

# ATTACHMENT #1



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

## **Phoenix North Regional Partnership Council Meeting December 9, 2014**

AGENDA ITEM	Approval of Minutes
BACKGROUND	The attached minutes are from the Phoenix North Regional Council Regular Meeting which was held on November 20, 2014 at John C. Lincoln Cowden Center, 9202 North 2 <sup>nd</sup> Street, Phoenix, AZ 85020
RECOMMENDATION	The Regional Director presents these minutes for the Regional Council's discussion and possible approval.



FIRST THINGS FIRST

Ready for School. Set for Life.

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

Meeting Minutes – November 20, 2014

Welcome, Introductions, and Call to Order

Chair Quenneville welcomed everyone and called the **Phoenix North Regional Partnership Council Regular Meeting** to order at approximately **9:03 a.m.** The meeting was held at **John C Lincoln, Cowden Center, Gym, 9202 North 2nd Street, Phoenix, AZ 85020.** Introductions were held.

Members PRESENT

- Cindy Quenneville, Chair
- Toby Urvater, Vice Chair
- Wendy Resnik
- Dr. Lyn Bailey
- Ana Stigsson
- Chris Tompkins (*arrived at 9:19 a.m.*)
- Jenny Tetreault (*left at 10:25 a.m.*)

Members ABSENT

- Christina Spicer
- Connie Robinson
- Billy Thrall
- Kathryn Wauters

Call to Public

**Sherry Fronterhouse**, Coordinator with EAR Foundation of Arizona updated the Council on the components of BASICS sensory screening program.

**Margaret Eldridge**, Program Manager with Inclusion, Southwest Human Development shared information on the success of the Inclusion program. She distributed information.

**Melissa Selbst**, Executive Director of the EAR Foundation of Arizona shared information on the BASICS sensory screening program and thanked the Council for their support.

**Shelby Willa**, team member of EAR Foundation of Arizona shared success stories from the EAR Foundation.

**Anna Tautimer** with Nurse Family Partnership Southwest Human Development gave an overview of the Nurse Family Partnership program. She distributed program information to the Council.

**Erin Raden**, with Arizona Child Care Association addressed the impact of Quality First Scholarships in the region and thanked the Council for their consideration and support.

Approval of Meeting Minutes

Chair Quenneville called for a motion to approve the **November 4, 2014 Regular Meeting Minutes** as presented.

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

FY16-18 Strategic Planning

Chair Quenneville reminded Council Members that in order to comply with Open Meeting Law and Conflict of Interest statutes that they are encouraged to participate in discussions related to regional strategies and funding plans being considered as long as the discussions remain general. Once discussions reach a point where they become specific as to decisions being made, funding amounts being determined, or potential scopes of work connected to the RFGA process, Council Members must declare any conflicts they might have and no longer participate in the discussion. Conflict of Interests declared were:

Vice Chair Toby Urvater

- Oral Health Strategy
- Home Visitation
- Service Coordination

Member Lyn Bailey

- Family Resource Centers

Member Jenny Tetreault

- Quality First Center and Home Enrollment
- Quality First Scholarships

Wendy Resnik

- Parent Outreach and Awareness

Ana Stigsson

- Community Based Professional Development – Early Care and Education Professionals
- FTF Professional Rewards

#### Review of Regional Council Priorities

Chair Quenneville provided an overview of the last meeting on November 4<sup>th</sup> and asked the Council if there was a need for any further discussion on the priorities. Member Resnik stated that 48% of budget is going to Quality First and Home Visitation which only affects 1.6% of the children. She stated she is pointing out the reality of where the money is going and we need to find a balance to reach more children.

Member Tetreault stated that the priorities ring true in terms of what is needed in the Region but that it is the distribution of funding that will need conversation.

#### Consideration of Funded Strategies

Director Yearwood reviewed the Phoenix North FY15 Funding Plan Summary -FY16 Worksheet. She noted the changes that were proposed by the Council on November 4<sup>th</sup> and reviewed the comparison of where they left off at the last meeting and what is being proposed for discussion today. The proposal showed a budget deficit of \$292,040. Member Tompkins suggested that FTF staff consider a proposal where the deficit is spread evenly across the programs.

