



# FIRST THINGS FIRST

*The right system for bright futures*

## COCHISE REGIONAL PARTNERSHIP COUNCIL 2011 FUNDING PLAN SUMMARY

Regional Allocation 2011: \$2,678,130  
 Carry Forward from 2010: \$268,552  
 Funding Available for Allocation in 2011: \$2,946,682

Prioritized Needs	Goal Area	Proposed Strategies	Portion of Regional Allocation	Recommendation to the Board
Coordinated efforts and expanded resources to provide for enhanced, effective and collaborative family support services and limited access that support children's early developmental milestones surrounding early literacy.	Family Support	Strategy 1 Home Visitation Programs	\$1,119,289	Recommend Approval
Educated, bilingual, skilled workforce for speech/language, OT, and PT therapies.	Health	Strategy 2 Speech/PT/OT Therapists	\$350,000	Recommend Approval
Increased quality early care and education options for families.	Quality, Access, & Affordability	Strategy 3 Quality First	\$586,050	Recommend Approval
Expanded high quality and highly skilled early child care workforce.	Professional Development	Strategy 4 T.E.A.C.H.	\$62,385	Recommend Approval
Outreach, education and guidance on nutrition and prevention of childhood obesity and limited knowledge and resources surrounding oral health education.	Health	Strategy 5 Health & Nutrition	\$100,000	Recommend Approval
Limited number of certified infant and toddler mental health specialists.	Health	Strategy 6 Mental Health Credentials	\$49,999	Recommend Approval
Limited knowledge and information about the importance of early childhood development and health.	Communication	Strategy 7 Communications	\$60,000	Recommend HOLD
Alignment of standards and resources that impact practices and programs.	Coordination	Strategy 8 Coordination	\$100,000	Not being submitted for Board approval at this time
Limited access to, and low utilization of, preventive health care.	Health	Strategy 9 Oral Health	\$200,000	Recommend Approval

		Evaluation	\$50,000	Recommend HOLD
		<b>Subtotal of Expenditures</b>	\$2,677,723	
		Fund Balance	\$268,959	
		<b>Grand Total</b>	\$2,946,682	

Cochise Summary Financial Chart SFY 2010-2012

	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
<b>Revenue</b>				
FTF Total Allocation for the SFY	\$3,025,096	\$2,678,130	\$2,678,130	\$8,381,356
Fund Balance (carry forward from previous SFY)		\$268,552	\$268,959	
<b>Total Available Funds</b>	\$3,025,096	\$2,946,682	\$2,947,089	
<b>Strategies</b>				
	SFY 2010 OBLIGATED	SFY 2011 PROPOSED	SFY 2012 ESTIMATED	Total
1. Home Visitation Programs	\$1,119,289	\$1,119,289	\$1,119,289	\$3,357,867
2. Speech/PT/OT Therapists	\$350,000	\$350,000	\$350,000	\$1,050,000
3. Quality First	\$330,000	\$586,050	\$586,050	\$1,502,100
4. T.E.A.C.H.	\$135,000	\$62,385	\$62,385	\$259,770
5. Health & Nutrition	\$39,090	\$100,000	\$100,000	\$239,090
6. Mental Health Credentials	\$49,999	\$49,999	\$49,999	\$149,997
8. Coordination	\$10,000	\$100,000	\$100,000	\$210,000
9. Oral Health	\$0	\$200,000	\$200,000	\$400,000
Emergency Food Boxes	\$62,784	\$0	\$0	\$62,784
Emergency Scholarships	\$600,382	\$0	\$0	\$600,382
Communication (Strategy 7)	\$60,000	\$60,000	\$60,000	\$180,000
Needs and Assets	\$0	\$0	\$10,000	\$10,000
Evaluation	\$0	\$50,000	\$50,000	\$100,000
<b>Subtotal Expenditures</b>	<b>\$2,756,544</b>	<b>\$2,677,723</b>	<b>\$2,687,723</b>	<b>\$8,121,990</b>
Fund Balance (carry forward)	\$268,552	\$268,959	\$259,366	\$259,366
<b>Total</b>	<b>\$3,025,096</b>	<b>\$2,946,682</b>	<b>\$2,947,089</b>	



**COCHISE REGIONAL PARTNERSHIP COUNCIL  
 FUNDING PLAN  
 SFY 2011: July 1, 2010– June 30, 2011**

**I. Regional Allocation**

Regional Allocation	SFY 2010	SFY 2011
Population Based Allocation	\$ 1,974,475	\$ 1,653,154
Discretionary: Baseline Adjustment	0	\$ 160,660
Discretionary: Frontier Community	\$ 537,455	\$ 455,968
Other Discretionary: Emergency Child Care Scholarships	\$ 500,382	
Other Discretionary: Emergency Food Support	\$ 12,784	
Other Discretionary: 2011		\$ 408,347
Other Income	0	0
<b>Total Income</b>	<b>\$ 3,025,096</b>	<b>\$ 2,678,130</b>

## II. SFY 2010 Funding Plan Progress Report

A. The table below provides a summary of the Cochise Regional Partnership Council's prioritized needs, goals, key measures, and strategies for the SFY 2010 funding plan.

Identified Need	Goal	Key Measures	Strategy Name and Description	Target Service Numbers and Geographic Service Area
Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal #12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p>	<p>Strategy 1: Home Visitation</p> <p>Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs county-wide with an emphasis on the North Eastern part of the region.</p>	<p>84 Families</p> <p>County-wide – with priority given to programs serving pregnant women, teen parents, grandparents raising their grandchildren and families with children birth through five.</p> <p>Priority will be given to programs that will expand their services to rural or un-served areas particularly in the NE region of the county.</p>
Educated, bilingual, skilled workforce for speech/language and OT.	Goal #7: FTF will advocate for timely and	Total number and percentage of	Strategy 2: Speech OT/PT/Therapists	1-5 Therapists – The expectation is that there will be five therapists in the region.

