraints; there may be a need to hold a special meeting to discuss the TSU's prior to the Regular meeting next month. Ms. Kempton suggested she could have one on one discussion with each of the council members and provide the feedback at the next council meeting. Chair Fain asked staff to schedule a special meeting prior to the November Regular meeting for the Regional Council to discuss TSU's.

Ms. Kempton reviewed the FY15 Funding Plan Summary & FY16 Allocation (Attachment 08) with the Regional Council.

Next Meeting

The next Pinal Regional Council Regular Meeting will be on Tuesday, November 18, 2014, in Casa Grande. Staff will schedule a Special Meeting to discuss TSU's prior to next month's Regular Meeting.

Adjournment

With no further business before the Regional Council, Chair Fain adjourned the meeting at 12:12 p.m.

Submitted By:

Approved By:

Cindi Alva
Senior Regional Director
Pinal Regional Partnership Council

Stuart Fain
Chair, Pinal Regional Partnership Council



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Agenda Item: Consent Agenda

Attachment: B. Pinal Coordination Update - Attachment 02

Background: The Pinal Coordination Strategy is a First Things First Pinal Regional Directed Strategy that works to enhance cross-system efforts to build capacity to deliver services because organizations are working together to identify and address gaps in service.

Katrina DeVinny
Program Coordination Specialist
520.836.5838

Recommendations: The Sr. Regional Director presents the Coordination Update for Regional Council review and update.

COORDINATION UPDATE

Pinal Regional Partnership Council



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Strategy Description

The intent of coordination strategies developed by First Things First is to support participant organizations in achieving high levels of coordination that result in significant changes in policies, programs and practices in the delivery of services to families with children birth through age five.

Coordination Tools and Measures

Pinal Early Childhood Coalition

Next Meeting: Thursday, January 15, 2015

Coalition Meetings

Date: Thursday, September 11, 2014

Number of Attendees: 33 people in attendance

Agenda:

-
- Welcome and Introductions
 - Overview of Coordination & Collaboration Standards of Practice
 - Group Activity
 - Subcommittee Individual Discussions
 - Subcommittee Report Back
 - Next Steps and Additional Tools
-

Date: Thursday, November 13, 2014

Number of Attendees: __ people in attendance

Agenda:

-
- Welcome and Introductions
 - Shared Strategy Update and Discussion
 - Group Activity
 - Subcommittee Individual Discussions
 - Subcommittee Report Back
 - Closing and Next Steps
-

Strategic Plan

- **Strategy Updates:**
 - **Maintain a Current Regional Resource Guide** – A survey is currently being conducted in order to capture changes in agency information as well as gauge usability of the guide. A review of the changes has begun along with a streamlining of the information contained in the guide. A new edition will be available after the first of the year.
 - **Create a shared community resource referral form** - The form has been vetted back through the coalition for final review along with the agency descriptions. The coalition is currently setting up the training agenda and schedule to move the form to full implementation.
 - **Develop a system of networking meetings for child care providers** - The survey to child care providers in the Pinal Region is currently being collected in order to get feedback and buy-in for the design of this network. The leads and Katrina have been visiting other trainings and meetings for child care providers in the region to discuss partnerships and working together.



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AGENDA ITEM: Pinal Communications Outreach Update

BACKGROUND: The Pinal Regional Partnership Council implemented Community Outreach and Community Awareness strategies to address the prioritized need to raise awareness of the importance of early childhood. The strategy is part of the statewide communications campaign. Since starting in October of 2010, the Community Outreach Consultant has distributed important information about First Things First, as well as information on child development, parenting and literacy. Due to the collaborative efforts of grantees, agencies, school districts, city/town governments and First Things First, there has been great improvement in the ability of families to get the information and support they need to help their children be healthy and ready to succeed in school.

Brett Haupt
Parent Awareness and Community Outreach Coordinator
(480) 253-1456

RECOMMENDATION: The Sr. Regional Director presents the Communication Update for Regional Council review and update.

COMMUNICATION UPDATE

Pinal Regional Partnership Council



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Community Outreach

The fall season is an exciting time on the community outreach front. With community events, fall festivals, and the holidays fast approaching, Pinal County is out and eager to learn of services for their children and families.

We kicked off the season with a site tour at the Early Childhood Learning Center in Casa Grande. With Casa Grande Mayor Robert Jackson, CGPD Chief Johnny Cervantes, Legislative Representative T.J. Shope, a member of the media and our own Chairman Stuart Fain, attendees were treated to a tour of the facility which showcased the quality early learning professionals teaching in the center as well as best practices and advanced technology to supplement the curriculum. The mayor, police chief and legislative representative all left with a greater sense of the importance of early childhood education and as stakeholders in the community, will support FTF in future endeavors and representation.



As we move towards community engagement we will host more site tours with other FTF programs to help showcase the impact of quality early childhood experiences to the community and stakeholders in various groups. All the feedback that the council has given on community outreach and references to community engagement is greatly appreciated and together we can ensure that parents and caregivers across the region move towards a higher understanding of the importance of the early years.

Around Pinal: Gaining the Power to Handle a Great Responsibility

Proud parents of two young girls, Katelyn Redlin and her husband live in Maricopa but work during the day in Chandler. Soon after their second child, Brooklyn, was born in 2012, the couple quickly found it difficult to manage the schedules of work, preschool and child care.

