

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

**OVERVIEW OF THE THREE-YEAR STRATEGIC DIRECTION**

The Central Phoenix Regional Partnership Council began its strategic planning process in August 2008. As a first step, the Regional Partnership Council reviewed the needs and assets of the region, taking into consideration the regional needs and assets report, community input, expertise and experience of leadership and key stakeholders in the region, and community reports and data. From this review the Council identified the priority needs to be addressed with First Things First funding.

**Regional Needs and Assets**

The Central Phoenix Region is headquarters for state, city, and county government, as well as the headquarters for many human service organizations and businesses. Nonetheless, the region is also home to many children and families. According to the 2008 Central Phoenix Regional Needs and Assets Assessment, there are over 34,000 children, birth to 5 years of age, living in the Central Phoenix Region. The number of young children in the region is growing, increasing 32 percent from 2000 to 2007.

Even though the region is home to many children and families, the region does not appear to be rich in high quality early childhood education and care resources. Only eighteen accredited child care centers exist within the region. There are only 289 fee-paying child care facilities in the region with a physical capacity to serve approximately 14,400 children. Only 9,297 children on average receive services through such facilities.

While exact numbers are unknown, it is assumed that many children in the region are receiving fee-based care by families, friends, and neighbors. National studies suggest that sixty-percent of parents need fee-based child care in order to work. Approximately half of these children are estimated to be cared for in home-based settings. The quality of care received in such homes in the Central Phoenix Region is unknown – but of great concern.

Professional caregivers working in the region's regulated centers and homes are more likely to have obtained a degree than child care professionals statewide. However, the need for professional development is still great. Fifty-four percent of teachers and seventy-nine percent of assistants lack a degree or credential.

Access to health coverage and preventive health care appear to be a challenge for many young children and families living in the region. Many children are uninsured. According to Arizona Health Query, there were nearly 9,000 uninsured children living in the Central Phoenix Region in 2007. High numbers of children and their families appear to be using the emergency room for their primary care needs. For example, half of the visits to St. Joseph's Hospital's Emergency Room are for non-emergent conditions. Twenty-four percent of such visits are made by children

under the age of fifteen. Many such visits emanate from families residing in zip codes within the Central Phoenix Region.

According to health experts in the region, children whose families are in crisis (e.g. homeless, victims of domestic violence, etc.) are often most in great need for medical attention, yet often lack a medical home, and have difficulty accessing needed, multi-faceted services and supports across the confusing array of services and programs available.

Access to dental care is also limited for young children in both the state and 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 decay. Twenty-five percent of the children in Phoenix lacked dental insurance in 2003.

Adequate health and developmental screenings also appear to be a challenge for children living in the region. Key informant interviews suggest that they see many children with developmental delays who should have received treatment earlier. According to data obtained from the Arizona Department of Economic Security, a small percentage of children were screened for Arizona Early Intervention Program in 2006 in Maricopa County.

When developmental issues are identified, key informant interviews suggest that long waiting lists for specialists, including speech therapists, occupational and physical therapists and special education and behavioral health professionals.

Many families in the region may be socially or economically isolated. A large number of children in the Phoenix Central Region are likely to live in immigrant families. Forty-eight percent of children in Phoenix live in an immigrant family. The vast majority of the children in such families are citizens. However, research has shown that such citizens are less likely than their counterparts in non-immigrant families to receive health insurance, go to a doctor, or attend preschool. Many children in Phoenix also reside in homes that are linguistically isolated. According to the Annie E. Casey Foundation, forty percent of the children in the region live in a home where family members do not speak English well.

Parents in region need support and parenting information. Educational attainment among parents in the region is low, suggesting the need for more information and support for families who may be at-risk. Thirty percent of mothers of newborns in the region have not obtained a high school degree, compared to 20 percent of mothers statewide – although there is quite a bit of variance in educational attainment across the region.

Many children and families living in the region experience tremendous need. Over half (55 percent) of children living in Phoenix are low income (falling at or below 200 percent of the Federal Poverty Level). Twenty-six percent of children in Phoenix live in poverty. Low income status may create barriers for families to have access to high quality early care and education. Average costs for early care and education ranges from \$13.36 to \$32.58 per day for a child, with the most expensive care being center-based, infant care.

Some families in the region struggle with meeting basic needs. Food banks and shelters that serve the poor report that they are seeing increasing numbers of middle class families seeking assistance, and that food banks are turning away families due to high demand.

Many – but not all – families likely qualify for public assistance programs. However, it appears that many eligible children are not enrolled in such programs. A significant gap appears to exist between the number of children who qualify for programs such as WIC and KidsCare or AHCCCS and the number enrolled. Five zip code areas within the Central Phoenix Region have been identified by the Arizona Department of Economic Security as having many people eligible but not enrolled in the Food Stamps Program. Opportunities exist to enroll eligible children in such programs through the Health-E-App, an integrated application for public benefits (KidsCare, AHCCCS, TANF, Food Stamps, etc.) that will be available on the internet for families and providers to use beginning in December 2008.

Many babies born in the region are at-risk due to their mother's young age, lack of adequate prenatal care, low educational attainment, and economic status. The percentage of births to teen mothers in Phoenix (15 percent) is higher than the state average (12 percent). Such babies are at high risk, again suggesting a need for parent education and support. The Phoenix Region is also challenged with adverse risk factors for African-American and Hispanic mothers who make up 40 percent of all births in Phoenix. The adverse risk factors in the Central Phoenix Region include high risk pregnancies, high infant mortality, and lack of access/knowledge of prenatal and post natal care.

Other parents and families also need support in helping their children prepare for school, adequately prepared to learn. Test scores for children entering Kindergarten suggest that many children lack basic literacy skills. By third grade, many children in the region are already falling far behind in reading, writing, and math. For example, in three of the region's elementary school districts Balsz, Creighton, and Osborn, between 11 and 17 percent of the 3<sup>rd</sup> grade children fell far below the standard on the reading portion of the AIMS test in 2007. Again, low educational attainment among parents in the region suggests that many parents could use help supporting early literacy development for their children.

Finally, additional support and information may also be needed by families and caregivers to help keep children safe. Childhood injuries are the leading cause of death for Arizona's children. Sixty-six percent of preventable child deaths in Arizona in 2003 were due to unintentional injury (accidents), according to the Child Fatality Review Board. Between 2004 and 2007, there were about 184,000 nonfatal unintentional injuries resulting in visits to emergency departments or inpatient hospitalizations among children birth to 5 years olds.

The Central Phoenix Regional Partnership Council believes that efforts to improve early childhood development and health need to be sustained and expanded. The Regional Council recognizes the need to educate families and providers in the region about First Things First, and

the need to build sustained support for investments in early childhood development and health. Such support will depend on First Things First's ability to gather necessary data and communicate effectively at a state and regional level.

The Central Phoenix Region is an area that boasts tremendous assets – and tremendous needs. Such a combination suggests that many opportunities will exist for the Central Phoenix Regional Partnership Council to build on successful assets in the community, and connect and coordinate existing resources for the benefit of the region's young children.

The Central Phoenix Regional Council has undertaken a strategic planning process that involved community forums and data collection and analysis. Based upon the identified needs and assets of the region, the Central Phoenix Regional Partnership Council has prioritized the following needs to address in the next three- year period:

1. Limited access to quality early care and education.
2. Uninsured children and access to preventative health care.
3. Limited access to health screenings (oral, physical, developmental).
4. Need for more training and professional development opportunities for early childhood care providers.
5. Limited services and support for family, friend, and neighbor caregivers.
6. Lack of access to comprehensive health and support services for children in crisis.
7. Lack of access to prenatal/postnatal services and support.
8. Need for affordable early care and education.
9. Lack of parent education and support.
10. Limited capacity in existing preschools for children with special needs.
11. Limited number of qualified (certified) professionals in the areas of speech, occupational and physical therapy, special education, and behavioral health.
12. Need for better injury prevention efforts supporting and informing parents and caregivers.
13. 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.
14. Lack of accurate and comprehensive regional data to develop strategies.

## **Prioritized Goals and Key Measures**

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

### **1. Need: Limited access to quality early care and education.**

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

Goal #11: FTF will coordinate 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 #9: FTF will increase retention of the early care and education 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 of identified improvements in regulatory and monitoring standards
- 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
- Number and percentage of early care and education programs with access to a Child Care Health Consultant
- Retention rates of early childhood development and health professionals
- Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

### **2. Need: Uninsured children and access to 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
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Ratio of children referred and found eligible for early intervention

**3. Need: Limited access to health screenings (oral, medical, developmental).**

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

Key Measures:

- Ratio of children referred and found eligible for early intervention
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

**4. Need: Need for training and professional development opportunities for early childhood providers.**

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

**5. Need: Limited services and support for family, friend, and neighbor caregivers.**

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

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

**6. Need: Limited access to comprehensive health and support services for children in crisis.**

Goal #5: FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.

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 receiving appropriate and timely well-child visits.
- Total number and percentage of health care providers utilizing a medical home model
- 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

**7. Lack of 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. Need: Need for 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: Lack of parent education 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.

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 age 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 to children)

**10. Need: Limited capacity in existing preschools for children with special needs.**

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

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

Key Measure:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

**11. Need: Limited number of qualified (certified) professionals in the areas of speech, occupational and physical therapy, special education, and behavioral health.**

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.

Key Measure:

- Total number and percentage of professionals working in early childhood care and education settings

**12. Need: Need for better injury prevention efforts supporting and informing parents and caregivers.**

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

**13. 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
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

**14. 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 Central Phoenix Regional Partnership Council. These initial strategies will serve as the beginning of the work of our Council; as 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 Central 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 Council has committed to continue in this ongoing planning and improvement process with community partners, including Arizona Department of Health Services, Arizona Department of Economic Security, AHCCCS, AzEIP (Arizona Early Intervention Program), Head Start/Early Head Start, Arizona Department of Education, Healthy Families, the Arizona Partnership to End Hunger, community health agencies, community family support agencies, child care agencies and public education agencies.

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

Identified Need	Goal	Key Measures	Strategy
<p>Limited access to quality early care and education.</p>	<p>Goal # 1: FTF will improve access to quality early care and education programs and settings.</p> <p>Goal #11: FTF will coordinate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.</p> <p>Goal #9: FTF will increase retention of the early care and education workforce.</p>	<ul style="list-style-type: none"> <li>• Total number of children enrolled in early care and education programs participating in the QIRS system</li> <li>• Total number of early care and education programs participating in the QIRS system</li> <li>• Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score</li> <li>• Total number and percentage of early care and education programs</li> </ul>	<p>Strategy 1: Expand the enrollment of early care and education programs serving low income children, ages 0-5, in Quality First!</p> <p>Service Number: 21 programs</p> <p>Strategy 2: Expand access to TEACH Early Childhood Arizona.</p> <p>Service Number: 100 early care and education teachers enrolled</p>

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		<p>participating in the QIRS system with a high level of quality as measured by an environmental rating scale</p> <ul style="list-style-type: none"> <li>• Total number of identified improvements in regulatory and monitoring standards</li> <li>• Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development</li> <li>• Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree</li> <li>• Number and percentage of early care and education programs with access to a Child Care Health Consultant</li> <li>• Retention rates of early childhood development and health professionals</li> <li>• Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development</li> <li>• Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree</li> </ul>	<p>Strategy 3: Improve quality early care and education by increasing access to health screening, immunization, education and mental health support.</p> <p>Service Number: 100 centers</p> <p>Strategy 4: Implement a wage compensation program tied to TEACH Early Childhood Arizona scholar's completion of early childhood education degree.</p> <p>Service Number: 100 early care and education teachers enrolled</p>
<p>Uninsured children and access to preventative 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>	<ul style="list-style-type: none"> <li>• Total number and percentage of children with health insurance</li> <li>• Percentage of families with children birth through age</li> </ul>	<p>Strategy 5: Conduct health insurance outreach and enrollment assistance</p>

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	<p>Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<p>five who report they are satisfied with the accessibility of information and resources on child development and health</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</li> <li>• Ratio of children referred and found eligible for early intervention</li> </ul>	<p>for eligible children.</p> <p>Service Number: 1500 children</p> <p>Strategy 6: Collaborate with AHCCCS to expand use of the Health- E-Application use so more families will enroll in and retain health coverage and other public benefits for their young children.</p> <p>Service Number: 1000 families</p> <p>Strategy 7: Expand access to vision and hearing screening for low income children, ages 0-5.</p> <p>Service Number: 2500 children</p> <p>Strategy 8: Provide information regarding early childhood development and health to physicians and resident physicians.</p> <p>Service Number: Physicians and resident physicians working in the Central Region</p>
<p>Limited access to health screenings (oral, medical,</p>	<p>Goal #7: FTF will advocate for timely and adequate services for children identified through</p>	<ul style="list-style-type: none"> <li>• Ratio of children referred and found eligible for early intervention</li> </ul>	<p>Strategy 7: Expand access to vision and</p>

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developmental.)	early screening.	<ul style="list-style-type: none"> <li>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</li> </ul>	<p>hearing screening for low income children, ages 0-5.</p> <p>Service Number: 2500 children</p>
Need for training and professional development opportunities for early childhood providers.	Goal #8: FTF will build a skilled and well prepared early childhood development workforce.	<ul style="list-style-type: none"> <li>Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate or degree</li> <li>Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate or degree in early childhood development</li> </ul>	<p>Strategy 2: Expand access to TEACH Early Childhood Arizona.</p> <p>Service Number: 100 early care and education teachers enrolled</p>
Limited services and support for family, friend, and neighbor caregivers.	<p>Goal #1: Quality and Access FTF will improve access to quality early care and education programs and settings.</p> <p>Goal #3: FTF will increase availability and affordability of early care and education settings.</p>	<ul style="list-style-type: none"> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> </ul>	<p>Strategy 9: Support training and encourage appropriate regulation of child care home providers.</p> <p>Service Number: 100 providers</p>
Limited access to comprehensive health and support services for children in crisis.	<p>Goal #5: FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.</p> <p>Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> <li>Total number and percentage of children receiving appropriate and timely well-child visits.</li> <li>Total number and percentage of health care providers utilizing a medical home model</li> <li>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,</li> </ul>	<p>Strategy 10: Effectively connect young children and their families to appropriate health services and supports.</p> <p>Service Number: TBD</p> <p>Strategy 11: Expand the capacity of programs that target families that are in</p>

