

**SOUTH PHOENIX REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012**

OVERVIEW OF THE THREE-YEAR STRATEGIC DIRECTION

The South Phoenix Regional Partnership Council began its strategic planning process in August 2008. The Regional Partnership Council began by reviewing the needs and assets of the region, taking into consideration the regional needs and assets report, community input, experience of leadership and key stakeholders in the region, and community reports and data. The South Phoenix Regional Partnership Council then committed to over 20 hours of strategic planning that included the prioritization of needs, goals, and strategies. The combined expertise of strategic planning, budget oversight, grant writing, and other professional knowledge totaled over 130 years of experience for the South Phoenix Regional Partnership Council which was evident in the process that originally yielded 38 strategies. From this review the Council identified the priority needs to be addressed with First Things First funding. The Regional Council ended the process by holding a two-day back- to-back council meeting to conduct final review and approval of the prioritized strategies.

Regional Needs and Assets

Despite recently plummeting home sales and increased immigration enforcement, the South Phoenix Region continues to experience higher than state average population increases. The 0-5 population grew by more than 32 percent. In 2007, over 47,000 children ages 0-5 lived in the South Phoenix Region.

Population growth for children ages 0-5 years

	2000	2007	% Change
South Phoenix Region*	35,259	47,247	+32%
Phoenix	381,833	480,491	+26%
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

Source: US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

Young children living in Phoenix are primarily Hispanic or Latino. In 2006, 62 percent of the births in Phoenix were to Hispanic or Latino women. Fifty-five percent of children in Phoenix are low income, living at or below 200 percent of the Federal Poverty Level. Sixty-nine percent of such children live in immigrant households, according to KidsCount 2006.

Access to high quality early care and education appears to be a significant issue for the region. There are only ten NAEYC accredited early care and education programs in region. There are 95 licensed child care centers (including public school sites) and 76 regulated small group homes. While no data on

unregulated care is available, it appears that many of the children in the region are being cared for in unregulated homes, or by family members. The Child Care Resource and Referral database have identified 355 family care homes in the South Phoenix Region. These homes are in addition to licensed and regulated sites in the region. Total capacity for early care and education of the region in regulated care is an estimated 8,729—slots slightly over 5,600 young children are enrolled in these programs. According to Child Care Resource and Referral, there is an estimated capacity to serve 4,499 infants and toddlers. With nearly half the total 0-5 regional population between ages 0-2, there are a projected 66-88 percent of infants and toddlers left without the opportunity to access quality care.

A pressing concern of the South Phoenix Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region. The professionals serving children in these regulated settings are slightly less likely to be credentialed than their counterparts statewide. Sixty-five percent of teachers in the region do not have a degree. Identified needs for professional development based on key informant interviews with program administrators in the region include:

- Lack of programs assisting administrators in obtaining required early education and child development training, and professional development opportunities.
- Low numbers of administrators in the region with college degrees or a Director's Certificate. This certificate program is designed to prepare child care administrators to institute center practices (both business and environment) that meet NAEYC and other accreditation standards examples include the Rio Salado Community College Arizona Director's Academy.
- Lack of comprehensive professional development training for child care administrators that includes mentoring and coaching.

The cost and affordability of early care and education is also a pressing issue. The table below presents the average cost for families, by type, of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children should be lower for very young children and the care of very young children demands care provider skill sets that are unique.

South Phoenix Region - Average Daily Charges by Provider Type and Age of Child						
	2004			2006		
	Infant	Toddler	Preschool	Infant	Toddler	Preschool
Group Homes	\$22.87	\$21.29	\$19.67	\$23.65	\$21.98	\$21.98
Licensed Centers	\$27.99	\$26.80	\$23.76	\$28.74	\$24.40	\$21.98
In Home Care	\$25.00	\$25.00	\$24.00	\$25.00	\$23.20	\$19.80
DES Certified Homes	\$21.10	\$19.79	\$21.10	\$23.34	\$22.05	\$20.68
Alt. Approved Homes	\$14.21	\$13.59	\$14.21	\$15.03	\$13.89	\$13.34
Non-Regulated Homes	\$20.70	\$16.69	\$20.70	\$23.20	\$21.50	\$20.47

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8000 for an infant in a licensed center to about \$5900 for before and after school care in a family child care home. The cost of infant care represents about 12 percent of the median family income of Arizona married couples with children under 18. It represents 22-30 percent of the median income of a single parent female-headed family in Arizona.¹

Access to high quality care and education is not the only issue facing children and families in the South Phoenix Region. Access to health care is also among the top concerns for the region. Many children in the region are uninsured, lacking access to appropriate health care. A 2007 report entitled *Health Insurance in Arizona: Residents of Maricopa County* provides estimates that there are nearly 10,000 children ages 0-9 in the South Phoenix Region without insurance.

Other concerns related to health and development also emerged as part of the Regional Council's needs and assets data collection process. Feedback from the United Way South Central School Readiness Partnership community stakeholders, reported that there was a need to educate parents about developmental delay, and to provide parents access to screenings more broadly. Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development.

According to trainers and screeners associated with the Arizona Department of Health Services who currently serve the South Phoenix Region, there is increased need to screen more 3-5 year old children as this segment of the population is increasing exponentially. Sensory screenings provide parents of pre-school aged children an early opportunity to identify possible deficits in a child's vision or hearing. Unfortunately, it appears that not enough of these early vision and hearing screenings are occurring among young children in the region.

Access to dental care is also limited for young children in both the state and the South Phoenix Region. In 2003, 10 percent of children ages 6-8 in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay.² Early oral health prevention

¹ Source: NACCRA Fact Sheet: 2008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>.

² Source: Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

including the use of dental checkups and sealants decrease the need for urgent dental care as noted by Arizona Department of Health report, *The Oral Health of Arizona's Children Current Status, Trends and Disparities November 2005*. Lack of a medical or dental home for families was also noted in *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*. The same report also suggests early prevention and dental screening could prevent the use of emergency care.

Emergency rooms are used for non-emergency situations by both the insured and uninsured when there is no primary care physician for families with young children. According to the *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*, families in poverty residing in the South Phoenix Region are using St. Joseph Hospital and Medical Center (SJHMC) emergency room more frequently for non-emergencies visits than emergencies. Such findings suggest that a lack of a medical home may be a major issue in the South Phoenix Region. Lack of a medical or dental home is also an indicator for possible lack of proper health and dental screenings.

Many children in the South Phoenix Region face struggles from the very start of life. The region has a high number of teen parents, who are likely to be less prepared to parent than their older counterparts. The area also has a rate of preventable infant deaths, many of which can be attributed to the mother's health prior to and during pregnancy. According to Census data from 2006, the number of mothers ages 19 years or younger, as well as the number of unwed mothers, was significantly higher in the communities of Phoenix and Laveen. In specific areas of the South Phoenix Region, the rate of teen births is significantly higher than Phoenix as a whole. Data from six census tracts from 2006 reveals teen birth rates of 16 percent or higher. (Data is for census tract numbers: 1138.00, 1143.01, 1148.00, 1153.00, 1155.00, and 1161.00). The percent of unwed mothers in the region is also high. Both Phoenix and Laveen have high rates of births to unwed mothers at 54 and 37 percent respectively. In the six U.S Census tract areas listed above, the percent of unwed mothers ranged from 16 to 54 percent.

Children in the South Phoenix Region are exposed to numerous risk factors, requiring sustainable actions to protect their physical, emotional, social and behavioral health. There is an extremely high rate of crime and family criminality in the 85040 and 85041 (South Mountain) zip code areas, which has long-term negative effects on the physical, social, and emotional well-being of children, especially children of prisoners. In 2004, the South Mountain area had a prison admission rate of 12.3 admissions per 1,000 people compared to a statewide rate of 4.81 admissions per 1,000, as reported by the Arizona Department of Corrections. South Mountain makes up 1.1 percent of the State's resident population but is home to 6.5 percent of the State's prison population. There are approximately 1,360 children of prisoners living in either 85040 or 85041 on any given day.

Children in the region also appear to lack adequate school preparedness as they enter kindergarten. Many of the children entering school fall far below their counterparts on the DIBELS³ assessment – one indicator of literacy preparedness. Elementary students enrolled in the South Phoenix Region's school districts fall far below state averages for reading, writing, and math by third grade. As noted in the *First Things First South Phoenix Regional Needs and Assets Report 2008*, the region's fastest growing segment of 0-5 population is among Hispanic children. While the need for the expansion of comprehensive Pre-K

³ The DIBELS (Dynamic Indicators of Basic Literacy Skills) is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year.

programming is important to the overall 0-5 low income population, Hispanic children - and to a lesser degree African-American children - appear to be experiencing school readiness challenges at higher than average proportions, which evidence proves can be countered by a quality Pre-K school environment.

The South Phoenix Regional Partnership Council is embarking on a daunting task of assisting young children and families facing numerous challenges. Nonetheless, the region possesses much strength to propel the work of the regional council and build regional capacity. Assets include schools, faith groups, community-based agencies, community health centers, and nontraditional partners that are invested in the well being of children and families.

The Regional Council has undertaken a strategic planning process by holding several focus groups to increase the Regional Council's understanding of the existing local resources and identify the needs that are most pressing. Based upon the needs and assets of the region, the South Phoenix Regional Partnership Council has prioritized the following needs to address in the next three-year period:

1. Lack of quality early care and education
2. Enrolling eligible, uninsured children in state health care and utilization of preventative health care
3. Availability of quality professional development opportunities for 0-5 providers
4. Lack of services and support for family, friend, and neighbor care
5. Limited capacity in existing preschools serving low income children
6. Lack of access to health screenings : oral, physical, developmental
7. Lack of access to pre-natal/postnatal services and support
8. Affordable early care and education
9. Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children
10. Access to parent education, information, and support
11. Limited number of effective, comprehensive family support programs (strength-based) including home-visiting programs
12. Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts
13. Accurate and comprehensive regional data to develop strategies

Prioritized Goals and Key Measures

The South Phoenix Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

1. **Need: Lack of Quality early care and education**

Goal # 1: FTF will improve access to quality early care and education programs and settings.

Goal # 8: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree
- Increase in the number of centers with access to health care consultants.
- Increase in the number of children/families receiving services
- Increase in the total number of home-based providers participating in a quality enhancement program
- Increase in the total number of children whose child care providers participating in a quality enhancement program
- Total number and percentage of home-based child care providers participating in a quality enhancement program with a high level of quality as measured by a standardized rating scale (e.g., FDCRS; CCAT-R) ****POSSIBLE NEW MEASURE****
- Total number and percentage of home-based child care providers participating in a quality enhancement program who have enhanced their quality scores as measured by a standardized rating scale (e.g., FDCRS; CCAT-R) ****POSSIBLE NEW MEASURE****
- Increase in number of licensed slots for home-based child care
- Total number of early care and education programs participating in the QIRS system
- Total number of children enrolled in early care and education programs participating in the QIRS system
- Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score
- Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree

2. **Need: Enrolling eligible, uninsured children in state health care and use of preventive health care**

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 and relevant information and resources to support their child's optimal development.

Key Measures:

- Total number and percentage of children with health insurance
- 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

3. Need: Lack of availability of quality professional development opportunities for 0-5 providers

Goal #8: FTF will build a skilled and well prepared early childhood development workforce.

Goal#1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number and percentage of professionals (especially administrators) working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals (especially administrators) working in early childhood care and education who are pursuing a credential, certificate, or degree
- Retention rates of early childhood development professionals
- Total number and percentage of early care and education programs participating in a quality enhancement program improving their environmental rating score ****Possible New Measure****
- Total number and percentage of programs participating in comprehensive administrative professional development programs that have increased their scores on the Program Administrative Scale (Talan & Bloom, 2004) ****Possible New Measure****

4. Need: Lack of services and support for family, friend, neighbor providers

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.

Goal #1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Increase in the total number of home-based providers participating in a quality enhancement program
- Increase in the total number of children whose child care providers are enrolled in participating in a quality enhancement program

- Total number and percentage of home-based child care providers participating in a quality enhancement program with a high level of quality as measured by a standardized rating scale (e.g., FDCRS; CCAT-R) ****Possible New Measure****
- Total number and percentage of home-based child care providers participating in a quality enhancement program who have enhanced their quality scores as measured by a standardized rating scale (e.g., FDCRS; CCAT-R) ****Possible New Measure****
- Increase in number of licensed slots for home-based child care

5. **Need: Limited capacity in existing preschools serving low income children**

Goal #3: FTF will increase availability and affordability of early care and education settings.

Goal #1: FTF will improve access to quality early care and education programs and settings.

Goal #2: FTF will lead efforts to improve early care and education regulatory and monitoring standards as a foundation for quality in early care and education settings.

Key Measures:

- 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 programs as a proportion of total population birth to age five

6. **Need : Lack of access to health screenings : oral, physical, developmental**

Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.

Goal# 6: FTF will expand use of early screening in health care settings to identify children with developmental delays.

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 and relevant information and resources to support their child's optimal development.

Key Measure:

- Ratio of children referred and found eligible for early intervention
- Percent of children receiving a developmental and behavioral health screening in their early care and education setting
- Percent of children receiving developmental and behavioral health screening by a health professional in the last year
- Total number and percentage of children receiving appropriate and timely oral health visits

- Total number and percentage of children receiving appropriate and timely well-child visits
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

7. Need: Access to pre-natal/postnatal services and support

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.

Key Measures:

- 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

8. Lack of affordable early care and education

Goal # 3: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five
- Current cost of early care and education for families as a proportion of the median income for a family of four

9. Need: Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children

Goal #10: FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Goal #4: Collaborates with systems to improve access to quality health and mental health care.