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<p>or PT therapies</p>	<p>adequate services for children identified through early screening.                  Goal # 8: FTF will build skilled and well-prepared early childhood development workforce.</p>	<p>professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.                  Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p>Recruit and retain a ready, educated, bilingual, skilled workforce for speech/language and OT or PT therapies in Cochise County.</p>	<p>County-wide</p>
<p>Quality early care and education</p>	<p>Goal #1: FTF will improve access to quality early care and education programs and settings.</p>	<p>Total number of children enrolled in early care and education programs. Total number and percentage of early care and education programs participating in QIRS.</p>	<p>Strategy 3: Quality First                  Expand and increase the number of centers/homes participating in Quality First beyond the statewide funded number.</p>	<p>7 Centers;                  4 Homes                  County-wide                  Priority will be given to centers falling outside of the statewide initiative priority areas in order to provide a mechanism for all centers to be able to eventually participate.</p>

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<p>Quality early child care workforce</p>	<p>Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.</p>	<p>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p>Strategy 4: T.E.A.C.H. Fund additional T.E.A.C.H. scholarships beyond those provided through Quality First! Statewide and provide supplemental funding for those who wish to obtain and/or renew national credentials or certificates.</p>	<p>50 Scholars County-wide Priority given to the centers/homes not participating in Quality First.</p>
<p>Outreach, education, and guidance on nutrition and prevention of childhood obesity</p>	<p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care. Goal #11: FTF will coordinate and integrate with existing education</p>	<p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child safety health and well-being.</p>	<p>Strategy 5: Health and Nutrition Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age five.</p>	<p>500-1000 Families County-wide</p>

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<p>Increase the certification level of infant mental health and early intervention specialists.</p>	<p>and information systems to expand families' access to high quality, diverse, and relevant information and resources to support their child's optimal development.</p>			
<p>Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.          Goal # 10: FTF will enhance specialized skills of early childhood development and health workforce to promote the health social-emotional development of young children.          Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support</p>	<p>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.          Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p><b>Strategy 6: Mental Health Credentials</b>          Increase the number of providers in the community who have obtained the infant/toddler mental health credentials.</p>	<p>30 Service Providers          County-wide</p>	

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<p>Limited knowledge and information about the importance of early childhood development and health.</p>	<p>their child's optimal development.</p>	<p>Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<p>Percentage of community members who identify themselves as strong supporters of early childhood and health matters. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.</p>	<p>Strategy 7: <b>Communication</b>                  Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.</p>	<p>County-wide - TBD</p>
<p>Alignment of standards/resources that impact practices and programs</p>	<p>Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their</p>	<p>Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families</p>	<p>Strategy 8: <b>Coordination</b>                  Develop a service mechanism among state and other local agencies to improve quality early childhood programs through system change by working together for a seamless service delivery.</p>	<p>County-wide</p>	

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<p>Statewide - economic and employment recession</p>	<p>families:</p>	<p>with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making).</p>		
<p>Statewide - economic and employment recession</p>	<p>11. FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being</p>	<p><b>Emergency Food Boxes</b></p>	<p>Target Service Numbers: TBD                      Food boxes will be distributed county-wide.</p>
<p>Statewide - economic and employment recession</p>	<p>3. FTF will increase availability and affordability of early care and education settings.</p>	<p>Current cost of early care and education for families as a proportion of the median income for a family of four.                      Total number of children enrolled and vacancies in regulated early care and education</p>	<p><b>Emergency Child Care Scholarships</b></p>	<p>Target Service Numbers:                      \$600,382/ \$600 per month / 4                      163 Children served to date</p>

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		<p>programs as a proportion of total population birth to age five</p>		
<p>Planning</p>	<p><b>Goal 14.</b> FTF will collect and disseminate accurate and relevant data related to early childhood development and health</p>		<p><b>Needs and Assets</b></p>	<p>N/A</p>
<p>Evaluation (Line Item)</p>				

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**B. 1) Budget Summary, 2010 Funding Plan**

A	B	C	D
SFY 2010 BUDGET	SFY 2010 CURRENT	Obligated in SFY 2010	Unobligated in SFY 2010
TOTAL REVENUE	\$3,025,096	\$3,025,096	\$3,025,096
Strategies	SFY 2010	SFY 2010	SFY 2010
1. Home Visitation Programs	\$1,197,455	\$1,119,289	\$78,166
2. Speech/PT/OT Therapists	\$350,000	\$350,000	\$0
3. Quality First	\$330,000	\$330,000	\$0
4. T.E.A.C.H.	\$135,000	\$135,000	\$0
5. Health & Nutrition	\$100,000	\$39,090	\$60,910
6. Mental Health Credentials	\$50,000	\$49,999	\$1
B. Coordination	\$10,000	\$10,000	\$0
Emergency Food Boxes*	\$62,784	\$62,784	\$0
Emergency Child Care*	\$600,382	\$600,382	\$0
Communication (Strategy 7)	\$60,000	\$60,000	\$0
Needs and Assets	\$10,000	\$0	\$10,000
Evaluation	50,000	0	\$50,000
<b>Subtotal</b>	<b>\$2,955,621</b>	<b>\$2,756,544</b>	<b>\$199,077</b>
Fund Balance/Carry Forward	\$69,475		\$69,475
<b>Total</b>	<b>\$3,025,096</b>	<b>\$2,756,544</b>	<b>\$268,552</b>
Carry Forward Plus Unobligated - available for 2011 funding plan			\$268,552
A	B	C	D

**\*Emergency Child Care Scholarships Breakdown:**

*State Discretionary dollars \$500,382 plus regional dollars \$100,000 total amount \$600,382.*

**\*Emergency Food Support Breakdown:**

*State Discretionary dollars \$12,784 plus regional dollars \$50,000 total amount \$62,784.*

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2) Progress with SFY 2010 Funding Plan

A	B	C	D	E	F	G	H
#	Strategy Name	Description	Regional Allocation	Target Service Numbers	Awards Made	Service Numbers	Status/Notes
1	Home Visitation	Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs. Countywide with an emphasis on the North Eastern part of the county. Expand and conduct neighborhood based parent education/classes utilizing Community Health Workers.	\$1,119,289	84 Families County-wide with priority given to programs serving pregnant women, teen parents, and grandparents raising their grandchildren.	Child & Family Resources Total allocated - \$558,837 Awarded decrease of \$78,166 in April by Staff due to travel allocations budgeted to high.  AZ Children's Association Total allocated - \$220,731  Cochise County Health Dept. Total allocated - \$339,721	CFR - 88  AZ Children's Association - 60  Cochise County 150 families and 100 fathers  298 families And 100 Fathers  Total 398	Originally \$660,000 Added Frontier Dollars of \$37,455 Approved by the Regional Council at the February 2009 Meeting through emergency expedited response opportunity Total \$1,197,455  Total for this strategy: \$1,119,289
2	Speech OT/PT Therapists	Recruit and retain a ready, educated, bilingual, skilled workforce for speech/language, OT, or PT therapies in Cochise County.	\$350,000	1-5 Therapists Countywide Service area	Government to Government with ADHS awarded amount for Cochise is 350,000.	Pending	Implementation plan for January 2010.