Katelyn's parents, Mike and Karen Redlin, were retired and living in South Dakota at the time, and Katelyn had an idea: What if they moved to Arizona and helped take care of the children? It was April at the time, and the weather in the Valley was perfect, a stark contrast to South Dakota in the spring.

"The decision was easy," said Mike. "A chance to be closer to family and be a part of the lives of our grandchildren was something we couldn't pass up."

So the Redlins moved to Arizona and started caring for Brooklyn and her older sister, Olive, while their parents were at work.

The newfound excitement of looking after their grandchildren was soon replaced with anxiety and nervousness at the responsibility. It had been more than 20 years since Mike and Karen had cared for young kids, and they weren't sure they had the skills they needed.

They soon discovered a program in their community that would help them develop their abilities to support the early learning of Olive and Brooklyn.

The Family Friends and Neighbors Caregivers Outreach Assistance Project (FFN) was created with a grant from First Things First to help those caring for children other than their own in the home. Families enrolled in the program attend trainings and group connections to enhance their interaction and approach to child care. By attending the trainings, they can also obtain up to \$2000 worth of education materials to use in their home.



Pinal County has one of the highest percentages of intergenerational families living in the same household in the state, and more than 90% of young children in the county are cared for in homes rather than early childhood centers. The FFN Project was designed to meet the unique needs of the early childhood landscape of the region and has been instrumental in helping many families obtain certification for licensed in-home child care.

For Mike and Karen, the program was exactly what they needed.

“All the tools they give you, best practices for interacting with the children, going to all the trainings... You learn a lot in a short amount of time,” said Karen Redlin.

After a year in the FFN Project, the Redlin’s interaction with their grandchildren is extraordinary.

“We ask her open ended questions, get her mind working, and listen to her,” said Mike while Brooklyn sat in his lap and traced the outline of his hand. “We let her speak and kind of sort through her own thoughts without us prompting any answers.”

With the help of First Things First and the Family, Friends and Neighbors Project, the Redlins are ready for whatever their grandchildren may throw at them, and they relish the opportunity to help during their early childhood years.

“We worked a lot throughout the early years of our children’s lives,” said Mike. “Looking back, we probably would have liked to have spent more time with them. I think it’s why, even though we knew we would be challenged, that we took on this responsibility.”



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- Agenda Item:** Discussion and Possible Approval of the Pinal SFY16 -18 Strategic Planning and SFY16 Funding Plan
- Attachment:** A. Prioritized Outcomes and Strategy Comparison – Attachment 04
- Background:** During the October 21, 2014 Pinal Regional Partnership Council meeting. The Council engaged in a conversation about prioritized needs for the region. The discussion from that meeting is captured in this document.
The current strategy of Parent Education –Community Based Training has changed over the course of the last year. The new strategy name is Parenting Education and has a new Standard of Practice. The current Pinal Strategy for Parent Education-Community Based Training and the way it is being implemented does not fit well into the new Parenting Education Strategy. The Regional Council needs to have a discussion about what kind of strategy they want to implement in the region. A comparison document has been provided for review and further discussion at this meeting.
- Recommendations:** The Sr. Regional Director presents this information for the Regional Council’s discussion and possible approval.

Prioritized Outcomes

Regional Needs	Regional Benchmarks	Regional Strategies
<p>1) Families have limited access to high quality early care and education programs/infant and toddler care</p>	<p>#/%/ children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical - Benchmark Not Secured #/% of children with special needs/rights enrolled in a inclusive early care and education program with a Quality First rating of 3-5 stars - 80%</p>	<p style="text-align: center;">Quality First Child Care Health Consultation Mental Health Consultation</p>
<p>2) Limited understanding and information about the importance of early childhood development and health</p>	<p style="text-align: center;"><i>#/% of children ages 2-5 at a healthy weight (Body Mass Index - BMI) - 74%</i></p>	<p style="text-align: center;">Service Coordination Community Outreach Community Awareness Media Home Visitation</p>
<p>3) Families with children birth through age five have limited access to preventative screening and referral services</p>	<p style="text-align: center;">% of children with newly identified developmental delays during the kindergarten year - Benchmark #/% of children age 5 with untreated tooth decay - Bench mark not Secured</p>	<p style="text-align: center;">Developmental and Sensory Screening Oral Health</p>
<p>4) Limited support and services for families who are experiencing financial hardships</p>		<p style="text-align: center;">Quality First Scholarships</p>
<p>5) Limited access to parental education and service delivery systems</p>	<p style="text-align: center;">% of families who report they are competent and confident about their ability to support their child's safety, health and well-being - 62%</p>	<p style="text-align: center;">Parent Education</p>
<p>6) Limited opportunities to increase the knowledge and skills set of family home care providers</p>		<p style="text-align: center;">Family, Friend & Neighbors</p>

Strategy Comparison

Parenting Outreach and Awareness

Strategy Intent

The intent of the promising practice strategy, Parenting Outreach and Awareness, is to increase families' awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child's overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.

Council Decision Points for Consideration

Targeted Population options: The target population for Parenting Outreach and Awareness strategies is limited to prenatal families, parents and caregivers of children birth to 5 years.

Provider considerations: All materials distributed using FTF funds should be easily recognized as coming from FTF. To do this, a consistent look, feel, tone and style must be applied to all internal and external communications and collateral (fliers, brochures, etc.). Approved logos, typefaces, color palettes, images and copy (text) are provided by FTF to help ensure consistency is upheld by all staff, Regional Councils, grantees, partners and anyone using the FTF brand.