Key Measures:

- Total number and percentage of children receiving timely and appropriate health and mental health services
- Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area
- Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area

10. Need: Access to parent education and information

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.

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.

Key Measures:

- 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 five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)

11. Need: Limited number of effective, comprehensive family support programs (strength-based) including home-visiting programs

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.

Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- 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

12. Need: Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts

Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures:

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters

13. Need: Lack of accurate and comprehensive regional data to develop strategies

Goal #14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.

Key Measures:

- Total number and percentage of public and private partnerships using the database who report the information to be accurate
- Total number and percentage of public and private partnerships using the database who report the information to be helpful in determining outcomes and promoting continuous improvement

Strategy Selection

The proposed strategies build on the foundational strategic planning of the South Phoenix Regional Partnership Council. These preliminary strategies will serve as the beginning of the work of our Regional Council—the initial stages of improving the services to families and children. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase the coordination, communications, and efficiency of our early childhood system.

The South Phoenix Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
Lack of quality early care and education	Goal # 1: FTF will improve access to quality early care and education programs and settings.	Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development.	Strategy #1: Expand access to T.E.A.C.H. Early Childhood Arizona
	Supporting Goal # 8: FTF will build a skilled and well prepared early childhood development workforce.	Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.	Service numbers: Year one: 25 Year two: 50 Year three: 100
		Increase in the number of centers with access to health care consultants.	Strategy #2: Increase child care health care consultants and mental health consultants to improve children’s health, safety and quality of interactions with providers and increase early identification of
		Increase in the number of children/families receiving services.	

		<p>Increase in the total number of home-based providers participating in a quality enhancement program.</p> <p>Increase in the total number of children whose child care providers are enrolled in participating in a quality enhancement program.</p> <p>Total number and percentage of home-based child care providers participating in a quality enhancement program with a high level of quality as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).</p> <p>Total number and percentage of home-based child care providers participating in a quality enhancement program who have enhanced their quality scores as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).</p>	<p>health or developmental concerns.</p> <p>Service numbers: 90 percent total licensed and regulated centers and homes</p> <p>Strategy # 3: Support outreach and training for home-based child care providers, including family, friend and neighbor child care providers to enhance quality and/or build capacity.</p> <p>Service numbers: 500-800 children a year</p>
		<p>Increase in number of licensed slots for home-based child care.</p> <p>Total number of early care and education programs participating in the QIRS system.</p> <p>Total number of children enrolled in early care and education programs participating in the QIRS system.</p> <p>Total number and percentage of early care and education programs participating in the QIRS system with a high level</p>	<p>Strategy #4: Expand the enrollment of early care and education programs serving low income infants and toddlers in Quality First!</p> <p>Service numbers: 10 percent of total number of licensed centers and group homes</p>

		<p>of quality as measured by an environmental rating scale.</p> <p>Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score.</p> <p>Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development.</p> <p>Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.</p>	
<p>Enrolling eligible, uninsured children in state health care and use of preventive health care</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>Supporting 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>Total number and percentage of children with health insurance.</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.</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>Strategy #5: Conduct health insurance outreach and enrollment assistance for eligible children.</p> <p>Service Numbers: 2000 applications 1000 new children enrolled in KidsCare or Medicaid</p>
<p>Lack of availability of quality professional development opportunities for 0-5 providers</p>	<p>Goal #8: FTF will build a skilled and well prepared early childhood development workforce.</p> <p>Supporting Goal #1: FTF will improve access to quality early care and education</p>	<p>Total number and percentage of professionals (esp. administrators) working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</p> <p>Total number and percentage of professionals (esp.</p>	<p>Strategy #6: Fund comprehensive professional development models (e.g., workshops plus hands-on coaching or mentoring) that include a specific focus on enhancing</p>

	<p>programs and settings.</p>	<p>administrators) working in early childhood care and education who are pursuing a credential, certificate, or degree.</p> <p>Retention rates of early childhood development professionals.</p> <p>Total number and percentage of early care and education programs participating in a quality enhancement program improving their environmental rating score.</p> <p>Total number and percentage of programs participating in comprehensive administrative professional development programs that have increased their scores on the Program Administrative Scale (Talan & Bloom, 2004).</p>	<p>administrative, leadership, and business skills. Funding should include training programs that target home-based and/or center-based regulated child care.</p> <p>Service numbers: 50-90 child care professionals</p>
<p>Lack of services and support for family, friend, neighbor providers</p>	<p>Lead 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>Supporting Goal #1: FTF will improve access to quality early care and education programs and settings.</p>	<p>Increase in the total number of home-based providers participating in a quality enhancement program.</p> <p>Increase in the total number of children whose child care providers are enrolled in participating in a quality enhancement program.</p> <p>Total number and percentage of home-based child care providers participating in a quality enhancement program with a high level of quality as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).</p> <p>Total number and percentage of home-based child care providers participating in a quality enhancement program</p>	<p>Strategy # 3 (previously listed): Support outreach and training for home-based child care providers, including family, friend and neighbor child care providers to enhance quality and/or build capacity.</p> <p>Service numbers: 500-800 children a year</p>

		<p>who have enhanced their quality scores as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).</p> <p>Increase in number of licensed slots for home-based child care.</p>	
Limited capacity in existing preschools serving low income children	<p>Lead Goal #3: FTF will increase availability and affordability of early care and education settings.</p> <p>Supporting Goal #1: FTF will improve access to quality early care and education programs and settings.</p> <p>Supporting Goal #2: FTF will lead efforts to improve early care and education regulatory and monitoring standards as a foundation for quality in 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.</p> <p>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.</p>	<p>Strategy #7: Expand Pre-K slots for children ages 3-5, enhancing access to high quality care and education for at-risk children who are most likely to benefit from such experiences.</p> <p>Service numbers: 200 slots</p>
Lack of access to health screenings: oral, physical, developmental	<p>Lead Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Supporting Goal# 6: FTF will expand use of early screening in health care settings to identify children with developmental delay.</p> <p>Supporting Goal#4: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p> <p>Supporting Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and</p>	<p>Ratio of children referred and found eligible for early intervention.</p> <p>Percent of children receiving a developmental and behavioral health screening in their early care and education setting.</p> <p>Percent of children receiving developmental and behavioral health screening by a health professional in the last year</p> <p>Total number and percentage of children receiving appropriate and timely oral health visits.</p> <p>Total number and percentage of children receiving appropriate and timely well-child visits.</p> <p>Percentage of families who</p>	<p>Strategy #8: Conduct health, dental, sensory and developmental screenings of young children, and educate parents and caregivers about the importance of early screenings for their children.</p> <p>Service numbers: 20,000 screenings across all health domains</p>

	relevant information and resources to support their child’s optimal development.	report they are satisfied with the level of coordination and communication among agencies serving their children.	
Lack of access to pre-natal/postnatal services and support	Lead 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.	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.	Strategy #9: Establish or expand a comprehensive prenatal/postnatal outreach, support, and information program for parents in the South Phoenix Region. Service numbers: 80-1000 families
Lack of affordable early care and education	Lead Goal #3: FTF will increase availability and affordability of early care and education settings. Supporting Goal #1: FTF will improve access to quality early care and education programs and settings. Supporting Goal #2: FTF will lead efforts to improve early care and education regulatory and monitoring standards as a foundation for quality in early care and education settings.	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 programs as a proportion of total population birth to age five.	Strategy #7 (previously listed): Expand Pre-K slots for children ages 3-5, enhancing access to high quality care and education for at-risk children who are most likely to benefit from such experiences. Service numbers: 200 slots
Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children	Lead Goal #10: Enhances specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.	Total number and percentage of children receiving timely and appropriate health and mental health services. Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate,	Strategy #10: Increase the number of health and mental health specialists with expertise in the 0-5 population by providing scholarships to new professionals in the field and supporting continuing education for

	<p>Supporting Goal #4: Collaborates with systems to improve access to quality health and mental health care.</p>	<p>or degree in early childhood development or other appropriate specialty area.</p> <p>Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area.</p>	<p>existing health and mental health professionals.</p> <p>Service numbers: 20 graduate certificate scholarships</p> <p>11 degreed program scholarships</p>
<p>Lack of access to parent education and information</p>	<p>Lead 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 families.</p> <p>Supporting 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>Supporting 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 competent and confident about their ability to support their child's safety, health, and well-being.</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.</p> <p>Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).</p>	<p>Strategy #11:</p> <p>Increase availability/capacity of resource centers linking families to family support services.</p> <p>Service numbers:</p> <p>11 sites serving 100 families per site = 1,100 families</p>
<p>Limited number of effective, comprehensive family support programs</p>	<p>Lead Goal#11: FTF will coordinate and integrate with existing education and information systems to</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of</p>	<p>Strategy #12:</p> <p>Create or expand home visiting programs to</p>

<p>(strength-based) including home-visiting programs</p>	<p>expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.</p> <p>Supporting Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<p>information and resources on child development and health.</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>provide family support, using a combination of the “Parents As Teachers” model for at-risk families, and the “Nurse Family Partnership” model for first-time parents including African-American and Hispanic women and/or teen parents.</p> <p>Service numbers: 375-450 families, PAT 250 families, Nurse Family</p>
<p>Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts</p>	<p>Lead 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.</p>	<p>Strategy #13: Engage in a communications campaign that works in partnership with other Regional Partnership Councils and the FTF Board.</p> <p>Service numbers: TBD</p>

<p>Lack of accurate and comprehensive regional data to develop strategies</p>	<p>Lead Goal#14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>	<p>Total number and percentage of public and private partnerships using the database that reports the information to be helpful in determining outcomes and promoting continuous improvement.</p> <p>Total number and percentage of public and private partnerships using the database that reports the information to be accurate.</p>	<p>Strategy #14: Collect and analyze regionally specific data and information needed to inform strategy development and implementation in the South Phoenix Region, partnering with FTF staff and consultants to ensure efficiency and effectiveness of such efforts.</p> <p>Service Numbers: three completed research reports: unregulated care, health across all domains, and school readiness.</p>
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Strategy 1: Expand access to T.E.A.C.H. Early Childhood Arizona.

A pressing concern of the South Phoenix Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the region. Sixty-five percent of childcare teachers have no degree. Eighty-three percent of teacher’s assistants have no degree (See the following two charts).

Child care professionals’ educational backgrounds

Degree Type	South Phoenix		Arizona*		U.S.**	
	2007		2007		2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	65%	83%	61%	82%	20%	12%
CDA	7%	6%	9%	7%	N/A	N/A
Associates	15%	8%	15%	8%	47%	45%
Bachelors	14%	3%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

**U.S. figures had slightly different categories: High school or less was used for no degree. Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree.

The number of teachers and associated early child care professionals has grown only slightly from 2004 to 2007, despite the rapid population growth of children ages 0-5 in the region. Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. Training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it effect the development of the region’s young children.

Child care professionals' capacity in the South Phoenix Region

Number of Early Childhood Teachers and Administrators in the South Phoenix Region - 2004 & 2007		
	2004	2007
# Teachers	407	456
# Assistant Teachers	239	290
# Teacher Directors	47	39
# Admin. Directors	51	49
# Part Time Teachers	87	64
# Part Time Assistant Teachers	114	125
#Part Time Teacher Directors	3	3
# Part Time Administrative Directors	2	2
Total	950	1,028

Source: Compensation and Credentials Report 2007.

The South Phoenix Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts developmental outcomes for children.¹

Programs enrolled in *Quality First!* will have access to T.E.A.C.H. Early Childhood Arizona. The Regional Council wants to expand T.E.A.C.H. to those programs not yet enrolled in *Quality First!*

- *Benefits to children:* higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.
- *Benefits to families:* early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.
- *Benefits to programs and staff:* support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees.

Many scholarships require that the recipient receive paid release time and a travel stipend.
Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.
Compensation - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4 percent or 5 percent). Arizona will establish the formulas for each.
Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students’ own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

Information about the T.E.A.C.H. project is available on the web at www.childcareservices.org/ps/teach.html. State contacts are available at www.childcareservices.org/ps/statecontacts.html.

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: This paper was funded by the Department under the commission of the School Readiness Solutions Group. This paper was developed by Jana Fleming.

GOAL: Goal # 8 FTF will build a skilled and well prepared early childhood development workforce.

Goal: Goal # 1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.