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3	Quality First	Expand and increase the number of centers/homes participating in Quality First beyond the statewide funded number.	<p>7 Centers; 4 Homes</p> <p>Target Zip Codes: Douglas: 85607, 85608, 85655 Bisbee: 85603 Sierra Vista: 85635 Willcox: 85644, 85643 Benson: 85602 Bowle: 85605 Naco: 85620 Elfrida: 85610 Palominas: 85615 Hereford: 85615</p>	<p>\$330,000</p>	<p>7 Centers; 3 Homes</p> <p>Note: Only 85607, 85635, 85602, 85650, 85627, 85630, 85603, 85643 will be served</p>	<p>7 Centers awarded; 3 Homes awarded; 1 home vacancy.</p>
		FTF Statewide Initiative	<p>Lomellis Childcare Center Imagine ELC The Treehouse My Childhood House Lisa Bridenbaugh Sarah Williams Caralynn's Daycare Manuela Ramirez Care Bear Cares DUSD #27 ELC Center for Academic Success Johnson 'n' Johnson Wesleyan Preschool Johnson 'n' Johnson Leeper's Keepers Mirella Cruz Maria Chaez SVUSD #68 – Carmichael SVUSD #68 – Town &amp; Country</p>			

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4	T.E.A.C.H.	Fund additional scholars and provide supplemental funding for those who wish to obtain and/or renew national credentials or certificates.	\$135,000	29 AA Scholars and 18 CDA scholars	FTF Statewide Initiative	29 AA Scholars and 18 CDA Scholars	29 Scholarships at \$3,220 each = \$93,380 \$26,100 for additional incentives of up to \$900 each for additional support (books, travel, childcare, tutoring) as needed \$15,250 for at least 18 scholars to receive CDA coursework and assessment NO regional scholarships have been awarded to date.
5	Health and Nutrition	Collaborate with state and community based organizations for the prevention of childhood obesity to service providers and parents who work with children birth through age five.	\$100,000	500-1000 families County-wide	RFGA Cochise County Health Dept.	500 Children in Childcare settings only.	Original Allocation = \$100,000 Only awarded one agency at \$39,090 due to their requested amount.

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6	Mental Health Credentials	Increase the number of providers in the community who have obtained the infant/toddler mental health credentials.	\$49,999	30 Individuals County-wide	RFQ Easter Seals Blake Foundation	State Board approved on October 27, 2009	Originally \$50,000 Decreased by \$1 Approved by the Regional Council at June Meeting Total \$49,999 for simple procurement RFQ agreement
7	Communication	Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.	\$60,000		Statewide	Pending	HELD
8	Coordination	Develop a service mechanism among state and other local agencies to improve quality early childhood programs through system change by working together for a seamless service delivery.	\$10,000	County-wide	Government to Government Agreement U of A College of Public Health	TBD	The Agreement was signed in November 2009 and services have begun in the region for the development of a plan to address the first phase of the strategy goal.
	Emergency Food Boxes	Expand provision of emergency food boxes for families with children birth through age five.	\$62,784	County-wide	Benson Food Bank St. Vincent de Paul Community Food Bank Willcox Pantry SE Food Bank of Willcox	TBD	Expedited agreements through emergency response opportunity

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Emergency Child Scholarships	Provide temporary child care scholarships for families at or below 200% Federal Poverty.	\$600,382 Discretionary Allocation \$500,382 Regional Allocation \$100,000	County-wide	United Way of Tucson	163 children	Expedited agreements through emergency response opportunity
Needs and Assets	Regional needs and Assets Assessment	\$10,000				Will not use in SFY 2010 – The Regional Council voted on September 15, 2009 to move the \$10,000 SFY 2011 for use in the 2012 report, if needed.
Evaluation		\$50,000				Will not use in SFY 2010 – the Regional Council voted on September 15, 2009 to move the \$50,000 to Evaluation for programmatic region specific evaluation in SFY 2011.
Carry Forward		\$268,552				

### III. SFY 2011 Funding Plan

#### A. Prioritized Needs

The Cochise Regional Partnership Council has examined the priorities set in SFY2010 and based upon the identified needs and assets of the region; the Regional Council has maintained the following list of prioritized needs to address in SFY2011 and the next three-year period:

1. Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.
2. Educated, bilingual, skilled workforce for speech/language and OT or PT therapies.
3. Increased quality early care and education options for families.
4. Expanded high quality and highly skilled early child care workforce.
5. Outreach, education, and guidance on nutrition and prevention of childhood obesity.
6. Limited number of certified infant/toddler mental health specialists.
7. Limited knowledge and information about the importance of early childhood development and health.
8. Alignment of standards and resources that impact practices and programs.

New:

9. Limited access to and utilization of preventive oral health care.
10. Limited access to resources that support children's early developmental milestones surrounding early literacy.
11. Limited knowledge and resources surrounding oral health education.

**B. Goals, Key Measures and Strategies: Include in the table below the prioritized needs, goals, key measures and strategies for SFY2011. Highlight (red, underline) any changes from the previous year.**

Identified Need	Goal	Key Measures	Strategy Name and Description	Targeted Service Numbers and Geographic Service Area
<p>Coordinated efforts and expanded resources to provide for enhanced, effective, and collaborative family support services.</p> <p><u>limited access to resources that support children's early developmental milestones surrounding early literacy.</u></p>	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal #12: FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p> <p><u>Percentage of families of children birth through age five who report they maintain language and literacy rich environments.</u></p> <p><u>Percentage of families</u></p>	<p>1. Home Visitation</p> <p>Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs countywide with an emphasis on the North Eastern part of the region.</p> <p><u>In addition, this strategy will include literacy and reading activities with parents, families, caregivers and children of the region. Provide services to parents aimed at fostering early literacy development in young children while increasing parent's knowledge of early literacy.</u></p>	<p>County-wide – with priority given to programs serving pregnant women, teen parents, and grandparents raising their grandchildren, and families with children birth through five.</p> <p>Additionally priority will be given to programs that will expand their services to rural or un-served areas particularly in the NE region of the County.</p> <p><u>Target Service Number: Increase service numbers to 750-1000 for SFY 2011 from 398 in SFY 2010.</u></p>

