



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Child Development and Health Board
Yavapai Regional Partnership Council

DRAFT Minutes

Call to Order

A Regular Meeting of the First Things First – Yavapai Regional Partnership Council was held on November 12, 2014 at the Yavapai College, Building 2, Room 206, 1100 E. Sheldon Street, Prescott, Arizona, 86301.

Sherry Birch, Chair, called the meeting to order at 9:03 a.m.

Members Present: Sherry Birch, Dr. Kathy Watson, Patricia Bryant, Anne Babinsky, Morgan Dubs, Juanita Setzer, Angela Bradshaw Napper and Dr. Jim Howard. Olga Morris attended telephonically.

Members Absent: Ophelia Tewawina.

Council Member Conflict of Interest Disclosure

Chair Sherry Birch declared a conflict of interest with regard to deliberations concerning any agenda item pertaining to Quality First, TEACH scholarships, Child Care scholarships, REWARD\$, Child Care Health Consultation, Mental Health Consultation and Raising a Reader because she, her staff or center are recipients of these services.

Council Member Patricia Bryant declared a conflict of interest with regard to deliberation concerning any agenda item pertaining to Quality First as her daughter works for a program that receives funding from Quality First.

Approve RPC Meeting Minutes

Vice Chair Dr. Kathy Watson made a motion to approve the minutes of the October 22, 2014 Regular Meeting of the Yavapai Regional Partnership Council, as corrected. The motion was seconded by Council Member Anne Babinsky and passed unanimously.

Call to the Public

Community Member Salli Maxwell provided updates and information with regard to the status of Step Up for Kids.

Review and Discussion of Approved SFY2016 Regional Funding Plan

Regional Director Lisa Blyth highlighted information pertaining to: Head Start and Early Head Start programming in the region; comparison of funding and target service unit changes from SFY15 to SFY16; the SFY14 regional strategy actual expense and TSU's; an overview of SFY16-18 of the regional funding plan; and considerations for scopes of work for SFY16 RFGA's.

Review, Discuss and Possible Approval of SFY2016 Quality First Strategy

Vice Chair Kathy Watson identified that Council Member Patricia Bryant had a conflict of interest pertaining to a vote that was made on October 22, 2014 in regard to Quality First. Therefore, the Council to vote again on the Quality First Strategy with Council Member Patricia Bryant abstaining. Council Member Anne Babinsky made a motion that the Yavapai Regional Partnership Council approve the Quality First Strategy package for 33 centers and 4 homes, with an estimated funding allotment of \$528,559. The estimated amounts included in this motion will be updated and finalized according to the Quality First model and the Quality Ratings of the enrolled sites and brought back to the Regional Council at a future meeting. The Quality First package includes the following strategies for enrolled providers: Quality First Academy; Quality First Coaching and Incentives and Specialized Technical Assistance. The motion was seconded by Council Member Angela Bradshaw Napper and passed with a majority of votes. Chair Sherry Birch also abstained.

Community Outreach Report

Community Outreach Coordinator Jennifer Hernandez reported on a number of updates regarding the Community Outreach Plan and benchmarks including: networking events; presentations and outreach event; and Healthy Families – Parents as Teachers Playgroup.

Quality Assurance Site Visit Updates

Regional Director Lisa Blyth reported on the Quality Assurance site visits that were conducted with Nurse Family Partnership and Parents as Teachers which include highlights, services, enrollment and progress.

Regional Director's Report

Regional Director Lisa Blyth reported on a number of updates including: Yavapai Apache Nation relationship building; PIECE/Early Childhood Development Board; Child Care Health Consultation and Smart Support collaboration meeting; Early Childhood Learning Community; the governance policy revision and the Yavapai County Community Health Services Community Health Improvement Plan.

Discussion and Possible Approval of Regional Partnership Council Meeting Schedule for 2015 Calendar Year

Regional Director Lisa Blyth discussed two options for 2015 Yavapai Regional Partnership Council Meeting schedule. Vice Chair Dr. Kathy Watson made a motion that the Yavapai Regional Partnership Council approve Calendar B with a correction that the November date be held on Tuesday November 10, 2015. The motion was seconded by Council Member Morgan Dubs and passed unanimously. The locations of the meetings were also discussed and agreed to be held throughout the County.

