



FIRST THINGS FIRST

Ready for School. Set for Life.

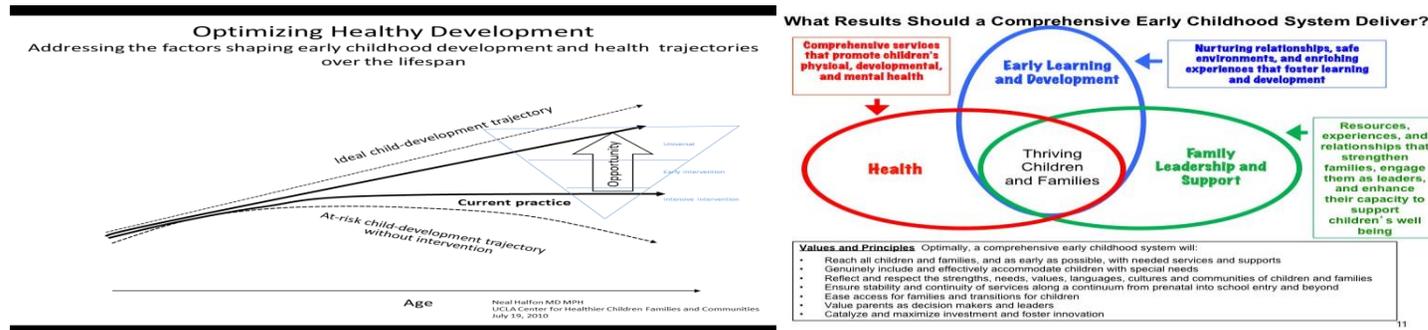
AGENDA ITEM: Discussion on Regional Priorities and System Building

BACKGROUND: The funding plan process resulted in a systematic approach to determining the strategies that will be implemented in the Cochise region’s service delivery network for children and families. The chosen strategies link to past accomplishments and continue to: build on each other, support the State Board’s priority roles; impact school readiness indicators at a local and state level; and influence the elements needed to create a sustainable early learning system. In the region, access to early care and education, family support and oral health are the primary focus areas.

The recognized need to continue building community awareness and support collaborative efforts are integrated into the structure.

RECOMMENDATION: The Regional Director presents this as informational purposes only and to engage feedback from the Council on different ways to incorporate and build consensus within the County with key stakeholders, elected officials, business leaders, K-12 education, higher education, non-profits and others – to truly build the early childhood system within Cochise County.

Based on the data and prioritized needs, the Cochise Regional Partnership Council designed a strategic plan that builds on coordination, access to and high quality child care for the children of Cochise County. The Cochise Regional Partnership Council has identified three primary areas of focus: Home visitation, Quality First and Oral Health.



Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child’s first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: children are safer, healthier, better prepared to learn and more likely to become successful adults.

The Cochise Regional Partnership Council wanted to ensure the early childhood system is available beyond birth to age three and thus built the infrastructure for quality and access to quality environments. The Quality First program incorporates professional development, child care health consultation, coaching services, program standards and quality assurance and improvement efforts. Connecting home visiting efforts and high quality child care, particularly those focused on children’s well-being and healthy development, with other child and family services will ensure that young children and parents have the comprehensive support they need.

The Cochise Regional Partnership Council has incorporated an oral health strategy; tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births. According to the 2008 and 2010 Needs and Assets report oral health has been neglected in Cochise County, and proves to be a huge issue for children and families, within the Cochise Region.

The strategies presented in this funding plan focus on building and sustaining capacity and infrastructure in order to engage in the ongoing work of community change and building the early childhood system. This will ensure children have the access to quality health care and the awareness of early childhood development and health for children birth to age five in Cochise County.

Phases, Timelines and Planning Tool:

Phase I – Pre Assessment	Phase II – Defining the Issues	Phase III – Prepare Action Planning	Phase IV – Initial Action Plan
January/February 2013	February-March/April 2013	May – June/July	Late Summer/Early Fall 2013
<p>Review Council Strategic Direction;</p> <p>Talk about system building concepts;</p> <p>Link strategies to other systems locally, funding mechanisms (public private dollars, engagement of grantees, service providers, and identify community partners;</p> <p>Possible questions to assist in this work:</p> <ol style="list-style-type: none"> 1. Is there an area of system building we have not considered or discussed; 2. Are there other linkages between the Council and community activities; 3. What approach do you want to take; 4. Are other groups working on part of the system for children 0-5; 5. Are there additional resources that can/should be utilized; 6. How will we evaluate success; 7. How to invite others to the table? <p>Note: Indicator discussions will be included.</p>	<p>The “Who” will be determined by the approach and the work done in Phase I;</p> <p>Possible tool to come out of Phase I discussions: Regional (possibly cross regional) asset map or inventor of assets/individuals/groups around the priority area – asset map will be designed to continually broaden the conversation;</p> <p>Possible questions to assist in this work:</p> <ol style="list-style-type: none"> 1. Who are the movers/shakers; 2. Who to contact in the priority area and geographic area that would be most successful in getting other involved; 3. Who should be involved to ensure culture considerations are addressed; 4. When meeting with possible group members; what is the benefit they will gain by being involved in the system building work? <p>Note: Indicator discussions will be included.</p>	<p>Action Planning will provide:</p> <ul style="list-style-type: none"> • An understanding of the community’s perception of the system, the approach and potential solutions/next steps; • Assure inclusive and integrated participation across community sectors in the planning process; • Build consensus on what can and should be done based on the community’s unique assets and needs; • Specify concrete ways in which members of the group can take action and why. <p>June: Build consensus on system development priority:</p> <ul style="list-style-type: none"> • Convene a planning group; • Provide needs and assets within the county; • Build consensus (possible mini town hall session). <p>July: Develop a framework for action:</p> <ul style="list-style-type: none"> • Review and analyze current reality with group; • Establish/confirm group commitment/vision; • Outline action that could be done by one group; • Develop calendar and assignments. 	<p>This phase produces an initial action plan that may include only preliminary steps to moving toward system building – Consider:</p> <ul style="list-style-type: none"> • Begin with steps that are achievable over a relatively short time frame (3 months); • Develop action steps with specific time frames and identify those responsible for completion; • Build upon success by developing and action plan for other identified steps; • Identify tracking tools or indicators that will provide milestones for each phase and phases; • Provide flexible tools that allow for appropriate regional timelines that account for the complexity of the system in Cochise County.

Discussion and Activity on System Building – (March 21, 2013 – Council Meeting):

Activity:

Utilizing the Habits of a Systems Thinker (2010 Waters Foundation, Systems Thinking in Schools) Council Members and all in attendance went through 2 exercises:

The Council Members and Community members were divided equally at 3 tables with 5 at each table.

Council Members: Reverend Shawn Buckhanan, Marge Dailey, Chuck Hoyack, Melanie Rottweiler, Jane Strain, Michael Vetter and Nancy-Jean Welker.

Community Members: Dr. Kathleen Vedock, Joyce Flieger, Nichole Sanchez, Emma Jimenez, Alesia Ash, Frances Roberson, Charlotte Taylor and Lana Tompkins-Stuzman

Activity 1: Self-Assessment Exercise:

1. Read over the cards and place them in three piles:
 - Habits that you understand and consciously practice on a daily basis
 - Habits that you understand, yet need practice using on a daily basis
 - Habits that you do not fully understand
2. With a partner or small group,
 - Share examples from pile 1 and tell a story that illustrates this habit as a personal strength
 - Share examples from pile 3 and tell a story that illustrates this habit as an area of growth

Activity 2: SFY14 Funding Plan and System Building Questions:

1. What system building questions are most relevant as it relates to the funding plan – discussion that need to take place that would lead you to focus in on a specific system building area or areas?
2. Use the Habits to see how your responses change, bring up additional considerations, raise different perspectives?
3. Think about how the different Habits bring forward/raise different perspectives/conditions/ideas/additional questions.

Regional Priority	School Readiness Indicators	FTF Priority Roles	SFY13-15 Strategies
<p>Limited access to quality, affordable early care and education</p> <p>Limited knowledge and information about the importance of early childhood development and health</p> <p>High number of uninsured children and low utilization of preventative health care</p> <p>Limited access to parent education and information</p>	<p>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p>#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</p> <p>#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</p> <p>#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</p> <p>#/% of children receiving timely well child visits</p> <p>#/% of children age 5 with untreated tooth decay</p>	<p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.</p> <p>Quality Early Care and Education Standards, Curriculum and Assessment – Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments.</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.</p> <p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p>	<p>Quality First (including CCHC, CC Scholarships, TEACH) Additional CC Scholarships</p> <p>Home Visitation</p> <p>Oral Health</p> <p>Media Community Awareness</p> <p>Regional Evaluation: Family Support Strategies</p> <p>Statewide Evaluation</p>

Report out of Tables – top three priorities to build a better system:

Table One:

1. Continue Child Care Scholarships;
2. Ensuring the oral health strategy creates a whole healthy child – no leaky pipes;
3. Kindergarten Development Instrument.