If development of new media or new materials is necessary, considerable time will be needed for development prior to distribution. For example, if a resource guide must be newly created, this may take several months to identify content, format and design. Time for printing and production is also a factor.

Community considerations: The Parenting Outreach and Awareness strategy is selected after first identifying existing gaps and needs in local communities. For example, if a community has data that indicates parents and families are not reading regularly with their young children, a parent outreach and awareness strategy can be an appropriate approach to increase families' awareness about the importance and value of daily reading activities through messaging, story times at the local library that may also include a book distribution component or book club, and identification of additional related community resources.

Parenting Education

Strategy Intent

The intent of the evidence informed Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Samuelson, 2010).

Council Decision Points for Consideration

Targeted Population options: Population characteristics such as prenatal, single parenting, grandparents raising grandchildren, kinship, fathers and teen parents are important to consider when selecting and implementing a parenting education program. In addition, parenting education program models may have a specific curriculum for families of infants, toddlers, and preschoolers.

Provider considerations: To maximize program effectiveness, following a tested and proven program design with fidelity is essential. Changing components of a curriculum can alter the desired impact of the program.

Community considerations: If an evidence-based parenting education curriculum or program can be found that closely matches the community's needs, parent educators can implement the program with fidelity while additionally listening for and responding to participant needs. Parenting education should be implemented in coordination with other family support, children's health and early learning strategies to ensure optimal programming for each family.



Strategic Planning for SFY2016-SFY2018

**Pinal Regional Partnership Council
November 18, 2014**

Monthly Planning Process for the Pinal Region

November 2014

11/18/2014

Regional Council Meeting

Strategic Planning Resources Provided at Meeting:

- October Prioritization Outcomes
- Strategy & Target Services Unit Review
- Pinal Strategies Overview
- Proposed Allocations for each Strategy

November Strategic Planning:

Fiscal Year 2016 Funding Plan Decision Making: Imperative all members attend the meeting to ensure quorum and allow all Regional Council Members feedback. Keeping in mind the vision, priorities and indicators set by the Regional Council.

Regional Council will need to approve:

The Strategy Target Service Unit (TSU)

The Strategy Allotments

The Strategy Funding Mechanism

The Unfunded Approaches

Goal for November:

Members affirm the vision of the Regional Council, approve strategies that will have a designated funding allotment or unfunded approach.

December 2014 /January 2015

12/05/2014

SFY2016 Regional Funding Plan due

01/20/2015

Pinal Regional Council Meeting TBD

(this meeting will need to be changed because it conflicts with the State Board meeting where SFY16-18 Strategic Plans will be presented by Regional Council leadership).

01/19 - 20/2015

FTF State Board Meeting- Phoenix

-State Board approval of all Regional SFY16-18

Strategic Funding Plans

-Pinal Regional plan presented by Chair & Vice Chair



Unfunded Strategies:

SFY 2016 – 2018 Unfunded Approaches

Regional Priority Need	System Building Approach	Outcome to Achieve	Role of Regional Council	Current and Potential System Partners to Engage	Timeline
A need may be listed multiple times – align with each approach listed in the second column.	Include one or more of the following levers, the title of the approach with a brief description of the unfunded approach.	General Prompts included below to help guide the outcome a council is seeking.	For each approach - Select one Primary Role.	Identify current and potential partners to engage for each approach.	Month/SFY

Context

Changing the political environment that surrounds the system and affects its success

Components

Establishing high-performing and quality programs and services

Connections

Creating strong and effective linkage across the system

Infrastructure

Developing the supports the system needs to function effectively and with quality

Scale

Ensuring the system is comprehensive and works for all children



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- Agenda Item:** Discussion and Possible Approval of the Pinal SFY16 -18 Strategic Planning and SFY16 Funding Plan
- Attachment:** C. SFY16 Pinal Strategy Overview and Strategy Worksheet – Attachment 06
- Background:** Based on Needs and Assets data, gaps in services and prioritized needs to be addressed, the Regional Council met over the past year to discuss the direction of the SFY2016-2018 funding plan cycle to include unfunded strategies.
- The information in this attachment includes sample budget options with information about allocations, target service units and funding mechanisms. Strategy summaries are also provided for Regional Council members who need more information on the strategies currently funded by the Pinal Regional Partnership Council.
- The sample budget options below are starting points for discussion and can be adjusted based upon conversation and decisions made by the Regional Council.**
- Recommendations:** The Sr. Director recommends review and approval of the SFY2016-2018 Strategic Plan and the SFY2016 Funding Plan, intent of council, target service units and funding mechanisms.



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SFY16 Pinal Strategies Overview

Quality First

Strategy Intent:

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

Strategy Evidence:

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

State level systems building activities:

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

FULL PARTICIPATION UNIT COST

Costs are regionally determined based on the current Quality First Program data within the region and includes:

- Coaching/Incentives -
- Licensure fee assistance
- Specialized Technical Assistance -
- Quality First Academy -

State funding will pay for costs associated with program administration, assessment and Early Childhood Education College Scholarships.

Child Care Health Consultation

Strategy Intent:

Child Care Health Consultants (CCHC) are experts in children's health. CCHC's support child care providers to assure that children in their care are safe, healthy and ready to succeed in school and in life. CCHC cost is formula driven and tied to the number of Quality First centers or homes funded in the region. There is an option to fund a "CCHC only" for centers or homes that are rating only Quality First sites or centers not enrolled in Quality First (wait listed).