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		<p>health, and well-being.</p> <ul style="list-style-type: none"> <li>• Total number and percentage of children with health insurance</li> <li>• Ratio of children referred and found eligible for early intervention</li> <li>• Total number and percentage of public and private partners who report that FTF planning and process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)</li> <li>• 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</li> <li>• Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</li> </ul>	<p>crisis or at high risk of crisis.</p> <p>Service Number: 333 – 1000 families</p> <p>Strategy 12: Increase participation by families with young children in the Food Stamps Program, collaborating with the Arizona Department of Economic Security and other partners to expand community outreach.</p> <p>Service Number: 30% of eligible but unenrolled children</p> <p>Strategy 13: Collaborate with the Arizona Partnership to End Childhood Hunger to increase access to food and nutrition programs and emergency food boxes for low income families with children ages 0-5 in the Central Phoenix Region.</p> <p>Service Number: 6,000 families</p>
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<p>Lack of access to prenatal/postnatal services and support.</p>	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>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</li> </ul>	<p>Strategy 14: Establish or expand a comprehensive prenatal/post natal outreach, support and information program for parents in the Central Phoenix Region.</p> <p>Service Number: 1500 families</p>
<p>Need for affordable care and education.</p>	<p>Goal # 3: FTF will increase availability and affordability of early care and education settings</p>	<ul style="list-style-type: none"> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> <li>Current cost of early care and education for families as a proportion of the median income for a family of four</li> </ul>	<p>Strategy 15: Conduct a study in collaboration with other Regional Councils regarding the affordability and access to quality care for children.</p> <p>Service Number: 1 child care center</p>
<p>Lack of parent education and support.</p>	<p>Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal #12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families</p>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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</li> </ul>	<p>Strategy 16: Expand the capacity of home visiting programs that would increase families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Service Number: 600 families</p> <p>Strategy 17: Establish or expand a telephone "warm line" to provide families access to parenting information to parents who have questions and</p>

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		<p>opportunities for listening and talking with family members, books and other literacy tools and materials are available to children).</p> <ul style="list-style-type: none"> <li>Percentage of families with children birth through age five who report reading to their children daily in their primary language</li> </ul>	<p>concerns regarding early childhood education and health.</p> <p>Service Number: All families in the Central Region that may have questions about their children’s development and health</p> <p>Strategy 18: Expand the capacity of early language and literacy programs to provide supports and services to young children and their families.</p> <p>Service Number: 10,000 children</p>
Limited capacity in existing preschools for children with special needs.	<p>Goal #1: Quality and Access FTF will improve access to quality early care and education programs and settings.</p> <p>Goal #3: FTF will increase availability and affordability of early care and education settings.</p>	<ul style="list-style-type: none"> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> </ul>	<p>Strategy 19: Expand access to high quality, inclusive early education and care for children, ages 0-5, with special needs.</p> <p>Service Number: 200 children</p>
Limited number of qualified (certified ) specialists in the areas of speech, occupational and physical therapy, special education and behavioral health.	<p>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.</p>	<ul style="list-style-type: none"> <li>Total number and percentage of professionals working in early childhood care and education settings</li> </ul>	<p>Strategy 20: Increase the number of health and mental health specialists.</p> <p>Service Number: 20 professionals</p>
Need for better injury prevention efforts supporting and informing parents and	<p>Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse</p>	<ul style="list-style-type: none"> <li>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information</li> </ul>	<p>Strategy 21: Expand or enhance injury prevention efforts aimed at parents and</p>

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<p>caregivers.</p>	<p>and relevant information and resources to support their child’s optimal development.</p>	<p>and resources on child development and health</p> <ul style="list-style-type: none"> <li>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</li> </ul>	<p>providers caring for young children in the Central Phoenix Region.</p> <p>Service Number: 3,000 families</p>
<p>Limited knowledge and information about the importance of early childhood development and health.</p>	<p>Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<ul style="list-style-type: none"> <li>Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters</li> <li>Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</li> </ul>	<p>Strategy 22: Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona’s top priorities.</p> <p>Service Number: All community entities and families in the Central Phoenix Region</p>
<p>Lack of accurate and comprehensive regional data to develop strategies.</p>	<p>Goal #14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>	<ul style="list-style-type: none"> <li>Total number and percentage of public and private partnerships using the database who report the information to be accurate</li> <li>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</li> </ul>	<p>Strategy 23: Fund Needs and Assets report data and research for 2010 in collaboration with the other Maricopa County Regional Councils.</p> <p>Service Number: TBD</p>

## Strategy Worksheets

**Strategy 1:** Expand the enrollment of early care and education programs serving low income children, ages 0-5, in *Quality First!*

Between 2000 and 2007, the 0-5 population in the Central Phoenix grew 32 percent. Thirty-four thousand children ages 0 to 5 live in the area. Options for care within the region include four school district programs for four-year old children; seven district preschool programs that support low income children and children with special needs ages three to five; and four Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements. In addition, there are 38 regulated and an unknown number of unregulated programs that provide home-based care.

Eighteen accredited child care centers and 289 fee-paying child care facilities with a physical capacity to serve approximately 14,400 children exist in the region. Only 9,297 children on average receive services through such facilities. About 700 children were cared for in approved/listed family child care homes with a legal maximum of 4 children per home. In total, only 28 percent of the children 0-5 are cared for in regulated settings.

Given that the city-wide poverty rate is 13 percent for families and regionally only 61 Head Start and public preschool programs, it appears that there are not enough quality programs either for working parents or for those who wish or need a developmental program for their children. With 27,500 babies born in 2006 city-wide, there will continue to be a pressing need for more quality child care settings, and particularly for more high quality infant and toddler care.

The Central Phoenix Regional Partnership Council would like to increase the number of quality child care centers and homes in the region by enhancing participation in *Quality First, Arizona's Quality Improvement and Rating System (QIRS)*. Thirteen child care centers and one child care home in the region will be enrolled as part of the statewide funded strategy of supporting creation and development of *Quality First!* beginning early 2009. The Central Phoenix Regional Council would like to add an additional 17 centers and 4 homes as participants in *Quality First!* during SFY 2010.

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, seventeen states are operating statewide quality improvement and rating systems, and another thirty states have local pilots or are developing their systems.

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 fifteen percent of early care and education centers and less than one 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 mediocre<sup>2</sup> 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 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 and eventually quality ratings, build public support for quality, and help 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.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina, Pennsylvania, Tennessee and Oklahoma<sup>3</sup> show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in forty-six centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health and safety, and director and staff qualifications.<sup>4</sup> A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation<sup>5</sup> 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!*

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

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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.

**Key Measures**

- 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 of identified improvements in regulatory and monitoring standards

**Target Population** Child care centers serving low socio-economic children ages 0 through five.

	<b>SFY2010</b> July 1, 2009 -June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
<b>Proposed Service Numbers</b>			
<b>Centers</b>	17 centers	17 + 9 additional	26 + 26 additional
<b>Homes</b>	4 child care homes additional	4 + 2 additional	6 +6 additional
<b>State funded service numbers</b>	13 centers 1 home	13 centers 1 home	13 centers 1 home

**Performance Measures SFYs 2010 - 2012**

1. Number of ethnic or low socio-economic level children at early care centers /Actual service number
2. Number of centers served / Proposed service numbers
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

• How is this strategy building on the service network that currently exists:  
 The region has 289 regulated child care centers and 38 regulated child care homes. Of these, 18 have an accredited status. This proposed expansion will allow the region to have 65 centers and 13 homes of the regulated homes/centers in the region to participate in quality improvement activities by SFY 2012. This strategy builds on other regionally funded strategies of Health Care Consultants and T.E.A.C.H. –

where additional services and scholarships will be provided to the region.

- 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 Quality First! Additionally, the Council is finalizing plans to visit the centers and homes, and to define additional resources available in the community which might support the centers and homes. 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	\$629,110
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**Budget Justification:**

First Year:

Central Phoenix Regional Partnership Council proposes to provide funding for 17 centers and 4 child care homes to participate in Quality First! When the centers and homes funded through statewide funded Quality First! are added, 10 percent of the total available centers and homes in the region will participate in Quality First! The regional allocation is as follows:

17 centers @ \$28,890 ea. = \$491,130

4 childcare homes @ \$21,245 = \$84,980

Outreach activities to enlist participation in the community = \$40,000

Increase incentives/bonuses for T.E.A.C.H. by \$500 (State Funded centers and homes)  
per participant = \$13,000

Actual costs for the first year will be \$629,110. It is anticipated that centers/homes participating in QIRS will be enrolled for a three year period. A portion of the allocation from SFY 2010 and a much smaller portion from SFY2011 will be carried forward to SFY 2012 to allow for the homes/centers from the first 2 years to continue their involvement in addition to the new homes/centers to be added in the third year. In the fourth year of this strategy (SFY2013) the funding allocation would begin to decrease as the first homes/centers enrolled in SFY 2010 would no longer be funded.

<b>CENTERS</b>	SFY 2010	SFY 2011	SFY 2012
Regionally Funded	17	26 (17 from last year + 9 additional)	46 (26 from last year + 26 additional)
Statewide Funded	13	13	13
<b>Total</b>	<b>30</b>	<b>39</b>	<b>59</b>

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<b>HOMES</b>	SFY 2010	SFY 2011	SFY 2012
Regionally Funded	4	6 (4 from last year + 2 additional)	12 (6 from last year +6 additional)
Statewide Funded	1	1	1
Total	5	7	13

**Strategy 2:** Expand access to T.E.A.C.H. Early Childhood Arizona.

Research on caregiver training has found a relationship between the quality of childcare provided and child development outcomes. Furthermore, formal training is related to increased quality care, Experience without formal training has not been found to be related to quality care.<sup>1</sup>

A pressing concern of the Central Phoenix Region, 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.

In the Central Phoenix Region, more than half of early childhood programs and more than three-quarters of assistant teachers had no advanced degree. There is a higher percentage of teachers with formal post-secondary education than in the state, but considerably lower than national levels. The number of early care and education professionals did not grow substantially between 2004 and 2007, while in the seven-year time span after 2000, the population of young children has grown by 34 percent.

Providing families with high quality childcare is an important goal for promoting child development. Research has shown that having childcare providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children. More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.

The length of time that child care professions remain in their employment differs considerably depending upon the position held. About one-fifth of teachers in the Central Phoenix Region and higher than 40 percent of assistant teachers leave their jobs after one year or less, while only 12 percent of teacher/directors and Administrative Directors do so. On the other end of the spectrum, a little more than one-third of teachers remain in their jobs for five years or longer, while only 11 percent of Assistant Teachers stay that long. Of directors and administrators, more than half are in their jobs at five years, but only 30 percent of teacher/directors are still in their jobs.

The Central 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 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 development outcomes for children.<sup>2</sup>

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; 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](http://www.childcareservices.org/ps/teach.html). State contacts are available at [www.childcareservices.org/ps/statecontacts.html](http://www.childcareservices.org/ps/statecontacts.html).

<sup>1</sup>Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989*, Oakland, CA: Child Care Employee Project.

<b>Lead Goal:</b> Goal # 1: FTF will improve access to quality early care and education programs and settings.			
<b>GOAL:</b> Goal # 8 FTF will build a skilled and well prepared early childhood development workforce.			
<b>Key Measures:</b>			
<ul style="list-style-type: none"> <li>Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development</li> <li>Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree</li> </ul>			
<b>Target Population (Description of the population to reach):</b>			
Early care and education centers and homes employ an estimated 1500 teachers and caregivers in the Central Phoenix Region. This strategy will address teachers and caregivers beyond those eligible for the T.E.A.C.H. scholarship program through Quality First!.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> July 1, 2009 - June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
	100	15% increase in enrollment	20% increase in enrollment
<b>Performance Measures SFYs 2010-2012</b>			
<ol style="list-style-type: none"> <li>Number of degreed professionals in early care in the region</li> <li>Number of degreed professional in early care in the region/number of professionals in early care in the region</li> <li>Number of professionals pursuing degree in early childhood in the region</li> <li>Local early care and education class slot enrollment/local early care and education slot capacity</li> <li>Average length of teacher retention in the Central Phoenix Region</li> </ol>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: The statewide Quality First! initiative will fund 13 centers and 1 home in the region, providing an average of two T.E.A.C.H. scholarships to professionals working in a center and 1 scholarship per home provided care setting (27 scholarships). Additional regional funding to support expansion of Quality First! will provide scholarships for an additional 38 professionals. Additional funding for this strategy capitalizes on T.E.A.C.H. Early Childhood Arizona.</li> </ul>			
<b>T.E.A.C.H.</b>	SFY 2010	SFY 2011	SFY 2012
Region-funded T.E.A.C.H.	100	100 + 15% of total # of centers	100 +20% of total # of centers
Region-funded	38	58	104

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scholarships for QIRS enrolled centers/homes	(17 centers + 4 homes)	(26 centers +6 homes)	(46 centers + 12 homes)
Statewide-funded T.E.A.C.H. (via QIRS enrollment)	27 (13 centers + 1 home)	27 (13 centers + 1 home)	27 (13 centers + 1 home)
Total	165	185+	231+

- 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.

**SFY2010 Expenditure Plan for Proposed Strategy**

Allocation for proposed strategy	\$230,000
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**Budget Justification:**

Up to \$1,600/person/yr

\$160,000 + \$70,000 (incentives; bonuses @ \$700 per scholarship)

**Strategy 3:** Improve quality early care and education by increasing access to health screening, immunization, education, and mental health support.

There are 289 regulated child care centers and 38 homes in the Central Phoenix Region, serving nearly 14,400 children every day. 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. These stressors are heightened by the rate of poverty in the area. Thirteen percent of Phoenix households live at or below the poverty level. (For a family of four, the Federal Poverty level is \$21,200 a year.) In the Central Phoenix Region, over half of all children live in low income families.<sup>1</sup>

The Central Phoenix Regional Partnership Council proposes to expand and strengthen the Statewide Child Care Health Consultation (CCHC) strategy which provides CCHC to all Quality First! centers and homes. All Child Care Health Consultants will operate within the statewide infrastructure for Child Care Health Consultation.