Table Two:

1. Family Support Strategies + Stronger Caregiver Support Strategies – (seeks to understand the big picture);
2. All communities programs – County wide – (changes perspective to increase understanding);
3. Community Awareness – (considers both short and long term consequences of actions).

Table Three:

1. How can we make media/community awareness more targeted, creative and relevant for all the County (especially extreme rural areas);
2. How can we make early childhood educators/caregivers more valued/valuable in this County;
3. How can we make home visitation a more integral part of all the strategies and connect the work to translate to the daily life of child/family?

Analysis of Funded FTF Strategies and Building an Early Childhood System for Cochise County:

“The goal to a better system is not to create a new program but to improve systems so that existing services and resources work better and so that more people in the community understand the importance of investing in young children.”

1. **Quality First** (including CCCHC, Child Care Scholarships, TEACH and Additional Scholarships):

- Amount of funding: \$2,320,159 (Quality First Coaching/Incentive \$620,923, CCHC, \$108,240, and Scholarships \$1,590,996);
- Service Units: 21 homes and 22 centers, 329 slots for high quality affordable child care for children/families.

Cochise Statistics:

Families with young children face critical decisions about the care and education of their young ones. Cost and location are two of the most critical factors. The extent of the use of kith and kin care compared to the more formal care and education settings is one of the main questions decision makers have. This issue is fundamental to supply and demand in early childhood care and education. It is a difficult issue to access because there is no existing source of data regarding the number of children cared for by family, friends and neighbors. Within Cochise County, about **45 percent** of children birth to age five who live with two parents have both parents in the workforce, and **65 percent** of children living with one parent have that parent in the work force. This equates to over **5,000 children with working parents** and underscores the **need to expand affordable quality care in Cochise County.**

The cost of child care is one of the primary factors that influence parental decisions about the type of child care they choose. The median income reported in 2000 for the Cochise Region was \$38,005; therefore, a reasonable estimate for median income in 2010 is approximately \$40,931.

The average yearly cost of child care for infants to five year olds ranges from \$6,050 to \$5,800. This represents about **14 percent** of gross family income and a **much higher proportion of after-tax income. For any family earning the median income or below, paying for child care in a regulated setting is prohibitive.**

As expected, for the 20 percent of families with children birth to age five that are below 100 percent of the poverty level, and the 49 percent of single mother families with children birth to age five that are below 100 percent of the poverty level in Cochise County, **placing their children in a formal setting is not feasible without a subsidy.** Currently, full time child care and early childhood education in a regulated setting is **out of range for many middle class families and all low-income families** who do not receive a subsidy. The reduction in child care subsidies has a number of consequences for families and providers in Cochise County. The demand for child care among low income families has dropped resulting in lower enrollments for providers who are contracted with DES to provide services to families and children receiving subsidies. The revenue of these providers is decreasing. **The implication of the cuts for working families is that parents must stay home to care for their children, foregoing earned income, or must find more affordable informal or unregulated care to keep their jobs. The quality of care for many children is therefore jeopardized.** Given the number of parents in the workforce, high quality early childhood education programs are critical. For low income parents, access to quality providers is highly dependent on cost.

Regional Priority

Limited access to quality, affordable early care and education

Strategy:

Quality First (including CCHC, CC Scholarships, TEACH and additional CC Scholarships)

System Building Opportunities:

- **Businesses** – examples: Retail Stores, State and County Government, Private Corporations, Non Profit, Housing market, Ft. Huachuca;
- **Education** – K-12 Systems, Higher Education, Technical Programs, JTED, Common Core requirements;
- **Family Support** – Home Visitation programs – alignment with high quality childcare, foster Care;
- **Health** – Hospitals, Physicians, Dentists, local programs, WIC, Health Departments, Rural Health Clinics, Federally funded clinics;
- **Faith Based** – Churches all Religions;
- **Law Enforcement** – County Sherriff, City Police, State Police, Border Patrol, Judges, Superior Court/Justice Courts;
- Other?

School Readiness Indicators

#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

Actions:

1 Increase knowledge and awareness of star ratings and meanings of high quality affordable childcare.

2 Early Childhood Investments: Quality early childhood experiences increase high school graduation rates and college enrollment, which in turn, reduce teen pregnancy, unemployment, crime and dependence on social services.

Activities:

1 Quality First Star Rating Public Launch – August 2013.

2 Explain why Early Care and Education is critical between birth and five years old – utilize FTF Economics Fact Sheet and Cochise Annual Report 2012, Cochise Fact Sheet – Local Data.

3 Creative Partnerships – the blending and braiding of funding and leveraging of additional resources (Title 1, IDEA Special Education, Head Start, Child Care Subsidy).