Evidence Based Model:

- CCHC is an evidence based model. CCHC's are generally registered nurses with a background in public health. Child care licensing has a set of health and safety standards that are required for licensing. A CCHC uses the higher standards for health and safety outlined in "Caring for Our Children (3rd edition)" <http://nrckids.org/CFOC3/CFOC3-grayscale.pdf>. These standards are aligned with the Personal Care Routines measures in the Environmental Rating Scale used to assess quality in the Quality First program.
- Starting in FY15, CCHC's will also be using the National Health and Safety Checklist to assess standards in all Quality First child care settings as part of the new data build in PGMS.

State level systems building activities:

Working with Arizona Department of Health Services (ADHS) licensing to align health and safety standards- a Joint Manual for Health and Safety in Child Care is being developed for statewide use.

The CCHC cost per center in Quality First or CCHC only, is \$2470.

Mental Health Consultation

Strategy Intent:

Mental health consultants (MHC) are mental health professionals with special education in early childhood social and emotional development and in working as a consultant in child care settings and in home visitation programs. The intent is to build the capacity of early childhood educators and family support staffs to prevent, identify, and reduce the impact of social-emotional development problems among young children.

MHC involves building a collaborative relationship between a mental health professionals and staff who are working with young children. MHC is a service made available to Quality First centers but is not limited to Quality First center or homes like the CCHC program.

- A MHC must be a licensed mental health provider who is trained in the model and who is supervised by another mental health professional as part of their scope of practice. A MHC is not a sole practitioner. Supervision by another MHCs is required as part of the model and their licensure. A council cannot just find a single MHC separate from the administrative home that provides supervision.
- A MHC can be a considered a shared service across regions in rural areas.
- Professional development is available in a limited amount through this strategy. It is included as part of an administrative budget and it is not proportional to regional budgets. It supports tuition payment for mental health therapists to gain knowledge and experience working with very young children and their parents. This is not included in general education for mental health therapists and this addition allows for specialized work force development in the state.

Strategy Evidence Based Model: Early Childhood Mental Health Consultation is an evidence based program that has been shown to be effective in child care settings and home visitation programs. The infusion of content knowledge into FFN programs is evidence informed.

For FY16, the cost per center/home is \$12,239 per year.

Service Coordination

No Target Service Units:

Strategy Intent

The intent of coordination strategies developed by First Things First is to support participant organizations in achieving high levels of coordination that result in significant changes in policies, programs and practices in the delivery of services to families with children birth through age five.

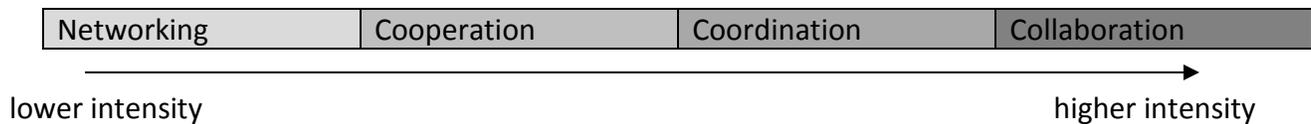
It is generally believed that by participating in cross-system efforts organizations will begin to look at how they can change the way they work together so that they deliver services to children and families in new, more effective and efficient ways. Services are often easier to access and are implemented in a manner that is more responsive to the needs of the families. Cross-system efforts may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service. Therefore, by supporting a variety of cross-system efforts First Things First will be instrumental in creating a high quality, interconnected comprehensive delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing a child’s overall development.

Strategy Evidence

Cross-system efforts may include a wide variety of activities. However, the desired outcome of all cross-system efforts is to support organizations to develop relationships that allow them to achieve results they would not likely have achieved alone. A number of terms describe organizations that work together toward mutual beneficial goals. Among these terms are: alliances, coalitions, collaborations, cooperatives, networks and partnerships.

While all cross-system efforts involve two or more organizations working together for a common purpose, these efforts operate at varying levels of intensity. Typically, formal collaboration is viewed as most intensive, requiring the greatest amount of work, commitment and risk. It also is the level at which true systems change is most likely to occur.

The intent of coordination strategies developed by First Things First is to support participants in achieving increasingly intensive levels of coordination.



COST: \$91,100.00

When reviewing budgets, consider the following components:

- Staffing
- Outside and Professional Services
- External and Internal Printing (pamphlets, brochures, resource guides)
- Other Operating Expenses (postage, telephone, dues, program materials)
- Travel

Community Outreach

No Target Service Units:

Community Outreach

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

Subsequently, First Things First saw a 52% increase in community outreach activities statewide, including a 193% increase in site tours (29 tours for community leaders in FY13 to 85 tours in FY14) and a 257% increase in the number of individuals trained to speak about early childhood (775 people trained in FY13 to 2,773 people trained in FY14). Community outreach staff also are chiefly responsible for the 78% increase in media stories on early childhood, First Things First and grantees realized in FY14.

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

INTENT OF STRATEGY

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

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

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

- Proactively focus communications efforts where there is the greatest potential for success;
- Ensure that limited resources are most effectively applied;
- Encourage discipline and deliberate thinking about why and how we pursue certain communications initiatives;
- Integrate all aspects of our communications efforts: strategic messaging, earned media, paid media, social media, brand advancement, community awareness and community outreach and engagement;

- Ensure that internal (Board, regional councils, staff) and external (grantees, partners, supporters) stakeholders are communicating key messages in a clear and consistent way;
- Measure progress and achieve results that move us towards our organizational goals; and,
- Encourage creative thinking about new ways to address old challenges.