Child Care Health Consultation 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. 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 children<sup>2</sup>
- 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.<sup>3</sup>

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 (Tableman, 1998).

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." <sup>4</sup>

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.<sup>5</sup> When teachers reported having access to a mental health consultant that 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.

<sup>1</sup>US Census, 200. Factfinder.census.us.gov

<sup>2</sup>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, Mass.

<sup>3</sup>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>

<sup>4</sup>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.

<sup>5</sup>Gilliam, Walter S. PhD, Yale University Child Study Center, "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems, May 2005

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

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

**key measures:**

Number and percentage of early care and education programs with access to a Child Care

<b>HealthConsultant</b>			
<b>Target Population</b>			
<p>Regulated child care centers and/or homes in the Central Phoenix Region that are not already receiving services from a health care consultant via their participation in the QIRS program will be eligible to participate in SFY 2010. A ratio of 1:20 will be used to establish total FTE needed for the Child Care Health Consultant position to provide services to the remaining child care centers and homes. Mental Health Consultants will be called in as needed to supplement services provided by the CCHC. As the number of centers and homes participating in QIRS increase, it is anticipated that service numbers for this strategy will increase because of significant growth in the total numbers of regulated centers and homes.</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	100 centers	100 centers	100 centers
<b>Performance Measures 2010-2012</b>			
<ol style="list-style-type: none"> <li>1. Percent of children enrolled in child care centers or homes in the region having health coverage</li> <li>2. Number of centers or homes in the region receiving mental health consultation</li> <li>3. Number of infectious disease outbreaks in regulated child care centers and homes in the region</li> <li>4. Number of accidents or injuries in regulated child care centers or homes in the region</li> <li>5. Number of children with special health care needs attending regulated child care homes or centers in the region</li> <li>6. Number of child care homes and centers receiving a visit from a child care health consultant</li> </ol>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy will improve health outcomes for children attending the regulated child care centers and homes, and provide their families with health information and referrals. This strategy builds on the statewide strategy of establishing Quality First!, Arizona’s Quality Improvement Rating System. Statewide and regional funding for QIRS will provide child care health consultants for 13 regulated child care centers SFY 2010. Additional funding through this strategy will provide 5 additional child care consultation services in SFY 2010. All Child Care Health Consultants will operate within the statewide infrastructure for Child Care Health Consultation.</li> </ul>			
<ul style="list-style-type: none"> <li>• 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 Northeast Maricopa Region and North Phoenix Region are also looking to provide mental health consultation to centers and homes throughout the region. In addition the health consultants will advise the Health Access Coordination component in Central Phoenix.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
	\$500,000		

**Budget Justification:**

5 Health/Mental Health Consultants @ \$100,000 per consultant (salary, overhead, training, travel)

**Strategy 4:** Implement a wage compensation program tied to T.E.A.C.H. Early Childhood Arizona scholar's completion of early childhood education degree.

A wage enhancement program would address two key issues affecting quality and access in early care and education settings: 1) retention of teachers and staff; and 2) qualifications of teachers and staff. The high turnover of early childhood staff directly impacts the quality of experience for children. Consistency of care in early education settings allows children to bond with their teachers and feel safe, thereby creating an environment conducive to learning. In order to improve retention of early childhood professionals, it will be important to enhance compensation. Wage enhancement programs incentivize teachers, staff, and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Child care workers are among the lowest-paid of low-wage workers. According to the Bureau of Labor Statistics, in 2003 the average annual salary for childcare workers in Arizona was \$16,360, far less per year than dog groomers and barbers and less than half the self-sufficiency wage.<sup>1</sup> (In 2008, the federal poverty line is \$21,200 for a family of four).<sup>2</sup> These figures cover only the most basic needs, and do not take into account "extras" such as retirement, savings, education funds, car repairs, or even a movie rental. With inflation and rising food and gas prices, the 2008 figure is likely far higher.)

According to the U.S. Bureau of Labor Statistics, Arizona preschool teachers earn about half the salary of kindergarten teachers; child care teachers earn even less.<sup>2</sup> Pay varies depending on the type of center in which the teacher works, as well as on the teacher's position; assistant teachers earn an average of \$8.10 an hour, teachers an average of \$9.00 an hour, teacher/directors an average of \$10.92 an hour, and administrative directors earn an average of \$15.00 an hour.<sup>3</sup> Teacher quality is strongly correlated with compensation.

There is a strong correlation between an early childhood education professional's time spent in a job and her education level. In Arizona, those with the highest levels of education (Directors, Teacher/Directors, and Teachers) had the longest length of employment. Among teachers, 92 percent of Head Start teachers were employed for four years or longer; 92 percent of Head Start teachers are required to have some college education.<sup>4</sup>

This strategy offers a plan to increase compensation to staff as an incentive to further their education. Central Phoenix Regional Council will use whatever model FTF ultimately uses as a compensation

enhancement program.

<sup>1</sup> [http://communityissues.azfoundation.org/index.php/54+M525989d34ef/?&backPid=22&tt\\_news=56](http://communityissues.azfoundation.org/index.php/54+M525989d34ef/?&backPid=22&tt_news=56)

<sup>2</sup> U.S. Department of Health and Human Services: <http://aspe.hhs.gov/poverty/08Poverty.html>

<sup>3</sup> Arizona School Readiness Task Force Report. July 2002

<sup>4</sup> *Compensation and Credentials*, Children’s Action Alliance, July 2005, pgs 4-5.

**Lead Goal:** FTF will increase retention of the early care and education workforce.

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

**Key Measures:**

- Retention rates of early childhood development and health professionals
- Total number and percentage of professionals in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

**Target Population:**

This strategy will target scholars who are participating in T.E.A.C.H. Early Childhood Arizona upon completion of educational steps based on estimating 80 percent of scholars completing education goals.

	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2009 - June 30, 2010</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
<b>Proposed Service Numbers</b>	TBD	TBD	TBD

**Performance Measures SFY 2010-2012**

1. Number of professionals pursuing degree in early childhood
2. Number of degreed professionals in early care and education
3. Number of early care and education professionals at an assistant teacher or teacher level retained for 3 years
4. Number of early care and education professionals at a center director level retained for 5 years

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<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy directly ties into T.E.A.C.H. Early Childhood Arizona and QUALITY FIRST! building on the state system. The Central Phoenix Regional Partnership council anticipates that FTF will adopt a wage enhancement model in the near future and will utilize the administrative home agent to provide compensation incentives aligned to the state model.</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: There is great interest from the early childhood community and throughout the state in tying increased compensation to increased levels of education. This strategy is also under consideration by several other regional councils and could lead to some opportunities for collaboration.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
Population-based Allocation for proposed strategy	\$900,000
<p><b>Budget Justification:</b></p> <p>The Central Phoenix Regional Council determined that the average compensation for scholars completing their education degree would be \$2,000. Depending on what FTF will develop as a statewide strategy, this amount may be adjusted. Compensation packages may be established at different rates for different levels, i.e. less for someone completing an A.A. than someone completing a B.A. If FTF has not identified a compensation plan by FY10, funds would be carried forward to implement the plan regionally once FTF identifies what will be supported at the state level.</p>	

**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.<sup>1</sup>

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.<sup>2</sup>

**Uninsured Children (Ages 0-9) by Selected Zip Codes in the Central Phoenix Region, 2004**

Zip Code	Estimated Number of Uninsured Children
85004	121
85012	29
85003	164
85007	348
85013	397
85018	610
85016	546
85014	554
85019	669
85006	1016
85015	1163
85017	1228
85008	1827
85034	224
Total	8896

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  $\geq 500$ .

Other evidence also suggests that lack of health coverage is a problem for children and families in the Central Phoenix Region. A recent needs assessment performed for St. Joseph's Hospital and Medical Center in the region found that:

- Approximately 18 percent of the patients using the emergency room had no health insurance.
- Approximately 24 percent of SJHMC emergency room patients were younger than 15 years old.

Approximately half of emergency room visits were for non-emergent conditions. The highest number of patients who are using the Emergency Department for non-emergent conditions resided in zip codes 85015, 85013, 85014, and 85008.<sup>3</sup>

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 uninsured.<sup>4</sup> 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.

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.<sup>5</sup>

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.<sup>6</sup>

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 through a concentrated media campaign. 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. (See Strategy #6)

<sup>1</sup>Children’s Action Alliance (2000). Make Kids Count: Closing the Gap in Children’s Health Coverage.

<sup>2</sup>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

<sup>3</sup>2007 Community Health Needs Assessment for St. Joseph’s Hospital and Medical Center Service Area.

<sup>4</sup>Genevieve Kenney, et al. “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 1, 2003.

<sup>5</sup>Ross, Donna Cohen and Ian Hill. Enrolling Eligible Children and Keeping Them Enrolled. The Future of Children. Spring, 2003.

<sup>6</sup>St. Luke’s Health Initiatives: Children’s Health Insurance Outreach: What Works? 2006.

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

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

**Key Measures**

- 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. Additionally, the target population includes the four areas of the Region where the number of “qualified but not insured” children is reported to be the highest: zip codes 85015, 85013, 85014, and 85008.

	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2009 -June 30, 2010</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
<b>Proposed Service Numbers</b>	2000 applications completed	2500 applications Completed	2500 applications completed
	1000 new children enrolled in KidsCare or	1500 new children enrolled	1500 new children enrolled
			3 year total 4,000

	Medicaid		enrolled
<p><b>Performance Measures SFYs 2010 - 2012</b></p> <ol style="list-style-type: none"> <li>1. Number of children with publicly funded health insurance in the Central Phoenix Region</li> <li>2. Number of AHCCCS/KidsCare applications completed resulting in successful enrollment through regionally funded outreach efforts</li> <li>3. Number and percent of children with health insurance under 200 percent of the Federal Poverty Level living in the region</li> </ol>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: 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.</li> </ul>			
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: Collaboration would be encouraged with former or current organizations engaged in outreach and enrollment assistance, including recent one-time AHCCCS grantees who performed outreach and enrollment assistance.</li> </ul> <p>The proposed strategy would require the grantee(s) 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> <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.</p>			
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>			
Population-based Allocation for proposed strategy	\$ 750,000		
<p><b>Budget Justification:</b></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</p>			

of outreach to justify funding request. More than one applicant may be awarded a contract.

Guidelines for potential costs:

A six-week media campaign in the Central Phoenix Region can cost between \$15,000 and \$500,000, depending on the type of media (radio or television) and the buy, based on previous outreach efforts by Children's Action Alliance.

Printed materials cost between \$5000 - \$20,000, depending on the volume of printed materials.

Outreach and enrollment assistance contracts (one-time) that recently ended with AHCCCS were for each for approximately \$20,000 for a six-month period.

**Strategy 6:** Collaborate with AHCCCS to expand use of the Health- E-Application to more families will enroll in and retain health coverage and other public benefits for their young children.

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.

While the new application promises to make enrollment in public coverage programs for young children easier, barriers still exist. Community-based organizations and families may be unfamiliar with the new application, and may need assistance in completing it. In addition, families who are applying for coverage for the FIRST time will be required to submit original documentation, requiring submission of documents to a DES office or a community-based agency that is “certified” by AHCCCS to accept such documentation. Currently, few such community-based providers exist. And many families find going to a DES intimidating or difficult due to hours of operation (8-5) or long wait times.

This strategy proposes to fund 1) a community-based trainer who can educate community-based providers on the availability of Health E App and its use 2) materials to advertise the availability of Health E App in the region; and 3) community assistor sites (locations where families with young children frequent such as WIC offices or Head Start sites) where computers will be available for families to complete applications, technical assistance will be available, and providers will be able to accept and submit original documentation. Such sites could possibly offer extended service hours, offering greater access to enrollment assistance.

A fee-base version of Health E App is currently in use at hospitals and community health centers. It has been shown to result in more timely enrollment, and a reduction in application errors (resulting in applicants less likely to be denied coverage.)

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.<sup>1</sup>

Implementation of the strategy would occur in collaboration with efforts in Strategy #5; conducting health insurance outreach and enrollment assistance for eligible children.

<sup>1</sup> Ross, Donna Cohen and Ian Hill. Enrolling Eligible Children and Keeping Them Enrolled. The Future of Children. Spring, 2003.

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

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

<b>Key Measures:</b>			
Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children			
<b>Target Population:</b>			
Uninsured but eligible families with young children (0 to 5) who earn at or below 200 percent of the Federal Poverty Level			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2009 - June 30, 2010</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	1000 families assisted	1000 families assisted	1000 families assisted
<b>Performance Measures SFY 2010-2012</b>			
<ul style="list-style-type: none"> <li>Children 0-5 enrolled in AHCCCS or SCHIP in the region/children 0-5 living at or below 200 percent of the Federal Poverty Level</li> <li>Number of children 0-5 continuously enrolled in AHCCCS or SCHIP in the region</li> <li>Applications completed at enrollment assistance centers in the region resulting in enrollment/applications completed in the region</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Currently, a limited number of entities use Health E App to enroll children in health coverage. These include community health centers and some hospitals. This strategy will build on the success of Health E App by taking the new, free internet-based version of the application and making it available (with enrollment assistance) at community-based locations that frequently connect with young children and their families such as child care centers, Head Starts, or WIC clinics, or faith-based organizations.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: The Central Phoenix Regional Partnership Council would work closely with the AHCCCS and the Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) in implementing this strategy. By collaborating, it may be possible to draw down a federal match (between 50 cents to 77 cents on the dollar allocated) for this effort, allowing further expansion of this effort in the region. This strategy would also allow the Regional Council to help connect community-based programs that touch young children and their families (faith-based organizations, WIC clinics,</li> </ul>			

Head Start programs, child care providers, etc.) with available, publicly funded health coverage and family support programs. This strategy would complement Strategy #5, which creates public awareness of existing public health coverage programs and provides for community outreach.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$200,000
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**Budget Justification:**

Community-based trainer: \$100,000 (salary, overhead, training, travel)

Advertising and outreach materials: \$15,000

1-4 Community Assistor Sites: \$85,000 (includes part time FTE, rent, computer and FAX equipment)

By partnering with AHCCCS, there may be a Federal match.