Member Tetreault left the meeting at 10:25 a.m. and the funding plan discussions were halted due to the fact that conflicts of interest resulted in a lack of quorum needed for decisions to be made on several strategies.

#### Consideration of Unfunded Strategies

Director Yearwood presented a proposal for an unfunded strategy which may be included in the SFY16 Funding Plan. She proposed “Creating Hunger Free Communities In Maricopa County” as a potential strategy. Council members provided positive feedback on the proposal. Director Yearwood encouraged Council Members to bring a couple of ideas of their own to consider at the next meeting.

#### Next Steps

Director Yearwood stated that at the December 9<sup>th</sup> meeting the Council will review the proposed funding amounts and finalize the funding plan. The Council will also discuss the mechanisms want to implement the grants in the community.

#### Regional Director Updates

Director Yearwood informed the Council of the Washington Elementary Family Resource Center Site Tour on November 21, 2014. She also announced the First Things First Summit 2015 – Save the Date: August 24 and 25, 2015.

#### Next Meeting

Chair Quenneville reminded the Council that the next Council meeting is on Tuesday, December 9,, 2014, at 1:00 p.m. The meeting will be held at the Cowden Center in Barb's Conference Room.

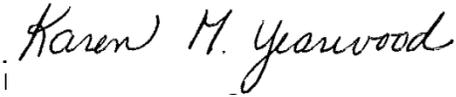
**Adjournment**

There being no further business, Chair Quenneville adjourned the meeting at approximately 10:29 a.m.

Respectfully submitted on this 3<sup>rd</sup> day of December, 2014

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD**

**Phoenix North Regional Partnership Council**



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Cindy Quenneville, Chair

# ATTACHMENT #s 2-10



FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Phoenix North Regional Partnership Council Meeting December 9, 2014

AGENDA ITEM	State Fiscal Year '16-18 Strategic Planning
BACKGROUND	<p>Regional Partnership Councils establish a three year strategic plan and then submit an annual funding plan to the First Things First (FTF) State Board which defines how the regional council will spend its regional allocation. In establishing their strategic direction, Regional Partnership Councils conduct an assessment of their region, determine prioritized needs and identify effective approaches for meeting those needs which includes both funded strategies and non-funded approaches in order to build on the assets in the region, leverage FTF funding and work to ensure a coordinated and quality system of services for young children is developed.</p> <p>At the September 9<sup>th</sup> meeting of the Council, members engaged in a discussion of the vision and general priorities for the Council.</p> <p>At the October 14<sup>th</sup> Council meeting, the Council further refined the priorities which will inform the strategic plan. The Council also directed FTF staff to offer recommendations as to which funded strategies will best address the priority needs. Regional Director Yearwood presented a proposal for Council consideration. The Council discussed the recommendations and asked staff to make revisions to the recommendations based on their discussion.</p> <p>At the November 20<sup>th</sup> meeting, the Council continued its discussion of the proposed strategies and funding amounts for SFY16. The Council also discussed what unfunded strategies/activities they would like to add as part of their strategic plan. Regional Director Yearwood presented a proposal for an unfunded strategy as an example and for council consideration.</p> <p>During this meeting, the Council will review 2 proposals presented by staff for the SFY16-18 funding plan and will vote on the plan which will be presented to the FTF State Board in January.</p>
RECOMMENDATION	Council vote