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

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

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

DESCRIPTION OF SIGNIFICANCE

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

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

COST: \$80,000

Community Awareness

No Target Service Units:

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

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

NOTE: Only items that contain early childhood messages may be purchased with regional Program Funds. Items that only contain the Web address must be purchased with regional Administrative Funds, which are limited.

Support of event participation and/or sponsorship is valuable as local events present opportunities to build awareness about the importance of early childhood. Sometimes, these events require a fee for participation, as well as materials and/or marketing specifically associated with the event. Because there are many community events and limited resources, we recommend that regional councils focus outreach efforts on the events that present the best opportunities to reach our target audiences. A detailed Standard of Practice for Community Awareness includes guiding questions to help regional partnership councils determine the types of events that may be consistent with FTF's effort to build public awareness of the importance of early childhood.

Intent of Strategy

In creating a strong, comprehensive, and sustainable early childhood system, First Things First has a responsibility to help raise awareness and elevate the public discourse about our shared commitment to children birth to age 5. Because the success of any communications effort depends on consistency of messaging and approach, the Board established FTF's Communications work as an FTF-directed strategy. To that end, the FTF Board approved the FY2014-FY2016 Strategic Communications Plan, an extension of the FY2011-FY2013 Strategic Communications Plan, Fulfilling Our Commitment to Arizona's Youngest Kids. The multi-year plans guide the public awareness efforts of FTF, while maintaining the flexibility to respond to the always-changing social, political and communications landscape. For this reason, the goals, objectives, strategies and tactics of the plan will be reviewed at least annually and updated as needed.

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

- Proactively focus communications efforts where there is the greatest potential for success;
- Ensure that limited resources are most effectively applied;

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

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

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

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

Media

No Target Service Units:

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

FY14 included a new advertising creative concept that links what research has shown to be the most credible messengers – including pediatricians and teachers – with the most impactful messages. The new campaign kicked off just as the fiscal year was closing, so impression numbers will not be available until Spring 2015. However, the goal was to meet or exceed the impression numbers from the previous campaign, which for the Pinal region were more than 11 million impressions. In addition, due to the fact that television and radio signals from the Pinal region reach many parts of the state, this media buy impacts public awareness in many other regions.

The Pinal 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.

RECOMMENDED COST: \$168,507

Home Visitation

Total Target Service Units:

- Number of families served - 465
- Number of developmental screenings conducted – 775
- Number of vision screenings conducted - 115
- Number of hearing screenings conducted - 115
- Number of children receiving screening – 465

Contract 1 and 2:

Child and Family Resources Inc. FTF-RC019-13-0403-02-Y3

- Number of families served – 90
- Number of developmental screenings conducted - 180
- Number of vision screenings conducted - 0
- Number of hearing screenings conducted - 0
- Number of children receiving screening – 90

SFY15 Awarded amount- \$291,000

Child and Family Resources Inc. FTF-RC019-14-0456-01-Y2

- Number of families served – 40
- Number of developmental screenings conducted - 40
- Number of vision screenings conducted - 0
- Number of hearing screenings conducted - 0
- Number of children receiving screening – 40

SFY15 Awarded amount- \$146,519

Healthy Families America (HFA) targets at-risk families to help them cultivate and strengthen parent-child relationships, promote healthy child development, and enhance family functioning by reducing risk, building protective factors, and focusing on building strengths rather than correcting weaknesses. To receive services, families must be enrolled while the mother is pregnant or shortly after birth, and they must complete a comprehensive assessment to ascertain the presence of risk factors. Individual providers determine other criteria for enrollment, such as being a single parent or suffering from substance abuse or mental health issues. Services can continue until the child is 3 to 5 years old.

Contract 3:**Arizona's Children Association FTF-RC019-14-0456-02-Y2**

- Number of families served – 115
- Number of developmental screenings conducted - 115
- Number of vision screenings conducted - 115
- Number of hearing screenings conducted - 115
- Number of children receiving screening – 115

SFY15 Awarded amount- \$298,384

Parents As Teachers (PAT) aims to increase parenting knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. Parents receive one-on-one home visits from degreed professionals and paraprofessionals who have previous experience working with children or families. Parents also have access to monthly group meetings, developmental screenings, and information about other resources available to their family.

Contract 4:**Easter Seals Blake Foundation FTF-RC019-15-0494-04**

- Number of families served – 220
- Number of developmental screenings conducted - 440
- Number of vision screenings conducted - 0
- Number of hearing screenings conducted - 0
- Number of children receiving screening – 220

SFY15 Awarded amount- \$637,800

Parents As Teachers (PAT) aims to increase parenting knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. Parents receive one-on-one home visits from degreed professionals and paraprofessionals who have previous experience working with children or families. Parents also have access to monthly group meetings, developmental screenings, and information about other resources available to their family.

Strategy Intent

The intent of the evidence based Home Visitation strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Expected results that are common to home visitation programs include: improved child health and development, increase in children's school readiness, enhancement of parents' abilities to support their children's development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).