Central Phoenix Regional Partnership Council

REGIONAL COUNCIL 2010, Allocation: \$11,172,677

**Strategy 7:** Expand access to vision and hearing screening for children, ages 0-5.

If not detected and treated early, vision and hearing problems in children can lead to a variety of long-term consequences. Children are often unaware that they are seeing or hearing “less” than they should, and they often do not complain of visual or auditory difficulties. An understanding of the importance of vision and hearing screening by child care programs, teachers, school nurses, and parents is critical to the outcome of a student’s academic success.<sup>1</sup>

During a child's first twelve years, nearly 80 percent of learning depends upon their visual sense. Vision deficits are a common problem in the preschool population. Early detection and treatment of these deficits will lessen the possibility of any damaging long-term effects and have a direct impact on each child’s academic performance.

In Arizona, over 100,000 local children are at risk for permanent vision loss. An estimated 5 million adults have irreversible vision loss due to early childhood eye diseases, which would have been detected with school vision screenings. Statistics show that 19 percent of children require glasses. However, studies estimate that 4 out of 5 children do not have their vision screened before entering school.<sup>1</sup>

Hearing loss can also have devastating effects on academic, social and communication development. Permanent hearing loss is the most common birth defect in the United States. Approximately 1 out of every 300 children in the U.S. is born with a significant hearing loss. However, Early Hearing Detection and Intervention (EHDI) can identify infants with hearing loss by the time they are 1 month old so that their hearing loss is diagnosed and defined no later than 3 months of age. When hearing loss is identified early, babies can be enrolled in appropriate early intervention programs (including being fit with hearing aids) by 6 months of age or younger. When infants with hearing loss are diagnosed early and enrolled in early intervention, they have positive speech, language, and listening outcomes regardless of communication modality. As a child matures and is able to provide hearing results behaviorally, an audiologist is able to plot hearing information with even greater specificity.<sup>2</sup>

Traditionally, professionals working in educational settings, such as Head Start, child care health-care settings, community health clinics and primary care physician offices have had to depend on subjective hearing screening methods. Many providers recognize that subjective methods such as hand clapping, bell ringing and parent questionnaires are unreliable. The current most reliable screening is the Otoacoustic emissions (OAE) hearing screening. It is an objective method that screens hearing in a range of sound frequencies critical for normal speech and language development and is considered the most reliable method for screening infants and toddlers. Portable, handheld OAE screening is the most practical method for screening infants and toddlers in early childhood settings because it:

- Does not require a behavioral response from the child
- Can help to detect sensorineural hearing loss and call attention to hearing disorders affecting the pathway to the inner ear
- Is quick and painless
- Can be conducted by anyone who is trained to use the equipment and is skilled in working with children.<sup>3</sup>

There is a lack of standardized, detailed, and timely data on children with hearing loss throughout Arizona. This strategy would assist in making an analysis of the effectiveness of current delivery systems available to the region through the grant proposal process.

This strategy would expand and improve current efforts to provide vision and hearing screenings to young children, 0-5, in the Central Phoenix Region. Applicants for grants would be asked to show how they would:

- Establish, expand, or strengthen current hearing and vision screening services in the region using best available practices and techniques.
- Ensure that such services are reaching children not currently receiving adequate vision or screening services.
- Assure that public or private health coverage are first payors of care if applicable.
- Inform parents and early childhood providers (e.g. child care professionals, teachers, school nurses) of the importance of early vision and hearing screening for young children.
- Collaborate with existing providers, schools, and community-based providers in delivering such screenings.
- Collaborate and partner with existing providers and charitable groups that conduct vision and hearing screenings in the region.

Applicants would be allowed to include eyeglasses and hearing devices as costs in their proposal.

<sup>1</sup>Information provided by Prevent Blindness America, in collaboration with professionals in Ophthalmology, Optometry, Nursing, Arizona Department of Health Services, November 2008.

<sup>2</sup>White KR. Universal newborn hearing screening using transient-evoked otoacoustic emissions: Past, present and future. Seminars in Hearing, 1996, 17 (2) 171-17396, 17 (2) 171-173

<sup>3</sup>Cunningham M, Cox EO; American Academy of Pediatrics

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

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

**KEY MEASURES:**

- Ratio of children referred and found eligible for early intervention

**Target Population**

Young children 0-5 living in the Central Phoenix 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
	2500 children	2500 children	2500 children

<p><b>Performance Measures 2010-2012</b></p> <ul style="list-style-type: none"> <li>Number of children 0-5 receiving vision and hearing screenings in the Central Phoenix Region</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: This strategy will build on the prevention services of organizations such as Prevent Blindness America – Arizona Division, Sight for Students Program, the Arizona Department of Health Services, The Lion’s Club vision efforts, and programs overseen by the Arizona Department of Health Services.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Opportunities for collaboration exist with Prevent Blindness America – Arizona Division: Sight for Students Program, the Arizona Department of Health Services and other prevention services, as well as with other Regional Councils in the Phoenix area. Screening efforts would occur in collaboration and coordination with the Child Care Health Consultants for the region.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>		<b>\$500,000</b>	
<p><b>Budget Justification:</b>                  Cost estimates based on:                  Prevent Blindness America – Arizona Division                  \$150 provides an eye examination and glasses for one child                  \$10 provides a vision screening to one child                  \$100 provides training and supplies for one school nurse                  \$75 provides 100 people with resources and information at a community health fair</p> <p>Otoacoustic Emission (OAE) Screening program:                  1 FTE + \$10,000 for Otoacoustic Device: National Center for Hearing Assessment &amp; Management (NCHAM)                  Strategy may include training in the use of vision and hearing devices.</p>			

**Strategy 8:** Provide information regarding early childhood development and health to physicians and resident physicians.

The Central Phoenix Region is home to eight hospitals: Banner Good Samaritan Hospital, Phoenix Baptist Hospital, Phoenix Children's Hospital, Phoenix Indian Medical Center, Phoenix Memorial Hospital, St. Joseph's Hospital Maricopa Medical Center, and St. Luke's Medical Center. Each hospital has a large staff as well as a residency program for new physicians.

While many physicians, residents, and physician training programs exist in the region, medical professionals often do not receive adequate training in child development, or the many resources and programs available to families, according to key informants (including physicians) interviewed.

According to the American Academy of Pediatrics, residents often encounter acute and emergency care situations during their training. Typically, little is done to expose them to primary and preventive care, such as they will encounter routinely during their care of young children.<sup>1</sup>

According to the U.S. Department of Health and Human Services, a plethora of neurobiological, behavioral, and social science research has significantly advanced our appreciation and understanding of the importance of early life experiences on early brain development and human behavior. The potential to improve developmental outcomes in children through planned interventions is now well established. Because nearly all children under 5 years-of-age participate in well-child care, the healthcare setting is an ideal place for assuring optimal development of children. However, the practice of developmental screening and promotion of optimal development in primary pediatric care practice varies tremendously and is less than optimal in most places.<sup>2</sup>

The goal of this strategy would be to implement, expand, or enhance existing, evidence-based programs aimed at training physicians or residents in the Central Phoenix Region.

One such program is Bright Futures, an initiative that was launched in 1990 under the leadership of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). Then as now, the goal is to improve the quality of health services for children through health promotion and disease prevention. Bright Futures has consistently enjoyed the support of a diverse set of national organizations, multidisciplinary programs, and family and child care advocates. The American Academy of Pediatrics (AAP) and the MCHB are committed to the multidisciplinary and multicultural nature of the Bright Futures initiative.

As children grow and develop, child health providers can assist them by developing close partnerships with their families, schools and communities. Bright Futures is a series of materials that help clinicians establish those partnerships and carry out health promotion activities for children and adolescents. The cornerstone document, Bright Futures: Health Supervision for Infants, Children and Adolescents, is now in its second edition.<sup>1</sup>

The Bright Futures initiative includes Bright Futures Practice Guides that were developed over the past several years to address selected child health priority issues in depth. The guides provide useful material for health care professionals as well as the educational modules from the Bright Futures Center for Pediatric Education. The modules cover important topics in child growth, development, behavior, and adolescent health. The materials have been written and edited by faculty from Children's Hospital in Boston and Harvard Medical School. They have been reviewed by nationally recognized

experts, and pilot-tested and evaluated in pediatric residency programs across the United States.

Healthy Steps is also a practice-based intervention that was designed to change pediatric care. Healthy Steps expands the services offered as part of standard pediatric primary care and enhances the capabilities of parents to promote the health and development of very young children. Healthy Steps is an early childhood intervention that uses the pediatric primary care system to deliver parenting and developmental services to families. The program is effective because it is with the pediatrician that the new family begins the interaction between the medical system, parents and the newborn child.

The specific goals of the Healthy Steps program are to promote improvements in:

- The clinical capacity and effectiveness of pediatric primary care to better meet the needs of families with young children;
- The knowledge, skills and confidence of mothers and fathers in their childrearing abilities; and
- The health and development of young children.<sup>2</sup>

The National Evaluation of Healthy Steps for Young Children families involved in the Healthy Steps program were more likely than non-participating families to:

- Discuss concerns with someone in the practice about a variety of issues such as the importance of routines, discipline, language development, child's temperament, and sleeping patterns.
- Be highly satisfied with care because someone in the practice went out of their way for them.
- Ensure that infants slept on their back to help reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Receive timely well-child visits and vaccinations.

In addition, Healthy Steps children, compared with children who did not receive Healthy Steps services, were more likely to receive:

- Age appropriate vaccinations at least through age 2.
- Care at the practice until the child was at least 20 months old.<sup>3</sup>

To implement this strategy, the Central Phoenix Regional Council would seek proposals from applicants aimed at:

- Training physicians or residents on assessing and addressing the development of children ages 0-5.

Applicants would be required to demonstrate how such training would complement or build upon any existing training that is occurring among medical professionals. Applicants would also be asked to provide evidence of the effectiveness of the proposed approach. Proposed training of medical professionals could occur in a wide range of settings, including (but not limited to) hospitals, professional conferences, and community health centers. Proposed training would not necessarily be limited to pediatricians, but could include doctors or residents who have routine contact with young children.

<sup>1</sup> American Academy of Pediatrics. Bright Futures. <http://brightfutures.aap.org/about.html>

<sup>2</sup> Centers for Disease Control and Prevention, US Department of Health and Human Services. "Improving the Practice of Developmental Pediatrics in Primary Settings."

<sup>3</sup>National Evaluation of Healthy Steps for Young Children, December 17, 2003.

<p><b>Lead Goal 11:</b> 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><b>Goal: 12:</b> 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><b>Key Measures:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>			
<p><b>Target Population</b></p> <p>Physicians and resident physicians in the Central Phoenix Region.</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	800 health professionals	800 health professionals	800 health professionals
<p><b>Performance Measures SFYs 2010-2012</b></p> <p style="text-align: center;">Number of physicians receiving training in early childhood development and health Number of resident physicians receiving training in early childhood development and health</p>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: Training programs have existed through area hospitals and medical schools, as well as the Academy of Pediatrics. In addition, national models for training physicians exist such as Bright Futures.</li> </ul>			
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: To maximize effectiveness and efficiency of training efforts, the Regional Council believes such efforts should be coordinated with professional associations such as the Academy of Pediatrics, as well as area hospitals and medical schools, and resident training programs.</li> </ul>			
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>			

Central Phoenix Regional Partnership Council

REGIONAL COUNCIL 2010, Allocation: \$11,172,677

Allocation for proposed strategy	\$500,000
<p><b>Budget Justification:</b></p> <p>The Bright Futures training modules provide education to physicians around health care to infants and children. Clinics, hospitals and practices can access the training at \$250.00 per site.</p> <p>The Multimedia Kit for Healthy Steps contains video documentaries, case studies, articles, downloadable written materials which emphasize prevention and involving parents more directly in their child's health care, and other materials to equip pediatricians, family physicians, pediatric nurse practitioners, and other health care professionals with the knowledge and tools on child development to treat the whole child and whole family (in nine video segments on one DVD and a CD-ROM). The Kit is available for \$99 and additional CD-ROMs for \$15 each and DVDs for \$25 each.</p> <p>The allocation would include monies for additional brochures, materials, and outreach.</p>	

**Strategy 9:** Support training and encourage appropriate regulation of child care home providers.

There are more than 34,000 children 0-5 living in the Central Phoenix Region in 2007. The number of children being care for in homes is unknown. However, national estimates suggest that as many as 60 percent of children need child care due to parent's employment. Of these, as many as 50 percent of children aged 5 and under are cared for in home-based settings. In the Central Phoenix Region, approximately 10,000 children are cared for in regulated child care centers or homes in the region daily – suggesting that many more children are likely being cared for by family, friends or neighbors in the region.

Child care provided by family, friend and neighbor caregivers – home-based child care that is for the most part legally exempt from regulation- is of growing concern to parents and policymakers for several reasons. One of the top reasons is that nationally it is the most common type of child care for children under age 5 whose parents work.<sup>1</sup> Nearly half of all children spend their days – and sometimes their nights – in these types of settings.<sup>2</sup> Additionally, in recent years, the question of what kinds of child care programs best prepare children for kindergarten has emerged as dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to two main factors – the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for 3 and 4 year old children. Growing awareness that so many children are in these unregulated settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers.<sup>3</sup>

Support of home-based caregivers through out-of-home training has been shown to be effective in improving quality of care. Recent evidence from the Association for Supportive Child Care and the Valley of the Sun United Way partnership "Kith and Kin" program shows that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. Impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing a daily schedule for the children; 3) Encouraging providers to join their local library; 4) Setting up a written agreement with parents regarding child care arrangements; and 5) Increased knowledge regarding the Child and Adult Food Program. The existing community programs offer assistance to link providers with the licensing system in the state should the care provider express an interest in that path.

The Central Phoenix Region strategy will mirror or expand existing types of family, friends, and neighbor support training models, providing training to home-based caregivers in out-of-home settings. It will also go beyond existing models, utilizing recruitment strategies such as marketing and outreach to current unregulated childcare providers to encourage unregulated homes to become certified or regulated child care homes in collaboration with the Arizona Department of Health Services and Department of Economic Security.

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 Central 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.