Target Population (Description of the population to reach):

South Phoenix Region’s early care and education centers and homes employ an estimated 350 teachers and caregivers. In the first year, this strategy will provide T.E.A.C.H. scholarships for 25 child care professionals. In total, T.E.A.C.H. scholarships will be available to 77 child care professionals in the first year, when scholarships provided through *Quality First!* (statewide and regionally funded) slots are factored in, allowing for approximately one in four teachers in the region to take advantage of a T.E.A.C.H. scholarship in the SFY 2010.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012

Proposed Service Numbers	25	50	100												
<p>Performance Measures SFYs 2010-2012</p> <ol style="list-style-type: none"> 1) Number of degreed professionals in early care in the region 2) Number of degreed professional in early care in the region/number of professionals in early care in the region 3) Number of professionals pursuing degree in early childhood in the region 4) Local early care and education class slot enrollment/local early care and education slot capacity 5) Average length of teacher retention in the South Phoenix Region 6) Number of professionals pursuing degree in early childhood/ Actual service # 															
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy capitalizes on T.E.A.C.H. Early Childhood Arizona. T.E.A.C.H. is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and T.E.A.C.H. to improve the quality of early care and education in the South Phoenix region. 															
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: The T.E.A.C.H. Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Regional Partnership Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs. <p>The Regional Council plans to initiate discussion with local Community Colleges about increasing appropriate coursework, beginning specialized curriculum and delivery of courses through cohorts, distance learning opportunities, and providing coursework “in the field” at locations available to our early care and education professionals.</p> <p>The South Phoenix Regional Council will work with local colleges (South Mountain Community College, Arizona State University, etc.) to ensure there are sufficient courses available. The Regional Council will also collaborate with other regional councils in the region to ensure that articulation to the universities is seamless.</p> <table border="1" data-bbox="224 1583 1382 1948"> <thead> <tr> <th data-bbox="224 1583 521 1650">T.E.A.C.H.</th> <th data-bbox="521 1583 807 1650">SFY 2010</th> <th data-bbox="807 1583 1092 1650">SFY 2011</th> <th data-bbox="1092 1583 1382 1650">SFY 2012</th> </tr> </thead> <tbody> <tr> <td data-bbox="224 1650 521 1761">Region-funded T.E.A.C.H.</td> <td data-bbox="521 1650 807 1761">25</td> <td data-bbox="807 1650 1092 1761">50</td> <td data-bbox="1092 1650 1382 1761">100</td> </tr> <tr> <td data-bbox="224 1761 521 1948">Region-funded scholarships for QIRS enrolled centers/homes</td> <td data-bbox="521 1761 807 1948">34 (17 sites)</td> <td data-bbox="807 1761 1092 1948">34 (may vary based on change in licensed centers)</td> <td data-bbox="1092 1761 1382 1948">34 (may vary based on change in licensed centers)</td> </tr> </tbody> </table>				T.E.A.C.H.	SFY 2010	SFY 2011	SFY 2012	Region-funded T.E.A.C.H.	25	50	100	Region-funded scholarships for QIRS enrolled centers/homes	34 (17 sites)	34 (may vary based on change in licensed centers)	34 (may vary based on change in licensed centers)
T.E.A.C.H.	SFY 2010	SFY 2011	SFY 2012												
Region-funded T.E.A.C.H.	25	50	100												
Region-funded scholarships for QIRS enrolled centers/homes	34 (17 sites)	34 (may vary based on change in licensed centers)	34 (may vary based on change in licensed centers)												

Statewide-funded T.E.A.C.H. (via QIRS enrollment)	18 (7 centers + 2 homes)	18 (7 centers + 2 homes)	18 (7 centers + 2 homes)
Total	77	102	152

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$159,500 year one
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Budget Justification:

Funding will be \$2,180 per scholar per year. This amount is based on the estimated cost per scholar of \$1,600 provided by FTF policy staff. In addition, the allocation allows for a \$500 bonus as well as 10 hours of release time at \$8.00 per hour per scholar. Exact bonus and release time hours will be established by the administering agency and are unavailable at this time. These proposed amounts may need to be adjusted to align with the T.E.A.C.H. model for Arizona once it is finalized.

25 scholarships x \$2,180 = \$54,500 year one
 \$50,000 for outreach activities to make providers aware of the program and assist them in enrolling
 \$30,000 to convene community meetings to encourage seamless articulation between community college and university settings
 \$25,000 for one-time purchase of computers, per year per applicant (repeat applicants do not receive) to allow for enhanced access to on-line coursework that complies with the certification process

Year one total: \$159,500

Strategy 2: Increase child care health care consultants and mental health consultants to improve children's health, safety and quality of interactions with providers and increase early identification of health or developmental concerns.

There are 171 regulated child care centers and small group homes in the South Phoenix Region. Parents in this region are facing a myriad of stressors – economic, social, emotional, etc. and these stressors impact their interactions with their children, and in turn, their children's interactions with peers and care providers. In addition, centers and homes in the region often lack the capacity to adequately address the health concerns faced by the young children in their care, especially when the children require health care insurance or lack sufficient access to healthcare.

Evidence suggests that the lack of access to a medical home and lack of health coverage are major issues faced by young children and families in the South Phoenix Region. (See strategy #5). This strategy proposes the expansion/establishment of child care health and mental health consultation in the region, increasing the capacity of centers and child care homes to connect families to the much needed health and mental health services.

A Child Care Health Consultant (CCHC) is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills
- Quality in early child care programs and how to measure quality
- Caring for children with special needs
- Infectious diseases and caring for children who are ill or temporarily disabled
- Injury prevention in the child care setting
- Oral health in the child care setting
- Mental health and supporting social and emotional development in the child care setting
- Nutrition and physical activity in the child care setting
- Skill building to work with child care providers and families

CCHC's assist child care providers in achieving high standards related to health and safety of the children cared for daily in child care centers.¹ CCHC's offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care.

CCHC's also provide expert information and consultation on working and communicating with families of children enrolled in child care and provide referral and follow-up for needed community-based services.

Child Care Health Consultation (CCHC) has been shown to promote healthy and safe environments for children in child care and encourage child care settings (centers and family child care homes) to implement the highest standards of health and safety on behalf of the children in their care. CCHC has been shown to be an essential element in achieving high quality early care and education programs and in maintaining the quality gains made over time.

State licensing regulations do not include child care consultation. There are more than 21 published outcomes studies and 58 additional evaluations, presentations and monographs that validate the impact of CCHC on early childhood education programs.² Research data shows that when child care facilities receive health consultation the health and safety of the facility is improved as follows:

- Reduction of hazards and risky practices in child care settings related to:
 - Safe active play
 - Emergency preparedness
 - Nutrition and food safety
 - Utilization of safe sleep practices and SIDS risk reduction
- Reduction of infectious disease outbreaks
- Reduction of lost work time for parents
- Improved written health policies
- Increased preventive health care for children³
- Data from the Tucson *First Focus on Quality* pilot project of a quality improvement and rating system shows improved health and safety practices in child care settings related to child care health consultation.⁴

In addition to providing centers and homes with access to child care health consultation, this strategy also proposes to establish mental health consultation services to early care and education providers in the region. Research shows that Behavioral/Developmental/Mental Health coaching delivered in typical early childhood settings is an effective preventive intervention that addresses mental health, behavioral and developmental problems in early childhood. The literature suggests that children who struggle with behavioral and emotional problems at this young age have a 50 percent chance of continuing to struggle into adolescence and adulthood.

Research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The earlier the intervention begins, the better the prognosis. Early childhood providers have indicated that the most helpful types of assistance to support them in caring for children with challenging behaviors are:

- on-site consultation with a mental health expert,
- workshops on behavior management strategies, and
- written materials on behavior management strategies.⁵

Directors and administrators of early childhood programs are being challenged to consider and offer creative ways to build their staff's capacity to address the mental health concerns of children and families living with many risks and stressors. They understand that there are no "quick fixes" and that their objective requires attention, time, and resources. However, providing staff support and mental health skill development pays off in "better problem solving skills, greater staff confidence in coping with difficult situations, a wider range of concrete strategies to help children and families, and the provision of a safety valve which enables staff to share their frustrations and to celebrate the victories of their work".⁶

A study of pre-kindergarten expulsions conducted by Yale University Child Study Center report that more than 10.4 percent of pre-kindergarten teachers expelled at least one child. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for profit centers. When teachers reported having access to a mental health consultant who was able to provide classroom based strategies for dealing with challenging student behavior on a regular basis the rates of expulsion were significantly lower in all settings.

A Mental Health Consultant (MHC) also may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. On-site consultation with a mental/developmental health expert can provide helpful assistance to support early childhood providers and build staff capacity in caring for children with challenging behaviors. Specific skills and understanding relevant to early childhood are essential for the effective mental health consultant. Collaborative relationships among consultants, early childhood service staff, service providers and families are the essential contexts in which support for early social and emotional development and intervention for mental/behavioral health concerns takes place.

The Regional Council also wants to make child care health consultation and mental health consultation available to lawfully unregulated providers in the region, so that questions regarding health and safety concerns faced by home-based providers can be addressed. Child care health consultants will also provide information about the process and benefits of becoming regulated to home-based providers. The Child Care Health Consultants and the Mental Health Consultants will also provide community training that will be open to parents and unregulated home-based child care providers.

Research Notes

US Department of Health and Human Services, Substance Abuse and Mental Health, "Starting Early Starting Smart" *Assessing Costs and Benefits of Early Childhood Intervention Programs* www.casey.org or www.samhsa.gov

Gilliam, Walter S. PhD, Yale University Child Study Center, "Prekindergarteners" *Left Behind: Expulsion Rates in State Prekindergarten Systems*, May 2005

¹ Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

² ibid

³ ibid

⁴ *First Focus on Quality: Final Evaluation Report United Way of Tucson and Southern Arizona*, Tucson, Arizona, August 2006, <http://www.unitedwaytucson.org/images/pdf/ELOA%20Final%20Reportpdf.pdf>

⁵ Tableman, B. (1998). *Keeping early education positive (KEEP) survey review*. Unpublished manuscript.

⁶ Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty.

Lead Goal #1: FTF will improve access to quality early care and education programs and settings.

Supporting 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.

<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy will improve health outcomes for children attending 171 regulated child care centers and homes, and provide their families with health information and referrals. This strategy builds on the statewide strategy of establishing <i>Quality First!</i>, Arizona’s Quality Improvement Rating System. Statewide and regional funding for <i>Quality First!</i>, will provide child care health consultation to 26 regulated child care centers and homes SFY 2010. Increased funding through this strategy will provide additional child care consultation services to 145 centers and homes SFY 2010. 	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: Child care health consultation is expected to be coordinated through an administrative entity in Maricopa County. Accordingly, all training and evaluation conducted through this strategy will be coordinated with child care health consultation being performed in other regions. Other regions such as the North and Central Phoenix Regions are also looking to provide mental health consultation to centers and homes throughout the region. 	
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>	
Population-based Allocation for proposed strategy	\$1,715,000
<p>Budget Justification:</p> <p>\$ 700,000 =7 FTE health care consultants</p> <p>\$1,000,000 = 10 FTE mental health consultation services</p> <p>\$15,000 = outreach activities – The South Phoenix Council is interested in supporting the promotion of increased awareness of services by utilizing printed materials to describe benefits of participation, as well as building awareness among unregulated care providers of the ability to potentially utilize this service via phone consultation.</p>	

Strategy 3: Support outreach and training for home-based child care providers, including family, friend and neighbor child care providers to enhance quality and/or build capacity.

There are 95 licensed child care centers (including public school sites) and 76 regulated small group homes. While no data on unregulated care is available, it appears that many of the children in the region are being cared for in unregulated homes, or by family members. The Child Care Resource and Referral database have identified 355 family care homes in the South Phoenix Region, these homes are in addition to licensed and regulated sites in the region. Total capacity for early care and education of the region in regulated care is an estimated 8,729. Slots are slightly over 5,600 young children are enrolled in these programs. According to Child Care Resource and Referral, there is an estimated capacity to serve 4,499 infants and toddlers, with nearly half the total 0-5 regional population between ages 0-2—there are a projected 66-88 percent of infants and toddlers left without the opportunity to access quality care. Families in the South Phoenix Region appear to overwhelmingly select home-based child care for their young children (Needs & Assets Report, 2008).

Home-based child care – regulated and unregulated (but legal) family child care and family, friend, and neighbor child care (e.g., kith and kin care) – is a common child care arrangement for many young children in the United States, especially those from low-income families and families of color. Research suggests that home-based care may be the predominant form of nonparental care for infants and toddlers (Brandon, 2005). It also represents a significant proportion of the child care for children whose families receive child care subsidies (Child Care Bureau, 2006), including those children and families who live in the South Phoenix Region (Needs & Assets Report, 2008). Parents use these arrangements for a variety of reasons including convenience, flexibility, trust, shared language and culture, shift and weekend work, and individual attention from the caregiver.

In order to address the need for training among family, friend, and neighbor providers, the Regional Council will invite Stakeholders to submit proposals on how they could effectively conduct outreach to home-based providers, and engage them in providing training that increases the quality of early care and education received by young children in their care.

Specifically, the Regional Council would seek proposals that:

- Provide training and support to home-based early care and education providers, including family, friend, and neighbor providers
- Provide or link home-based providers who seek to become regulated to technical assistance.

Proposals would be considered that contain one or more of the following features:

- Transportation to and from training
- Home visitation to appropriately support home-based providers (e.g., PAT; pre-licensing visits; relationship-based model, etc.)
- Provision of materials to home-based providers, including safety equipment or safety kits, books, or educational materials
- CPR/FA certification, safety training

- On-site child care assistance or other child care assistance to allow home-based providers to attend training
- Training materials
- Mentoring or coaching support that ensures continued support of family, friend, and neighbor care providers so that they might have someone to turn to for expertise/guidance
- Place-based training (e.g. Play and Learn programs) where caregivers learn to interact effectively with young children

Applicants funded through this strategy will be required to demonstrate:

- a. Evidence of the effectiveness of the proposed training approach
- b. Evidence that the applicant(s) are well-connected in the South Phoenix Region, or have established sufficient local partnerships to successfully conduct outreach to home-based providers
- c. Evidence that the applicant can provide linguistic and culturally appropriate outreach efforts
- d. Evidence that the proposed model would be accessible and convenient for home-based providers in the region
- e. How they would demonstrate the effectiveness of their training efforts.

Lead 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.