Strategy Evidence

Decades of research and evidence demonstrates that home visitation can be an effective method of delivering family support and child development services (Mathematica, 2014). Implement an evidence based home visitation program model. Examples of commonly implemented evidence-based program models and their characteristics include:

State Level System Building Activities

The award of the two federal home visiting grants (competitive and formula funds) Maternal, Infant and Early Childhood Home Visiting (MIECHV) in Arizona means opportunities to expand home visiting for children and families. In addition, the grants have resulted efforts to build the infrastructure to support high quality home visiting. Current activities of this statewide work include – building an integrated data system, supporting the work of coordinated referral systems in local communities, promoting high quality professional development, and leveraging of funds and opportunities for expansion (e.g. Medicaid reimbursement for home visiting). FTF partners with other state agencies (DHS, ADE, and DES) to form the Interagency Leadership Team (IALT).

Travel Considerations

Use State of Arizona reimbursement guidelines for travel costs at \$0.45 per mile. Travel for rural regions or large geographies will be higher than densely populated regions. Home visitors travel to the homes of families approximately one time per week. Home visitor may be assigned up to 20 families.

Developmental and Sensory Screening

Strategy Intent:

The intent is to coordinate an early detection system for identifying children with some level of delay or risk and to provide comprehensive and aligned screening services. Many children with behavioral or developmental disabilities and sensory deficits miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development, other developmental areas or sensory deficits impact a child's ability to be ready for school. The literature suggests that 10-15% of all children can have one or more developmental delay before they reach the age of five.

Screening for developmental delays or sensory deficits is not diagnostic and should not be represented as definitive. Screening leads to a referral for a diagnostic assessment by a child's primary care provider, or Part C and Part B to determine if there is an eligible delay and to plan for treatment through state agencies (AzEIP, school districts, Children's Rehabilitative Services) or private organizations that provide these specific services. Multiple FTF strategies require or suggest developmental screening:

- Required as a secondary strategy with home visitation programs.
- Required as a secondary strategy in Care Coordination.
- Child Care Providers, Pre-K mentors, coaches who have been trained.
- Family Resource Centers if staff are trained to screen, talk with families and follow up with results and referrals.

Strategy Evidence based Model:

There is not a specific intervention that is evidence based but there are national guidelines for conducting developmental and sensory screening on a regular time table based on the American Academy of Pediatrics' Standards. There are also guidelines for screening and referring children to early intervention services. These can be found in the strategy summary or the SOP. Parent consent to share information and between referral sources is expected.

Using a standardized screening tool for development and behavioral delays or concerns is expected as part of well-child visits.

State level systems building activities:

The Early Childhood Comprehensive Systems (ECCS) grant was awarded to FTF by Health and Human Services Administration (HRSA), a federal agency. The purpose of the grant is to develop a statewide system for developmental screening for children under the age of 3. We have expanded this purpose to include children from 3-5 years old. Using the “Intervening Early Opportunity Assessment” that was done last year we have started statewide discussions with stakeholders about how to resolve the fragmentation of screening.

Accomplishments to date:

1. Convened 3 state level meetings of stakeholders to discuss the use of the Collective Impact approach to systems building.
 - a. Use of common language, common screening tools, medical system adaptation, and shared consent forms to share information, improved communication, and system levers are included.
2. Conducted one family forum through Raising Special Kids to gain family perspectives on the use of screening and service needs. Plans for this year are underway.
3. Begun identifying systems level partners in seven FTF regions, inventory resources, and discussing systems building activities in the regions.
4. Hired facilitators to work with us in determining priorities and next steps.
5. Establishing smaller work groups, systems level research and discussions about a shared data system to monitor change.
6. Interviewing other state leadership that are working on the same goals through the ECCS grant regarding a shared screening tools, shared data systems and coordination of efforts.
7. Discussing the use of the ASQ online system as a common data collection system.

Through the state EPSDT program, the inclusion of the APA guidelines for screening at 9-18-24 months by medical providers is reimbursed by AHCCCS.

Oral Health

Strategy Intent:

To educate parents, early education providers, professionals and children about the importance of good oral health practices. It also includes applying fluoride varnish to children's primary teeth as a preventative health strategy. Poor dental health in young children contributes to infection, pain, poor speech acquisition, developmental delays, social isolation, behavioral problems and a child not being ready to enter school. Many parents and caregivers do not understand the importance of primary teeth and the need for good dental care. This strategy supports parent knowledge, changes in behaviors and supports children being ready for learning and for school. Funding this strategy supports these preventive efforts.

First Things First's oral health strategy includes the following components.

1. Oral health screening and fluoride varnish application of children under the age of 5-years.
2. Oral Health screening for expectant mothers- reduces the risk of preterm births.
3. Oral health education for parents, child care staff (adhere to the Empower Standards for oral health) and other caregivers.
4. Oral Health professional development to impact changes in practice. See SOP for details

Strategy Evidence based Model:

Oral Health screening and fluoride varnish application for children is evidence based and suggests up to 3 varnish application to primary teeth. Screening pregnant women and referring them to a dentist has shown to be associated with reducing preterm birth which impacts a child's health. There are standardized clinical guidelines for obtaining parent and client consent, screening, risk assessment, fluoride varnish application, follow up care for children with serious oral health decay and interacting with and referral to a dental home.

State level systems building activities:

As part of the Affordable Care Act, pediatric dental care is an essential health benefit. The regulations associated with this service were not clearly defined and state and federal health insurance exchanges did not include dental insurance as an option for parents.