<sup>1</sup> Maher & Joesch, 2005; Synder, Dore, & Adelman, 2005

<sup>2</sup> Boushey & Wright, 2004

<sup>3</sup> Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007

**LEAD GOAL 1:** FTF will improve access to quality early care and education programs and settings.

**GOAL 3:** FTF will increase availability and affordability of early care and education settings.

<b>KEY MEASURES:</b>			
<ul style="list-style-type: none"> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> </ul>			
<b>Target Population</b>			
Central Phoenix home child care providers (friends and family) who are already serving families with children 0-5; both regulated and legal unregulated.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	150	150	150
<b>Performance Measures 2010-2012</b>			
<ol style="list-style-type: none"> <li>Number of child care professionals receiving family, friend or caregiver training</li> <li>Number of regulated child care homes in the region</li> <li>Number of home-based child care providers receiving training on language and literacy development in young children</li> <li>Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS</li> </ol>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: This strategy depends on the collaboration between First Things First, the Department of Economic Security and the Department of Health Services, and agencies providing friends and family training and outreach. This strategy intends to expand such types of services, allowing more training to reach home-based early care providers.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: The Northwest Maricopa Region, the North Phoenix Region, and the South Phoenix Region are also interested in implementing a similar strategy. Opportunities exist for collaborating in outreach, grant development, and implementation. Opportunities also exist to partner with the Arizona Department of Health Services and the Arizona Department of Economic Security’s efforts to provide pathways to licensure for unregulated home-based settings.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	<b>\$500,000</b>		

**Budget Justification:**

Using cost estimates from a model utilized by an existing community program, \$200,000 would pay for 8 sessions at \$25,000 per session (14 weeks of training during each session) with an average of 25 participants in each class . In addition to training, participants may also receive safety equipment such as fire extinguishers, smoke detectors and car seats.

The additional dollars identified in this strategy are allocated with the expectation that the provider(s) of this service would complete a planning process wherein prior to providing the professional development service, they would articulate where the greatest evidence of need is for this service within the Central Phoenix Region, the specific model proposed for utilization and how it best meets the need. In addition the provider(s) would be expected to complete coordination and awareness activities to promote enrollment in the service.

\$100,000 will be set aside for improvement grants to assist home providers to meet licensing and quality standards such as fencing, shade structures, cribs, etc.

Friends and Family programs provide training and support:  
\$25,000 per session for 25 caregivers (2 sessions per calendar year)

**Strategy 10:** Effectively connect young children and their families to appropriate health services and supports.

The Central Phoenix Regional Partnership Council recognizes the importance and challenges of connecting children to the health care services they need. A child's good health is the foundation for a lifetime of opportunity and success. Unfortunately Arizona children often do not get connected to the health coverage, health care, and support services they require to maintain good health. For example, Arizona has the highest rate of uninsured children in the country who do not receive health care during the year, according to the Robert Wood Johnson Foundation.<sup>1</sup>

The Central Phoenix Regional Partnership Council has developed a myriad of health care strategies that will help connect families with young children to health coverage (Strategies 5 & 6), critical physical and mental health screenings (Strategies 3 and 7), and other family support services to promote better health for children 0 to 5 (Strategy 12, 13 & 24). In addition, the Central Phoenix Regional Council hopes to improve the quality of health care services by educating physicians and resident physicians about the importance of integrating a family-focused, developmental, and preventative care approach into the delivery of health care for young children (Strategy 8).

To fully address the health care needs of children in our region, the Central Phoenix Regional Council recognizes that we must go beyond simply enrolling more children in public health insurance programs and improving their access to health screenings. We must ensure that the existing health care services in this region are sufficient to meet the needs of families and measure up to the best practice standards of comprehensive health care for children 0 to 5. We also need to identify and remove the barriers that jeopardize continuity of care for young children and prevent some families from accessing health care services that are vital to their child's overall well-being.

There are a number of barriers that families in our region face in accessing health care and maintaining the continuity of care that young children require. Such barriers are most profound among families in crisis situations, such as those experiencing homelessness or domestic violence. Among the many issues faced by young children and families in the region (including "real" examples from the region) include:

**Gaps in health coverage** – When families apply for health public coverage for their children, there is often a waiting period before coverage begins. In the mean time, families cannot always access the immediate care they need to stay healthy and avoid more costly, serious illness or family stresses.

*Example: A child is kicked out of child care because of lice, but her family has recently lost health coverage. The child cannot go back to child care unless the lice are eliminated, and the mother will lose her job if the lice are not addressed. In the mean time, the family waits for public health coverage to begin.*

**Inability to access health services** – Families in crisis situations are not always able to access the systems of care that exist in the region due to transportation or other issues, resulting in young children facing unnecessary risks to their health.

*Example: A family of five with respiratory infections is homeless. While they have health insurance, they are unable to get to the store to get over-the-counter medications for their young children.*

*Example: A young child living in a domestic violence shelter needs a doctor to visit for a possible ear infection, but the mother is afraid to leave the shelter, needing care for her child to “come to her.”*

**Uncovered medical expenses**– Even when a family has public health coverage, they are not always able to afford over-the-counter medicines or related health equipment needed to monitor and maintain a young child’s health.

*Example: A child with symptoms of albinism is born to a mother in a domestic violence situation. While in a shelter, the mother is instructed about the kind of sunglasses the child will need to wear to prevent blindness. The mother is in and out of shelters and cannot afford the sunglasses. By age three, the child is blind.*

*Example: A one-month old child enrolled in AHCCCS is a child who is sick, but the mother is unable to afford a thermometer or a bulb syringe for nasal secretion suction to help her young child avoid more serious illness.*

**Barriers to obtaining health coverage and coordinating health care delivery** – Families and care providers often face challenges accessing or coordinating needed care. Families in crisis (e.g. those in domestic violence situations) may not be able to get needed documentation to enroll their children in public health coverage. Those same families may also need multiple family support and health services. Referrals to such services are often quite haphazard, and families and service providers often struggle to figure out how to “piece together” a disconnected array of health resources. Families and service providers often need advice and assistance in obtaining available services, navigating complex systems and bureaucracies, and coordinating care.

To address these issues, and to accomplish FTF’s goal to collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care (Goal #4) and to build on current efforts to increase the number of health care providers utilizing a medical and dental home model (Goal #5), the Central Phoenix Regional Council proposes a three- pronged approach:

- 1. Identify existing barriers to optimal care for young children** – The Central Phoenix Region would conduct a study to identify the health care services that are currently available in our region for children 0 to 5 and how access to the services compare to best practice standards of care. The study would identify barriers, and provide recommendations on how to eliminate such barriers, especially for children whose families are in crisis situations. Among the issues that would be explored would include:
  - Gaps in available health care for young children, including children already enrolled in health coverage;
  - Challenges accessing needed health services for families with young children, especially children in crisis situations;
  - Challenges accessing and maintaining health coverage for young children at-risk or in crisis situations.
  - Challenges coordinating family support and health care services for children with complex needs.

Recommendations from the study could include needed supports to improve coordination or alignment of existing programs in the region. It could also include changes in state law or rules, or changes in existing state administrative practices.

The goal would be to create a proposed model and implementation plan within six months, based on recommendations by a subcommittee named by the Regional Council, involving representatives from AHCCCS, the AHCCCS health plans, the child welfare system, the behavioral health system, domestic violence providers, homeless advocates, advocates for children with special needs, and health care providers.

At the end of six months, a pilot (potentially multi-year) on how to improve service delivery in the region may be implemented through a competitive procurement process. The pilot would include an evaluation component, assessing the effect of such a model on service coordination, effective and efficient service delivery, and health outcomes for young children. The pilot would include the two other components of the Regional Council's three-pronged strategy, outlined below.

- 2. *Implement care coordination and support for families in crisis situations*** – As described above, families with young children in crisis situations often have complicated needs. Piecing together health and family support services and enrolling and retaining children in health coverage are time consuming and difficult for families in crisis. During the pilot phase of the Regional Council's efforts, models of care coordination will be explored, and a plan for implementation will be recommended. At the end of the six-month study, the Regional Council plans to implement a program to provide Health Care Access Coordination services, based on successful models in other states, to assist high-risk families in our region access basic health services for their young children. The goal would be to increase the number of children with health coverage by providing insurance enrollment assistance as well as follow-up "care coordination" assistance to families to ensure that each child utilizes their medical home and maintains their health coverage.

There are a number of successful national models which have demonstrated impressive health outcomes for children 0 to 5 by offering these high-risk families additional supports to access health care.

For example, in Orange County, California, a model has been developed and implemented aimed at linking children and their families to the appropriate care they need and coordinating complex service delivery to make sure the right care is provided. Health Care Access Coordinators act as child and family advocates, providing assistance in coordinating service delivery. These Coordinators refer providers and families to appropriate resources, help families and service providers navigate system barriers, and help families obtain health coverage. Studies show that 81 percent of the children 0 to 5 served by the program were assisted in securing a medical home, while another 8 percent had improved accessibility to a medical home by the time they left the program. The percentage of the children with full immunizations was also increased from 43 percent to more than 75 percent.

- 3. *Implement other recommendations to improve the system of care in the region*** – In addition to implementing care coordination, the Regional Council anticipates that the plan developed will recommend a number of additional supports or services needed for young children to receive needed, comprehensive care. For example, the plan may identify the need to fund services such as transportation or mobile medical care delivery. It might also types of medical equipment or services that are not covered by insurance, or which are unavailable to families as

they await health coverage. The goal would be to “bridge the gap “in health care services in the Central Phoenix Region.

Funding for needed services would be allocated through a competitive procurement process and health care providers would be required to demonstrate how the funds would be used to improve health care access for the target population. Grant applicants would be required to demonstrate how public or private health coverage would be relied upon as first payors of such services, when possible.

<sup>1</sup> Robert Wood Johnson Foundation, Covering Kids and Families. “The State of Kids Coverage,” August 9, 2006.

**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.

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

**Goal 5:** FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.

**Key Measures:**

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely well-child visits
- Total number and percentage of health care providers utilizing a medical home model
- Ratio of children referred and found eligible for early intervention
- Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)

**Target Population**

At risk Families with young children (0-5) in Central Phoenix

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 SFYs 2010-2012**

<ul style="list-style-type: none"> <li>• Number and percentage of children with health insurance</li> <li>• Number and percentage of children receiving appropriate and timely well-child visits</li> <li>• Number and percentage of health care providers utilizing a medical home model</li> <li>• Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)</li> </ul>	
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy would build off of existing health and family support services in the Central Phoenix Region, bridging gaps in services where they are identified and coordinating services to better serve families of young children in the region.</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: This strategy would involve collaboration between AHCCCS, the AHCCCS health plans, the child welfare system, the behavioral health system, domestic violence providers, homeless advocates, advocates for children with special needs, and health care providers.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
Allocation for proposed strategy	\$1,000,000
<p><b>Budget Justification:</b> This strategy would create a proposed model and implementation plan within six months, based on recommendations by a subcommittee named by the Regional Council, involving representatives from AHCCCS, the AHCCCS health plans, the child welfare system, the behavioral health system, domestic violence providers, homeless advocates, advocates for children with special needs, and health care providers. At the end of six months, a pilot of the proposed model would be implemented through a competitive procurement process. The pilot would include an evaluation component, assessing the effect of such a model on service coordination, effective and efficient service delivery, and health outcomes for young children. Study and Plan Development - \$50,000 Health Access Coordination - \$350,000 Preventive health services and system delivery improvements - \$550,000 Pilot evaluation - \$50,000</p>	

**Strategy 11:** Expand the capacity of programs that assist families that are in crisis or at high risk of crisis.

All children deserve to grow up in a safe environment. Unfortunately, many children in Arizona are at risk for abuse and neglect in our state. According to the Child Welfare League, Arizona ranks fifth nationally in substantiated reports of child abuse and neglect.

Child abuse and neglect can result in both short-term and long-term negative outcomes for children. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic (physical illness) complaints.

National data suggests that the incidence of child abuse and neglect is far greater for children under 5 than older children. In Arizona, over half (57 percent) of all reports of child maltreatment in the state were in Maricopa County. Of the 10,284 child maltreatment reports made in Maricopa County, 6,098 were reports of neglect, followed by 3,424 reports of physical abuse, 645 reports of sexual abuse, and 117 reports of emotional abuse. Over one-third of the children removed from a home because of maltreatment were under the age of six in Maricopa County.

Evidence suggests that child abuse and neglect also exist in the region. Two zip codes within the Central Region 85015 and 85008 are considered “high removal areas” within Maricopa County. In these areas, slightly over one third of the removals were children aged 5 and under. In the 85008 area, nearly half of the removals were children of Hispanic ethnicity, while in the 85015 area there were approximately one third of removals classified as Hispanic and one third of the removals classified as African American children.

Parents want to see their children grow up healthy and strong. Most parents do not want to harm their children. However, some parents have not learned sufficient skills to help them address the challenges of parenting. Moreover, life stressors such as poverty, job loss, drug/alcohol use by a family member, a child’s disability or special health condition, and financial difficulties can bring families to the edge, where their decision making skills suffer.

The child welfare system exists to intervene in situations of abuse or neglect. However, that system is also facing numerous stressors. For example, the Arizona Department of Economic Security reports that there is a critical lack of foster homes available within the Central Phoenix Region.

The Central Phoenix Regional Council believes it is important to provide additional family support to families with young children to avoid abuse and neglect, avert CPS involvement, and keep families intact.

To implement this strategy, the Central Phoenix Regional Council would seek proposals from existing organizations that serve at-risk families in the Central Phoenix Region or neighboring communities.

Applicants would propose efforts aimed at strengthening families at-risk for abuse or neglect who have not been involved with Child Protective Services. Types of services or programs that could be funded include (but are not limited to):

- Respite or emergency shelter services for children
- Counseling services, addressing issues such as behavioral difficulties, anger management, abuse and neglect, divorce/changing families, anxiety or depression
- Family support services aimed at strengthening skills that help families cope with stressors, such as managing a family's finances or finding a job

Applicants would be required to demonstrate how they would:

- Target their services to families with children ages 0-5 who are most at-risk
- Build off of or expand existing service delivery
- Deliver culturally and linguistically appropriate and accessible services
- Deliver services or programs that reflect best or promising practices
- Coordinate their services (as appropriate) with other family preservation programs and publicly funded programs and services

Evidence from other states suggests that programs that provide support to families at-risk for abuse and neglect can be successful. For example, according to the National Resource Center for Permanency Planning at Hunter College, a family resource center in Alabama called Family Options has been successful in helping at-risk families avoid abuse and neglect. A very high percentage of families served by the program are still safely together up to one year after the intervention.