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<p>Educated, bilingual, skilled workforce for speech/language and OT or PT therapies</p>	<p>Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.                  Goal # 8: FTF will build skilled and well-prepared early childhood development workforce.</p>	<p><u>with children birth through age five who report reading to their children daily in their primary language.</u></p>	<p>2. Speech/PT/OT Therapists                  Recruit and retain a ready, educated, bilingual, skilled workforce for speech/language and OT or PT therapies in Cochise County.</p>	<p>Target Service Number:                  1-5 Therapists                  County-wide</p>
<p>Increased quality early care and education options for families.</p>	<p>Goal #1: FTF will improve access to quality early care and education programs and settings.</p>	<p>Total number and percentage of children enrolled in early care and education programs.                  Total number and percentage of early care and education programs participating in QIRS.</p>	<p>3. Quality First                  Expand and increase the number of centers/homes participating in Quality First beyond the statewide funded number.</p>	<p>County-wide                  Priority will be given to centers falling outside of the statewide initiative priority areas in order to provide a mechanism for all centers to be able to eventually participate.                  5 Centers and 5 Homes will be added for an overall total of 30 centers/homes participating in Quality First.</p>

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<p>Quality early child care workforce.</p>	<p>Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.</p>	<p>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.                  Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p>4. T.E.A.C.H.                  Fund additional T.E.A.C.H. scholarships beyond those provided through Quality First! statewide and provide supplemental funding for those who wish to obtain and/or renew national credentials or certificates.</p>	<p>County-wide                  Priority given to the centers/homes not participating in Quality First.  <u>Target Service Number: From 29 to 15 scholars</u>  <u>County-wide</u></p>
<p>Outreach, education and guidance on nutrition and prevention of childhood obesity.  <u>Limited knowledge and resources surrounding oral health education.</u></p>	<p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.                  Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse,</p>	<p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child safety health and well-being.</p>	<p>5. Health and Nutrition                  Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age five.  <u>In addition, this strategy will include oral health education/awareness activities to include parent</u></p>	<p><u>750-1000 Families</u>                  County-wide</p>

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<p>Limited number of certified infant/toddler mental health specialists.</p>	<p>and relevant information and resources to support their child's optimal development.</p>		<p><u>education, community education/outreach related to nutrition and the importance of good oral health for young children and pregnant women.</u></p>	
<p>Goal #8: FTF will build a skilled and well-prepared early childhood development workforce.          Goal # 10: FTF will enhance specialized skills of early childhood development and health workforce to promote the health social-emotional development of young children.          Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant</p>		<p>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.          Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</p>	<p>6. Mental Health Credentials          Increase the number of providers in the community who have obtained the infant/toddler mental health credentials.</p>	<p>Target Service Number:          30 Individuals          County-wide</p>

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<p>Limited knowledge and information about the importance of early childhood development and health.</p>	<p>Information and resources to support their child's optimal development.</p>			
<p>Limited knowledge and information about the importance of early childhood development and health.</p>	<p>Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<p>Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters.                      Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.</p>	<p>7. Communication                      Working in partnership with the Regional Partnership Councils and FTF Board to implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.</p>	<p>County-wide                      Target Service Number: TBD</p>
<p>Alignment of standards and resources that impact practices and programs</p>	<p>Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and</p>	<p>Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources,</p>	<p>8. Coordination                      Develop a service mechanism among state and other local agencies to improve quality early childhood programs through system change by working together for a seamless service delivery.</p>	<p>County-wide  <u>The Coordination plan is being developed in 2010 and implementation will begin in 2011.</u></p>

COCHISE REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
 SFY 2011 Allocation: \$2,678,130

<p>Limited access to and utilization of preventive health care.</p>	<p>resources for young children and their families.</p>	<p>facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making].</p>	<p>9. Oral Health  <u>Increase children's access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, sealants, and referring children for follow-up treatment.</u></p>	<p>Target Service Number:  <u>5,000 –8,000 children and pregnant women.</u>  <u>County-wide</u></p>
<p>Planning</p>	<p>Goal #4. FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>Total number and percentage of children receiving appropriate and timely oral health visits.</p>	<p>Needs and Assets</p>	<p>N/A</p>
<p>Goal 14. FTF will collect and disseminate accurate and relevant data related to early childhood development and health</p>	<p>Goal 14. FTF will collect and disseminate accurate and relevant data related to early childhood development and health</p>			

### C. New Strategies

#### List of strategies:

##### **Strategy 1: Home Visitation**

Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs Countywide with an emphasis on the North Eastern part of the Region. In addition, this strategy will include literacy and reading activities with parents, families, caregivers and children of the region.

##### **Strategy 5: Health and Nutrition**

Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age five. In addition, this strategy will include oral health education/awareness activities to include parent education, community education/outreach related to nutrition and the importance of good oral health for young children and pregnant women.

##### **New – Strategy 9: Oral Health**

Increase children's access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, sealants, and referring children for follow-up treatment.

COCHISE REGIONAL PARTNERSHIP COUNCIL Regional Funding Plan  
SFY 2011 Allocation: \$2,678,130

J. Summary Financial Chart SFY 2010-2012

A	C	D	E	F
Revenue	SFY 2010	SFY 2011	SFY 2012 ESTIMATED	Total
FTF Total Allocation for the SFY	\$3,025,096	\$2,678,130	\$2,678,130	\$8,381,356
Fund Balance (carry forward from previous SFY)		\$268,552	\$268,959	
<b>Total Available Funds</b>	<b>\$3,025,096</b>	<b>\$2,946,682</b>	<b>\$2,947,089</b>	
Strategies	SFY 2010 OBLIGATED	SFY 2011 PROPOSED	SFY 2012 ESTIMATED	Total
1. Home Visitation Programs	\$1,119,289	\$1,119,289	\$1,119,289	\$3,357,867
2. Speech/PT/OT Therapists	\$350,000	\$350,000	\$350,000	\$1,050,000
3. Quality First	\$330,000	\$586,050	\$586,050	\$1,502,100
4. T.E.A.C.H.	\$135,000	\$62,385	\$62,385	\$259,770
5. Health & Nutrition	\$39,090	\$100,000	\$100,000	\$239,090
6. Mental Health Credentials	\$49,999	\$49,999	\$49,999	\$149,997
8. Coordination	\$10,000	\$100,000	\$100,000	\$210,000
9. Oral Health	\$0	\$200,000	\$200,000	\$400,000
Emergency Food Boxes	\$62,784	\$0	\$0	\$62,784
Emergency Scholarships	\$600,382	\$0	\$0	\$600,382
Communication (Strategy 7)	\$60,000	\$60,000	\$60,000	\$180,000
Needs and Assets	\$0	\$0	\$10,000	\$10,000
Evaluation	\$0	\$50,000	\$50,000	\$100,000
<b>Subtotal Expenditures</b>	<b>\$2,756,544</b>	<b>\$2,677,723</b>	<b>\$2,687,723</b>	<b>\$8,121,990</b>
Fund Balance (carry forward)	\$268,552	\$268,959	\$259,366	\$259,366
<b>Total</b>	<b>\$3,025,096</b>	<b>\$2,946,682</b>	<b>\$2,947,089</b>	
A	C	D	E	F