4 Private businesses, philanthropists or other entities who are interested in sponsoring additional Quality First sites, scholarships can do so by making a grant/donation/appropriation to FTF and designating the purpose of the investment.

Action Steps:

- Relay the importance of high affordable quality childcare through Quality First;
- Credible sources based on facts for buy in;
- Ask for buy in through partnerships and/or sponsorships;
- Contribute to the early childhood system in Cochise County – how/when/why – marketing.

2. **Home Visitation** (Parents As Teachers):

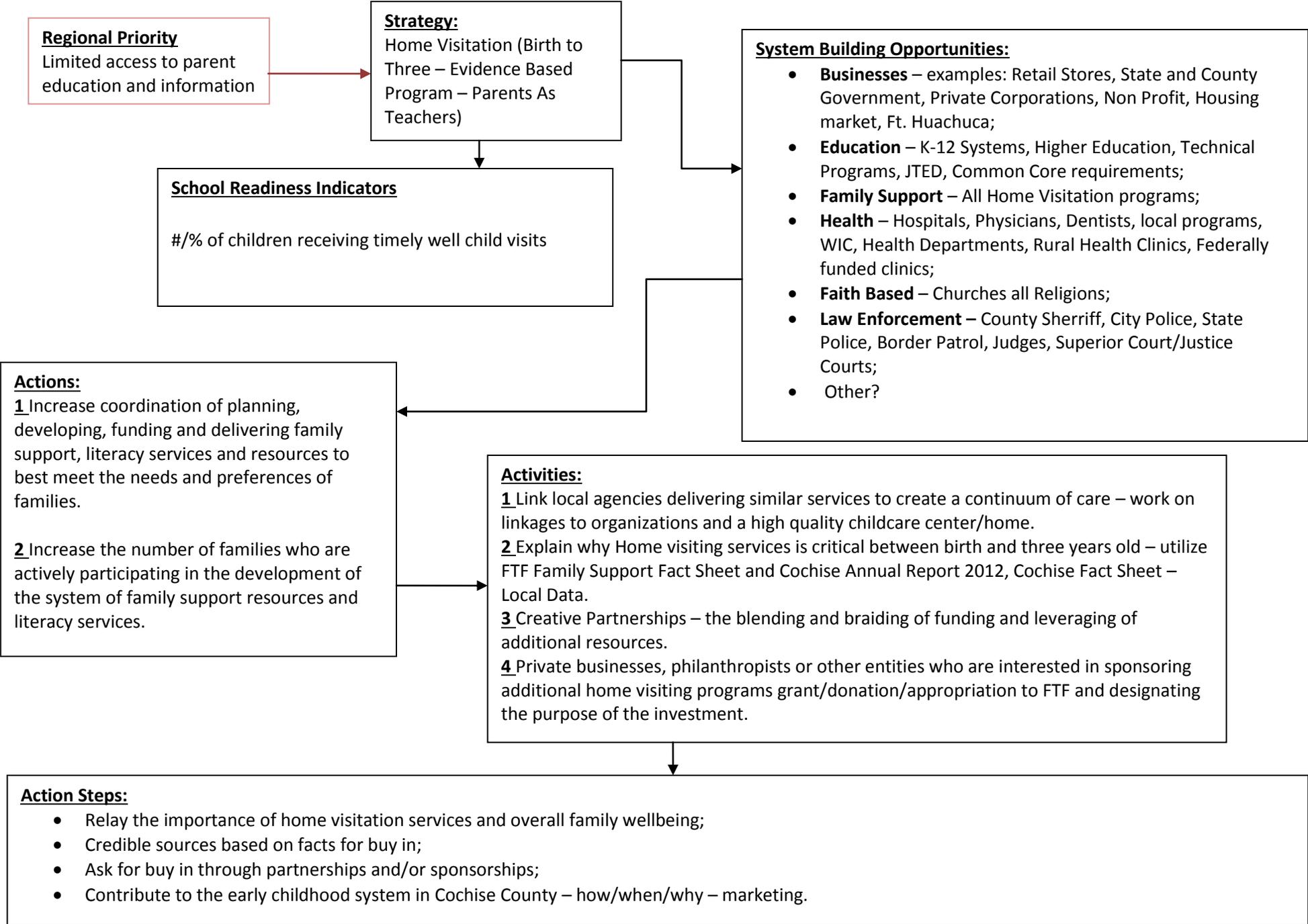
- Amount of funding: \$600,000
- Service Units: 200 Families birth to three.