If a child is eligible for or enrolled in AHCCCS (Medicaid), then they are eligible for a full range of dental services through a certified dental provider. Not all dentists accept AHCCCS or are certified providers.

- On April 1st, 2014, AHCCCS started reimbursing medical and dental providers for fluoride varnish application. There is movement towards having more medical providers administering the fluoride varnish in their offices and being reimbursed for it through AHCCCS and other health insurers.

If a parent enrolled a child in another health insurance plan and it did not include dental insurance then the child has limited access to dental care.

Based on a budget analysis of existing contracts, the average cost per child receiving oral screening and fluoride varnish application and distribution of oral health kits for children is \$75 per child per year.

With the inclusion of prenatal screening and adult education (professional, parent and caregivers) included the cost is \$85 per TSU total.

A travel cost of \$2-\$4 can also be added if appropriate.

Quality First Scholarships

Strategy Intent:

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

Strategy Evidence:

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

State level systems building activities:

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

Cost is determined at the regional level based on the Quality First Rating and ages of currently enrolled children in scholarships.

Family Friend and Neighbor

Strategy Intent:

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

Strategy Evidence:

Nationally, in-home care is the most common type of child care for children under the age of 5 whose parents work (Susman-Stillman and Banghart, 2008). Evidence suggests that training provided to FFN caregivers can result in positive outcomes for children.

State level systems building activities:

Arizona is the state with the largest investment in the nation in programs that provide support for increasing quality of informal, unregulated child care settings. The locally developed Alliance for Family Friend and Neighbor Child Care (AFFNCC) is gaining national attention and is dedicated to ensuring that FFN providers are a recognized part of the child care continuum that families choose for their children and have access when and where possible into the formal aspects of the early childhood system.

The unit costs vary based on the program model or components and vendors providing the services. In-home models cost more due to travel for services provided in the home, rather than a group setting.

The facilitated group model cost is about \$40,000 per 14 week session. Groups are generally comprised of around 20 providers for a per provider cost of \$2,000.

An in-home model costs nearly \$6,000 per provider.

The pathway to regulation model costs roughly \$2,300 per participant.

FY2016-2018 Possible Strategies	Options for Regional Council Discussion			Funding Mechanisms
	Funding Options	Funding Options	Funding Options	
<p>Quality First: Both options decrease available slots for QF participation</p> <p>Costs include: Coaching/Incentives, Child Care Health Consultation, Specialized Technical Assistance and Quality First Academy</p> <p>Total Allocation – tool can change – will download again on Nov. 20th with final amounts.</p>	<p>\$572,662 TSU-31 centers and 4 homes (35) QF Coaching/Incentives- \$434,062 Child Care Health Consultation- \$86,450 QF Academy- \$ 32,900 Specialized Technical Assistance- \$19,250</p>	<p>\$595,510 TSU- 32 centers and 4 homes (slot saved for Ak-Chin) QF Coaching/Incentives- \$452,950 Child Care Health Consultation- \$88,920 QF Academy- \$ 33,840 Specialized Technical Assistance- \$19,800</p>	<p>\$618,358 TSU- 33 centers and 4 homes (slot saved for Ak-Chin) QF Coaching/Incentives- \$471,838 Child Care Health Consultation- \$91,390 QF Academy- \$ 34,780 Specialized Technical Assistance- \$20,350</p>	Statewide
<p>Child Care Health Consultation –</p> <p>Cost of each center/home is \$2,470 if the council wants to invest in this for non-QF centers.</p> <p>SFY15 investment-8 centers not enrolled in QF Actual usage- 1 center enrolled</p>	<p>\$0 Encourage 1 center using to enroll in QF and receive CCHC as part of the total Quality First Package</p>	<p>\$2470 1 center currently using that is not enrolled in Quality First</p>	<p>\$108,680 Option for up to 8 centers not enrolled in Quality First</p>	Statewide
<p>Mental Health Consultation –</p> <p>**Serving 14 centers/homes out of the 35 enrolled in Quality First</p> <p>**Cost for each center/home is \$12,239</p> <p>**Last year usage- 16 centers and 1 homes served</p>	<p>\$171,346 14 centers</p>	<p>\$208,063 16 centers 1 Home</p>	<p>\$428,365 For all centers/homes to be served in Quality First (based on 35 centers/home enrolled in QF)</p>	Statewide
<p>Service Coordination: Costs include; staffing, professional services, external and internal printing, operating expenses and travel</p>			<p>\$91,100</p>	FTF Directed

FY2016-2018 Possible Strategies	Options for Regional Council Discussion			Funding Mechanisms
	Funding Options	Funding Options	Funding Options	
Community Outreach: Cost include staffing, external and internal printing, operating expenses and travel			\$80,000	FTF Directed
Community Awareness			\$20,000	FTF Directed
Media – Option for council to continue with the recommended amount or change			\$168,507 Recommended amount from the FTF Communications Division	
Home Visitation – 3 agencies and 4 separate contracts Healthy Families 2 contracts with Child and Family Resources serving a total of 130 families Parents As Teachers 1 contract with Arizona’s Children Association to serve 115 families 1 contract with ESBF to serve 220 families			1 contract Year 3 \$291,000 TSU-90 2 contracts Year 2 (renewal) \$146,519 TSU-40 \$298,384 TSU-115 1 contract Year 1 (renewal) \$637,800 TSU-220	RFGA
Developmental and Sensory Screening – Cost per screen is \$80	\$177,600 TSU- 2200 Children receiving screenings-2200 Developmental Screenings-2200 Hearing Screenings-2200 Vision Screenings-2200	\$330,000 TSU-4125 Children receiving screenings-4125 Developmental Screenings-4125 Hearing Screenings-4125 Vision Screenings-4125	\$320,000 TSU-4000 Children receiving screenings-4000 Developmental Screenings- 4000 Hearing Screenings-4000 Vision Screenings-4000 \$10,000 to increase outreach training and community development TOTAL ALLOTMENT= \$330,000	Govt/Govt Agreement – Year 2 (renewal)