**E. Provide explanation for each strategy which has funding level changes from prior year.**

**Strategy 3: Quality First**

The Cochise Regional Partnership Council will increase the allocation from \$330,000 to \$586,050 for SFY2011 to increase the number of Quality First sites by five centers and five homes. This will expand the existing centers and homes involved within Quality First from 20 to 30 (approximately 20 percent of centers/homes in the region). It is the intent of the Cochise Regional Partnership Council to have as many homes and centers participating in Quality First over the next three years. The Cochise Region has over 42 centers and over 105 home providers within the Region. The Regional Council will continue to add slots to provide opportunities for all centers and homes within the region, who chose to, participate in the Quality First program.

**Strategy 4: T.E.A.C.H.**

The Cochise Regional Partnership Council will decrease the allocation from \$135,000 to \$62,385 for SFY2011. There has been a limited response to this strategy in the Cochise Region. In addition, the uniqueness of the rural area, exclude many providers from participating in the program, due to the bonus commitment. In SFY2010 the Cochise Regional Partnership Council target service numbers were 29 scholars. To date only four individuals within the region are utilizing the T.E.A.C.H scholarships and those four are participating with the statewide Quality First, not regionally funded T.E.A.C.H. scholarships. Until the issues can be resolved, the Regional Council feels strongly that the response will remain limited within the Region.

**Strategy 5: Health and Nutrition**

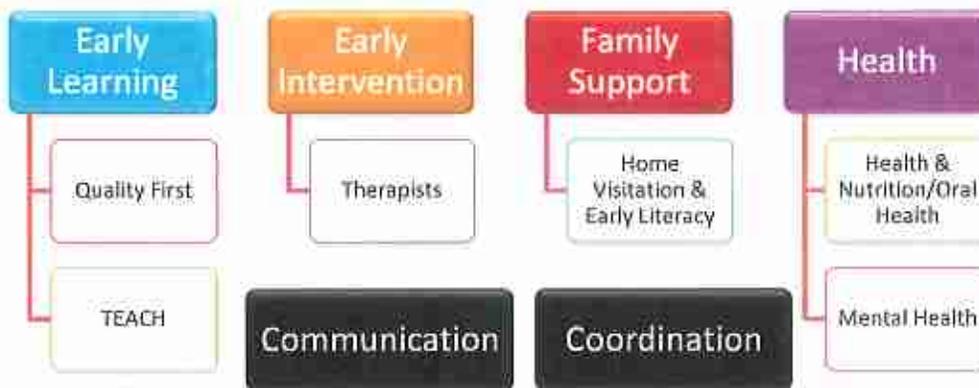
The Cochise Regional Partnership Council will increase the allocation from \$39,090 to \$100,000 for SFY2011. Originally this strategy was allocated \$100,000 (SFY2010); due to the awards from the RFGA process, the allocation was decreased to \$39,090. This strategy will now include oral health education and awareness activities to include parent education, community education/outreach related to nutrition and the importance of good oral health for young children and pregnant women. Based on the Cochise Regional Partnership Council 2008 Needs and Assets Report, there is a tremendous need to provide oral health education to young children and their families within Cochise County.

**Strategy 8: Coordination**

The Cochise Regional Partnership Council will increase the allocation from \$10,000 to \$100,000 for SFY2011, as stated in the approved SFY2010 funding plan. The Regional Partnership has funded a coordination strategy in SFY2010 and the implementation project may require additional funds in SFY2011. The increase in allocation is a placeholder and the Regional Council will define the implementation plan upon completion of the study in 2010.

## IV. System Impact

Within the Cochise Region, a variety of social services are provided, however, the region lacks the infrastructure to support a comprehensive, early childhood development and health system. Relying on the 2008 Regional Needs & Assets Report, the Cochise Regional Partnership Council felt it was important to invest in building the infrastructure, enhancing direct services, improving quality and building the region's capacity to support the healthy growth and development of children birth through age five. This is the premise on what has, and continues to guide, the Cochise Regional Partnership Council in making intentional decisions regarding chosen strategies to address needs as well as their funding allocations and expected impact.



### Planning and Implementation of Strategic Direction

The Cochise Regional Partnership Council understands that all strategies within the funding plan work in concert with each other, as shown above. Issues such as health, mental health, oral health, substance abuse, child welfare, professional development, early intervention and social services are addressed within all the strategies outlined by the Cochise Regional Partnership Council. Intentional coordination and collaboration are included to ensure that services are comprehensive and take on a holistic approach within the system.

Given the emphasis on supporting all children within the region, the Cochise Regional Partnership Council chose to build on two distinct areas that aid in system impact: 1) infrastructure development and 2) direct services and support. In order to achieve system impact, the Cochise Regional Partnership Council has focused in building the workforce by investing in strategies that support the various professionals that work with, and promote, the healthy development and education of young children in the region.

The Cochise Regional Partnership Council identified a lack of mental health specialists within the region and created a strategy to increase capacity by assisting individuals within the region to obtain professional endorsements in the area of early childhood mental health. Furthering the goal of workforce development, the Cochise Regional Partnership Council supports investment in building the capacity of the early childhood workforce through the expansion of Quality First and the T.E.A.C.H. scholarship program. Considerable evidence suggests that more capable and qualified professionals will provide improved care for children resulting in better developmental outcomes. Therefore, continuing to support twelve centers and nine homes in Quality First in addition to the four centers and six homes funded by the statewide Quality First,

(approximately 20 percent of childcare facilities) in the Cochise Region will impact the quality of care universally for children birth through age five. The investment in the T.E.A.C.H. scholarship program supports this goal through the provision of 15 scholarships in addition to those provided through both the statewide Quality First and the regional expansion of Quality First.