Allocations and Funding Sources		FY 15		FY 16 (Proposed 11/04/2014)		FY 16 (Proposed 11/20/14)		FY 16 (Proposed 12/09/14)		Notes/Considerations
FY Allocation		\$15,026,267		\$14,594,593		\$14,594,593		\$14,594,593		
Carry Forward From Previous Year		\$8,385,789								
TOTAL - Regional Council Funds Available		\$23,412,056		\$14,594,593		\$14,594,593		\$14,594,593		The allocation for sfy16 is a 34% reduction from the total amount allotted to spend in sfy15 (\$22,121,957)
Strategies	Allotted	FY 15 TSU	Proposed Allotted	FY 16 TSU	Proposed Allotted	FY 16 TSU	Proposed Allotted	FY 16 TSU	Notes/Considerations	
Early Care & Education	Community Based Professional Development Early Care and Education Professionals	\$179,795	268 participating professionals	\$179,795	268 participating professionals	\$180,000	268 participating professionals	\$267,000	400 participating professionals	Consider: This strategy was previously funded in the North Phoenix region only. With the boundary change and the formation of the new Phoenix North region, there are now more professionals who are eligible to participate in these activities.
	Family, Friends & Neighbors	\$754,000	528 home based providers served	\$754,000	528 home based providers served	\$754,000	528 home based providers served	\$754,000	528 home based providers served	
	FTF Professional REWARDS	\$230,175								
	Inclusion of Children with Special Needs	\$567,000								
	Mental Health Consultation	\$756,450	37 centers/6 home based providers served	\$526,277	43 centers/0 homes	\$527,000	43 centers/0 homes	\$527,000	43 centers/0 homes	The cost model for MHC has changed from an average cost of \$15-17K per center/home to \$12,239 per center/home.
Quality First- Center and Home Enrollment		\$2,515,440	127 Centers/ 14 homes	\$2,391,687	127 Centers/ 14 homes	\$2,537,282	127 Centers/ 14 homes	\$2,537,282	127 Centers/ 14 homes	Note: Per direction of the FTF State Board, Councils must maintain at least the number of centers and homes funded in SFY15. Note: The proposed allotment has been revised based on updated information for the number of centers that are expected to be in the 3-5 star rating. Less centers progressed than expected during the latest assessment cycle. Centers with lower star ratings have higher coaching and incentive costs.
	QF includes: QF Academy, Warmlines, Coaching and Incentives, Child Care Health Consultation, and state funding for assessments and TEACH Scholarships									
Quality First Scholarships	\$9,055,798	1,155 Scholarships	\$6,216,811	745 scholarships	\$5,828,409	711 scholarships	\$5,828,409	711 scholarships	Base model for scholarships- 711 scholarships distributed among 3-5 star centers. Note: The proposed allotment has been revised to reflect a more accurate projection on the number of centers that are projected to be at the 3-5 star level by SFY16.	
Health	Care Coordination/Medical Home	\$541,577	1,008 children receiving screenings 1,008 children served 1,008 development screens conducted 1,008 families served (HIE Assistance) 1,008 vision screenings conducted 1,008 hearing screenings conducted	\$541,577	1,008 children receiving screenings 1,008 children served 1,008 development screens conducted 1,008 families served (HIE Assistance) 1,008 vision screenings conducted 1,008 hearing screenings conducted	\$500,000	1,428 children receiving screenings 1,428 children served 1,428 development screens conducted 1,428 families served (HIE Assistance) 1,428 vision screenings conducted 1,428 hearing screenings conducted	\$500,000	1,428 children receiving screenings 1,428 children served 1,428 development screens conducted 1,428 families served (HIE Assistance) 1,428 vision screenings conducted 1,428 hearing screenings conducted	Average cost per child is \$350/year
	Developmental and Sensory Screening	\$419,598	2,773 children receiving screenings 1,801 hearing screenings conducted 2,484 vision screenings conducted			\$200,000	3,076 children receiving screenings XXXX hearing screenings conducted XXXX vision screenings conducted	\$200,000	3,076 children receiving screenings 2,000 hearing screenings conducted 2,764 vision screenings conducted	The average cost per child for both vision and hearing screening is \$65. Note: The cost for SFY15 includes the cost of purchasing equipment.