Supporting Goal #1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Increase in the total number of home-based *providers* participating in a quality enhancement program.
- Increase in the total number of *children* whose child care providers are participating in a quality enhancement program.
- Total number and percentage of home-based child care providers participating in a quality enhancement program with a high level of quality as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).
- Total number and percentage of home-based child care providers participating in a quality enhancement program who have enhanced their quality scores as measured by a standardized rating scale (e.g., FDCRS; CCAT-R).
- Increase in number of licensed slots for home-based child care.

Target Population (Description of the population to reach):			
Home-based providers – includes regulated, certified, licensed, legally unlicensed, relative care.			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	150	150	150
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> Number of child care professionals receiving family, friend or caregiver training Number of regulated child care homes in the region 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy utilizes existing child care subsidy infrastructure to access and recruit family, friend and neighbor (kith and kin) child care providers. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Collaboration is possible with Child Care Resource & Referral Agencies and DES and DHS training and support projects (e.g. ASCC’s Kith & Kin Project)in addition to collaboration with community programs to help with outreach (e.g., Libraries, Head Start programs, School districts,). 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$400,000		
Budget Justification: The following models were used to assess typical costs of operating programs with similar scopes of work.			
<u>Model 1:</u>			
14-week training & support program. Meets 2 hours/week; 20-25 participants per session; 60-75 participants per year; includes transportation, on-site child care; safety equipment, CPR/FA certification. 3 training sessions per year. Impacts 225 children per year.			
Total: \$100,000 per year*			
<u>Model 2:</u>			
9 month training & TA program. Meets every-other week; 3-4 hours per meeting; 150 participants; includes on-site child care, books and educational toys for children, materials for providers, training materials, safety equipment. Also includes pre-licensing home visits for 40 providers + health& safety kits. Impacts 375+ children.			
Total: \$200,000 per year**			



Strategy 4: Expand the enrollment of early care and education programs serving low income infants and toddlers in *Quality First!*

Given the large number of births, and the heightened need for quality care in the first years of a child's life, the council has chosen to prioritize applicants to *Quality First!* Who provide infant and toddler care.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15 percent of early care and education centers and less than 1 percent of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre² and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina,³ Pennsylvania, Tennessee and Oklahoma,⁴ show significant improvements in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure

not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

Quality First! is voluntary and includes these elements:

- **Administrative infrastructure** at First Things First for coordination of the statewide system.
- **Standards/Rating Scale** defining the various levels of quality (from regulatory to high quality).
- **Assessment** of quality using standardized tools and reliable assessors.
- **Quality Improvement Plans** which set goals related to standards and assessment results.
- **Coaching and technical assistance** to reach goals in Quality Improvement Plan (includes access to child care health consultants).
- **Financial grants and awards** for materials, equipment, time and other improvements to meet goals.
- Automatic access to a **professional development** scholarship system (T.E.A.C.H.) by administrators, teachers and caregivers.
- **Outreach** to publicize *Quality First!* participation including building public support for quality, and helping families make informed choices for their children.
- **Evaluation** to determine the effectiveness of the system in meeting its outcomes.

Both regulated early childhood centers and regulated family child care homes can participate in the system.

1 Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)
 2 Bryant, D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center
 3 Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.
 4 LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.
 5 Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

Lead Goal #1: FTF will improve access to quality early care and education programs and settings.

Supporting Goal #8: FTF will build a skilled and well prepared early childhood development workforce.

Key Measures:

- Total number of early care and education programs participating in the QIRS system
- Total number of children enrolled in early care and education programs participating in the QIRS system
- Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score
- Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree

Target Population (Description of the population to reach):			
Child care centers serving low socio-economic infants and toddlers.			
Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Regionally Funded	10% of total number of licensed centers and homes	10% of total number of licensed centers and homes	10% of total number of licensed centers and homes
	= 11 centers and 6 group homes	= 11 centers and 6 group homes	= 11 centers and 6 group homes
State Funded	7 centers	7 centers	7 centers
	8 homes	8 homes	8 homes
	Total = 17 centers	Total = 17 centers	Total = 17 centers
	14 homes	14 homes	14 homes
Performance Measures SFYs 2010 – 2012			
<ol style="list-style-type: none"> 1. Number of ethnic or low socio-economic level children at early care centers /actual service number 2. Number of centers served/proposed service number 3. Number of children served at target quality level/proposed service number 4. Number of centers moving from 1 star rating to 3 star rating/proposed service number 5. Number of quality early care and education programs increasing score/proposed service number 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This proposed expansion will allow the region to have 17 additional regulated homes/centers in the region to participate in quality improvement activities. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: The Regional Council will monitor the participation and progress of all of the centers and homes enrolled in <i>Quality First!</i> The Council also plans to work on increasing community awareness and 			

understanding of quality improvement for early care and education.	
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$ 510,000
Budget Justification: 17 sites x \$30,000 per site(estimate based on average)= \$510,000	

Strategy 5: Conduct health insurance outreach and enrollment assistance for eligible children.

Children without medical insurance have a difficult time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.¹

A 2007 report entitled Health Insurance in Arizona: Residents of Maricopa County provides estimates of the number of uninsured children living in each zip code area in Maricopa County. The estimates are based on health records contained in a community health data system known as Arizona Health Query (AZHQ). The data system contains health records for 1.4 million people in Maricopa County, representing 40 percent of county residents. Health records for children are even more complete in the AZHQ database, representing 72 percent of the county's children ages 0-9.

The estimates in this report indicate that a large number of uninsured children reside in the South Phoenix Region. In the chart below, the numbers of children in the South Phoenix Region without health insurance are estimated by zip code for 2004. Estimates are based on an estimate of the rate of uninsured children in each zip code area applied to US Census population projections.

Uninsured children (ages 0-9) by selected zip codes in the South Phoenix Region (2004)

Zip Code	Estimated Number of Uninsured Children
85339	110
85037	929
85041	897
85040	1845
85035	1364
85009	1597
85033	1710
85031	899
TOTAL:	9351

Source: Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona: Residents of Maricopa County. Ira A. Fulton School of Computing and Informatics, Arizona State University, 2007. Note: Counts for smaller enclosed zip codes were added to the counts for larger enclosing zip codes. Data were reported where total AZHQ was ≥ 500 .

Other evidence exists that lack of health coverage may be a problem in the South Phoenix Region. Data from the Maricopa County Maternal and Child Health Needs Assessment (conducted in 1999-2000) indicate that in South Phoenix, approximately 61 percent of the women who delivered babies did not have AHCCSS coverage or insurance prior to becoming pregnant.

Across the nation, as many as many as half of children who are uninsured qualify for publicly funded health insurance coverage (such as KidsCare or AHCCCS), but are uninsured². Children whose families earn up to 200 percent of the Federal Poverty Level generally qualify. According to the Central Phoenix Region's recently completed Needs and Assets report, 55 percent of all children living in Phoenix live at or below 200 percent of the Federal Poverty Level.

In December 2008, AHCCCS will be implementing an electronic application for AHCCCS and KidsCare over the internet. The universal application, known as Health E App, will allow families to apply for and renew health coverage, as well as other family support programs such as TANF, Cash Assistance, and Food Stamps, directly over the internet. Health-E-App will make enrollment in public health coverage more expedient and more successful (due to reduced application errors), but the community as a whole may be unfamiliar with the new Internet tool. More needs to be done to help the community become aware of the tool, and expand its use.

Enrollment assistance is a proven practice for improving and increasing health coverage in public programs. Today, community application assistance occurs nationally in a wide variety of settings, including health clinics, Head Start programs, recreation centers, and homeless shelters. Reports indicate that such assistance can make a difference in getting children covered. In California, for example, 63 percent of applicants who received no community-based assistance were approved for enrollment, compared to a 79 percent approval rate for families who received assistance.

According to a 2007 report from St. Luke's Health Initiatives, outreach efforts for publicly funded health insurance can be effective in covering more children in health coverage. Successful efforts include public awareness campaigns, outreach and enrollment assistance by trusted, health or

social service oriented community-based organizations. Application assistance and follow up are integral parts of such efforts.⁴

To address the need to cover more children in publicly funded health coverage, the Regional Council would seek proposals from applicants that would address one or more of the follow types of efforts:

- Education and communications efforts on the availability of public health coverage. Families up to 200 percent poverty level would be urged to enroll in available public health insurance programs. Parents would also be educated about the importance of taking their children to the doctor regularly and to receive timely, preventative health care for their children.
- Enrollment assistance in public health insurance programs. Applicants would be required to build on, enhance or coordinate with existing efforts that may be occurring in the region. Applicants proposing to perform enrollment assistance would be required to demonstrate their connections to community-based organizations in the region that serve families and/or community-based organizations where the uninsured are likely to reside or seek out other services. Enrollment assistors would be asked to use of the Health-E-App as part of such enrollment efforts.
- Education and training on the availability of the Health-E-App to community-based organizations serving young children whose families earn at or below 200 percent of the Federal Poverty Level.

Research Notes

¹Children’s Action Alliance (2000). Make Kids Count: Closing the Gap in Children’s Health Coverage. 4001 North Third Street, Suite 160, Phoenix, Arizona, 85012.

²Genevieve Kenney, et al, “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 31, 2003.

³Ross, Donna Cohen and Ian Hill. Enrolling Eligible Children and Keeping Them Enrolled. The Future of Children, Spring, 2003.

⁴St. Luke’s Health Initiatives: Children’s Health Insurance Outreach: What Works? 2006.

Lead Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.

Supporting 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.

Key Measures

- Total number and percentage of children with health insurance.
- 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.

Target Population: The strategy will target the population of families in our region with children ages 0 through five who are likely to qualify for public health insurance, yet are currently uninsured. This population includes children in families living at or below 200 percent of the Federal Poverty Level.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	2000 applications completed 1000 new children enrolled in KidsCare or Medicaid	2500 applications Completed 1500 new children enrolled	3000 applications completed 2000 new children enrolled 3 year Total 4,500
Performance Measures SFYs 2010 – 2012			
<ul style="list-style-type: none"> • Number of children with publicly funded health insurance in the Central Phoenix Region • Number of AHCCCS/KidsCare applications completed resulting in successful enrollment through regionally funded outreach efforts • Number and percent of children with health insurance under 200 percent of the Federal Poverty Level living in the region 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Outreach assistance has occurred in the past through limited, state-funded outreach assistance efforts, and through sporadic, privately funded efforts spearheaded by organizations such as Children’s Action Alliance, St. Joseph’s Hospital and Medical Center, Keough Health Foundation, Health Links at Phoenix Day, and Mountain Park Community Health Center. This strategy will build off of such efforts, expanding outreach, and requiring funded partners to work with existing outreach coalitions.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>Collaboration would be encouraged with former or current organizations engaged in outreach and enrollment assistance, including recent one-time AHCCCS grantees that performed outreach and enrollment assistance.</p> <p>The proposed strategy would require the grantee(s) to work with existing outreach coalitions working in Maricopa County (including community partners described above) to plan, implement, and coordinate outreach and enrollment activities, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</p> <p>Grantees would be required to collaborate with existing coalitions in Maricopa County focused on outreach and enrollment efforts. These include (but may not be limited to) the Maricopa County KidsCare coalition and the Healthy Children Arizona Coalition.</p>			

The Regional Council will work with AHCCCS and the Arizona Department of Economic Security (the agency responsible for AHCCCS eligibility) to promote coordination of outreach and enrollment efforts. Opportunities may exist to secure a federal match for funded efforts, depending on the nature of the activity.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$ 100,000
<p>Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region.</p> <p>Costs for a successful outreach and enrollment effort vary, depending on the population to be reached and the methods being used. Grant applicants will be asked to describe target population and methods of outreach to justify funding request. More than one applicant may be awarded a contract.</p> <p>Guidelines for potential costs:</p> <p>A six-week media campaign in the Central Phoenix Region can cost between \$15,000 and \$500,000, depending on the type of media buy (radio or television), based on previous outreach efforts by Children’s Action Alliance.</p> <p>Printed materials cost between \$5000 - \$20,000, depending on the volume of printed materials.</p> <p>Outreach and enrollment assistance contracts (one time) that recently ended with AHCCCS were for each for approximately \$20,000 for a six-month period.</p>	

Strategy 6: Fund comprehensive professional development models (e.g., workshops plus hands-on coaching or mentoring) that include a specific focus on enhancing administrative, leadership, and business skills. Funding should include training programs that target home-based and/or center-based regulated child care.

Professional training and credentialing of professionals appears to be lacking in the South Phoenix Region. Nearly 65 percent of child care teachers have no degree. Advanced education also appears to be lacking among early care and education administrators (See the following two charts).

Child care professionals’ educational background

Degree Type	South Phoenix		Arizona*		U.S.**	
	2007		2007		2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants

No degree	65%	83%	61%	82%	20%	12%
CDA	7%	6%	9%	7%	N/A	N/A
Associates	15%	8%	15%	8%	47%	45%
Bachelors	14%	3%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

**U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree.

Child care professionals' capacity in the Phoenix South Central Region

Number of Early Childhood Teachers and Administrators in the Phoenix South Region - 2004 & 2007		
	2004	2007
# Teachers	407	456
# Assistant Teachers	239	290
# Teacher Directors	47	39
# Admin. Directors	51	49
# Part Time Teachers	87	64
# Part Time Assistant Teachers	114	125
#Part Time Teacher Directors	3	3
# Part Time Administrative Directors	2	2
Total	950	1,028

Source: Compensation and Credentials Report 2007.

Strategy 1 of this Funding Plan addresses the need for additional professional development for early care and education providers in the region. That strategy funds additional scholarships for T.E.A.C.H., building off of additional professional development support provided by the statewide and regionally funded *Quality First!* efforts.