In addition to the above, another strategy in support of workforce development is the recruitment and retention of therapists. The Cochise Regional Partnership Council will address the shortage of therapists in the region in order to ensure that all children in need of therapy, especially those on the region's long waiting lists, receive essential services necessary for their continued growth and development.

The Cochise Regional Partnership Council believes that the funding allocations provided to the workforce development strategies are sufficient to have a positive impact on the outcomes of families with young children in the region. The workforce development strategies will reach a potential of 80 percent of the target population which will range from universal to intensive services.

The Cochise Regional Partnership Council recognizes and supports parents as the first teachers of their children. Therefore, the family support strategy, which focuses on the universal level of support, emphasizes developing and nurturing the capacity of parents by providing home visits to build the knowledge base of parents and/or guardians of children birth through age five. In addition, the Cochise Regional Partnership Council feels strongly that an important component to child development is exposure to literacy-rich environments and resources. In order to promote language and literacy development among children in the region, the Cochise Regional Partnership Council has allocated \$1,119,289 to family support/early literacy with the goal of reaching 750-1,000 families (approximately 10 percent of the target population) for SFY2011. The intentional collaboration with existing community resources through the implementation of this strategy will ensure that a maximum number of children and families benefit from this early literacy component.

Building on the idea of supporting families, the Cochise Regional Partnership Council recognized that in order for children to be ready to learn, they must be healthy. Rates of dental disease, per the 2008 Needs and Assets, are extremely high among children birth through age five within the Cochise Region. Therefore the Cochise Regional Partnership Council approached this need by expanding on an existing strategy and creating a new strategy for SFY2011, which will reduce dental disease by implementing a fluoride varnish and sealant program. Given that fluoride varnish is relatively inexpensive, the Cochise Regional Partnership Council allocated \$200,000 in order to reach 5,000 to 8,000 children (approximately 65 percent of the target population). In addition, the Cochise Regional Partnership will continue the nutrition and childhood obesity program, with an allocation of \$100,000; the goal is to reach 750-1,000 children (approximately 10 percent of the target population). Through the combined effort of these two strategies, over 80 percent of the target population will be served, in reference to nutrition and oral health.

For all direct service and support strategies, the Cochise Regional Partnership Council felt that, in order to be effective, these programs would need to reach at least 50 percent of the target population within the region over the course of three years. Realistically, the goal of 50 percent of the target population reached in three years may not happen with some direct service and support strategies. The primary goal of the Cochise Regional Partnership Council SFY2011 Funding Plan is to build the infrastructure and capacity that will support the early childhood development and health system and provide resources for families of young children within the region.

When developing the strategic direction for the region's early childhood development and health system, the Cochise Regional Partnership Council knew that none of the strategies would be successful working in isolation. The Cochise Regional Partnership Council intends to build a lasting solution by intentionally interlocking the strategies, rather than creating many different programs and hoping they add up. The strategies generate solutions that create synergies among programs and across the region to respond more holistically to the issues facing children and families. Intentionally 'connecting the dots' between various efforts capable of addressing the root causes of an issue is more likely to create a lasting, sustainable solution. The Cochise Regional Partnership Council believes that creating successful strategies that build a system will not only identify barriers and services gaps, but will create the systemic impact that results in meaningful differences.

The Cochise Regional Partnership understands the importance of coordination and collaboration efforts. As a result, the Cochise Regional Partnership Council has required every grantee to attend monthly Family Support Alliance meetings that will be responsible for building coordination and collaboration among the early childhood development and health providers in the Cochise Region. In addition to First Things First grantees, other service providers in the region are welcomed to participate in the Family Support Alliance meetings to continue the task of furthering regional coordination efforts. No funding has been allocated for the Alliance meetings as it will be a function of the Regional Coordinator to facilitate the meetings. The Cochise Regional Partnership Council will continue to be prescriptive with grantees to ensure they stay true to the objectives of the strategies yet respectful of local autonomy to make decisions based on knowledge of what is best for the Cochise Region by making coordination and collaboration a requirement.

#### **Continued Strategic Direction**

The Cochise Regional Partnership Council has worked diligently to identify needs in the Cochise Region and develop strategies that will best meet these needs. The strategies listed above are carefully aligned for the optimal achievement of desired outcomes for Cochise County. The concept of community-level change is daunting; however, understanding what it takes to make change at the community level often requires a fundamental paradigm shift in staff capacities, relationships and strategies when a measurable difference is expected. Building coordination capacities to organize, create linkages and share data across agencies within the region and cross regionally will be a goal for the Cochise Regional Partnership Council. The strategies presented in this funding plan focus on building and sustaining capacity and infrastructure in order to engage in the ongoing work of community change.

Appendix A  
STRATEGY WORKSHEET

**Strategy 1:**

**Strategy Name: Home Visitation**

**Strategy Description:** Expand existing programs that focus on parent education, support, and resources including increase of home visiting and parent mentoring programs Countywide with an emphasis on the North Eastern part of the Region. In addition, this strategy will include literacy and reading activities with parents, families, caregivers and children of the region.

- All applicants will abide by the First Things First Home Visitation and Home Literacy Standards of practice.

The Regional Council will expand existing home visiting programs to provide more opportunities for family support as well as collaborative efforts among agencies that provide parent education. Home visitation programs include the following best-practice elements:

- Support for the Home Visiting practitioner- qualifications, training, caseload, regular opportunities to reflect and debrief.
- Support for families: Frequency and duration of visits, etc., clearly defined objectives, builds healthy relationships between parent and child, case management and referrals are coordinated and family-centered, parents are engaged as a critical part of the program.

There are currently several successful home-visiting programs in the Sierra Vista area but they serve limited numbers of families or do not currently serve many of the smaller outlying and rural communities in the North Eastern area of the county. This strategy will encourage existing programs to expand their areas of service delivery to these more isolated communities that are not served at all.

Several agencies in Cochise County offer parent education classes. Peer mentors provide advice and support and serve as role models for younger people who need help. Mentoring programs, when carefully designed and well run, provide positive influences for young children and families who may need a little extra attention or who don't have a good support system available to them. This strategy allows for partnership and collaboration with the different agencies and aids in building existing resources and models and allowing the expansion to areas not currently served.