	Health Insurance Enrollment	\$552,000								
	Oral Health	\$252,000	2,520 children receiving screenings 2,520 children receiving flouride varnishes 9 participating professionals 2,048 participating adults	\$250,000	3,000 children receiving screenings 300 prenatal women served 1,200 participating adults 50 participating professionals	\$250,000	3,000 children receiving screenings 300 prenatal women served 1,200 participating adults 50 participating professionals	\$250,000	3,000 children receiving screenings 300 prenatal women served 1,200 participating adults	
Family Support	Family Resource Centers	\$746,337	SFY14 actual year end: families served 21,555 (duplicated count)	\$740,000		\$1,030,000	XXXX families who received referrals to services (duplicated)  XXXX Parenting Workshops XXX families served by Family Navigators	\$1,050,000	25,000 families who received referrals to services (duplicated)  400 Parenting Workshops held 120 families served by Family Navigators	Proposed funding to support 6 FRCs in the region and 2 Family Navigators who will serve all FRCs in the region. Also consider a slight increase in the funding to account for increased costs for the Parent Outreach component of the FRCs.  Parent Outreach component Family Navigator component
	Family Support – Children with Special Needs	\$229,950								
	Family Support Coordination	\$724,500								
	Home Visitation	\$1,810,317	489 families served 489 children receiving developmental screenings	\$1,810,317	489 families served 489 children receiving developmental screenings	\$1,200,000	XXX families served XXX children receiving developmental screenings	\$1,200,000	320 families served* 320 children receiving developmental screenings*	Note: Total amount of funding available in SFY16 represents a reduction of 34% from SFY15 *The number of families served may vary depending on the model/s implemented. Estimate is based on a 34% reduction in the number of families served.
	Parent Education Community-Based Training	\$744,164	979 participating adults	\$438,250	TBD based on the model selected	\$400,000	XXX Number of adults completing a series		XXX Number of adults completing a series	Consideration: Eliminate funding for this strategy if Parent Outreach is funded as a separate strategy and if Parent Outreach is also part of the activities of the FRCs.
	Parent Outreach and Awareness	\$375,000	2,500 books distributed 2,000 workshops held 50 events held	\$375,000	To be determined based on the activities funded	\$375,000	To be determined based on the activities funded	\$375,000	To be determined based on the activities funded	
	Prenatal Outreach Reach Out and Read	\$252,000 \$50,500	6,307 books, 18 participating practices							
Evaluation	Statewide Evaluation	\$1,027,042	No target service units	\$781,442	No target service units	\$781,442	No target service units	\$781,442	No target service units	Evaluation is reduced by 24% sfy15 to 16
Coordination	Court Teams	\$50,000	1,000 children served 275 participants attending	\$50,000	To be determined	\$50,000	To be determined	\$50,000	To be determined	Note: funding for this strategy was also provided by Phoenix South in FY'15.
	Service Coordination	\$68,530	No target service units	\$50,000	No target service units	\$50,000	No target service units	\$50,000	No target service units	Funding to support Maricopa Family Resource Network, an FRC evaluation study and Find Help Phoenix website
Community Awareness	Community Awareness	\$27,260	No target service units	\$27,260	No target service units	\$25,000	No target service units	\$25,000	No target service units	Slight reduction in funding proposed to better reflect the actual amount expended
	Community Outreach	\$117,000	No target service units	\$117,000	No target service units	\$117,000	No target service units	\$117,000	No target service units	Phoenix North portion of funding for 3 staff members for Phoenix North and Phoenix South
	Media	\$81,500	No target service units	\$81,500	No target service units	\$81,500	No target service units	\$81,500	No target service units	
Total Allotted		\$22,127,934		\$15,330,916				\$14,593,633		
Total Remaining		\$1,284,122		(\$736,323)		(\$292,040)		\$960		