While support of T.E.A.C.H will go a long ways towards enhancing professional development among early care and education providers in the region, the Regional Council also recognizes that there is a need to support additional skill development among early care and education providers. The Regional Council believes that additional efforts are needed to build leadership skills among administrative directors and teacher directors in early care and education in the region. There is also a need to enhance their business skills so that they can effectively and efficiently manage the business side of running early care and education programs in the region, and a need to foster mentorship opportunities among administrators. Key informant interview with program administrators in the region corroborated these identified needs.

Research demonstrates that the most effective types of professional development interventions include content-based workshops as well as hands-on, one-on-one mentoring, coaching or consultation (Paulsell, et al., 2008). A national, multi-state evaluation on consulting as professional development concluded that on-site consultation resulted in improvements in observed quality over time, and strong improvement for both center-based care as well as family child care on factors on Harms' environmental rating scales (Bryant, 2007). In addition, researchers and policy makers across the country are beginning to put more focus on enhancing leadership and administrative skills among child care administrators in order to enhance program quality. Research has consistently found that overall administrative practices are crucial for ensuring high-quality outcomes for children and families (Bloom 1989, 1996; Whitebook, Howes, & Phillips, 1990). Without quality systems in place at the organizational level, high-quality interactions and learning environments at the classroom level cannot be sustained.

Examples currently exist of such leadership and skills development efforts in the region. They include:

- T
 he CHASE Early Education Emergent Leader Program – This program develops leadership skills through discussions with national, state and local leaders, and one-on-one mentoring. Mentors assist the emergent leaders in creating a professional development plan that focuses on a specific project, which will benefit their early education programs or communities. The CHASE Early Education Emergent Leaders Program is a public/private partnership between the Governor's Division for School Readiness, the Southwest Human Development Training Department, with funding from CHASE, a JPMorgan Company, and the Arizona Early Education Funds. The Division for School Readiness oversees the implementation of the leadership development program through its Professional Development & Articulation Committee's Emergent Leaders Executive Committee. Through management of the conference series, the Executive Committee invites prominent national, state, and local leaders to speak to a broad audience of early childhood education professionals. The emergent leaders then meet in private sessions with these speakers to ask questions and to dialogue and reflect upon how to apply the points the speaker has made.

- R
 io Salado's AZ Director's Academy - The Arizona Director's Academy (AzDAc) is a 12-month program where participants: explore fiscal administration and systems management; gain knowledge and skills needed to effectively lead and operate a high quality early childhood organization; develop an Individualized Education Goal Plan (IEGP) designed to meet their needs as a director/administrator; and engage in meaningful college coursework designed specifically for directors and administrator. The Academy uses a nationally recognized rating and assessment tools to analyze and evaluate the participant's current program operation. Each participant is assigned to an early childhood education coach. Rio's early childhood education coaches are experts in the field of early childhood program administration and management. Coaching and technical assistance is offered through a variety of

delivery methods including on-site, by phone, and/or by e-mail.

In order to address the need for training among child care administrators and teacher administrators in the region, the Regional Council will invite Stakeholders to submit proposals on how they could provide one or more of the following to address the training and the professional support needed by early care and education professionals:

- Mentoring or coaching efforts aimed at supporting leadership development and the administrative capacities of child care providers
- On-site consultation addressing administrative functions and capacities of lead teachers and administrators
- Training programs or classes that address fiscal administration, systems management, human resource development, or other administrative skills needed by child care professionals
- Engagement with national leaders in the area of early childhood development and education, thus enhancing the status of early care and education itself, and providing for opportunities for early care providers to share ideas and information with their colleagues.

Proposals could reflect expansion of existing programs, such as the programs mentioned above. Funding could also be used to establish new projects operating in the South Phoenix Region. The South Phoenix Regional Council would ask any applicant to show how regionally allocated funding would be used to enhance or increase existing professional development efforts in the region – rather than simply funding existing efforts.

Grant applicants would be required to:

- Provide evidence of the effectiveness of their proposed approach in increasing professional competencies P
- Demonstrate their experience working with a culturally and ethnically diverse population
- Implement assessments of professionals participating in professional development efforts, using the Program Administrative Scale (PAS) instrument. Program Administration Scale (PAS) provides a reliable and easy-to-administer tool for measuring the overall quality of administrative practices of early care and education programs. The PAS assesses quality in ten areas: human resources development, personnel cost and allocation, center operations, child assessment, fiscal management, program planning and evaluation, family partnerships, marketing and public relations, technology, and staff qualifications. Designed for early childhood program administrators, researchers, monitoring personnel, and quality enhancement facilitators, the PAS was constructed to complement the widely used environment rating scales designed by Harms, Clifford, and Cryer. Both the PAS and the environment rating scales measure quality on a 7-point scale and both generate I

a profile to guide program improvement efforts. If used together, these instruments provide a focused look at best practices at the classroom level and the broad view of program quality from an organizational perspective.

- how evidence how child care professionals participating in such efforts will be connected to or linked to *Quality First!*

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Lead Goal #8: Professional Development; FTF will build a skilled and well prepared early childhood development workforce.

Supporting Goal #1: Quality and Access; FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number and percentage of professionals (esp. administrators) working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals (esp. administrators) working in early childhood care and education who are pursuing a credential, certificate, or degree.
- Retention rates of early childhood development professionals
- Total number and percentage of early care and education programs participating in a quality enhancement program improving their environmental rating score ****Possible New Measure****
- Total number and percentage of programs participating in comprehensive administrative professional development programs that have increased their scores on the Program Administrative Scale (Talan & Bloom, 2004) ****Possible New Measure****

Target Population (Description of the population to reach):

Regulated, center-based child care programs; Regulated home-based providers

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	50*-90**	50*-90**	50*-90**
	child care professionals	child care professionals	child care professionals

Performance Measures SFY 2010-2012

Percent of early care and education professionals at a center director level retained for 5 years

<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy would feed more participants in the state-wide <i>Quality First!</i> system, and enhances skills of existing early care and education professionals in the region. 	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: Possible collaboration with other programs that already deliver a comprehensive professional development model: Chase Emergent Leaders, AZ Director’s Academy, Helios Professional Development Project, etc. This strategy can align with other agencies and organizations that promote leadership and professional development (e.g., VSAEYC, AzAEYC, Chase Emergent Leaders). T.E.A.C.H. professional development efforts are also occurring in the region. 	
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$250,000 for program</p> <p>\$32,903 for evaluation by applicants using PAS instrumentation</p> <hr/> <p>total: \$282,903</p>
<p>Budget Justification: Budget projections/estimates were based on the following models with the included scopes of work:</p> <p><u>Model 1:</u></p> <p>9 month program for child care administrators. 8 monthly day-long workshops; extensive one-on-one mentoring; 25 administrators.</p> <p>Total: \$112,500 (4,500 per administrator)*</p> <p><u>Model 2:</u></p> <p>18 month program. Includes extensive coaching and guidance from both a quality coach as well as an education coach for director and staff; 6 college credit hours for director and 2 staff at each center. 8 programs (24 professionals).</p> <p>Total: \$17,400 per center (estimates costed out by center not per staff)**</p>	

Strategy 7: Expand Pre-K slots for children ages 3-5, enhancing access to high quality care and education for at-risk children who are most likely to benefit from such experiences.

Key informant interviews with community stakeholders and parents in the region indicate an increased need for expanding quality Pre-K classrooms to better prepare children for a success in school. Other evidence also suggests a need to better support education among young children in the region. One assessment that is used frequently across Arizona schools - the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) – shows that many children in the region may be behind in literacy acquisition when they enter Kindergarten. In 2007, only 6 and 9 percent of children in the respective Isaac and Roosevelt School Districts met the benchmark standards when they enter Kindergarten.

Third grade standardized assessments also suggest that children in the South Phoenix Region often lag behind their counterparts in reading. The Spring 2007 third grade AIMS reading scores show that most South Phoenix Region school districts fall below other Arizona School Districts in reading, writing, and mathematics. While test scores in the elementary school years are influenced by many factors, test scores may in part be influenced by young children’s school preparedness.

South Phoenix Spring 2007 AIMS DPA 3rd grade score achievement levels in mathematics, reading, and writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Cartwright Elementary	17	25	49	9	14	36	47	4	9	25	59	6
Fowler Elementary	11	19	58	12	11	34	48	7	9	20	61	9
Isaac Elementary	15	25	50	10	11	38	48	3	8	16	66	10
Laveen Elementary	20	27	45	8	12	37	47	4	9	26	57	8
Murphy Elementary	15	26	53	6	10	45	43	1	12	25	56	8
Riverside Elementary	8	27	55	10	8	34	54	4	6	17	67	10
Roosevelt Elementary	21	26	47	6	11	35	51	4	7	18	68	6
All Arizona Schools	9	17	54	20	6	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Increasing access to high quality early education is an effective strategy for better preparing children for

school. Such efforts are particularly effective among low income minority children, including Hispanic and African-American children. For example, studies conducted of the Chicago Child-Parent Centers (CPC) program - a large scale, high quality, publicly funded half-day early care and education program that has been operating for over 30 years - found that the program had a range of meaningful effects, including:

- Advantages in reading achievement scores as late as age 14
- Lower likelihood of retention in grade by age 15
- Reduced use of special education through age 18
- Lower incidence of child abuse and neglect from ages 4 to 17
- Lower likelihood of involvement in the juvenile justice system by age 18
- Greater likelihood of high school completion by age 20.

Similarly, a recent Georgetown University study showed that Latino children in Tulsa, Oklahoma's pre-k-for-all program experienced the greatest academic gains of all groups¹.

As noted in the *First Things First South Phoenix Regional Needs and Assets Report 2008*, the region's fastest growing segment of 0-5 population is among Hispanic children. While the need for the expansion of comprehensive Pre-K programming is important to the overall 0-5 low income population, Hispanic children often start kindergarten less prepared than Caucasian children and are unable to catch up during the primary grades. Evidence suggests that such challenges can be countered by a quality Pre-K school environment.

While young Hispanic children may benefit more than their peers from high quality early care and education, such children often are not enrolled in high quality early care and education.

As noted in the *Regional Needs and Assets Report*, there is low use of traditional child care and education settings for the 0-5 population among Hispanics (as well as African Americans) in some areas, while higher than expected use of Pre-K programs such as HeadStart in other zip codes.⁴ Such findings are not unusual.

Nationally, only 40 percent of Hispanic three to five year olds are enrolled in early education programs, compared to 59 percent of Caucasians and 64 percent of African Americans. Financial, linguistic, educational, and access barriers, as well as a lack of awareness of program availability and benefits account for large portions of the Pre-K enrollment gap.

This strategy would:

- Increase the number of quality preschool slots or classrooms in the region or allow half-day programs to expand to full day
- Target areas within the region where children may most benefit from the expansion of current capacity, including (but not limited to) areas where many Latino families reside and enrollment in quality early care and education programs is limited.

Grants would be provided only to organizations that are accredited, head start, or enrolled or committed to enrolling in QIRS. Funded entities receiving grant money would be required to show “maintenance of effort” in providing additional space for target families. Funded entities would also be required to demonstrate the use of other sources of funding—so that FTF grant monies are not the sole funding source. The intent of this strategy is not to have co-pays and instead would have parent participation to ensure commitments and would be further defined as part of the RFGA process. The proposed slots would serve families at 200 percent or below the federal poverty level.

¹ NIEER Policy Brief: Is Public Pre-K Preparing Hispanic Children to Succeed in School? March 2007, Issue 13.

²The DIBELS (Dynamic Indicators of Basic Literacy Skills) is used to identify children’s reading skills upon entry to school and to measure their reading progress throughout the year

³ *The Economics of Investing in Universal Preschool Education in California* (2005). Lynn A. Karoly, James H. Bigelow. Rand Corporation: Santa Monica, California.

⁴ City of Phoenix Service Area Analysis: Phoenix Headstart Delegate Alignment in First Things First South Phoenix Region, August 13, 2008.

⁵ Spring 2008 Guide to Test Interpretation, Arizona’s Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Lead Goal #3: FTF will increase availability and affordability of early care and education settings.

Supporting Goal #1: FTF will improve access to quality early care and education programs and settings.

Supporting Goal #2: FTF will lead efforts to improve early care and education regulatory and monitoring standards as a foundation for quality in early care and education settings.

Key Measures

- 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 programs as a proportion of total population birth to age five

Target Population (Description of the population to reach): Low income children ages 3-5 in low income zip code areas

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	200	200	200

Performance Measures SFYs 2010 – 2012	
Number of preschools slots in the region	
Number of publicly-funded preschool slots in the region	
Percentage of low-income children attending quality early education programs in the region	
Percentage of Hispanic children attending quality early education programs in the region	
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: The proposed strategy will build on current Pre-K programs operating within school districts, community centers, and other community based organizations such as churches. 	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: There are opportunities for Pre-K programs to enroll and partake in the Quality First rating system. 	
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$ 1,600,000
Budget Justification:	
<p>NACCRRRA reports that the preschool programs cost as little as \$3,794 per child in Mississippi and as much as \$10,668 per child in Massachusetts. The average cost across the 48 states is \$6,582, which is slightly lower than the average Head Start fiscal year 2005 cost of \$7,287 per child. For estimation purposes, a cost of \$8,000 per child was assumed for this strategy based on costs in the metro-Phoenix area.</p> <p>Source:</p> <ol style="list-style-type: none"> 1. NACCRRRA, 2007. We Can Do Better. 2. Average Head Start cost is reported on the Health and Human Services website at http://www.acf.hhs.gov/programs/hsb/research/2006.htm. 	