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*Arizona Department of Economic Security Child Welfare Report, 2008*.

**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 competent and confident about their ability to support their child's safety, health, and well-being.

<b>Target Population</b>			
Families in crisis or at risk for crisis with young children (0-5) in Central Phoenix			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> July 1, 2009 - June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
	333 – 1000 families	333 – 1000 families	333 – 1000 families
<b>Performance Measures SFYs 2010-2012</b>			
<ul style="list-style-type: none"> <li>Number of substantiated reports of abuse and neglect in the Central Phoenix Region involving families with children ages 0-5</li> <li>Number of families receiving family support services/target</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: This strategy would build on the services provided by existing organizations serving families at-risk for abuse and neglect in the Central Phoenix Region and surrounding communities.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Collaboration opportunities with the Child Crisis Nursery, Childhelp, CPS, Prevent Child Abuse Arizona and Arizona Law Enforcement.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Allocation for proposed strategy	\$500,000		
<b>Budget Justification:</b> Cost estimates made based on the assumption that total costs per family would range from \$200 - \$1,500 per family.			

**Strategy 12:** Increase participation by families with young children in the Food Stamps Program, collaborating with the Arizona Department of Economic Security and other partners to expand community outreach.

Food insecurity threatens the healthy development of young children. According to a published report in the journal *Pediatrics* in January 2008, researchers from Boston University School of Medicine and Boston Medical Center found that children living in households with food insecurity are more likely to be at developmental risk during their first three years of life, compared to similar households that are not food insecure.

An estimated 290,000 households in Arizona live with hunger or the threat of hunger, and one in six children (17 percent) in Arizona lives in a family that has difficulty affording adequate food, according to the USDA. A household with a child under six is about twice as likely to suffer from food insecurity as a household with no children.<sup>1</sup>

The federal Food Stamps Program allows low-income families to buy nutritious food with coupons and Electronic Benefits Transfer (EBT) cards. Food stamp recipients spend their benefits to buy eligible food in authorized retail food stores. About 80 percent of Arizona food stamp benefits go to households with children. Families qualify for food stamps if they earn at or below 130 percent of the Federal Poverty Level (approximately \$27,000 a year for a family of four).

There is considerable evidence that children in the Central Phoenix Region may be facing food insecurity. Twenty-six percent of the children living in Phoenix live in poverty. Fifty-five percent of children live in low income families, living at or below 200 percent of the Federal Poverty Level (\$42,400 for a family of four).

Many Arizona families who are eligible for Food Stamps do not participate. According to the Food Research Action Center, the participation of the eligible working poor in Arizona is 57 percent. Many families who are eligible but not participating live in the Central Phoenix Region. According to the Arizona Department of Economic Security, the following zip code areas in the Central Phoenix region have a high concentration of individuals that are eligible but not enrolled: 85006, 85008, 85017, 85015, and 85016 zip code areas.

Currently, the Arizona Department of Economic Security is partnering in an effort to help eliminate hunger among children in Arizona. The coalition, called the Arizona Partnership to End Hunger, includes the Arizona Department of Health Services, the Arizona Department of Education, St. Luke's Health Initiatives, the Arizona Association of Food Banks, Valley of the Sun United Way, and other community partners, including members of the faith and business communities. The group has developed a ten-point plan for ending hunger among Arizona children, based on recommendations from the Food

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REGIONAL COUNCIL 2010, Allocation: \$11,172,677

Research Action Center. One of the action steps contained in the plan is increasing outreach for food stamps to eligible families.

The Central Phoenix Regional Partnership Council would like to increase outreach for the Food Stamps Program so that all eligible families with young children living in the Central Phoenix Region are enrolled. The Regional Council proposes to fund a communications campaign in collaboration with the Arizona Department of Economic Security and The Arizona Partnership to End Hunger. The communications campaign would be targeted to families with young children living in Phoenix. The effort would build off of past and current media campaigns lead by DES, which have been shown to be effective in enrolling more families in the Food Stamps Program. The Regional Council’s proposed funding would greatly enhance media efforts directed towards food stamps outreach (currently budgeted at approximately \$97,000 for 2008). It would also target families with young children – a group not currently targeted as part of food stamps outreach efforts.

Funding for Food Stamps outreach may be eligible for a 100 percent federal match, allowing the Regional Council to further leverage its funding.

<sup>1</sup>Association of Arizona Food Banks *Hunger in America 2006 Arizona Report*.

**LEAD 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:**

- 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** Families earning at or below 130 percent of the Federal Poverty Level in Central Phoenix, concentrating on zip code areas 85006, 85008, 85017, 85015, and 85016.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2010 – June 30, 2011	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	Increase enrollment of eligible but un-enrolled families in targeted zip code areas by	Increase enrollment of eligible but un-enrolled families in targeted zip code areas by	Increase enrollment of eligible but un-enrolled families in targeted zip code areas by

	30%	30%	30%
<p><b>Performance Measures 2010-2012</b>                  Number of households with young children enrolled in the Food Stamps Program/Number of households with young children eligible for participation in the Food Stamps Program</p>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:                      This strategy builds off a strategic plan developed by the Arizona Partnership to End Hunger, a coalition which includes the Arizona Department of Health Services, the Arizona Department of Education, St. Luke’s Health Initiatives, the Arizona Association of Food Banks, Valley of the Sun United Way, and other community partners, including members of the faith and business communities.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:                      Opportunities exist to coordinate implementation of this strategy with expansion of the use of the Health E App by community partners. The Health E App allows families to apply for Food Stamps, as well as other assistance, including health coverage for young children by connecting outreach for the Food Stamps program to enrollment assistance efforts, more eligible families with young children are likely to successfully enroll.</li> </ul>			
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>		<p>\$200,000</p>	
<p><b>Budget Justification:</b>                  DES’ current Food Stamps outreach campaign for Arizona is budgeted at \$97,000 – a minimal amount for a media campaign aimed at outreach and enrollment of eligible families. (The funding includes federal dollar plus grant money.) In 2007, Children’s Action Alliance engaged in a successful media campaign for Kids Care outreach, partnering with the Robert Wood Johnson Foundation. Experience showed that successful media campaigns can cost between \$15,000 and \$500,000.</p>			

**Strategy 13:** Collaborate with the Arizona Partnership to End Childhood Hunger to increase access to food and nutrition programs and emergency food boxes for low income families with children ages 0-5 in the Central Phoenix Region.

Research has shown that even moderate under-nutrition, the type seen most frequently in the United States, can have lasting effects on the brain development of children. According to the Center on Hunger and Poverty, inadequate nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure among impoverished children.

Children in Central Phoenix are at risk for hunger. The majority of children in the Central Phoenix Region are members of low income families, living at or below 200 percent of the Federal Poverty Level (\$42,400 for a family of four). In Phoenix, twenty-six percent of children live in poverty.<sup>1</sup>

Low income families often qualify for programs such as Food Stamps (available to families earning at or below 130 percent of the Federal Poverty Level) or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (available to pregnant women, infants and young children in families earning at or below 185 percent of the Federal Poverty Level). However, many families in the region are not enrolled in such programs. For example, many zip code areas in the Central Phoenix Region have a high concentration of individuals that are eligible but not enrolled in the Food Stamps program. The especially hard hit areas include zip code areas the 85006, 85008, 85017, 85015, and 85016. Strategy #12 addresses the Central Phoenix Regional Partnership Council's desire to increase enrollment in the Food Stamps program.

While enhanced enrollment in the Food Stamps program will likely have a positive effect in ending hunger among children in the Central Phoenix Region, the Regional Council is also interested in implementing other strategies that address the stresses that low income families face in tough economic times, and the resulting impact on food insecurity. In Arizona, fifteen percent of families reported their children skipped meals because there was not enough money for food. Twenty-eight percent of the families within the past year had to choose between buying food and paying for medical care. Forty-one percent of the families within the past year had to choose between buying food and paying for utilities.

Many families do not qualify for Food Stamps, and are struggling in tough economic times. St. Vincent De Paul and other local food banks are reporting that an increasing number of middle income families are seeking food assistance for their families as the economy becomes increasingly unstable and job loss grows. The demand for such assistance is not keeping pace with the growing demand. In 2007,

more than 1,250 food banks, pantries and other agencies provided first -line defenses against hunger for Arizona's children, yet 36 percent of pantry programs reported lack of food as the most frequent reason for having to turn families away.

Accordingly, the Central Phoenix Regional Partnership Council is interested in partnering with the Arizona Partnership to End Hunger in implementing their strategic plan to end hunger among children. The Arizona Partnership to End Hunger is a coalition comprised of the Arizona Department of Economic Security, the Arizona Department of Health Services, the Arizona Department of Education, St. Luke's Health Initiatives, the Arizona Association of Food Banks, Valley of the Sun United Way, and other community partners, including members of the faith and business communities.

The Arizona Partnership to End Hunger has identified ten efforts for eliminating hunger among children in Arizona. Of these efforts, the Central Phoenix Regional Partnership Council has identified four efforts that they are interested in partnering with due to their potential impact on families with children ages 0-5. These efforts include:

- **Ensure Access to Nutritious Food in Shelters and Food Pantries:** Provide all low-income families in Arizona with access to nutritious food in family shelters and neighborhood food pantries. The Regional Council would support such efforts by purchasing additional "family food boxes" directed towards families with young children living in Phoenix.
- **Expand the Reach of the federal Summer Food Service Program:** Help all Arizona providers of summer programs to participate in the federally funded Summer Food Service Program, to ensure they serve all eligible children, youth and adults in need. Building on the success of the Summer Food Service Program, filling a vital seasonal gap in healthy eating for many children who participate in the school breakfast and lunch programs the rest of the year. The Central Phoenix Regional Council would support this strategy by making sure that sufficient resources were dedicated to reaching providers in the Central Phoenix Region, and expanding the programs as needed to address the needs of young families.
- **Maximize Participation in the Food Stamp Program: (See strategy #20 ).**
- **Ensure Access to a Nutritious Diet for All Pregnant Women and Preschool Children:** The federally funded WIC program, which assists pregnant women and their newborn babies, and the Child and Adult Care Food Program, which funds meals provided to low-income preschool children, are highly successful programs not yet reaching all eligible participants. The Central Phoenix Regional Council would work with the coalition and WIC providers to ensure that sufficient resources are directed towards outreach to eligible women and families in the Central Phoenix Region.

To accomplish this strategy of the Central Phoenix Regional Council's funding plan, the Regional Council would issue RFGAs, asking potential applicants to propose how they would accomplish one or more of the following:

- Increase provision and distribution of food boxes to families with young children in the Central Phoenix Region.
- Conduct outreach to expand reach of the existing Summer Food Service Programs in the Central Phoenix Region.
- Expand enrollment in or enhance accessibility of services provided by WIC or the Child and

<p>Adult Care Food Program to reach more young children and their families.</p> <p>No grantees would be allowed to use FTF funding to pay for services currently available or covered by existing federal funding.</p> <p>Applicants not currently involved in the Arizona Partnership to End Hunger would be allowed to apply. However, grantees would be required to collaborate with the Arizona Partnership to End Hunger during implementation.</p> <p><sup>1</sup>Central Phoenix Regional Partnership Council Needs and Assets Report, 2008.</p>			
<p><b>LEAD GOAL#4:</b> FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>			
<p><b>KEY MEASURES:</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</li> </ul>			
<p><b>Target Population</b>                  Low income families with children , ages 0-5, especially those living in zip code areas 85006, 85008, 85017, 85015, and 85016.</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	July 1, 2010 – June 30, 2011	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	6,000 families	6,000 families	6,000 families
<p><b>Performance Measures 2010-2012</b></p> <ul style="list-style-type: none"> <li>Percent of children living in households in the region facing food insecurity</li> <li>Number of households with young children enrolled in the Food Stamps Program/Number of households with young children eligible for participation in the Food Stamps Program</li> <li>Number of children 0-5 participating in summer food programs</li> <li>Number and percent of children served by WIC in the region</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:                      The Phoenix Regional Council will collaborate with an existing coalition of public agencies, businesses, faith-based providers and philanthropists who have developed a plan aimed at eliminating childhood hunger in Arizona. The coalition, called the Arizona Partnership to End Hunger, is comprised of community partners including the Arizona Department of Economic Security, the Arizona Department of Health Services, the Arizona Department of Education, St. Luke’s Health Initiatives, the Arizona Association of Food Banks, and Valley of the Sun United Way. The coalition has developed a plan aimed at addressing food insecurity among Arizona families, based on recommendations from the national</li> </ul>			

Central Phoenix Regional Partnership Council

REGIONAL COUNCIL 2010, Allocation: \$11,172,677

Food Resource Action Center (FRAC). The Phoenix Regional Partnership Council would collaborate with the coalition, supporting strategies in the plan that address the needs of families with young children in the Central Phoenix Region.

- What are the opportunities for collaboration and alignment:

This strategy would occur in tandem to and be coordinated with strategies to increase food stamp outreach (strategy #12), and the strategy to increase use of the Health E App (strategy #6 ). Efforts would be made to build connections between families receiving food assistance through this strategy, and connecting them with application assistance for public assistance in general, and Food Stamps in particular.

**SFY2010 Expenditure Plan for Proposed Strategy**

\$250,000

**Budget Justification:**

A communications outreach campaign can cost between \$10,000 and \$50,000.

Cooperative food purchasing programs provide a variety of food packages that range in costs from \$15 - \$35 per food box.

**Strategy 14:** Establish or expand a comprehensive prenatal/post natal outreach, support, and information program for parents in the Central 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.<sup>1</sup> 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. Nearly 6,700 pregnant women in the region did not receive early prenatal care.<sup>2</sup> There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress, and domestic violence. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.

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.<sup>2</sup>

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 following chart summarizes critical information and presents data for specific communities that fall in the Central Phoenix Region.