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**STRATEGY NAME: CARE COORDINATION/MEDICAL HOME**

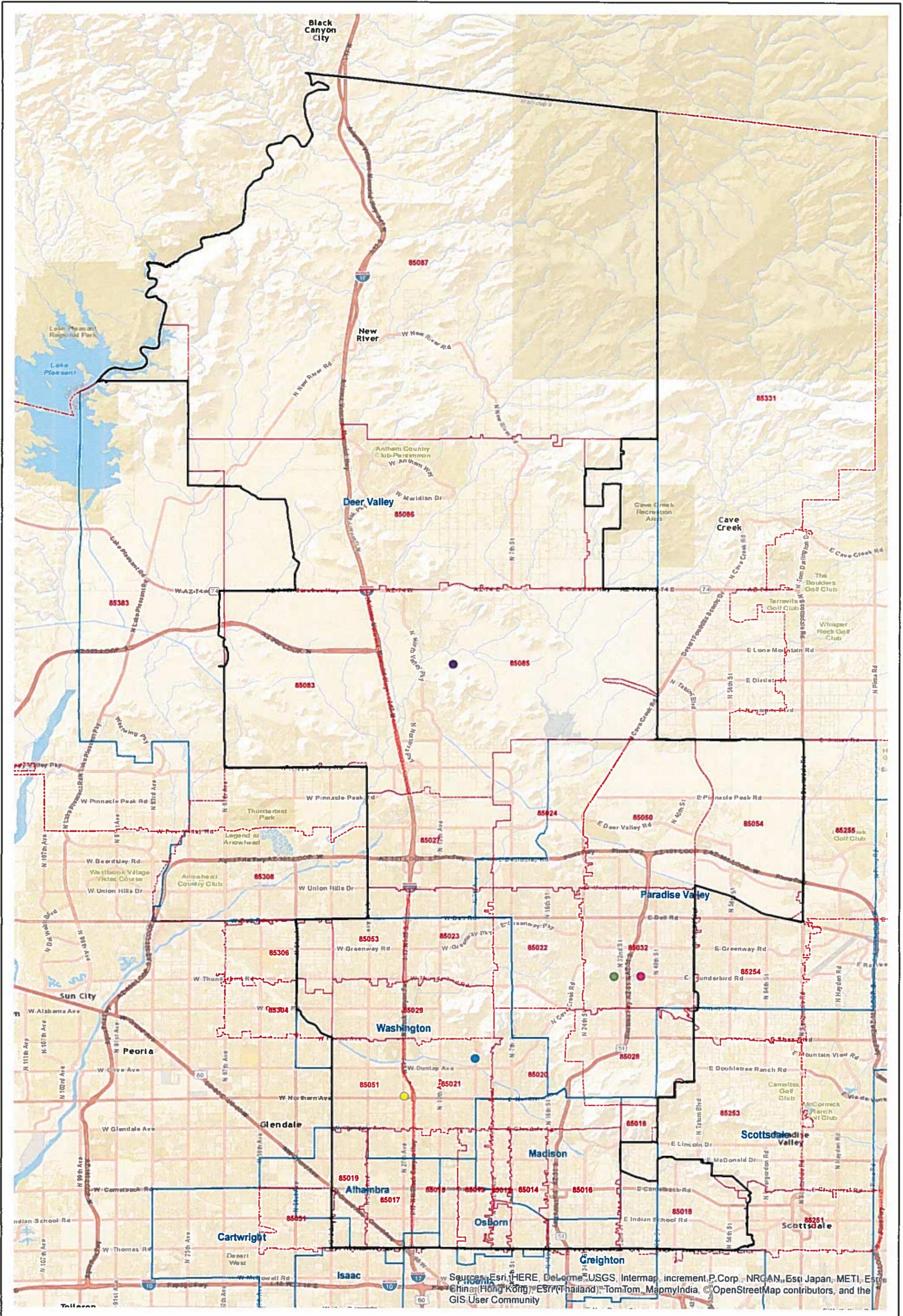
Strategy Intent	Evidence/Research	Council Decision Points for Consideration	Cost Estimates
<p>The intent of the evidence-based Care Coordination/Medical Home strategy is to embed a care coordinator into a clinical practice to assist at-risk families with young children to navigate the complex health 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><b>Healthy Steps:</b> 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. <a href="http://homvee.acf.hhs.gov/document.aspx?rid=3&amp;sid=12&amp;mid=5">http://homvee.acf.hhs.gov/document.aspx?rid=3&amp;sid=12&amp;mid=5</a></p> <p><b>Pediatric Alliance for Coordinated Care (PACC):</b> 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><b>Targeted Population options:</b></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><b>Medical practice considerations:</b></p> <ol style="list-style-type: none"> <li>1. Medical practice readiness for a care coordination team model in their practice.</li> <li>2. Medical practice achieving ‘medical home’ certification or working towards certification required.</li> <li>3. Medical practice with electronic health records used to identify children with risks and need for care coordination services.</li> <li>4. New option for FY16: Medical practices willingness to provide a</li> </ol>	<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. <a href="http://www.ncbi.nlm.nih.gov/pubmed/15121919">http://www.ncbi.nlm.nih.gov/pubmed/15121919</a></p> <p><b>Use of non-evidence-based models:</b> 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"> <li>5. Care coordinator employed by practice or shared between practices; care coordinator can be located outside of practice or embedded within practice.</li> <li>6. Medical practice or community clinic serving 25-50% low income children or children with AHCCCS insurance.</li> </ol> <p><b>Community considerations:</b></p> <ol style="list-style-type: none"> <li>1. Community capacity and need for care coordination services.</li> <li>2. Number of medical centers/clinics or group practices in the region</li> </ol>	<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>
<b>Additional Strategies</b>			
<p><b>Developmental and Sensory Screening</b></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><b>Health Insurance Enrollment and Outreach Assistance</b></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>	