Strategy 8: Conduct health, dental, sensory and developmental screenings of young children, and educate parents and caregivers about the importance of early screenings for their children.

During the needs and assets data collection process, United Way South Central School Readiness Partnership community stakeholders reported that there was a need for parents to have better access to health and developmental screenings for their young children. Lack of capacity and access to early screenings is further corroborated by trainers and screeners associated with the Arizona Department of Health Services who currently serve the South Phoenix Region. They report an increased demand to conduct vision and hearings screenings for children ages 3-5 in the region, as this segment of the population increases exponentially.

Early screenings to identify young children's dental needs and to provide preventive care also appear to be needed in the region. In 2003, 10 percent of children ages 6-8 in Phoenix had urgent dental needs. Thirty-five percent of children in Phoenix in the same age group had untreated tooth decay⁴. Lack of a medical or dental home for families was noted in the 2007 *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*. The same report also notes that early prevention and dental screenings could prevent the use of emergent care.

Developmental screenings of young children are also crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.³

While evidence suggests that developmental screenings are important, the lack of medical homes for many of the region's young children suggests that such developmental screenings may not be occurring. Medical homes for young children and their families appear to be lacking the South Phoenix Region. According to the 2007 *Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area*, families in poverty residing in the South Phoenix Region are using the St. Joseph's Hospital and Medical Center (SJHMC) emergency room more frequently for non-emergencies visits than emergencies.

While the availability of screenings is an issue for families with young children, there is also a need to educate families on the importance of such screenings. United Way South Central School Readiness Partnership community stakeholders noted the importance of educating parents during the Regional Council's Needs and Assets process. Information was also deemed to be needed on developmental milestones, how to discuss developmental concerns to their health care provider, and the early intervention system and how it works.

In order to address the need for early screenings in the region, the South Phoenix Regional Council has identified a number of strategies that address the need for early screening. Child care health

consultants and home visiting programs (strategies 2 and 12) each contain screening components. In addition, strategies related to health insurance outreach and training of home-based providers (strategies 5 and 3) can be built upon so that families and home-based caregivers are informed of the importance of early screenings.

While these efforts will go a long way towards improving the prevalence of early screening among young children in the region, gaps will continue to exist unless other efforts are made. Many children in the region are in unregulated home-based care, and thus will not be screened through a child care health consultant. Many families will not be touched by a home visiting program. The Regional Council wants to ensure that all young children receive adequate screening.

To address the need to provide adequate screenings, the Regional Council will invite Stakeholders to submit proposals that encourage and/or provide early screenings to young children ages 0-5 in the South Phoenix Region, including developmental screenings, vision and hearing (sensory) screenings, and dental screenings (including preventive dental varnishing).

In order to maximize our limited resources, the Regional Council will NOT fund direct healthcare. Approaches to implement this strategy will be required to build on current funding streams, including public and private insurance and existing federal and state sources for billing. The Regional Council will not replace existing funding streams.

Applicants funded through this strategy will be required to demonstrate:

- a. Evidence of the effectiveness of the proposed screening approach
- b. Evidence that the proposed approach will build community awareness of the importance of early screening, helping build community demand for early screenings for young children
- c. Evidence that the applicant(s) are well-connected in the South Phoenix Region, or have established sufficient local partnership to successfully implement the proposed strategy
- d. Evidence that the applicant can provide linguistic and culturally appropriate outreach efforts
- e. Evidence that the applicant can appropriately and effectively refer children and their families to health care or other service providers, and link families to health insurance coverage when it is lacking
- f. Evidence that the applicant has proper training and credentials to conduct screenings.

Applicants and/or their partners could include (but are not limited to) school districts, child care centers, community centers, faith-based providers, and WIC clinics. The administration of screenings could be done in a variety of familiar family settings including (but not limited to) schools, community-centers, health fairs, and other community-based methods. An example of the strategy is the Arizona Child Find events, where public schools and the Arizona Early Intervention Program are responsible for "finding" eligible children and providing services needed for them to reach their developmental milestones or meet their educational needs. This strategy would not duplicate those services, but could build on and expand the same principle of reaching out to families to: 1) educate them about the importance of screenings (across all health domains) and 2) build on the capacity to provide screenings

(across all health domains).

To ensure the effective implementation of this strategy, the Regional Council will create a taskforce to identify and recommend best methods and approaches to identify and target children that may be missed through the expanded screening activities incorporated within strategies 2 and 12. This group will be comprised of representatives from home visitation programs operating in the region, child care health consultants, health providers, and other organizations providing health screenings serving the region. Recommendations of this taskforce will be used by grantee applicants to address the need for screening for all children birth to age five in the region.

The Regional Council will also consider separate proposals aimed exclusively at educating parents and families about the importance of early screenings. In addition to encouraging needed screenings, such communications efforts could also discuss one or more of the following: 1) developmental milestones, 2) how parents can discuss developmental concerns to their health care provider, and/or 3) the early intervention system and how it works. Applicants for the communications grants would be required to fulfill the same criteria (a – d) that was listed above.

¹ National Center for Learning Disabilities May 2006. LD Talk with Dr. Diane R. Paul and Dr. Froma P. Roth. Retrieved November 5, 2008, from www.nclld.org/content/view/1000/

² Gilliam, W.S. (May 2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.

³ Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their*

families: Findings and recommendations. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

⁴ Source: Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

⁵ Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

⁶ 2007 Community Health Needs Assessment for St. Joseph's Hospital and Medical Center Service Area.

Lead Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.

Supporting Goal# 6: FTF will expand use of early screening in health care settings to identify children with developmental delay.

Supporting Goal#4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Supporting 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.

Key Measures:

- Ratio of children referred and found eligible for early intervention
- Percent of children receiving a developmental and behavioral health screening in their early care and education setting
- Percent of children receiving developmental and behavioral health screening by a health

professional in the last year Total number and percentage of children receiving appropriate and timely oral health visits <ul style="list-style-type: none"> • Total number and percentage of children receiving appropriate and timely well-child visits • Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children 			
Target Population (Description of the population to reach): Families with school aged children			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	20,000 total screenings across all health domains	20,000 total screenings across all health domains	20,000 total screenings across all health domains
Performance Measures SFY 2010-2012			
1. Number of children receiving developmental, sensory, health, or dental screening in the region			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy utilizes existing medical infrastructure and builds on existing framework for screenings through Tapestry Project, a collaborative grant awarded through SAMHSA and administered by ADHS, with the help of First Things First will target families with an incarcerated family member living in South Phoenix.			
What are the opportunities for collaboration and alignment:			
There are opportunities to collaborate with health providers, health insurance outreach efforts, schools childcare health consultation efforts, and home visiting programs.			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$2,000,000		
Budget Justification:			
Based on the range and variety of proposed screenings, average costs range from \$85-100 dollars per screening. To ensure efficiency of proposed allocation, the council has stated within the strategy worksheet that any grant applicant must collaborate and build upon existing systems, agencies, and efforts to reach children and their families.			

Strategy 9: Establish or expand a comprehensive prenatal/postnatal outreach, support, and information program for parents in the South Phoenix Region.

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills. In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

In Arizona, 77 percent of women receive prenatal care in their first trimester, compared to 83 percent of pregnant women nationally. In Phoenix, 76 percent of women receive prenatal care in their first trimester. In Laveen, the rate is even higher (86 percent).

In Phoenix and Laveen, 3 percent of women received no prenatal care in 2006. In some areas of the South Central Region, a higher percent of pregnant women received no prenatal care. These include census tract numbers 1140.00, 1143.02, 1144.01, 1145.00, 1146.00, and 1153.00.

A recent Maricopa County Department of Public Health Report, *Prenatal Care Satisfaction and Resilience Factors in Maryvale and South Phoenix*, reports that “although the majority of women reported that they believed prenatal care was important (97 percent), a significant percentage of women surveyed did not receive prenatal care at all, received it very late into their pregnancies, or received an inadequate amount of prenatal care.” This is a significant finding because while care may be available there is disconnect between services that are provided and the women receiving prenatal care.

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, 12 percent of Whites received no prenatal care, 24 percent of Blacks received no prenatal care, 30 percent of Hispanics received no prenatal care, and 32 percent of American Indians received no prenatal care. Any effort to increase prenatal care should consider these large ethnic differences. The South Phoenix Region has many pockets where there are large numbers of Hispanics and African Americans.

The following chart summarizes critical information and presents data for specific communities that fall partially or completely in the South Phoenix Region.

Selected characteristics of newborns and mothers, Phoenix (2006)

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1 st Trimester*	No Prenatal Care	Public \$	Low birth weight <2500 grams	Unwed Mothers
Phoenix	27533	4230	20847	788	18774	1980	14840
Laveen	533	45	451	16	192	34	199
TOTAL	28442	4281	21640	807	19022	2043	15090

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for preterm births (<37 weeks). Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics. No break down available by zip code for City of Phoenix.

To address the need to link women adequately to prenatal and postnatal care, the Regional Council would seek grant applicants who would engage in one or more of the following activities to connect women to prenatal and postnatal care:

- Prenatal home visiting services - Such services would be aimed at enrolling women in prenatal care in their first trimester, and would address high-risk behaviors (smoking, drinking, and taking illicit drugs) that are associated with poor birth outcomes. Such programs would also address parenting education, and efforts to provide parent support to new mothers.
- Outreach efforts to connect women to existing prenatal and postnatal services– Such efforts could include communications or enrollment efforts to engage women in programs such as Healthy Baby Arizona (AHCCCS’ prenatal/postnatal program for pregnant women.

*Ashford, J., LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole

**Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

LEAD 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.

KEY MEASURES:

- 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.

Target Population			
Low income women in targeted geographic areas (census tract numbers 1140.00, 1143.02, 1144.01, 1145.00, 1146.00, and 1153.00), and pregnant, at-risk African American and Hispanic women living in the region.			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2010 – June 30, 2011	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	80 – 1000 families	80 – 1000 families	80- 1000 families
Performance Measures 2010-2012			
<ul style="list-style-type: none"> Number of pregnant/postpartum women and their families receiving services 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy would build on existing services such as the Health Start Program which utilizes lay health workers to provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state. The lay health workers live in and reflect the ethnic, cultural and socioeconomic characteristics of the communities they serve. Families receive home visits and case management with oversight by nurses and social workers, through the enrolled child’s second year of life. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Collaboration opportunities exist between a number of state agencies such as the Arizona Department of Economic Security, Arizona Department of Health Services, the Maricopa County Health Department, AHCCCS, and the hospitals in the region. Collaboration opportunities also exist with the Central Phoenix Regional Partnership Council, who is proposing a similar strategy. 			
SFY2010 Expenditure Plan for Proposed Strategy	\$319,500 year one		
Budget Justification:			
Home visiting programs could range in cost from \$1,000 - \$4,000 per family. The cost of an outreach campaign could range from \$50,000 (lower cost, print and radio) to \$500,000 (television) for a six-week campaign			

Strategy 10: Increase the number of health and mental health specialists with expertise in the 0-5 population by providing scholarships to new professionals in the field and supporting continuing education for existing health and mental health professionals.

Key informant interviews with stakeholders who address the various health needs of children and families in the South Phoenix Region reported a high need for professional level specialists to serve the 0-5 population. Examples of fields where the South Phoenix Regional Council believe specialist shortages exist, or where specific knowledge among providers in the needs of children 0-5 is lacking includes:

- Licensed professional counselors
- Psychologists & Psychiatrists w/expertise in 0-5 population
- Pediatric and public health nursing
- Child development specialists
- Speech and language specialists – especially bi-lingual specialists
- Physical therapists
- Occupational therapists
- Early childhood education professionals with focus on mental health, early intervention, and special needs

To address the need for more trained specialists in these areas, the Regional Council would provide funding for scholarships for individuals to attend post-baccalaureate master-level degree programs and/or graduate certificate programs that address the professional needs of the 0-5 health and mental health infrastructure.

The following stipulations would apply to recipients of scholarships:

- Recipients must commit to working with or serving families who live in the South Phoenix Region during their education program.
- Recipients must commit to continuing to serving families in the South Phoenix Region no less than 3 years after completing their certificate or graduate program.

Funding would also be provided for an agency or organization to be responsible for

administering the scholarship program. Specifically, the organization would be responsible for: conducting outreach to institutes of higher learning and relevant agencies to inform them of the scholarships; advertising scholarship availability to potential applicants; recruiting potential applicants; administering the scholarships in conjunction with colleges, universities and training institutions.

The agency or organization responsible for administering the scholarships would be required to develop objective criteria that will be used to determine how scholarships will be awarded, based on the recommendations of experts in the field. The agency or organization will also develop criteria for determining which degree programs or certificates scholarships can be used for, again based on the recommendations of experts in the field. In both instances, criteria developed by the administrative agency/organization will be approved by the South Phoenix Regional Council before scholarships are awarded to any individuals.

The following represents examples of programs to which professionals may receive scholarships:

- Harris Infant Early Childhood Mental Health Training Institute, Infant/Family Clinical Program or Infant Studies Certificate Program
- ASU, The School of Social and Family Dynamics, Master of Advanced Study (M.A.S.) in Infant Family Practice ASU College of Nursing & Healthcare Innovation, Graduate Certificate Program, Child and Adolescent Mental Health Intervention Specialist ASU, The Speech & Hearing Science Department, M.S. Speech-Language Pathology Program (Bi-lingual Track) ASU West, College of Teacher Education & Leadership, M.Ed. Special Education, Infants and Young Children with Disabilities ASU, Mary Fulton College of Education, The Autism Spectrum Disorders (ASD) Graduate Certificate

To implement this strategy, the Regional Council would first seek an administrative home for the scholarship program. Awards would be made based on 1) demonstrated experience and ability to administer scholarships or financial assistance to individuals; and 2) expertise and knowledge of staff, board members and/or volunteers in the areas of health, mental health, and early childhood development.

