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**Northwest Maricopa Regional Partnership  
Council Meeting Agenda and  
Supporting Documentation  
November 25, 2014**



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## Northwest Maricopa Regional Partnership Council Meeting – 11/25/2014

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### Northwest Maricopa Regional Partnership Council Meeting Agenda

#### *Special Meeting - Teleconference*

Pursuant to A.R.S. §8-1194(A) and A.R.S. §38-431.02, notice is hereby given to the members of the First Things First - Arizona Early Childhood Development & Health Board, Northwest Maricopa Regional Partnership Council members, and to the general public that the Council will hold a ***Special Meeting open to the public on Tuesday, November 25, 2014, beginning at 3:45 p.m. at the First Things First, Thunderbird Office Park, 14050 North 83<sup>rd</sup> Avenue, Building A-140, Peoria, Arizona 85381. Some members of the Council may elect to attend telephonically.***

*Pursuant to A.R.S. § 38-431.03 (A) (1), A.R.S. § 38-431.03(A) (2) and A.R.S. § 38-431.03 (A) (3), the Regional Partnership Council may vote to go into Executive Session, which will not be open to the general public, to discuss personnel items, records exempt from public inspection and/or to obtain legal advice.*

*The Regional Partnership Council may hear items on the agenda out of order. The Regional Partnership Council may discuss, consider, or take action regarding any item on the agenda. The Regional Partnership Council may elect to solicit public comment on certain agenda items.*

The agenda for the meeting is as follows:

- |   |                           |
|---|---------------------------|
| 1. Welcome, Introductions, and Call to Order  | Dr. Debbie Pischke, Chair |
| 2. SFY 16 Strategic Planning<br>(Discussion and Possible Action)<br><i>(Attachments 1&amp; 2)</i> | Dr. Debbie Pischke, Chair |
| 3. Adjourn  | Dr. Debbie Pischke, Chair |



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## ATTACHMENT 1

**Arizona Early Childhood Development and Health Board**

**Northwest Maricopa Regional Partnership Council**

**Home Visitation Strategy Overview**



## Strategy Overview: Home Visitation

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### 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:

- **Nurse Family Partnership (NFP)** aims to improve pregnancy outcomes, child health and development, maternal life course development, and the economic self-sufficiency of the family. Specially trained, registered nurses with bachelor's degrees (master's degrees preferred) provide ongoing home visits that start while the mother is pregnant and continue until the child reaches age 2. Willing participants must be low-income, first time mothers willing to receive their first home visit by the 28th week of pregnancy. During these visits, nurses help ensure that mothers receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient.
- **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.
- **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.
- **Home Instruction for Parents of Preschool Youngsters (HIPPY)** aims to: (a) prepare children for success in school and all aspects of life, (b) empower parents to be their child's first teacher, and (c) provide parents with the skills, confidence, and tools needed to successfully teach their child in their home. The ultimate goal is to help parents provide educational enrichment for their preschool child (aged 3 to 5) and promote children's school readiness. HIPPY targets parents who are primarily in at-risk communities and lack confidence in their own abilities to instruct their children, perhaps because these parents struggled academically, do not speak English, and/or did not graduate high school. HIPPY services include weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings monthly (or at least six times a year).

- **Early Head Start-Home Visiting (EHS)** aims to: (a) promote healthy prenatal outcomes for pregnant women, (b) enhance the development of young children, and (c) stimulate healthy family functioning. EHS can be offered in a center-based or home-based based format. In the home-based format referred to in the remainder of this report, EHS home visitors have a Child Development Associate (CDA) credential plus knowledge and experience in child development and early childhood education, principles of child health, safety, and nutrition, adult learning principles, and family dynamics. EHS services include a weekly, 90-minute, home visit and two group socialization activities per month for parents and children. However, there is no set curriculum for EHS visits. Each site determines the curriculum used.

### **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).

### **Changes for SFY 2016**

- Evidence based models listed in the SOP
- Emphasis on fidelity to model
- Clarified developmental screening schedule

### **Cost**

- Healthy Families \$3,500 per year/per family
- Nurse Family Partnership: \$5,000 per year/per family
- Parents as Teachers: \$2,000 per year/per family
- Home-based Instruction for Parents of Preschool Youngsters (HIPPY): \$1,250 per year/per family
- Early Head Start cost depends on the curriculum used by the grant partner. The Early Head Start program may utilize an evidence based model such as Parents as Teachers.

### **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.



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## ATTACHMENT 2

**Arizona Early Childhood Development and Health Board**

**Northwest Maricopa Regional Partnership Council**

**SFY15 – 18 Funding Plan Summary**

**SFY 2015 - 2018  
Northwest Maricopa  
Funding Plan Summary**

Allocations and Funding Sources	2015	2016	2017	2018	
FY Allocation	\$10,515,817	\$4,507,357	\$10,176,681	\$10,176,681	
Other (FTF Fund balance addition)	\$1,283,123				
Carry Forward From Previous Year	\$5,899,101	\$5,669,324	\$218,509	\$437,872	
<b>Total Regional Council Funds Available</b>	<b>\$16,414,918</b>	<b>\$10,176,681</b>	<b>\$10,395,189</b>	<b>\$10,614,553</b>	
Strategies	Allotted	Awarded	Proposed Allotted	Proposed Allotted	Proposed Allotted
Care Coordination/Medical Home	\$200,000	\$199,916	\$200,000	\$200,000	\$200,000
Child Care Health Consultation	\$165,490	\$165,490	\$165,490	\$165,490	\$165,490
Community Awareness	\$50,000	\$50,000	\$40,000	\$40,000	\$40,000
Community Outreach	\$83,000	\$83,000	\$83,000	\$83,000	\$83,000
Family Resource Centers	\$875,000	\$875,000	\$975,000	\$975,000	\$975,000
Family Support–Children w Special Nds	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Mental Health Consultation	\$492,000	\$492,000	\$403,887	\$403,887	\$403,887
Oral Health	\$400,000	\$400,000	\$375,000	\$375,000	\$375,000
Quality First	\$1,084,438	\$1,036,821	\$1,195,873	\$1,195,018	\$1,202,469
Quality First Scholarships	\$5,785,198	\$5,785,198	\$4,685,244	\$4,685,244	\$4,685,244
College Scholarships	\$31,091	\$31,091	\$64,800	\$64,800	\$64,800
Service Coordination	\$50,000	\$16,667	\$175,000	\$175,000	\$175,000
Statewide Evaluation	\$718,754	\$718,754	\$544,878	\$544,878	\$544,878
Home Visitation	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Media	\$200,000	\$200,000	\$50,000	\$50,000	\$50,000
Nutrition/Obesity/Physical Activity	\$650,000	\$650,000	-	-	-
Parenting Education	\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
Recruitment into Field	\$560,000	\$378,803	-	-	-
<b>Total</b>	<b>\$12,586,716</b>	<b>\$12,284,484</b>	<b>\$9,958,172</b>	<b>\$9,957,317</b>	<b>\$9,964,768</b>
<b>Total Unallotted/ Unawarded/Unexpended:</b>	<b>\$3,828,201</b>	<b>\$302,233</b>	<b>\$218,509</b>	<b>\$437,872</b>	<b>\$649,785</b>