**Selected characteristics of newborns and mothers, Phoenix (2006)**

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1 <sup>st</sup> Trimester*	No Prenatal Care	Public \$	Low birth weight <2500 grams	Unwed Mothers
Phoenix	27533	4230	20847	788	18774	1980	14840

\* 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:

- Prenatal/postnatal 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 after the birth of their child.
- Outreach efforts to connect women to existing prenatal and postnatal care programs – 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).

<sup>1</sup>Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole

<sup>2</sup>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 and teens preparing for the birth of a child.			
Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2010 – June 30, 2011	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	100 families	100 families	100 families
<p><b>Performance Measures 2010-2012</b></p> <ul style="list-style-type: none"> <li>Number/percent of pregnant women starting prenatal care in their first trimester</li> <li>Number of pregnant/postpartum women and their families receiving services</li> </ul>			
<ul style="list-style-type: none"> <li>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. It could also build off of other existing programs for pregnant women and young mothers such as Baby Arizona, by connecting women to available services early in their pregnancies.</li> </ul>			
<ul style="list-style-type: none"> <li>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 South Phoenix Regional Partnership Council, who is proposing a similar strategy.</li> </ul>			
SFY2010 Expenditure Plan for Proposed Strategy		\$500,000	
<p><b>Budget Justification:</b> 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.</p>			

**Strategy 15:** Conduct a study in collaboration with other Regional Councils and FTF regarding the affordability and access to quality care for children.

Many children and families living in the region experience tremendous need. Over half (55 percent) of children living in Phoenix are low income (falling at or below 200 percent of the Federal Poverty Level. Twenty-six percent of children in Phoenix live in poverty. Low income status may create barriers for families to have access to high quality early care and education. Average costs for early care and educations ranges from \$13.36 to \$32.58 per day for a child, with the most expensive care being center-based, infant care.

As efforts to improve the quality of early care and education are implemented in the region, additional attention will need to be paid on how quality interacts with affordability of care, and how strategies can best be designed to attract and support families to chose quality care.

To further develop understanding of how best to increase access and affordability to quality early care and education, a **pilot study** of multiple cost reduction or support strategies is being proposed by several Regional Partnership Councils as part of their funding plans. Information gleaned from the study will help inform future strategy development for the regions. The study will 1) determine what factors influence demand for quality care and education in each region, and how such demand varies by region; and 2) how and what strategies are most effective in addressing affordability of quality care as a barrier to access.

The Central Phoenix Regional Partnership Council will work in partnership with the FTF evaluation division and an external contractor(s) to design and implement a pilot study. Participating in the study will enable the inclusion of a **regionally located center or home** in the pilot and the cost of the evaluation. The center or home would meet specified conditions to participate (including participation in all aspects of the study and participation in a quality improvement effort).

In addition to the actual distribution of vouchers, scholarships, or financial supports to families or centers/homes participating in the study, additional analyses will be conducted. Ongoing analyses with families and stakeholders in the community will determine:

- What cost reduction or support strategy can most effectively reduce cost as a barrier to quality care for families in this community?
- What is the impact of the cost reduction or support strategy on parent perceptions of quality? and
- What is the impact of the cost reduction or support strategy on access to care and education in the community?

The details and design of the pilot would need to be developed and fall under the category of planning in a regional funding plan. The benefit of participating is that Regional Councils would be working together to begin addressing this need, determining what strategies are effective.

<b>LEAD GOAL:</b> FTF will improve access to quality early care and education programs and settings.			
<b>GOAL:</b> FTF will increase availability and affordability of early care and education settings.			
<b>KEY MEASURES:</b>			
<ul style="list-style-type: none"> <li>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five</li> <li>Current cost of early care and education for families as a proportion of the median income for a family of four</li> </ul>			
<b>Target Population</b>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	1 center	1 center	1 center
<b>Performance Measures 2010-2012</b>			
TBD once the study parameters are completed. Sample performance measures include:			
<ul style="list-style-type: none"> <li>Number of children enrolled in quality early education and childcare settings receiving scholarship or stipend in the region</li> <li>Number of children enrolled in quality care (3, 4 or 5 star) in the region</li> <li>Number of children at or below 100% FPL enrolled in early quality care and education in the region</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: This strategy will include collaboration among regional councils and FTF evaluation staff. It will involve expansion of quality setting involved in Quality First! And efforts to make such care more affordable.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Participation by the early care and education community and stakeholders of the community, including parents and caregivers will be critical to the successful completion of this project.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	\$100,000		
<b>Budget Justification:</b>			
This allocation provides for:			
<ul style="list-style-type: none"> <li>Administration of the pilot study and distribution of financial support</li> <li>Financial assistance for centers/homes and/or families</li> </ul>			

- Interviews with community members to establish need/demand as well as impact

**Strategy 16:** Expand the capacity of home visiting programs that would increase families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Parents in Phoenix Central Region appear to need support and parenting information. Educational attainment among parents in the region is low, suggesting the need for more information and support for families who may be at-risk. Thirty percent of mothers of newborns in the Maricopa County have not obtained a high school degree, compared to 20 percent of mothers statewide – although there is quite a bit of variance in educational attainment across the region.

Many babies born in the region are also at-risk due to their mother's young age and their lack of adequate prenatal care. The percentage of births to teen mothers in Phoenix (15 percent) is higher than the state average (12 percent). Such babies are at high risk, again suggesting a need for parent education and support. Such parents are often in need of direct, parent support services – but are also can be challenging to reach or engage. The Phoenix Region is also challenged with adverse risk factors for African-American and Hispanic mothers who make up 40 percent of all births in Phoenix. The adverse risk factors in the Phoenix includes high risk pregnancies, high infant mortality, and lack of access/knowledge of prenatal and post natal care.<sup>1</sup>

Parents support may also be needed for other at-risk families. Statewide programs such as Healthy Families Arizona (HFAz) provide home visiting support for prenatal families and families with newborns. Services typical in quality home-visiting programs include child development information and screening, activities for parent child interaction, and access to community resources. While others specifically focus on reducing adverse risk factors among teen parents, single mothers, families of domestic violence and families at risk for crisis.

Culturally appropriate, direct family support services reaching families of their young children in their homes may be most appropriate, given that many families in the region may be socially or economically isolated. Many children in Phoenix also reside in homes that are linguistically isolated. According to the Annie E. Casey Foundation, forty percent of the children in the region live in a home where family members do not speak English well. A large number of children in the Phoenix Central Region are also likely to live in immigrant families. Forty-eight percent of children in Phoenix live in an immigrant family. The vast majority of the children in such families are citizens. However, research has shown that such citizens are less likely than their counterparts in non-immigrant families to receive health insurance, go to a doctor, or attend preschool.<sup>2</sup>

The research literature suggests that the 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.<sup>3</sup>

The research literature 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.

The primary focus of home visiting services is clearly to promote effective parenting, but, if home visitors encourage families to enroll in health insurance, receive prenatal care and seek out a consistent medical home, then the home visiting service may address those goals as well. Sometimes accessing and organizing all those services a family needs can be a struggle. Families may not be aware of their eligibility for certain services or funding streams, or the application paperwork may be onerous. Families may struggle with the practical difficulties of using public transportation to meet service appointments.

The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

A person trained in child development (professional or paraprofessional) makes regular, scheduled visits to homes -or other natural environments such as the library or other public community centers- with infants or young children or families expecting a child, to answer questions, provide information and resources, assist parents in their parenting or provide early detection of any developmental problems in the children.

The goals of this strategy are to promote positive parenting, enhance child health and development, and to prevent child abuse and neglect before it happens. The implementation provides at least 6 months of weekly home visits (Level 1) and after 6 months, family may move to Level 2 (i.e., 2 visits per month).

As part of this strategy, the Central Phoenix Regional Council would partner with the Arizona Department of Economic Security in expanding its existing home visiting program – Healthy Families – to serve more low income, prenatal families and families with newborn children who are in the region. The Regional Partnership Council would also seek proposals for other home visiting programs that address issues surrounding low income families with young children 0-5 dealing with substance abuse, child abuse, domestic violence, drug-exposed infants, etc. living in the region.

<sup>1</sup>The Future of Children, Protecting Children from abuse and neglect, 8, 39-

<sup>2</sup>Arizona Department of Economic Security Child Welfare Reports, 2008.

<sup>3</sup>Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. Zero to Three, 18(4) 23-29.

**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.

<b>Goal: 12:</b> FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families			
<b>Key Measures:</b>			
<ul style="list-style-type: none"> <li>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</li> <li>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</li> </ul>			
<b>Target Population</b>			
Home visiting and parenting education classes will be expanded to all communities in the region. Services will focus on low income pregnant women, teen parents, relatives raising related children, and families in crisis or at risk of crisis. Additionally, priority will be given to programs that will expand their services to un-served areas of the region.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	<b>July 1, 2009 - June 30, 2010</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	<b>Healthy Families</b>	<b>Other Home Visiting Programs</b>	
	200 Families	200 Families	200 Families
	175 Families	175 Families	175 Families
<b>Performance Measures SFYs 2010-2012</b>			
<ul style="list-style-type: none"> <li>Number of children receiving developmental screening in the region</li> <li>Number of home visits completed</li> <li>Number of families receiving home visiting services</li> <li>Percent of low birth weight births in the region</li> <li>Percent of women receiving prenatal care in their first trimester</li> <li>Number of families referred by CPS</li> </ul>			
<ul style="list-style-type: none"> <li>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 Phoenix community. Several agencies currently operate home visiting programs and parent education classes and related services. This strategy allows for</li> </ul>			

<p>building on existing resources and allowing them to expand to serve areas or target populations they do not currently serve. Grantees will be required to collaborate with other home visiting programs operating in the region.</p>	
<p>• What are the opportunities for collaboration and alignment:                  This strategy will help the Central 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 at-risk families for services. Opportunities may exist for collaboration with other Regional Partnership Councils in the region, including the South Phoenix and North Phoenix Regional Partnership Councils.</p>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
<p>Allocation for proposed strategy</p>	<p>\$1,000,000</p>
<p><b>Budget Justification:</b>                  \$500,000 of the allocation would be provided to expand Healthy Families services to families low income, pregnant women and families with newborn children who are in the region. \$500,000 would be allocated to other home-visiting programs that target teen parents, relatives raising related children and familie in crisis or at risk of crisis.</p> <p>Healthy Families typical site budget is approximately \$540,000 which includes direct costs for 7 FTE home visitors, supervision and administrative support. Intensity of services can vary, however. Each home visitor can typically carry a case load of 25 to 30 families (200 families).</p> <p>Other home visiting programs have costs that also vary with intensity of services and education level for staff providing services. Cost estimates can range from \$2000 to \$4000 per family (175 families).</p>	

**Strategy 17:** Establish or enhance a telephone “warm line” to provide families access to parenting information and resources.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.

Evidence suggests that parents need more information on how to parent and resources available to them. In 2007, the Valley of the Sun United Way conducted a survey with parents (N =250) across Maricopa County. Almost half of parents surveyed (40 percent) indicated they could use “a lot more” education about early childhood issues, with only 20 percent responding that they only wanted a little more information.

Telephone-based parent information, advice and support can be delivered cheaply and has resulted in high parent satisfaction. One study found that one in four parents was likely to use such a phone resource, and another study found that such a resource is of particular interest to parents of young children.<sup>1</sup>

Warm lines typically offer brief counseling or support by paraprofessionals, and ultimately direct families to local resources and social services.

Telephone help lines for parents are not a new concept, but evaluation of their effectiveness in improving parenting is difficult due to lack of control or comparison group, as callers are self-selected. Studies that have been performed find that telephone information lines can be useful as part of a multi-media parent training efforts, combined with other parenting information and support such as written materials. They are effective for parents of younger children (0-5), although they have had mixed results among families in need. Parents of young children are most interested in using such hotlines to address issues of behavior management, seeking information and advice.

The Regional Council recognizes that one or more parenting warm lines currently exist in the Central Phoenix Region. The most well-known community line receives approximately 12,000 calls per year.

As part of this strategy, existing warm lines could be expanded or enhanced to reach more families through sustained marketing, a key to a toll-free line's success. Training, the quality of information being

provided, and wait times are also factors that could also be improved as part of this strategy.

New warm lines could also be proposed by potential applicants, if they address populations or services not currently addressed by existing warm line providers.

**Research Notes**

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Harris, Elizabeth, et al. First LA Parent Helpline External Evaluation Assessment of Progress in Achieving Implementation and Outcome Goals, January 2007.

<sup>1</sup>Booth, Meg, et al. Dialing for Help: State Telephone Hotlines as Resources for Parents of Young Children.

**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**

At-Risk Families with young children (0-5) in the Central Phoenix Region

	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
<b>Proposed Service Numbers</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	10,000 additional families served	15,000 additional families served	15,000 additional families served

**Performance Measures 2010-2012**

1. Number of calls received by the warm line by families in the Central Phoenix Region

<p>2. Parent awareness of the warm line as a resource among families in the Central Phoenix Region</p> <p>3. Satisfaction among families using the warm line</p>	
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:                      There is at least one existing helpline open to all families with young children looking for the latest child development information from experts in the field operating in the region. Currently, professionals may also take advantage of this free service. The Helpline is staffed by early childhood development specialists, registered nurses, disabilities specialists, early literacy specialists, and mental health counselors. This toll-free number for all Arizona families with young children and parents-to-be can provide professional telephone “pre-crisis” consultation on such topics as health and nutrition, language development, discipline, child development, sleep, inconsolable crying, early literacy and other issues.</li> </ul>	
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:                      Currently across Maricopa County and the state of Arizona other “help lines” exist that could coordinate with this strategy. Examples of such help lines are the “Fussy Baby” line that helps callers with strategies to comfort seemingly inconsolable babies, “AZ 211” which provides a listing for a myriad of family support services, “Child Care Resource and Referral” that helps connect callers to regulated child care options in their area and others. Callers on the proposed warm line will be directed toward these other resources as appropriate. As the North Phoenix Regional Partnership Council has also identified this strategy as a priority, there is great opportunity for collaboration with administrative home, outreach and implementation across regions.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>	<p><b>\$300,000</b></p>
<p><b>Budget Justification:</b></p> <p>It is the Central Phoenix Council’s recommendation that funding for this strategy be utilized to assure sufficient staffing to support operation of the warm line for 24 hours/day, that additional outreach regarding availability of the service be provided, that additional training be made available to staff providing the service, and that additional follow-up materials (i.e., handouts, booklets, simple safety devices, etc) be made available to users of the service as needed.</p> <p>The Central Phoenix Council will provide additional funding to support this strategy.</p> <p>It is estimated that outreach and awareness building would cost between \$50,000 and \$100,000.</p> <ul style="list-style-type: none"> <li>Increased staffing, to include extending hours of operation might cost between \$100,000 and \$200,000.</li> <li>Additional training would cost between \$10,000 and \$30,000.</li> <li>Printed training outreach materials would cost between \$10,000 and \$30,000.</li> </ul> <p>Ongoing evaluation to assess service implementation/customer satisfaction would cost under \$15,000.</p>	

**Strategy 18:** Expand the capacity of early language and literacy programs to provide supports and services to young children and their families.