Regional Council Member Updates and Report

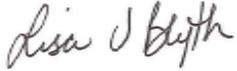
Regional Director Lisa Blyth provided Council Members a summary of the feedback they provided immediately following the 2014 First Things First Summit, and Council Members shared their perspective on the Summit. Chair Sherry Birch discussed the faith based meetings and their efforts to engage the community about First Things First. Council Member Anne Babinsky shared an event being held by the Family Enrichment Center on March 30th, 2015 Framing the Future luncheon at Yavapai College. Chair Sherry Birch also discussed the Sonshine Annual Trike-a-Thon on the 21st of November from 9:00 a.m. to 11:00 a.m. There will also be a community event to decorate the Heritage park with Christmas displays on December 5th, 2014

Next Meeting

The next Regular meeting of the Regional Partnership Council is scheduled for December 10, 2014 at 9:00 a.m. in Prescott Valley.

Adjournment

There being no further business, Council Member Angela Bradshaw Napper moved to adjourn the meeting. The motion was seconded by Chair Kathy Watson and passed unanimously. Chair Sherry Birch adjourned the meeting at approximately 10:28 a.m.



Lisa Blyth, Yavapai Regional Director

Approved:

Sherry Birch, Chair

December 10, 2014

YAVAPAI SCHOOL READINESS INDICATORS (ATTACHMENT 2)

School Readiness Indicators	Intent, Alignment and Measures	Related Strategies	Short Term Key Measures
<p>Kindergarten Readiness: #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p>	<p>Intent of indicator is to increase the number of children with equal opportunity to be successful and school and close the achievement gap before kindergarten entry.</p> <p>Aligned to 4 Priority Roles in areas of Early Learning, Professional Development, and Family Support and Literacy.</p> <p>Data: The baseline and benchmark data for this indicator is not yet available. Benchmark related to developmental domains of social-emotional, language and literacy, cognitive, and motor and physical to be recommended in FY15 based on baseline data from Arizona kindergarten developmental inventory.</p>	<p><i>The strategies listed are suggested strategies that align with the School Readiness Indicators and will likely contribute to meaningful progress on indicator benchmarks over time. It is important to note that strategies included cover multiple goal areas. Determining the appropriate strategies for a region is dependent on the prioritized needs and populations identified as the primary target. This list is not intended to be inclusive, and other FTF strategies not listed may also lead to progress toward benchmarks.</i></p> <ul style="list-style-type: none"> • Quality First • Quality First Child Care Scholarships • Mental Health Consultation • Child Care Health Consultation • Expansion: Increase slots and/or capital expense • Scholarships TEACH • FTF Professional REWARD\$ • Community Based Professional Development Early Care and Education Professionals • Developmental and Sensory Screening • Home Visitation • Native Language Enrichment • Family, Friends & Neighbors 	<p><i>The Key Measures listed below are measures that FTF may use to collectively track short term, interim progress toward achieving benchmarks on School Readiness Indicators. (These measures do not replace the School Readiness Indicators and although they will be tracked on a regular basis, they will not be benchmarked. They are not intended to have a 1:1 alignment with any one particular strategy nor do they directly correlate with the School Readiness Indicator.)</i></p> <p>% of early care and education settings with a Quality First rating of 3-5 stars.</p> <p># FFN providers reporting increase in confidence and competence in caring for children as measured using the CCATR (Child Care Assessment for Relatives) tool.</p> <p>#/% of children with newly identified developmental delays during kindergarten</p> <p>% of families with children birth through age five who report reading to their children daily.</p> <p>#/% of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p>
<p>Quality Early Education: #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.</p> <p>Quality Early Education Benchmark A: 80% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.</p> <p>Quality Early Education Benchmark B: 30% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.</p>	<p>Intent of indicator is to increase the number of children with access to affordable high quality early learning programs.</p> <p>Aligned to 2 Priority Roles in area of Early Learning.</p> <p>Data will be available through the FTF Quality First data system at the statewide and regional levels.</p>	<ul style="list-style-type: none"> • Quality First • Quality First Child Care Scholarships • Expansion: Increase slots and/or capital expense • Mental Health Consultation 	<p>The School Readiness Indicator is also appropriate as a short-term indicator.</p>