<b>Regional Priorities</b> to be addressed <i>(not listed in order of importance)</i>
Every child, ages birth through five, has access to quality early care and education
Support for professional development and education for those who care for children ages birth through five
Increase access to health and behavioral health services for children ages birth through five
Families of young children are aware of and given the skills to successfully raise their children
Connect and/or convene organizations that support families in order to maximize the utilization of services that strengthen families

<b>School Readiness Indicators</b>
#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
#/% of children receiving timely well child visits
% of families who report they are competent and confident about their ability to support their child's safety, health and well-being

<b>SFY16 Proposed Strategies</b>
<ul style="list-style-type: none"> <li>• Quality First (includes: College Scholarships, CCHC)</li> <li>• Quality First Scholarships</li> <li>• Family, Friend &amp; Neighbor</li> <li>• Community Based ECE Training</li> </ul>
<ul style="list-style-type: none"> <li>• Care Coordination</li> <li>• Developmental and Sensory Screening</li> <li>• Mental Health Consultation</li> <li>• Oral Health</li> </ul>
<ul style="list-style-type: none"> <li>• Family Resource Centers</li> <li>• Home Visitation</li> <li>• Parenting Education</li> <li>• Parent Outreach and Awareness</li> </ul>
<ul style="list-style-type: none"> <li>• Service Coordination (Family Resource Network)</li> <li>• Court Teams</li> </ul>
<ul style="list-style-type: none"> <li>• Community Awareness</li> <li>• Community Outreach</li> <li>• Media</li> </ul>
<ul style="list-style-type: none"> <li>• Statewide Evaluation</li> </ul>



- **Deer Valley Family Resource Center**  
 48827 N Black Canyon Freeway  
 New River, AZ 85087  
 (602) 445-4727  
[www.dvusd.org/dvsrc](http://www.dvusd.org/dvsrc)
- **Family SPOT Resource Center**  
 St. Mark Lutheran Church  
 3030 E. Thunderbird Road  
 Phoenix, AZ 85032  
 602-501-8840
- **Family SPOT Resource Center**  
 Trinity Lutheran Church  
 9424 N. 7th Avenue  
 Phoenix, AZ 85021  
 602-501-8652
- **Paradise Valley Family Resource Center**  
 17835 N. 44th Street  
 Phoenix, AZ 85032  
 602-449-7411  
[www.pvschools.net](http://www.pvschools.net)
- **Washington Resource Information Center**  
 8033 N 27th Avenue  
 Phoenix, AZ 85051  
 602-347-3471 / 602-347-3496  
[www.wesdschools.org](http://www.wesdschools.org)
- School District**

Source: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Swire, Esri (Thailand), TomTom, MapmyIndia, ©OpenStreetMap contributors, and the GIS User Community

# 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). A variety of evidence-based models exist to address the spectrum of universal, targeted, or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, or low income families. The experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention are critical to implementation and intended impacts. Yet, the common ground that unites home visitation program models is the importance placed on infant and toddler development. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information, education and support on parenting, child development and health topics while simultaneously assisting with connections to other resources or programs as needed.