Cochise Statistics:

Parent awareness on the importance of good parenting skills, literacy requirements (reading every day) and recognizing developmental delays, in their young child, health issues, immunizations, bonding with the infant/toddler and other skill sets. According to the census, adults in Cochise tend to have lower educational attainment levels. For example, adults 18 years and over without a high school diploma were 43.2 percent in Douglas, 42.4 percent in Bowie, and 32.5 percent in Willcox. The estimates for Cochise County were 25 percent of unmarried mother having less than a high school diploma compared to 16.5 percent of married mothers. In Sierra Vista, 47.6 percent of unmarried mothers and 16.3 percent of married mothers reported less than a high school education. In Cochise County, according to Census 2000, about 2,938 households had a grandparent/spouse living in the household with their grandchildren under 18 years old. Of this number, **1,616 households** or over half (**55 percent**) had a grandparent/spouse who was responsible for their own grandchildren under 18 years old living with them. The rate is **higher than the state's rate (45 percent)**. Overall, parents indicated that the quality of access to services, and the eligibility processes for services are the areas with poorest performance – with 89 percent of respondents reporting that they have to fill out paperwork and eligibility forms multiple times, and 45 percent agreeing that services were not available at times and locations they need, or meet the needs of their whole family. Support can be provided in homes, at early care and education centers and homes and in the broader network of community based services. Child safety and security involve many subjects, but one of most concern is child abuse and neglect, which necessitates family support services in a community. In 2009, there were 72 child removals officially reported in the Cochise region, a significant decrease from 149 reported in 2007.

Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child's first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: children are safer, healthier, better prepared to learn and more likely to become successful adults.

Connecting home visiting efforts and high quality child care, particularly those focused on children's well-being and healthy development, with other child and family services will ensure that young children and parents have the comprehensive support they need.



3. **Oral Health** (First Smiles):

- Amount of funding: \$190,000
- Service Units:

Cochise Statistics:

Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births. Access to dental care is limited for young children in both the state and the region. Lack of dental coverage may be a contributing factor to lack of oral health among children. According to the 2008 and 2010 Needs and Assets report oral health has been neglected in Cochise County, and proves to be a huge issue for children and families, within the Cochise Region. Many Children within the County are not seen by a dentist until they are between 3 and 4 years old.

There is a significant need for oral health services throughout the County – highest amount of tooth decay is in Sierra Vista, Douglas and Tombstone.

Connecting a child with a dental home, physician, CCHC (Quality First), health and nutrition programs throughout the entire County

Regional Priority
High number of uninsured children and low utilization of preventative health care

Strategy:
Oral Health (First Smiles)

System Building Opportunities:

- **Businesses** – examples: Retail Stores, State and County Government, Private Corporations, Non Profit, Housing market, Ft. Huachuca;
- **Education** – K-12 Systems, Higher Education, Technical Programs, JTED, Common Core requirements;
- **Family Support** – Home Visitation programs – alignment with high quality childcare, foster Care;
- **Health** – Hospitals, Physicians, Dentists, local programs, WIC, Health Departments, Rural Health Clinics, Federally funded clinics;
- **Faith Based** – Churches all Religions;
- **Law Enforcement** – County Sherriff, City Police, State Police, Border Patrol, Judges, Superior Court/Justice Courts;
- Other?

School Readiness Indicators
#/% of children age 5 with untreated tooth decay

Actions:

- 1** Increase Primary Care Physician knowledge of oral health at well child checks and refers children to dental programs at age one – linking to services.
- 2** Increase parent awareness on good oral health practices.
- 3** Raise awareness and find solutions for communities with inadequate fluoridate water intake.

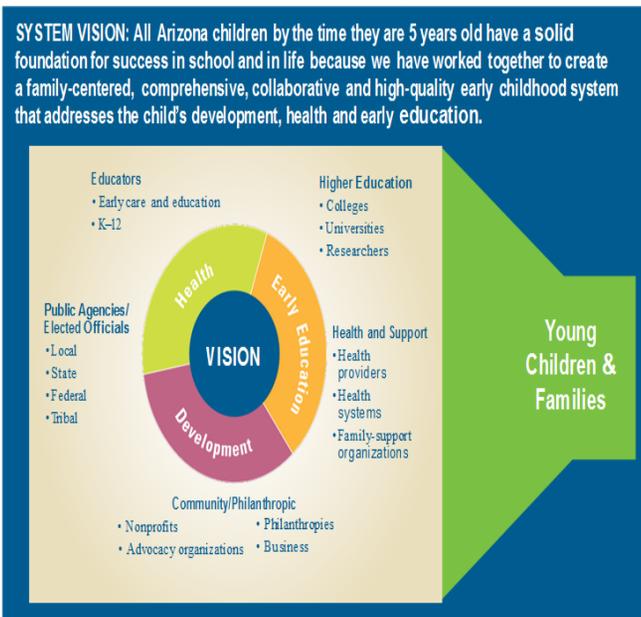
Activities:

- 1** Oral Health data and knowledge increase.
- 2** Explain why oral health is critical between birth and five years old – utilize FTF Health (Oral Health) Fact Sheet and Cochise Annual Report 2012, Cochise Fact Sheet – Local Data.
- 3** Creative Partnerships – the blending and braiding of funding and leveraging of additional resources to impact the health of the entire child – linkages to other services and programs.
- 4** Private businesses, philanthropists or other entities (dental sites) who are interested in sponsoring child with severe oral health needs can do so by making a grant/donation/appropriation to FTF and designating the purpose of the investment.

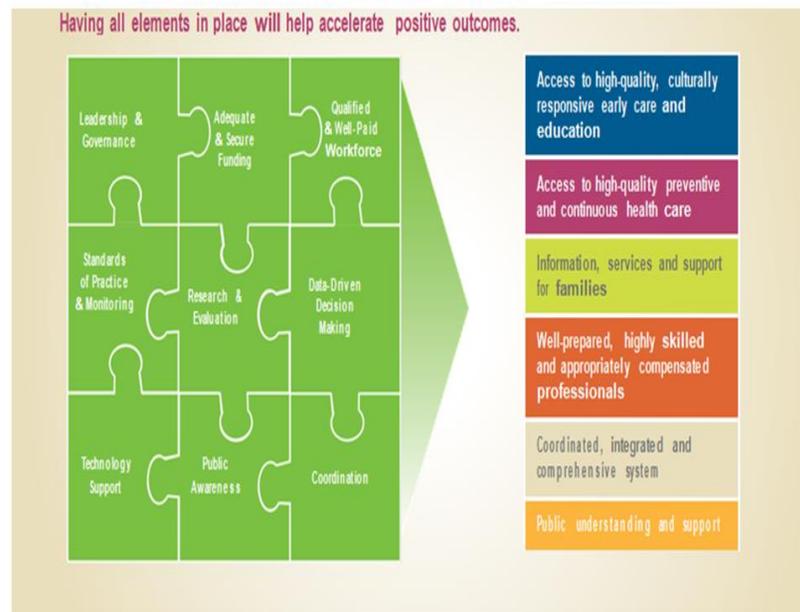
Action Steps:

- Relay the importance of oral health care in children 0-5;
- Credible sources based on facts for buy in;
- Ask for buy in through partnerships and/or sponsorships;
- Contribute to the early childhood system in Cochise County – how/when/why – marketing.