School Readiness Indicators	Intent, Alignment and Measures	Related Strategies	Short Term Key Measures
<p>Well Child Visits: #/% of children receiving timely well child visits</p>	<p>Intent of indicator is to increase the number of children with consistent well child visits where there is higher opportunity for immunizations, appropriate screenings and early identification of development delays, other medical healthcare, and support for family members to understand their child's health.</p> <p>Aligned to 1 Priority Role in area of Health.</p> <p>Data: The baseline and benchmark data for this indicator is not yet available. FTF has been working with AHCCCS to access this data at the county level. We are continuing our efforts to get the data in FY 15.</p>	<ul style="list-style-type: none"> • Prenatal Outreach • Developmental and Sensory Screening • Child Care Health Consultation • Care Coordination/Medical Home • Home Visitation 	<p>#/% of children without health insurance.</p> <p># of children with a medical home.</p> <p>#/% of communities with a shortage of primary care medical providers.</p>
<p>Confident Families: % of families who report they are competent and confident about their ability to support their child's safety, health and well being</p> <p>67% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.</p>	<p>Intent of indicator is to increase the number of families who report they are competent and competent to support their child.</p> <p>Aligned to 1 Priority Role in areas of Family Support and Literacy.</p> <p>Data is currently obtained as a composite of several measures in the FTF Family and Community Survey.</p>	<ul style="list-style-type: none"> • Prenatal Outreach • Home Visitation • Parent Education Community-Based Training • Parent Outreach and Awareness • Native Language Enrichment • Family, Friends & Neighbors 	<p>% of families are satisfied with the availability and quality of information on early childhood services.</p> <p>% of children birth to five screened for developmental or sensory delays.</p> <p>% of families that report they understand basic health information and services needed to make appropriate health decisions.</p>

Attachment 3

Information to consider regarding Scopes of Work (From 2014 Yavapai Regional Needs and Assets)

- **Population** - Majority of children 0-5 live in Verde – Camp Verde, Clarkdale, Cornville, Cottonwood, Jerome, Lake Montezuma, Verde Village. Also highest number of grandparents raising grandchildren.

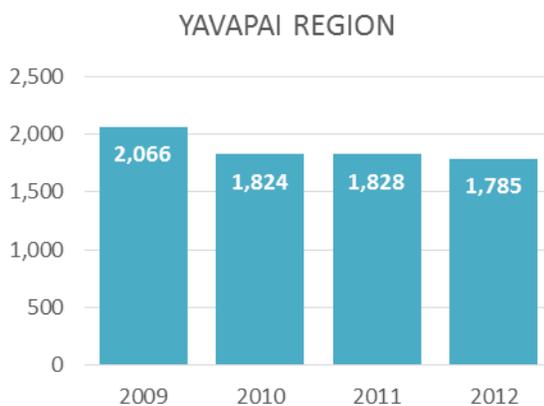
- **Education:**

Preschool Enrollment

GEOGRAPHY	2010 CENSUS PRESCHOOL- AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Yavapai Region	4,380	30%
Ash Fork community	53	-
Bagdad community	79	71%
Chino Valley community	749	42%
Cordes Junction community	101	0%
Prescott community	683	43%
Prescott Valley community	1,075	14%
Sedona community	196	21%
Yavapai Northeast community	1,374	34%
Yavapai South community	70	0%
Yavapai-Apache Nation Reservation	23	-
Yavapai County	4,336	30%
Arizona	185,196	34%

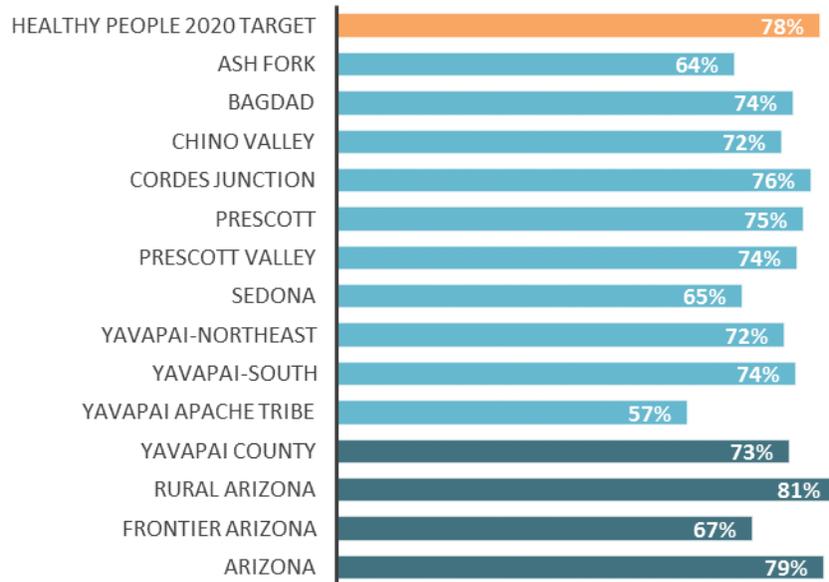
- Local Education Agency areas with less than 70% passing on Math and Reading AIMS tests: Sedona, Yarnell, Mayer, Canon (Black Canyon City), Beaver Creek
- **Births and pre-natal care** - the percent of births with low birth weight have been increasing in the region, and in 2012 rose to the highest in four years (7.9%), as did the percent of pre-term births with a high of 10 percent in 2012. The percentage of births to teen mothers has fallen since 2009, with 10 percent of births to teen mothers in 2012, just above the state percentage (9%).