## Council Considerations:

Home Visitation services and supports are varied. The Phoenix North Regional Council is asked to consider and determine their intention for their home visitation strategy. The following questions can help Council Members reach a description of their purpose for Home Visitation in the region:

**Is your focus:**

- **Health specific outcomes?**
- **School readiness?**
- **Parenting knowledge and skills?**

**Is your target population and purpose “universal, targeted, or specialized needs”?**

- **Serving at-risk/ high risk\* children and families with home visitation programming to reduce or mitigate risk?**

\* at-risk/ high risk may include specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse/neglect, or low income families

**OR,**

- **Serving more universal population/lower risk families with a more universal parenting skill support program?**

**Is the age of the child served of importance to the Council’s intent for the strategy?**

- **Intervening earlier: prenatal; 0-3 months; or 2 years**
- OR,**
- **Prenatal through 5 years?**

**How many families are to be served?**

**Additionally, is a coordinated parent enrollment, referral, and outreach component supported by the Council?**

By working with the different home visitation programs, a single entity is able to streamline the intake and referral process for families and support appropriate enrollments for programs. This allows families to be matched with the most appropriate program; eliminates duplication, and enhances a timely continuum of services. Through this type of coordinated approach, programs are also able to coordinate outreach and “advertising”, engage in common data and tracking, share resources, professional development opportunities, and successful strategies. A coordinated intake and referral component can effectively be supported with \$100,000 depending upon the full scope of work.

Costs among evidence-based home visitation program models vary. More intensive, or programs which necessitate higher level staff credentials, result in higher costs per family. The estimated cost per family ranges from \$5,000 per year for Nurse Family Partnerships, to \$3,500 per year for Healthy Families, to \$2,000 per year for Parents as Teachers. Home-based Instruction for Parents of Preschool Youngsters (HIPPY) costs \$1,250 per year/per family, and Early Head Start costs depend on the curriculum used by the grant partner. The Early Head Start program may also utilize an evidence-based model such as Parents as Teachers.

Examples of common 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 (up to three months of age),** 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 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. **Designed to serve families from pregnancy through kindergarten enrollment.**
- **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.

# Maricopa Countywide Home Visitation Centralized Intake

## INTENT OF THE STRATEGY

The intent of the evidence-based home visitation strategy is to provide best practice approaches that give young children stronger, more supportive relationships with their parents through in-home services that cover a variety of topics, including parenting skills, early childhood development, literacy, etc. and connects parents with community resources to help them better support their child's health and early learning.

Centralized intake for home visitation services is intended to provide a coordinated and systemic approach to providing home visitation services to children birth through age 5 within Maricopa County.

## PROPOSAL

The proposal for an effective, multi-regional centralized intake for home visitation services was created in response to the needs in Maricopa County and is designed to achieve the following:

- a. Leverage funding by pooling each FTF region's allotments for home visitation
- b. Reduce the administrative costs of FTF funded home visitation grantees
- c. Reduce barriers that cause families to not access appropriate services due to lack of awareness and/or lack of knowledge needed to locate and engage in services
- d. Avoid duplication of services
- e. Increase number of families served
- f. Simplify/streamline the referral process for home visitation providers and enhance coordination among providers
- g. Reduce inefficiencies by offering coordinated workforce professional development to home visitation providers

The proposed approach to achieve the projected gains noted above is to utilize an administrative home which will allow for a lead agency to work with multiple home visitation providers to implement the countywide centralized intake scope of work.

In SFY15, Regional Councils within Maricopa County allotted more than \$10 million for home visitation services. The Councils represented in this include East Maricopa, Northwest Maricopa, Southeast Maricopa, Southwest Maricopa, Phoenix South and Phoenix North.

There are currently two centralized intakes for home visitation services in Maricopa County. My Child's Ready serves the FTF Southeast Maricopa and East Maricopa regions and Parent Partners Plus serves the FTF Phoenix South region. **COST**

The total cost for implementation across all six Maricopa/Phoenix regions is an estimated \$600,000, making the average cost per region an estimated \$100,000. This service will be issued a separate RFGA from the direct services Home Visitation strategy.