One component of children's readiness for school consists of their language and literacy development. Learning to read and write starts long before first grade and has long-lasting effects. Data on parental reading for children between birth and five years, drawn from the National Survey of Children's Health (2003) indicates that in our state only 43.2 percent of children ages birth through age five years are read to daily, placing Arizona at the bottom of the ranking at 44<sup>th</sup>.

Parents reading frequently to their children provide language and literacy skills that help children learn to read. Helping children to prepare for the challenge of learning to read before school entry is better than helping them catch up later. Reading aloud is the single most important activity for building the knowledge required for eventual success in reading. Children's early experiences with books and print greatly influence their ability to comprehend what they read. Many children in the Cochise Region are at risk for low literacy attainment. Low educational attainment among parents and low income status are risk factors for literacy development. In the region, many children live below the Federal Poverty Level. Other evidence also exists suggesting a need for support of literacy development among young children in the region. One assessment that is used frequently across Arizona Schools – the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) – suggests that many children in the region may be behind in literacy acquisition when they enter Kindergarten.

The Cochise Regional Partnership Council has designated two elements to be included within the Home Visitation strategy: 1) Partnerships with existing community resources are required, to include but not limited to: Rotary clubs and libraries. 2) Funded agencies will include literacy and reading activities with parents, families, caregivers and children of the region with particular attention to the geographic diversity of the region.

**Research Notes:**

Bouhebert, Edith Anne (2008) "Providing the Best for Families Developmentally Appropriate Home Visitation Services" Young Children March 2008 National Association for the Education of Young Children

(2008) "Evidence-Based Childhood Home Visitation Programs" [www.homevisitingcoalition.org](http://www.homevisitingcoalition.org)

(2008) "Children's Trust Evidence Based Home Visiting Programs and Criteria for Inclusion" [www.wcpcon.aw.gov](http://www.wcpcon.aw.gov)

(2007) "Home Visiting Programs: A Brief Overview of Selected Models" Friends Fact Sheet #15 National Resource Center for CBCAP

(2006) Fact Sheet: Home Visiting as an Intervention in Infant Mental Health Florida State University Center for Prevention and Early Intervention Policy; Harris Institute for Infant Mental Health Training

Boulatoff, Catherine and Jump, Vonda K. (2005) "Cost Analysis of a Home Visiting Program to Prevent Child Abuse and Neglect" Early Intervention Research Institute at Utah State University

(1999) "Home visiting: Recent Program Evaluations" The Future of Children Volume 9 number 1 Spring/Summer 1999

**Lead Goal:** FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality diverse and relevant information and resources to support their child's optimal development.

**Goal:** FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
3. Percentage of families of children birth through age five who report they maintain language and literacy rich environments.
4. Percentage of families with children birth through age five who report reading to their children daily in their primary language.

**Target Population:**

This strategy is designed to target all communities in the region with priority given to programs serving pregnant women, teen parents, and grandparents raising their grandchildren, and families with children birth through five. Additionally, priority will be given to programs that will expand their services to rural or un-served areas particularly the NE region of the county.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 - June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	398 families	750-1000 Families	750-1000 Families

**Performance Measures SFY 2010-2012:**

1. Percentage of families that reported satisfaction with information on high quality early care
2. Number of programs and percentage of families that reported satisfaction with provided family support
3. Percentage of families showing increases in parenting knowledge and skill after receiving family support
4. Number of Home Visiting programs
5. Number and percentage of families receiving home visiting services
6. **Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS.**
7. **Circulation of children's books to children's homes in the region/proposed service numbers**
8. **Number of families engaged in literacy support programs in the region**

• How is this strategy building on the service network that currently exists:

Several agencies operate parent education classes and related services. This strategy allows for building on existing resources while allowing for expansion to serve areas or target populations they do not currently serve. There are several agencies in Cochise County that currently operate home visiting programs and related services. The strategy will provide resources to allow existing agencies to expand to serve the North Eastern (i.e. Bowie, Willcox, St. David, and Sunsites) area of Cochise. This strategy targets expansion of those resources to underserved locations in the region.

• What are the opportunities for collaboration and alignment:

As grantees/agencies start to work in the target areas of the county, they will need to network and collaborate with other existing providers to maximize service delivery.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$1,119,289
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**Budget Justification:**

Stand alone parenting classes are less effective than larger programs targeting a higher number of families to create sustainability and infrastructure around family support. A cost of \$5,000 per family for providing a home visiting program was estimated by looking at costs of existing programs within Cochise County including Head Start, Early Head Start, New Visions, Healthy Families, and Early Interventions.

**Strategy 5:**

**Strategy Name: Health and Nutrition**

**Strategy Description:** Collaborate with state and community based organizations to provide outreach, education and guidance on nutrition and prevention of childhood obesity to service providers and parents who work with children birth through age 5. In addition, this strategy will include oral health education and awareness activities to include parent education, community education and outreach related to nutrition and the importance of good oral health for young children and pregnant women.

Childhood overweight has become an epidemic in Arizona. Currently, one in five children is over – weight or at risk of becoming overweight. In the United States, the prevalence of childhood overweight tripled between 1980 and 2000. Every day, more than 13 million preschool age (three to five years) children are in child care settings. With regards to nutrition, improvements in increasing the availability of fruits and vegetables, reducing the use of fried foods, sugar-sweetened beverages, and introducing overall nutrition policies will benefit children birth through age five.

- Arizona has the 2nd highest rate of childhood obesity in the Nation
- More than 1/3 of all children in AZ are obese
- Hispanic and Native Americans make up the largest percent of the obese children in Arizona
- Obesity in children is directly linked to many serious health problems, such as:
  - Type 2 Diabetes ,Metabolic syndrome, High blood pressure, Asthma and other respiratory problems, Sleep disorders, Liver disease, Heart disease, Eating disorders and Skin infections.

Because of the widespread problem of childhood obesity, Cochise County is particularly interested in ensuring that early care and education providers, as well as families, receive guidance around nutrition issues. This topic will be an area of emphasis for individuals working with early care providers and others who work with young children in Cochise County. This strategy is a comprehensive approach to prevent childhood obesity by reaching children, parents, child care staff, and the community.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support for early care and education providers. This strategy will aim to establish networks and partnerships with all community organizations serving children birth through age five, inclusive of Head Starts, school based preschools, Title I Even Start programs, etc. to promote physical activity and obesity management through community outreach and education.