Number of births per calendar year

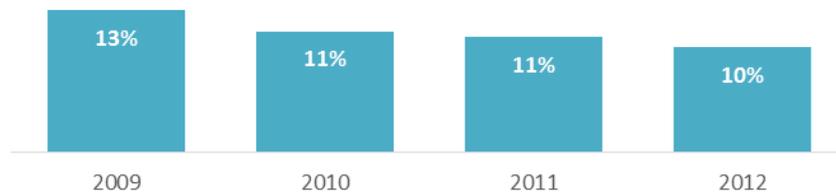


Attachment 3

Average percent of births with prenatal care begun in first trimester



Percent of Births to Teen Mothers by Year in Yavapai Region



- **Behavioral Health:**

Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.” When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior. A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations.

Recommendations to achieve a comprehensive system of infant and toddler mental health services would include; 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for

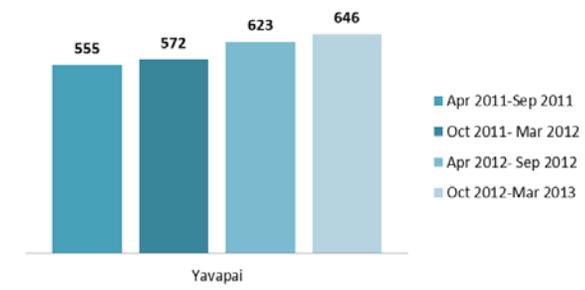
Attachment 3

mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.

The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.

- **Child Welfare** - The number of children removed between the ages of birth and five has increased from 2011 to 2013, in the region (+30%), the county (+31%) and the state (+35%).

Figure 1: Child welfare reports in Yavapai County (April 2011- March 2013)



- **Parental Involvement** - Families in the Yavapai Region were slightly more likely to report reading to their children (57%) and drawing with their child (54%) six or seven days a week compared to families across the state (51% and 47% respectively).
- **Coordination** - A need for improved service coordination – To address the varied level of service coordination and collaboration across communities in the Yavapai Region and to begin to address the “mountain effect.”
- Fewer services and resources available in smaller, more rural communities

Yavapai Regional Partnership Council
Director's Report: November 2014

UPDATES

- A. Verde Community Health Improvement Planning (CHIP)
 - Health Impact Assessment
 - Telemedicine
 - Paramedicine
 - Transportation
 - Oral Health

- B. Quad City Community Health Improvement Planning (CHIP)
 - YRMC Care Coordination
 - Mental Health First Aid
 - Mobile Health Clinic

- C. Child Care Coalition
 - 2015 Conference set for September 26, 2015 at Hassayampa

- D. Big and Little Kids Book Production
 - Production is on target and progressing

- E. Faith Forum
 - Serving on FTF committee
 - Next forum scheduled for February 4, 2015

- F. 2015 Yavapai Regional Partnership Council Meeting Schedule ([Attachment #5](#))

COMMUNITY MEETINGS

- A. Verde Valley CHIP – November 19
- B. Cottonwood Quality First center tours – November 19
- C. Verde Community Calendar Meeting – November 19
- D. Quad City CHIP – December 4

ADDITIONAL INFORMATION

This section will provide updated information about events or topics taking place between the posting of the meeting notice and the Regional Partnership Council meeting.

YAVAPAI REGIONAL PARTNERSHIP COUNCIL

2015 MEETING SCHEDULE

The Yavapai Regional Partnership Council will hold regular meetings from 9:00 a.m. to 11:00 a.m., with the exception of September and October meeting times, which will be 9:00 a.m. – 12:00 p.m. Most regular meetings will be held the 4th Wednesday of the month. The October meeting will be held on the 3rd Wednesday of the month; the November meeting will be held on the 2nd Tuesday of the month; the December meeting will be held on the 2nd Wednesday of the month. The regular meetings for January, April, July and October will be held in a Verde Valley location.

DATE	LOCATION
Wednesday, January 28, 2015	East Yavapai
Wednesday, February 25, 2015	Retreat
Wednesday, March 25, 2015	West Yavapai
Wednesday, April 22, 2015	East Yavapai
Wednesday, May 27, 2015	West Yavapai
Wednesday, June 24, 2015	West Yavapai
Wednesday, July 22, 2015	East Yavapai
August 24 & 25, 2015	No Meeting - SUMMIT
Wednesday, September 23, 2015	West Yavapai
Wednesday, October 21, 2015	East Yavapai
Tuesday, November 10, 2015	West Yavapai
Wednesday, December 9, 2015	West Yavapai