Recommendation:

	<b>Nurse Family Partnership</b>	<b>Healthy Families</b>	<b>Parents As Teachers</b>
<b>Age of the child</b>	Prenatal to child's second birthday (24 months)	Prenatally or just after the child's birth and continuing for three to five years.	The model is designed to serve families throughout pregnancy through kindergarten entry.
<b>The risk status of the family</b>	First time, low income mothers	Families identified as at-risk using a screening tool	Eligibility criteria, selected by affiliates, might include children with special needs, families at risk for child abuse, and income-based criteria, among others.
<b>Goals</b>	Designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.	The program goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.	The goal of the program is to provide parents with child development knowledge and parenting support; provide early detection of developmental delays and health issues; prevent child abuse and neglect, and increase children's school readiness.
<b>Intensity of home visits</b>	During the first month of prenatal visits are weekly, then taper to biweekly until the child is born. After birth, weekly visits resume for the first six weeks, and then biweekly visits continue until the child is approximately twenty months old. The final four visits leading up to the child's second birthday occur monthly.	HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency is determined by local programs and is based on families' needs. Typically, home visits last a minimum of one hour.	The PAT national office requires that affiliate programs offer families 12 home visits annually (at minimum). Programs must offer families with two or more high-needs characteristics 24 visits annually. In some cases, visit frequency may be gradually decreased as the family transitions out and into other services. Home visits last approximately 60 minutes. The PAT national office requires that affiliate programs offer at least 12 group connections (or meetings) annually.
<b>Range of favorable primary outcomes observed according to HOMVEE</b>	Child development and school readiness (5) Child health (4) Family economic self-sufficiency (4) Maternal health (3) Positive parenting practices (4) Reduction in child maltreatment (7)	Child development and school readiness (9) Linkages and referrals (1) Positive parenting practices (2) Reduction in child maltreatment (1)	Child development and school readiness (7) Family economic self-sufficiency (1) Positive parenting practices (3) Reduction in child maltreatment (1)
<b>Service providers</b>	Public health nurses	Trained paraprofessionals	Trained paraprofessionals

**STRATEGY NAME: PARENTING OUTREACH AND AWARENESS**

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

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

# Unfunded Approaches

### Unfunded Approaches (Draft for discussion purposes)

#### SFY 2016 – 2018

A Regional Partnership Council may identify unfunded approaches to carry out in addition to funded approaches. Unfunded approach(es) to demonstrate how the Regional Council is advancing the early childhood system in the region.

SFY 2016 – 2018					
Unfunded Approach- Creating Hunger Free Communities in Maricopa County					
Regional Priority Need	System Building Approach	Outcome to Achieve	Role of Regional Council	Current and Potential System Partners to Engage	Timeline
<p>Increased education and access to preventative health and nutrition services for children ages birth through five</p> <p>25% of children living in Maricopa County were without enough food in 2011</p>	<p><b>Connections</b> <i>Creating strong and effective linkage across the system</i></p> <p>Creating Hunger-Free Communities in Maricopa County. Ending hunger requires a comprehensive strategy with many different partners involved. A plan has been developed to capture the initial steps that can be taken to maximize resources that lead to long-term solutions.</p>	<ul style="list-style-type: none"> <li>• Reduce the number of households in Maricopa County who experience chronic hunger by at least one third by 2016</li> <li>• 2,000 low-income pregnant women and 3,0000 children ages 0-5 receive supplemental nutrition</li> </ul>	<p><b>Participant</b> – Council is one of many community members involved in a community-based initiative.</p>	<ul style="list-style-type: none"> <li>• FTF Phoenix South Council</li> <li>• Valley of the Sun United Way</li> <li>• Association of Arizona Food Banks</li> <li>• Maricopa County Department of Public Health</li> <li>• FTF funded Family Resource Centers</li> </ul>	<p><b>Start:</b> This is an ongoing effort that started in 2012. Phoenix North Council involvement would begin July 1, 2015</p> <p><b>Complete:</b> June 2016</p>