Developing a Model Early Childhood System

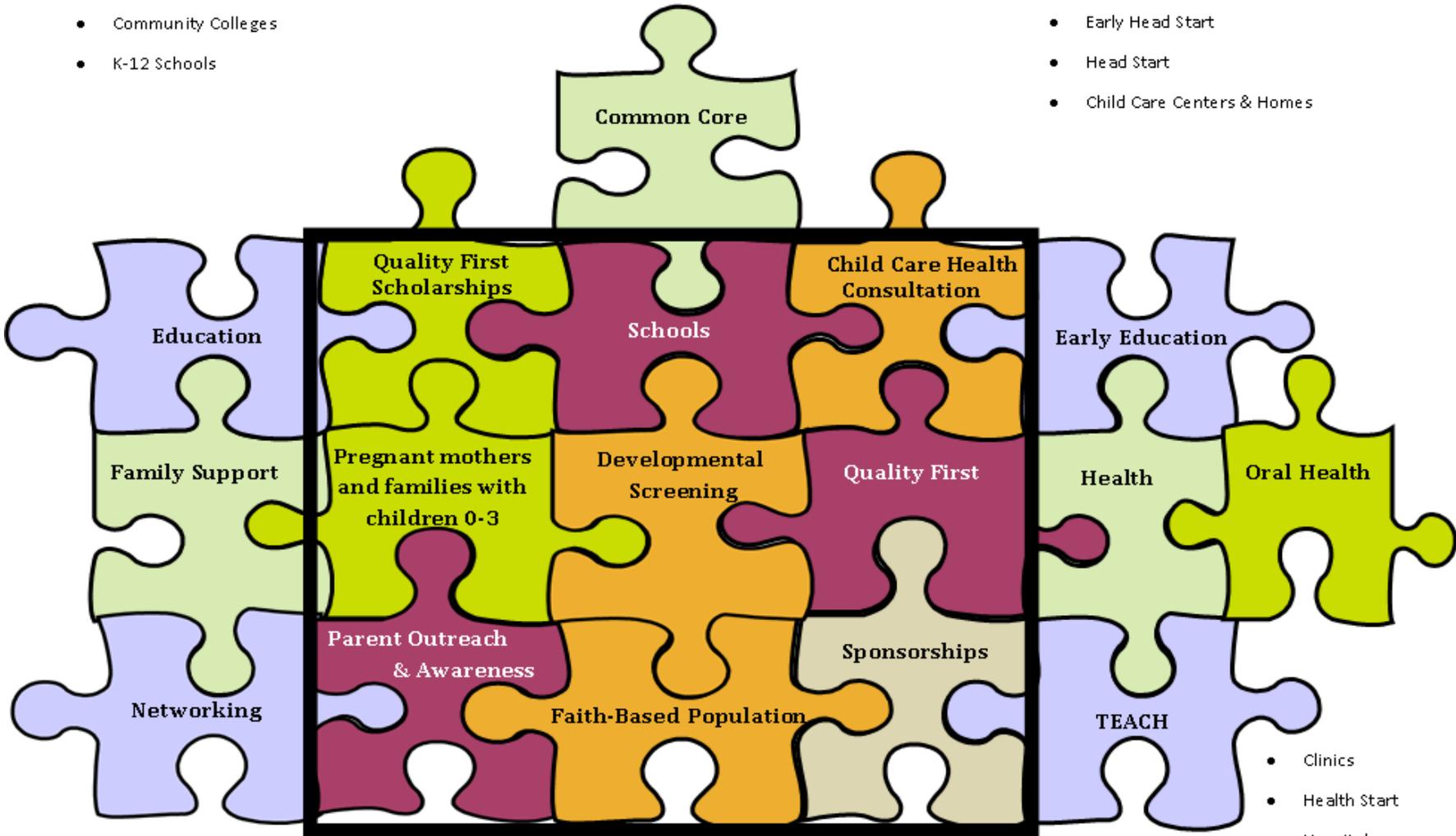


Key System Elements and System Outcomes



- Universities
- Community Colleges
- K-12 Schools

- Early Head Start
- Head Start
- Child Care Centers & Homes



- DES Scholarships
- Domestic Violence Shelter
- Food Banks/Housing Supports
- Parent Groups

- Clinics
- Health Start
- Hospitals
- Physicians
- Dentists
- WIC

Action Plan/Work Plan

Objectives – Early Care & Education

1. Increase knowledge and awareness of star ratings and meanings of high quality affordable childcare.
2. Link programs and services to early childhood investment opportunities.

Objectives – Family Support

1. Increase coordination of planning, developing, funding and delivering family support, literacy services and resources.
2. Link local agencies delivering similar services to create a continuum of care.

Objectives – Health

1. Increase parent and primary care physician knowledge of oral health at well child checks and refer to dental home.
2. Raise awareness and find solutions for communities with fluoridate water intake.

Objectives – Community Awareness

1. Making media/community awareness more targeted, creative and relevant for the entire county.

Goals

1. Early Care & Education
2. Family Support
3. Health
4. Community Awareness

Outcomes – Short/Long Term

Short: Increase knowledge on early care and education and what it means to have programs in High Quality Settings.
 Long: Link programs such as Home Visitation, Health to create creative partnerships and the blending and braiding of funding.

Outcomes – Short/Long Term

Short: Increase knowledge of home visiting services and the importance of the birth to three years.
 Long: Connect home visiting efforts to high quality child care and health services for children to include primary health care physician.

Outcomes – Short/Long Term

Short: Increase knowledge of home visiting services and the importance of oral health
 Long: Connecting a child with a dental home – working with the physician, CCHC and other health and nutrition programs throughout the County - Working on fluoride intake and water solutions.

Outcomes – Short/Long Term

Long Term: Having all understand the importance of early care and education and how the system works within Cochise County to ensure children come to school healthy and ready to succeed - Local buy in and partnerships with all strategies and organizations.