Priority will be given to RFGA applicants who outline a comprehensive and coordinated approach with the child care health consultation model in Quality First participating programs.

Agencies awarded funding will work with regulated and licensed child care settings, schools, faith based organizations and community events in the Cochise Region to provide oral health education for parents of enrolled children and child care staff, including implementing tooth brushing programs to include but not limited to, child care settings, schools, and faith-based programs. Additionally, grantees would utilize outreach materials and the North Carolina Baby Oral Health kit to educate dentists in the need to serve children beginning at age one year and provide them with age appropriate strategies for screening very young children. Outreach materials would include radio media and outreach to medical

providers on the importance of early oral health screenings. In addition, children will be referred to the new oral health strategy (9).

**Research Notes:**

(2008) The American Foundation for Childhood Obesity. <http://www.amffco.com/?p=childhoodObesity>  
 CDC: Overweight Prevalence. [www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm)

**Lead Goal:** FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.

**Goal:** FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse, and relevant information and resources to support their child’s optimal development.

**Key Measures:**

1. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child safety health and well-being.

**Target Population:**

SFY2010: 500-1000 families countywide

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	500-1000 Families	750-1000 Families	750-1000 Families

**Performance Measures SFY 2010-2012:**

1. Number of children enrolled in nutrition and recreation course
2. Number of parents who report increase in physical activity six weeks after course
3. Total number and percentage of children receiving appropriate and timely oral health screenings
4. Total number of child care settings implementing tooth brushing programs

• How is this strategy building on the service network that currently exists:

This strategy builds on the infrastructure that will exist through its implementation statewide. Cochise County will build on the state system by supporting individuals/agencies to serve in the County. This strategy will serve providers that are not participating in Quality First so benefit will be equal. This strategy would link with existing providers that serve as a point of contact for families with young children in their communities and utilize these providers to support dental education and expand services to children beginning at one year of age.

• What are the opportunities for collaboration and alignment:

This strategy aligns with multiple outreach community based education patterned after child care health consultants and other models. In addition, this strategy will link with strategy 1 and strategy 9 while keeping in mind all strategies within the region for referrals and build linkages within the Cochise Region.

<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	
Population-based Allocation for proposed strategy	\$100,000
<b>Budget Justification:</b> The allocation is for agencies to provide physical activity programs, obesity management, and oral health through community outreach and education. The funding amount will include personnel, materials, travel, and supplies.	

**Strategy 9 :**

**Strategy Name: Oral Health**

**Strategy Description:**

**Increase children's access to preventive dental care by expanding oral health screenings, applying fluoride varnishes, sealants, and referring children for follow-up treatment.**

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care, and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

Access to dental care is limited for young children in both the state and the region. Lack of dental coverage may be a contributing factor to lack of oral health among children. According to the 2008 Needs and Assets report oral health has been neglected in Cochise County, and proves to be a huge issue for children and families, within the Cochise Region. Many children within the County are not seen by a dentist until they are between three and four years old.

Dental Health Status of Infants 6-12 months: Decay Experience 11%, Untreated Tooth Decay 11% and Urgent Treatment Needs 5%. Dental health Status of Toddlers 2-5 years: Decay Experience 38%, Untreated Tooth Decay 35% and Urgent Treatment Needs 2%.

Agencies awarded funding would work with regulated and licensed child care settings, community health clinics, and schools in Cochise County to provide oral screenings, fluoride varnish and sealants to children under the age of five years. Additionally, grantees would implement tooth brushing programs in the child care settings and utilize outreach materials to educate dentists in the need to serve children beginning at age on year and provide them with age appropriate strategies for screening very young children.

Specific approaches to implement this strategy include, but are not limited to:

- Outreach to enroll children and families in affordable insurance
- Partnerships that expand access to services in non-traditional settings including homes, public schools, early care and education settings, faith-based community campuses, etc.
- Direct provision of such services as oral health screenings and applying fluoride varnishes and sealants.

**Research Notes:**

**Fluoride Varnish Efficacy in Preventing Early Childhood Caries**

J.A. Weintraub, F. Ramos-Gomez, B. Jue, S. Shain, C.I. Hoover, J.D.B. Featherstone, and S.A. Gansky. *J. Dent. Res.* 2006 85: 172-176.

**Fluoride Varnish Use in Primary Care: What Do Providers Think?**

Charlotte Lewis, Heather Lynch and Laura Richardson. *Pediatrics* February 2005; 115; 69-76.

**Fluoride Varnishes**

Kevin J. Donly, DDS, MS. *Journal of the California Dental Association* 31 (3): 217-19, 2003.

**Professionally Applied Topical Fluoride**

Executive Summary of Evidence-Based Clinical Recommendations

The ADA Regional Council on Scientific Affairs. *The Journal of the American Dental Association* 137: Special JADA Insert, 2006.

**Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.**

**Key Measures:**

Total number and percentage of children receiving appropriate and timely oral health visits.

**Target Population:**

All children in Cochise Region with priority given to children falling into low socio-economic status (free/reduced lunch, 50% of children in centers eligible for DES subsidy). Statistically, these are the highest risk populations for dental issues. In addition, children who are enrolled in Quality First participating sites in the Cochise Region and areas of the region where there is no fluoride added to the water would also receive priority.

	SFY 2011 July 1, 2010 – June 30, 2011	SFY 2012 July 1, 2011 - June 30, 2012	SFY 2013 July 1, 2012 - June 30, 2013
<b>Proposed Service Numbers</b>	3,000 – 5,000 Children and pregnant women	5,000 – 8,000 Children and pregnant women	5,000 – 8,000 Children and pregnant women

**Performance Measures:**

1. Total number and percentage of children receiving appropriate and timely oral health screenings
2. Total number and percentage of children receiving fluoride varnish and sealant treatments
3. Total number of child care settings implementing tooth brushing programs

**SFY 2011 Expenditure Plan for Proposed Strategy**

**Allocation for proposed strategy** \$ 200,000

**Budget Justification:**

Oral screenings, fluoride varnish and sealants two times per year, toothbrush program, and referrals as needed: Estimate includes screening and fluoride varnish supplies, sealants, staff time and tooth brushing supplies. Service numbers 5,000, unit cost \$30 = \$150,000

Mileage reimbursement to travel to various sites through the region = \$30,000

Given the fact that our region is very rural and the size of Rhode Island and Connecticut combined, travel is a must for this strategy.

Administrative Costs: \$20,000