Lead Goal #10: Enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Supporting Goal #4: Collaborates with systems to improve access to quality health and mental health care.

Key Measures:

- Total number and percentage of children receiving timely and appropriate health and mental health services.
- Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood

development or other appropriate specialty area <ul style="list-style-type: none"> Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area. 			
Target Population (Description of the population to reach): Scholars, professionals, college students			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	20 Graduate Certificate scholarships	20 Graduate Certificate scholarships	20 Graduate Certificate scholarships
	11 Degreed program scholarships	11 Degreed program scholarships	11 Degreed program scholarships
Performance Measures SFY 2010-2012 1. Number of individuals attending post-baccalaureate master-level degree programs and/or graduate certificate programs 2. Increase in early childhood knowledge and practice 2 months after completion of course			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy utilizes existing training and education programs (colleges & universities; Harris Institute, etc.) . 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Opportunities for collaboration are possible with Infant Mental Health groups to raise awareness about scholarships (Harris Institute, AZEIP, SWHD, Child & Family Resources, Tapestry). This strategy also aligns with private foundations to raise more money for scholarships (AEEF, Helios) 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$426,325		

Budget Justification:

\$326,325 for scholarships

Estimate based on the following:

20 Graduate Certificate scholarships: \$161,575

Average cost for graduate certificate program: \$8,078.75

11 Degreeed program scholarships: \$220,825

Average cost for graduate degree program: \$20,075

Administrative entity cost: \$43,925 (half time FTE plus operational costs)

Grand Total: \$426,325

Strategy 11: Increase availability/capacity of resource centers linking families to family support services.

Families living in the South Phoenix Region face a wide array of stresses that affect the ability of families to care for young children. The following chart lists family stress issues specifically identified by the South Phoenix Regional Council.

Family stress issues identified by the South Phoenix Regional Partnership Council, 2008

Basic living issues	Domestic violence
Lack of affordable health	Cultural issues-immigration and acculturation
Financial stress—child care costs	Access to behavioral health treatment
Finding quality child care	Jobs
Language barriers-English language learning	Family safety
Transportation	Limited parenting skills
High number of low income families	High number of teen parents

While resources exist for residents in the South Phoenix community, access remains a significant barrier for many of these families. For example, a 2007 report by the Maricopa County Department of Health noted that focus groups of 59 African-American women in South Phoenix reported that access is a critical issue. Focus group participants noted that resources for health care and other social services are difficult to obtain.¹ The report states that service use is hampered by the lack of an identified facility in the community and the respondents feeling that there is no “community” and no identified gathering place.

The South Phoenix Regional Council is interested in improving access to needed information, services and support. The Regional Council proposes to expand or create family resource centers that provide family support with the following features: 1) Each expanded center would dedicate a caseworker/parent liaison to serve families with children birth through age five 2) Families would receive information and assistance to seek out and secure needed resources such as mental health and family counseling and 3) Families would received enrollment assistance to apply for to public benefits such as KidsCare, AHCCCS, TANF and Food Stamps using the Health-e-App application process - a new, internet application that will be available on the Internet to families and providers beginning December 2008.

The Regional Council will seek proposals from applicants to expand or create family resource centers in the region based on the service delivery elements outlined above. The Regional Council hopes to fund resource centers located in early child care and education settings, as well as family resource centers in community-based settings. Efforts will be made to ensure that centers are geographically dispersed throughout the region with special emphasis on neighborhoods and communities within the region that currently lack this approach to service coordination and access for families.

Family services centers that are expanding to serve families with children birth through age five will be supported through the addition of family liaison staff with specific training required to respond to the specific health and early education needs that these families have.

Newly created family resource centers will establish linkages with all DES child and family services, and

family assistance programs to enable eligibility determination and enrollment in a timely fashion. In addition, these centers will provide families with access to and assistance in completing the Healthy E-Applicaton web-based system for AHCCCS and KidsCare enrollment. Training and technical assistance for staff to effectively use Health-E-App will be provided through services agreements with AHCCCS. In addition to staff with specific training to meet the early childhood development and health needs of families with children birth through age five, support will be provided to establish the core infrastructure needed to establish these new community resources which may include resource center management, computers, phones, travel, and administrative support.

Local evidence of the effectiveness of this strategy can be seen with DES one-stop shop centers that were piloted and placed in school districts such as Murphy Elementary School District. Nationally, the model for family resource centers was developed in Washington State, where "one stop" campuses were implemented locally, promoting partnerships at a centralized service hub. Continually developing, the Washington Family Resource Center is one of a small number of centers nationally which have been formed to reduce the costs of providing servcies, increase access to services, and improve communication.²

Other models of excellence for family resource centers can be found in Orange County area of North Carolina. Taking on a comprehensive appraoceh to family support and child well-being, these centers enhance children's development and ability to attain academic and social success, promote successful transition from early childhood programs and childcare to public schools, assist families in achieving economic independence and self-sufficiency, mobilize public and private community resources to help children and families in need and ensure that plans are designed and implemented to provide families with services in a holistic family-centered manner.³

¹ African American Women Speak Out: A Focus Group report on Health Care, 2006-2007, Maricopa County Department of Public Health.

²<http://www.familyresourcecenter.org/>

³<http://chtop.org/Programs/FRC.html>

Lead 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 families.

Supporting 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.

Supporting 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.

Key Measures:

- 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

<ul style="list-style-type: none"> 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 of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) 			
<p>Target Population (Description of the population to reach):</p> <p>Areas with high number of low income families, homeless families, teen parents, single parent households and other at risk populations</p>			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	11 sites serving 100 families each = 1,100 families	11 sites serving 100 families each = 1,100 families	11 sites serving 100 families each = 1,100 families
<p>Performance Measures SFY 2010-2012</p> <ol style="list-style-type: none"> Number of programs and or percent of families that reported satisfaction with provided family support/strategic target Percent of families showing increases in parenting knowledge and skill after receiving family support/strategic target Number of partners reporting use of family centered practices/ strategic target 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy build on the service network by utilizing existing child care infrastructure to offer family support services, existing training infrastructure to offer enhanced professional development for teachers and administrators in family involvement & support, and existing infrastructure like elementary schools, churches, child care centers, and other facilities where families with 0-5 children are served. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Collaboration with other agencies that use a similar family support model (Head Start, Early Head Start, Tapestry). Also, collaboration will occur with AHCCCS, who is responsible for implementing the Health E App. Opportunities may exist to obtain a federal match through AHCCCS as a result of facilitating enrollment assistance through Health E App. Collaboration with existing DES Region 1 and community and family based programming is also expected. 			
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>			
Population-based Allocation for proposed		Total: \$945,000	

strategy	
<p>Budget Justification:</p> <ul style="list-style-type: none"> ○ Expansion of existing community-based family resource centers <ul style="list-style-type: none"> \$33-45k per parent liaison, case worker +\$35,000 per site infrastructure (computer, FAX machine, space) <hr/> \$80,000 x 5sites (across 9 zips)= \$400,000 for community-based organizations <ul style="list-style-type: none"> ○ Creation of new community-based family resource center <ul style="list-style-type: none"> \$ 66 – 130 k for 1-3 case workers, site supervisor/community liaison \$ 45 k for infrastructure (space, computer, equipment) ○ Early care and education -based family resource centers <ul style="list-style-type: none"> \$45,000 per year x 5 caseworkers= \$225,000 \$10,000 site infrastructure x 5= \$50,000 System management across five sites, 1 staff plus equipment and travel = \$75,000 <hr/> \$370,000 to fund early care and education providers 	

Strategy 12: Create or expand home visiting programs to provide family support, using a combination of the “Parents As Teachers” model for at-risk families, and the “Nurse Family Partnership” model for first-time parents including African-American and Hispanic women and/or teen parents.

Research suggests that the best home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family rather than the other way around. In addition, because home visitors actually see the households of their clients, they may be better able to tailor services to meet family needs.¹

The South Phoenix Regional Partnership Council believes that home visitation is essential to addressing community needs. The South Phoenix Region is challenged with countering adverse risk factors for first-time parents and African-American and Hispanic mothers, including high-risk pregnancies, high infant mortality, and lack of access/knowledge of prenatal and postnatal care.^{1,2} For example, evidence suggests that pregnant women in the South Phoenix and Maryvale areas are at high risk for poor birth outcomes. A Maricopa County Health Study that examined maternal and child health needs is of particular interest to the Maryvale and South Phoenix areas.³ This study conducted a “Perinatal Periods of Risk” analysis for these areas. The approach provides an estimate of the amount of fetal and infant mortality that is preventable (called excess mortality). The following chart shows results from this study. It shows that South Phoenix had significantly higher preventable infant mortality rate than Maricopa County as a whole.

Infant mortality rate in Maricopa County, South Phoenix, and Maryvale

Perinatal risk 1996-2000	Maricopa County	South Phoenix	Maryvale
Feto-infant mortality rate	8.5	10.6	8.8
Preventable mortality rate	2.7	4.8	3.0

Source: Maricopa County Maternal and Child Health Needs Assessment, 2003. Maricopa County Department of Public Health. Note: South Phoenix = zip codes: 85003, 85004, 85007, 85009, 85034, 85040, 85041, 85009, 85034, 85339; Maryvale = zip codes: 85017, 85019, 85031, 85033, 85035.

The South Phoenix Regional Council is interested in implementing a home visitation program in the region, using the “Nurse Family Partnership” model, targeting pregnant women (especially pregnant Hispanic or African-American women, who are particularly at risk), first-time parents and/or teen parents to better address healthy birth outcomes. This model can allow for a nurse’s expertise to help guide first-time mothers and/or teen mothers through the emotional, social and physical challenges they face as they prepare for a healthy birth. After the child is born, this provider continues to teach life skills that foster positive growth for both the mother and the child. The focus on this model is primarily

on low-income, first-time mothers as they sometimes have limited access to good parenting role-models.⁴ It is utilized beginning at 16 weeks gestation and can be continued through the child's second year.

Findings from three randomized, controlled trials serving diverse populations living in urban and rural settings over the past three decades demonstrate that Nurse Family Partnership produces the following outcomes:

- Improvements in prenatal health, birth outcomes (including greater intervals between births), child development, school readiness, academic achievement, and maternal employment.
- Reductions in child abuse and neglect, early childhood injuries, mental health problems, and crime.

Core components of the program include: community and organizational planning, intensive nurse education, and implementation of visit-by-visit guidelines.

The South Phoenix Regional Partnership Council also believes that additional families in the region would benefit from home visitation. The Regional Council is interested in providing additional home visiting services to families with children who are currently not served through existing home visiting efforts in the region. It is anticipated that the partners from the faith community and others will play a key role in referring at-risk families who may be displaying multiple risk factors such as poverty, involvement in the criminal justice system, single-parenting, and/or involvement in the child welfare system.

The primary focus of such home visiting services will be to promote effective parenting. However, home visitors will also encourage families to enroll in health insurance, seek out a consistent medical home, and identify services available to families, and provide assistance in obtaining such services.

For these additional "at risk" families, the South Phoenix Regional Partnership Council is interested in implementing home visitation using the "Parents As Teachers" home visitation model. **Parents as Teachers** is an early childhood parent education and family support program that serves families from pregnancy until their children enter kindergarten (0-5 years of age). The program provides parents with child development knowledge and regular parent contact and support. Certified parent educators make monthly, biweekly or weekly personal visits in the home (depending on need) to offer practical ideas on ways to enhance parenting knowledge. Parents also meet in groups for 1-2 hour sessions to discuss such topics as positive discipline, sleep, sibling rivalry, and toilet learning. The program offers periodic developmental screening and provides links to community resources. Parents as Teachers will soon be implemented in the 85040 and 85041 zip codes, as part of the Tapestry grant - a partnership among FTF, numerous other state agencies, schools, and community-based providers. (The grant will focus exclusively on children of incarcerated parents.)

The mission of the Parents As Teachers program is to provide the information, support and

encouragement parents need to help their children develop optimally during the crucial early years of life. The program increases parent knowledge of early childhood development, improves parenting practices, provides early detection of developmental delays and health issues, and prevents child abuse and neglect.

More than a dozen independent studies over 25 years have verified the effectiveness of the Parents as Teachers *Born to Learn* model. Studies show that Parents as Teachers children have higher levels of school readiness and continue to outperform their peers in first through fourth grades. Moreover, Parents as Teachers is listed as a model program by Strengthening America's Families: Effective family programs for prevention of delinquency, a best practice on the Center for Substance Abuse Prevention web site and an "Educational Program that Works" by the National Diffusion Network, 1995.

Core services in this model include:

- Personal visits – during these visits, parent educators share age-appropriate child development information with parents, help them learn to observe their own child, address their parenting concerns, and engage the family in activities that provide meaningful parent/child interaction.
- Group meetings – these allow for opportunities to share information about parenting issues, child development and to practice parenting skills.
- Screening – periodic developmental, health, vision and hearing screening provides for early identification of developmental delays and health, vision and hearing problems.
- Resource Network – Parent educators help families identify and connect with needed resources. Programs take an active role in establishing ongoing collaborative relationships with other organizations that serve families.

¹ Maricopa County Department of Public Health: Prenatal Care Satisfaction and Resilience Factors in Maryvale and South Phoenix (February 2006).