Self-Accountability

- Be Available
- Talk about your role on the Council
- Obtain Buy In within circles and organizations
- Be a credible source on the importance of early childhood development and health
- Other

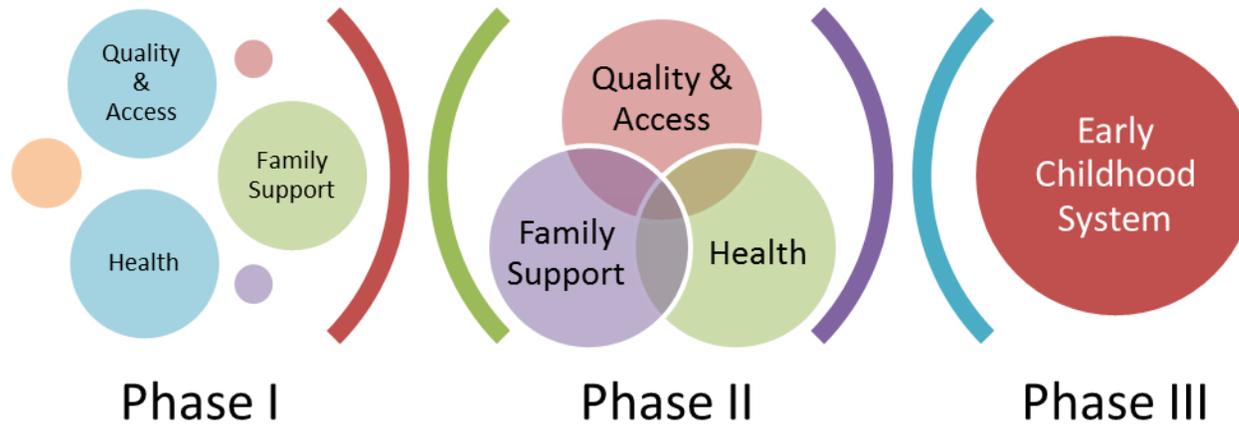
RPC Accountability

- Work on system building at every meeting
- Ensure strategies are connecting and linking together
- Check personal agendas at the door
- Respectful of other opinions
- Ensure every grantee understands building the system
- Other

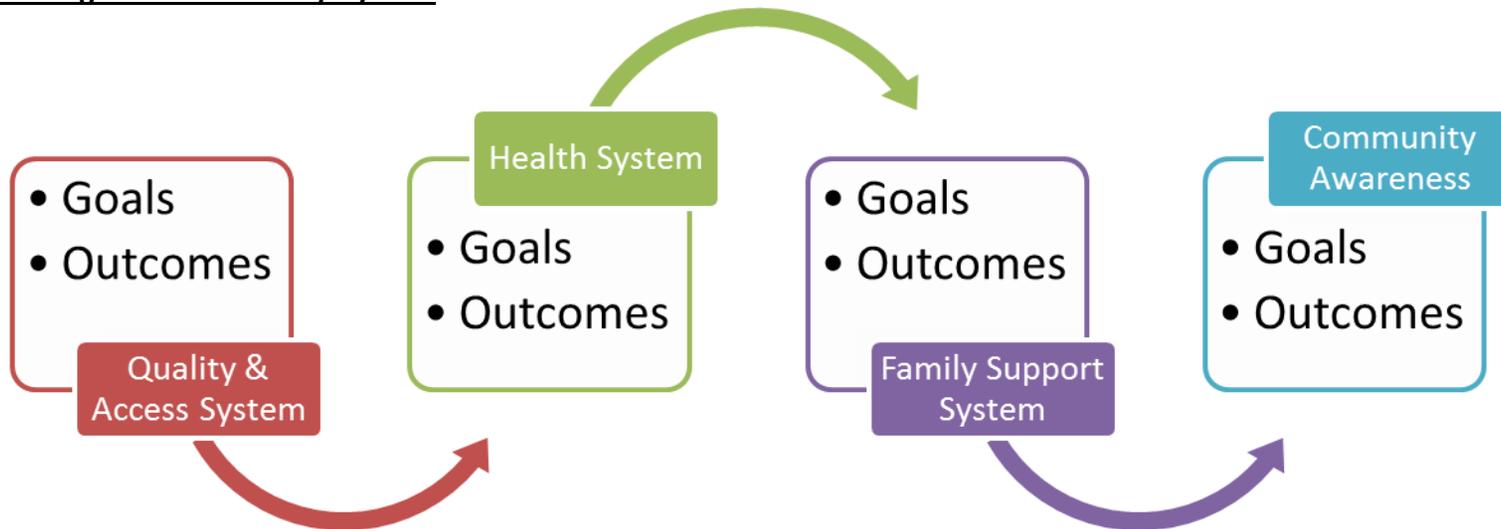
Evaluation and Feedback

- Continuous development of the system
- Offering feedback – positive and feedback
- Be accountable to the action plan – who/how/when
- Other

Overall Big Picture:



Systemic Change over the next 3/5 years:



Consensus/Timeline of Action Plan:

System	Timeline (When) Fiscal Year	Action – Steps/Who	Overarching – Building throughout	Priority Level (Consensus)
Quality & Access System				
Health System				
Family Support				
Community Awareness			YES	



Early Childhood
System in
Cochise County