FY2016-2018 Possible Strategies	Options for Regional Council Discussion			Funding Mechanisms
	Funding Options	Funding Options	Funding Options	
<p>Oral Health –</p> <p>Cost per application of fluoride varnish application and distribution of oral health kits for children is \$75 per child per year.</p> <p>Cost per above PLUS prenatal screening and adult education (professionals, parent and caregivers) is \$85 per child per year.</p> <p>Can add \$2-\$4 per TSU for travel costs</p>	<p>\$195,800 TSU-</p> <p>Screening/Varnish = 2,200 Adults = 600 Professionals = 12 Prenatal women = 150</p> <p>ALSO includes \$4 added per TSU to account for travel of the mobile unit across the region</p>	<p>\$231,400 TSU-</p> <p>Screening/Varnish = 2,600 Adults = 600 Professionals = 12 Prenatal women = 150</p> <p>Also includes \$4 added per TSU to account for travel of the mobile unit across the region</p>	<p>\$329,300 TSU-</p> <p>Screening/Varnish = 3700 Adults = 600 Professionals = 12 Prenatal women = 150</p> <p>Also includes \$4 added per TSU to account for travel of the mobile unit across the region</p>	<p>RFGA- Year 2 (renewal)</p>
<p>Quality First Scholarships</p> <p><i>Total Allocation – tool can change – will download again on Nov. 20th with final amounts.</i></p>	<p>\$1,745,815 TSU- 31 centers 4 homes</p> <p>Base funding for 2 & 3-5 stars 83 scholarships- 2 star 133 scholarship- 3-5 star</p>	<p>\$1,780,120 TSU- 32 centers 4 homes (slot for Ak-Chin)</p> <p>Base funding for 2 & 3-5 stars 83 scholarships- 2 star 144 scholarship- 3-5 star</p>	<p>\$1,814,426 TSU- 33 centers 4 homes (slot for Ak-Chin & 1 extra center)</p> <p>Base funding for 2 & 3-5 stars 83 scholarships- 2 star 155 scholarship- 3-5 star</p>	
<p>Parenting Education OR Parent Outreach and Awareness</p> <p>SFY15 investment- \$330,000</p>				<p>RFGA or Govt. to Govt. Agreement</p>
<p>Family Friend and Neighbor –</p> <p>Cost per in-home model is \$6000 per provider</p>		<p>\$420,000 Keep TSU at 70</p>	<p>\$438,000 Increase TSU to 73</p>	<p>RFGA- Y3 in SFY15</p>
<p>Statewide Evaluation</p>			<p>\$292,155</p>	



FIRST THINGS FIRST

Ready for School. Set for Life.

- Agenda Item:** Announcements
- Attachment:** A. Next Regular Meeting: Tuesday, January 20 2015
Casa Grande, Arizona 85122
SFY15 Pinal Regional Partnership Council Meeting Calendar – Attachment 07
- Background:** Review of Pinal Regional Partnership Council meeting dates and times.
- Recommendations:** The Sr. Regional Director presents this as information only.



SFY14-SFY15 Pinal Regional Partnership Council Meeting Calendar

Date	Time/Location
July 15, 2014	9:00am – 12:00pm UltraStar Multi-tainment Center Ak-Chin Circle 16000 Maricopa Road Maricopa, Arizona 85139
August 22, 2014 Conference Call	FTF Pinal Regional Office 1515 East Florence Blvd Suite 110 Casa Grande, Arizona 85122
September 16, 2014	9:00am – 12:00pm St. Anthony's Community Center Rooms A & B 301 East. 2 nd Street Casa Grande, Arizona 81222
October 21, 2014	9:00am – 12:00pm C.A.C – Camino Mercado – Board Room 540 North Camino Mercado Suite #1 Casa Grande, Arizona 85122
November 18, 2014	9:00am – 12:00pm UltraStar Multi-tainment Center Ak-Chin Circle 16000 Maricopa Road Maricopa, Arizona 85139
January 20, 2015	9:00am – 12:00pm St. Anthony's Community Center Rooms A & B 301 East 2nd Street Casa Grande, Arizona 81222
March 17, 2015	9:00am – 12:00pm SRP CALL CENTER – Copper Room 3735 East Combs Road Queen Creek, Arizona 85140
April 21, 2015	9:00am – 12:00pm C.A.C – Camino Mercado – Board Room 540 North Camino Mercado Suite #1 Casa Grande, Arizona 85122
May 20, 2015	9:00am – 12:00pm Old Courthouse Building – Ironwood room 135 North Pinal Street Florence, Arizona 85132
Cindi Alva Central East Sr. Regional Director Lois Homewytewa, Administrative Assistant III	1515 East Florence Boulevard Suite 110 Casa Grande, Arizona 85122 Office: 520-836-5838 **LOCATIONS IN RED ARE NOT CONFIRMED**