² African American Women Speak Out: A Focus Group report on Health Care, 2006-2007, Maricopa County Department of Public Health.¹

³ Maricopa County Maternal and Child Health Needs Assessment, 2003, Maricopa County Department of Public Health.

⁴ Ibid.

Lead 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.

Supporting Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- 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

Target Population (Description of the population to reach):

- Zip code areas with higher incidence of single-parent, female-headed households.
- Zip code areas with higher incidence of teen parents.
- Medically underserved designated zip code area.
- Those children/families referred by community partner churches as “high risk.”
- Pregnant, at-risk women (especially African-American or Hispanic women).

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Parents as Teachers Model	375-450 families	375-450 families	375-450 families
Nurse Family Partnership	250 families	250 families	250 families

Performance Measures SFY 2010-2012

1. Number of families receiving a home visit in the region
2. Number of faith-based organizations referring families for home visits in the region
3. Number of schools referring families for home visits in the region
4. Number of children receiving a developmental screening in the region
5. Percent of families receiving home visits whose children have health insurance
6. Percent of families receiving home visits who have a medical home

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

This strategy depends on partnerships being forged and expanded among schools, child welfare agencies, health care providers, and the faith-based community. Such entities will be the source of referrals for home visits. The Parents As Teachers model is currently implemented with success via the “Baby FACE” program to a myriad of Native American communities across Arizona, as well as through two districts in the Tucson Unified School District, in the Mesa Public Schools and within a small number of community non-profit agencies. This model has not yet been fully implemented in Maricopa County,

although it will be soon as part of the Tapestry grant, targeting zip code areas 85040 and 85041 (South Mountain).

The Nurse-Family Partnership can provide services at the community, city, county or state level. Currently, statewide initiatives are in place in Colorado, Louisiana, Oklahoma and Pennsylvania. The only existing program in Arizona is operating out of Yavapai County Community Health Services. Focus of this program is on families with children up to two years of age.

- What are the opportunities for collaboration and alignment:

This strategy will help the South Phoenix Regional Council build relationships with the faith-based community, health care providers, and child welfare agencies, and schools by allowing such entities to refer high-risk families for services. Opportunities may exist for collaboration with the Department of Health Services/University of Arizona who will be implementing the Parents and Teachers model in two zip codes (South Mountain) through its recently awarded LAUNCH grant Tapestry Project. Efforts will also be made for home visiting programs to collaborate so that redundancies can be eliminated and efficiencies gained.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$1,800,000
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Budget Justification:

\$750,000 = 15 FTE within the Parents as Teachers model, plus program administration, mileage, etc.

\$50,000 per FTE , with each FTE serving 25-30 families, for total of 375-450 families

\$1,000,000 = 10 FTE within the Nurse Family Partnership model FTE within the Nurse Family Partnership model, inclusive of program administration, mileage, etc. (each FTE can carry a caseload of 25 families) Costs for this program is estimated at \$4,500 per family or approximately \$100,000 per FTE

\$50,0000 = Outreach activities to include printed materials, outreach coordination across agencies, etc.

Strategy 13: Engage in a communications campaign that works in partnership with other Regional Partnership Councils and the FTF Board.

The South Phoenix Regional Partnership is committed to partnering with other regions (especially Maricopa County regions who are in close proximity) and the Statewide Board in planning and implanting a communications campaign that:

- Engages families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocates for public policy change and increased resources on behalf of young children and their families.

The South Phoenix Regional Council recognizes the importance and effectiveness of working in partnership with the other Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The South Phoenix Regional Council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."¹

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.²

The South Phoenix Regional Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the other Regional Councils and FTF Board to further define the community awareness and mobilization effort. The South Phoenix Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need overtime and will set aside \$325,052 each year.

¹Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.

²FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

Lead Goal #15: FTF will expand public awareness of and financial and political support for early childhood development and health efforts in Arizona.

Key Measures:			
<ul style="list-style-type: none"> Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters 			
Target Population (Description of the population to reach):			
<p>The strategy will target the region’s entire population. As part of a planning period (3-6 months) involving other regional councils and the statewide board, target groups such as business, faith based, health professionals, etc., will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.</p>			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> Percent of people who know what FTF is /strategic target Number of presentations made by external constituents about early care/strategic target Media analysis on the tone and frequency of coverage on early care/strategic target 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: A wide array of community partners have been involved in communications strategies related to young children, including Valley of the Sun United Way, PAFCO, the Governor’s P-20 Council, and St. Luke’s Health Initiatives, the Arizona Ecumenical Council and Children’s Action Alliance. This strategy could bring many of those partners together, focusing messaging on the importance of early care and education and public investments in its success. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: St. Luke’s Health Initiatives has been engaged in an effort to “reframe” critical issues involving public investment in children’s health. FTF could collaborate with St. Luke’s on this effort. Other potential collaboration partners include media partners, Valley of the Sun United Way, PAFCO, the Governor’s P-20 Council, and Children’s Action Alliance. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$325,052 per year		
Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this			

section.)

Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3 percent of a regional allocation would be adequate to support this strategy. The South Phoenix Regional Council will allocate \$325,052 for this strategy which is 3 percent of the allocation per year.

Strategy 14: Collect and analyze regionally specific data and information needed to inform strategy development and implementation in the South Phoenix Region, partnering with FTF staff and consultants to ensure efficiency and effectiveness of such efforts.

Information on children and families in the South Phoenix Region is currently very limited. While the recently completed Regional Needs and Assets report was an important first step in compiling local data and information, much more information is needed to fully understand the needs of children and families in the region, and the current quality of care and support that they receive.

To maximize the effectiveness of the South Phoenix Regional Partnership Council's efforts, the Regional Council believes there is a need to collect regionally specific data and information (primarily qualitative data) to ensure the effective development and implementation of strategies.

The Regional Council proposes to hire one or more consultants to conduct such studies. Depending on the nature of the study, the Regional Council may partner with the University Consortia in conducting such studies – especially when such a partnership maximizes the efficiency and effectiveness of conducting such a study, and minimizes the cost. The Regional Council will also look for opportunities to partner with other Regional Councils (especially those based in Maricopa County, where data and needs are often shared) prior to creating any RFGA's.

Some examples of potential research and evaluation questions for local or cross-regional study are:

- What does home-based care in the region look like? How many (estimate) home-based providers are there? How many children are cared for in such settings? Is such care of high quality? How could such care be improved? What types of training and support do home-based providers seek?
- Why are eligible parents not enrolled in public benefit programs, such as KidsCare or AHCCCS, child care subsidies and other supports? How could barriers best be eliminated?
- How is language and culture affecting the demand for quality early care and education in the region?
- How are the region's early care and education programs interacting with the region's elementary schools? What steps can be taken to ensure that children are ready

<p>for Kindergarten?</p> <ul style="list-style-type: none"> • What factors affect the demand among parents for high quality early care and education in the region? (e.g. role played by culture, transportation and location, cost, quality, preference, etc.) <p>To implement this strategy, a committee will be created to define regionally-funded evaluation needs. The chair of the committee, working in tandem with the FTF evaluation staff, will develop a plan for regional evaluation for FY 2010 and submit it to the FTF Board for approval by March 2009.</p>			
<p>Lead Goal#14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>			
<p>Key Measures:</p> <ul style="list-style-type: none"> • Total number and percentage of public and private partnerships using the database that reports the information to be helpful in determining outcomes and promoting continuous improvement. • Total number and percentage of public and private partnerships using the database that reports the information to be accurate. 			
<p>Target Population (Description of the population to reach):</p> <p>Grantees receiving FTF funding from South Phoenix Regional Council; Service programs in the South Phoenix Region; Families and children in the South Phoenix Region; All FTF stakeholders; Other FTF Regions across the state</p>			
Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	3 completed research reports on: unregulated care, health across all domains, and school readiness	3 completed research reports on: unregulated care, health across all domains, and school readiness	3 completed research reports on: unregulated care, health across all domains, and school readiness
<p>Performance Measures SFY 2010-2012</p> <ol style="list-style-type: none"> 1. Number of partner’s satisfied with quality of coordination/Strategic target 2. Number of partner’s who report information in database to be accurate/Proposed service 			

number	
3. Number of partners who report information in database to be helpful in determining outcomes and improvement/ Proposed service number	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy building on the service network that currently exists by coordinating with statewide evaluation efforts (e.g., FTF's asset-mapping capabilities) and with on-going research in the region (e.g., ASU, University Consortium, Quality First Assessment, etc.). 	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Opportunities for collaboration are possible with FTF Evaluation Department, the University Consortium—and ca align with other research & evaluation efforts taking place in the region with opportunities to form subcommittees on different areas of interest. 	
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$100,000
Budget Justification: Consultant estimates range from \$95,000 to \$120,000 dollars for comparable requests	

Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$10,782,032
Expenditure Plan for SFY2010 Allocation	
T.E.A.C.H. scholarships (Strategy #1)	159,500
Health/Mental Health Consultant (Strategy #2)	1,715,000
Friend, Family, Neighbor (Strategy # 3)	400,000
<i>Quality First!</i> (Strategy # 4)	510,000
Health Insurance Outreach (Strategy # 5)	100,000
Childcare Director Mentoring (Strategy #6)	282,903
Increase/Expand Pre-K slots (Strategy #7)	1,600,000
Outreach/screenings for developmental delay/special needs (Strategy #8)	2,000,000
Pre-natal/postnatal outreach (Strategy #9)	319,500

Increase professional infrastructure for continuing education scholarships (Strategy #10)	426,325
Community based resource center and parent liaison/case worker (Strategy #11)	945,000
Create or expand home visiting programs to provide family support (PAT/Nurse Family) (Strategy #12)	1,800,000
Communication/Outreach Efforts (Strategy #13)	325,052
Evaluation (Strategy #14)	100,000
Needs and Assets	16,252
Subtotal of Expenditures	10,699,532
Fund Balance (undistributed regional allocation in SFY2010)*	82,500
Grand Total (Add Subtotal and Fund Balance)	10,782,032

*Provide justification for fund balance: The fund balance of \$82,500 to address for any declines in the regional allocation and to ensure sustainability over the three years.

Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012 (See chart below)

SOUTH PHOENIX REGIONAL COUNCIL 2010, Allocation: **\$10,782,032**

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$10,782,032	\$10,782,032	\$10,782,032	\$32,346,096
Fund Balance (carry forward from previous SFY)	\$0	\$82,500	\$100,500	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
T.E.A.C.H. scholarships (Strategy #1)	\$ 159,500.00	\$224,000.00	\$333,000.00	\$716,500.00
Health/Mental Health Consultant (Strategy #2)	\$ 1,715,000.00	\$1,715,000.00	\$1,715,000.00	\$5,145,000.00
Friend, Family, Neighbor (Strategy #3)	\$ 400,000.00	\$400,000.00	\$400,000.00	\$1,200,000.00
Quality First! (Strategy #4)	\$ 510,000.00	\$510,000.00	\$510,000.00	\$300,000.00
Health Insurance Outreach (Strategy #5)	\$ 100,000.00	\$100,000.00	\$100,000.00	\$300,000.00
Childcare Director Mentoring (Strategy #6)	\$ 282,903.00	\$282,903.00	\$282,903.00	\$848,709.00
Increase/Expand Pre-K slots (Strategy #7)	\$ 1,600,000.00	\$1,600,000.00	\$1,600,000.00	\$4,800,000.00
Outreach/screenings across all health domains (Strategy #8)	\$ 2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$13,610,209.00
pre-natal/postnatal (Strategy #9)	\$ 319,500.00	\$319,500.00	\$319,500.00	\$958,500.00
Increase professional infrastructure for continuing education scholarships (Strategy #10)	\$ 426,325.00	\$426,325.00	\$426,325.00	\$1,823,865.00
Community based resource center and parent liaison/case worker (Strategy #11)	\$ 945,000.00	\$945,000.00	\$945,000.00	\$17,145,000.00
Create or expand home visiting programs to provide family support (PAT/Nurse Family) (Strategy #12)	\$ 1,800,000.00	\$1,800,000.00	\$1,800,000.00	\$5,400,000.00
Communication/Outreach Efforts (Strategy #13)	\$ 325,052.00	\$325,052.00	\$325,052.00	\$975,156.00
Evaluation/Special Research (Strategy #14)	\$ 100,000.00	\$100,000.00	\$100,000.00	\$300,000.00
Regional Needs & Assets	\$16,252	\$16,252.00	\$16,252.00	\$72,657,730.00
Subtotal Expenditures	\$10,699,532	\$10,764,032.00	\$10,873,032.00	
Fund Balance* (undistributed regional allocation)	\$82,500	\$100,500.00	\$9,500.00	
Grand Total	\$10,782,032	\$10,864,532.00	\$10,882,532.00	

*Budget Justification: Provide information, as determined necessary, to support rationale for three year expenditure plan and include justification for funding.

The South Phoenix Regional Partnership is maintaining the level of service recommended in year one in SFY 2011 and 2012. The fund balance grows by \$100,000 to address for any declines in the regional allocation and to ensure sustainability over the three years.

- **Discretionary and Public/Private Funds**

Use the table below to present the initial thinking of the Regional Council to implement the three year strategic plan. Use the actual allocation for SFY2010 and estimated allocation amounts for SFY2011 and SFY2012.

The South Phoenix Regional Partnership Council believes that federal funding opportunities may exist in efforts to conduct outreach for public health coverage or efforts to expand use of the Health- application. The Regional Council will work closely with AHCCCS to pursue such potential opportunities.