One component of children's readiness for school consists of their language and literacy development. Learning to read and write starts long before first grade and has long-lasting effects.

Children's early experiences with books and print greatly influence their ability to comprehend what they read. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy.

Many children in the Central Phoenix region are at risk for low literacy attainment. Low educational attainment among parents and low income status are risk factors for literacy development. In the Central Phoenix Region, many children live below the Federal Poverty Level in some areas. Twenty six percent of Phoenix's children live at or below the poverty level. (For a family of four, the Federal Poverty level is \$21,200 a year.) Fifty-five percent live at below 200 percent of the Federal Poverty Level in 2007, according to *Kids Count*. The region also reports low educational attainment among parents. According to data reported from 2002 to 2006, approximately 30 percent of mothers who gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state rate over the same period of time.

Other evidence also exists suggesting a need for support for literacy development among young children in the region. One assessment that is used frequently across Arizona schools - the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) – suggests that many children in the region may be behind in literacy acquisition when they enter Kindergarten. Third grade standardized assessments also suggest that children often lag their counterparts in reading. Spring 2007 3<sup>rd</sup> grade AIMS reading scores show that 35 percent of children fell below the standard in reading.

Evidence-based research identifies key components of early literacy curriculum. They include:

- Oral language: Fostering vocabulary and listening comprehension, expressive and receptive language.
- Alphabetic Code: Developing alphabet knowledge, and phonological/ phonemic awareness which is the ability to discriminate sounds in words, invented spelling.
- Print knowledge: Understanding environmental print and concepts about print.

Effective literacy development programs:

- Understand the parent's literacy strengths and reinforce their knowledge and skills.
- Provide an opportunity for adults and children to reflect on literacy practices in their daily lives.
- Recognize the literacy history of the parents.
- Consider socio-cultural context: Children's experiences with the world greatly influence their ability to comprehend what they read.
- Provide accommodations and adaptations for children and adults with special needs or disabilities.
- Recognize oral language as the foundation for literacy development.
- Contain an educational component for the adult, such as adult-basic education (for those

<p>without a high school diploma) or English-language acquisition.</p> <p>To implement this strategy, the Central Phoenix Regional Council will seek proposals from potential applicants. Applicants will be required to identify approaches that build on current efforts, wherever possible. Applicants will be required to demonstrate evidence of the effectiveness of the proposed approach. Applicants will also be required to demonstrate how they can effectively reach families with young children through their proposed efforts, including linguistically or socially isolated families or families with low educational attainment.</p> <p>The Regional Council will seek applicants who propose to deliver both home-based and community-based approaches to language and literacy development.</p>			
<p><b>Lead Goal 11</b> 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><b>Key Measures:</b></p> <ul style="list-style-type: none"> <li>• Percentage of families of children birth through age five who report they maintain language and literacy rich home environments.</li> <li>• Percentage of families with children birth through age five who report reading to their children daily in their primary language</li> </ul>			
<p><b>Target Population</b></p> <p>Very low income communities where children have limited access to literacy resources.</p> <p>Communities within the Osborn, Alhambra, Balsz, Creighton, Phoenix Elementary, and Wilson School District boundaries.</p> <p>Any community in the Region where low education attainment of parents and low total family income are present.</p> <p>This strategy will need to provide for a combination of in-home and in-community models – the Central Phoenix Council encourages “meeting the families where they are” (i.e., churches, malls, grocery stores, community centers, child care centers, etc.)</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	500 families	500 families	500 families
	1000 children	1000 children	1000 children

<p><b>Performance Measures SFYs 2010-2012</b></p> <ol style="list-style-type: none"> <li>1. Number of families engaged in in-home literacy support programs in the region</li> <li>2. Number of families engaged in in-community literacy support programs in the region</li> <li>3. Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS.</li> <li>4. Circulation of children’s books at libraries in the region</li> </ol>	
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy aims at connecting literacy support and development efforts to families where they spend time, such as their homes, child care centers, public spaces, doctor’s offices, libraries.</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: There are currently 10 Reach Out and Read sites in the region, as well as 3 library branches in the region including the main Phoenix library, providing books, family reading and literacy support activities for families and caregivers. In addition to adding an “in-home” focus, this strategy could expand such community programs, or coordinate with such efforts to ensure maximum effectiveness.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>	
Allocation for proposed strategy	\$500,000
<p><b>Budget Justification:</b></p> <p>\$250,000 = in-home models</p> <p>\$200,000 = in-community models</p> <p>\$50,000 = outreach activities</p>	

**Strategy 19:** Expand access to high quality, inclusive early education and care for children ages 0 to 5 with special needs.

According to the U. S. Department of Health and Human Services, child care policies and practices for young children with special needs should reflect the values and goals of quality care in inclusive settings. The research literature suggests that including children with special needs with typically developing classmates supports the individual abilities, interests, temperaments, developmental rates, and learning styles of young children with disabilities. The foundation for such support is a quality early childhood program that ensures the participation of all children.<sup>1</sup>

While inclusive early care and education settings benefit young children, it is far from clear that young children in the region have access to such opportunities.

Currently, only four school district programs in the Central Region support inclusion of children with special needs in their early childhood programs. According to the Arizona Department of Education, only 35 percent 3 to 5 year olds with special needs involved with the districts in the region are enrolled in inclusionary classrooms. In general, school districts report waiting lists exist for early care and education opportunities for children ages 3-5.

No information is available on inclusion of children with special needs in private, for profit child care. However, according to advocates of children with special needs, inclusionary opportunities are hard to find for parents across early childhood settings.

The Central Phoenix Regional Partnership Council wishes to foster inclusionary early child care and education opportunities for children ages 0-5. To do so, it plans to :

- Increase the number of quality early childhood education environments or classrooms in the region or allow half-day programs to expand to full day
- Increase opportunities for children with special needs to attend quality early childhood education in an inclusionary environment by providing early care and education with technical assistance, training, or special equipment needed to foster an inclusionary environment.

Evidence from other states suggests that such efforts can have positive results for young children with

special needs.

Since 2000, Ohio has included children with disabilities in all settings of early childhood education. The Ohio program, called Starting Point, assists parents and child care sites in caring for children with special needs, including severe behavioral problems. The Starting Point goals are to:

- 1) increase the number of providers who can care for children with special needs
- 2) increase access to special needs child care
- 3) provide child care providers with the resources, knowledge and support to effectively care for children with special needs.

Program providers – both child care centers and child care homes – receive technical assistance, training, and special equipment. This project is effective at promoting stable placements for children. 80 percent of children with special needs stayed in a placement for at least 6 months and 42 percent stayed for a year or longer. The project has also been effective in improving capacity of child care programs to enroll children with special needs.<sup>2</sup>

To implement this strategy, the Regional Council would seek proposals from the community through the RFGA process. Grant applicants could include (but are not limited to) school districts, private child care providers or preschools, or community-based organizations, or collaborations among such entities. Funding provided could only be used to expand classroom capacity in early education and care settings that are accredited, head start, or enrolled or committed to enrolling in QIRS. Grant recipients would be required to have at least 10 percent of children enrolled have a current IEP. Funded entities receiving grant money would be required to show that FTF funding would not diminish other public financial support for early care and education (i.e. maintenance of effort). Funded entities would be required to document that funding would expand environments to allow participation of children with a current IEP. Parent support and time commitments would be further defined as part of the RFGA process.

<sup>1</sup>National Child Care Information Center. (1997). *Passages to Inclusion: Creating Systems of Care for All Children*. Washington, DC: Department of Health and Human Services.

<sup>2</sup>Cuyahoga County Early Childhood Initiative Evaluation; Phase I Final Report; February 2003

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

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

**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**

<ul style="list-style-type: none"> <li>Children with disabilities and special health needs enrolled, as a proportion of total population birth to five.</li> </ul>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> July 1, 2009 - June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
	200	200	200
<p><b>Performance Measures SFYs 2010-2012</b></p> <ul style="list-style-type: none"> <li>Total number of children with disabilities and special health needs enrolled, as a proportion of total population birth to five.</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Since all school districts in the region are required to enroll children, ages 3-5, with a current IEP (Individual Education Plan), this strategy would encourage networking within the region to place children in an inclusionary environment in either a public, private or federal program. This strategy would also require collaboration with existing state agencies, including DDD, AzEiIP, and other early intervention entities.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Collaboration opportunities exist with school districts, head starts, and private child care entities to provide services in an inclusionary environment for children with special needs. Partnerships could also be developed with community-based organizations that serve or advocate for children with special needs, and government agencies that serve this population.</li> </ul>			
<p><b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b></p>			
Allocation for proposed strategy		\$1,000,000	
<p><b>Budget Justification:</b> Costs related to expanding preschool classrooms or environments: \$640,000 Costs related to training /providing technical assistance, resources and supports related to incorporating children with special needs in inclusion environment : \$360,000</p>			

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**Strategy 20** Increase the number of health and mental health specialists with expertise in the 0-5 population by providing training opportunities to new professionals in the field and supporting continuing education for existing health and mental health professionals.

Throughout Arizona, there is a critical shortage of qualified professionals in areas of Speech, physical therapy and Behavioral Health and Special Education with the necessary education, training and/or experience to appropriately address the needs of young children from birth through age five; a time when intervention can have the greatest impact. This shortage is evident in Central Phoenix as well. Arizona ranks 49th in personnel to population ratios for speech language pathologists. It is estimated that 14,000 additional speech pathologists will be needed to fill demand between 2004 and 2014 (Deppe, 2008). DDD reports that 70% of services provided in 2007 to children birth to 18 years were speech therapy services. The highest demand for services is related to speech therapy, especially in the younger years. Arizona has no public university with an occupational therapist training program and Arizona ranks 43rd in the country for per capita need in physical therapy.

Many parents report that they have concerns about their children's development. Forty-five percent of parents note concerns about their children's speech, and 42 percent indicate they are worried about their children's social-emotional development.<sup>1</sup> While almost half of parents are concerned about development, the U.S. Centers for Disease Control (2007) estimates that 17 percent of children have had a developmental disability. Considering 106,000 births occur each year in Arizona, we can estimate that approximately 18,000 children a year will need some type of intervention service in their lifetime. Licensed professional counselors.

Examples of fields where the Central Phoenix Regional Council believe specialist shortages exist, or where specific knowledge among providers in the needs of children 0-5 is lacking includes:

- 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 Central Phoenix Regional Council would provide funding for individuals to attend advanced training and/or certificate programs that address the professional needs of the 0-5 health and mental health infrastructure.

The following stipulations would apply to recipients:

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

Funding would also be provided for an agency or organization to be responsible for administering the training program coordination. Specifically, the organization would be responsible for: conducting outreach to institutes of higher learning and relevant agencies and advertising availability of training to potential applicants; recruiting potential applicants; administering the the collaboration between colleges, universities and training institutions.

The following represents examples of programs in which professionals may receive training:

- Harris Infant Early Childhood Mental Health Training Institute, Infant/Family Clinical Program or Infant Studies Certificate Program
- Circles Of Security
- Hanen Speech and Language Training,
- The PASS for early childhood Directors

This is by no means an exhaustive list and the administrative home for the program would base awards on : 1) demonstrated experience and ability to 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.

The administrative entity would make recommendations on criteria for determining awards by December 1, 2009. It is anticipated that the awards would likely be applied to coursework or training that would begin in August 2010.

<sup>1</sup>Inkelas, Regalado, Halfon, 2005.

**Lead Goal #10:** 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.

**Target Population**

New professionals in the field of intervention and health and mental health professionals requiring additional advanced training.

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 SFYs 2010-2012**

- Number of individuals attending advanced training programs and/or intervention certificate programs

• How is this strategy building on the service network that currently exists:  
This strategy would involve working with higher education systems, agencies or providers of training and /or coursework to provide priority admissions to students willing to stay in the community upon graduation.

• What are the opportunities for collaboration and alignment:  
Collaboration with Infant Mental Health groups to raise awareness about scholarships (Harris Institute, AZEIP, SWHD, Child & Family Resources, Tapestry)  
Can align with private foundations to raise more money for fees (AEEF, Helios)

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

<b>strategy)</b>	
Allocation for proposed strategy	\$200,000
<b>Budget Justification:</b> Average cost for advanced training: \$1000 -\$5000 per participant Average cost for graduate certificate program: \$8,078.75  Average cost for graduate degree program: \$20,075  Administrative entity cost: \$43,925 (half time FTE plus operational costs)	

**Strategy 21:** Expand or enhance injury prevention efforts aimed at parents and providers caring for young children in the Central Phoenix Region.

Childhood injuries are the leading cause of death for Arizona's children. Sixty-six percent of preventable child deaths in Arizona in 2003 were due to unintentional injury (accidents), according to the Child Fatality Review Board. Between 2004 and 2007, there were about 184,000 nonfatal unintentional injuries resulting in visits to emergency departments or inpatient hospitalizations among children birth to 5 years olds.

Motor vehicles accidents are the most common cause of injury. Consider the following :

- One in five of the child passengers who died in motor vehicle accidents in 2003 were using a restraint. Almost half were sitting in the right front passenger seat.<sup>1</sup>
- Over 10 percent of Arizona's children ride unrestrained and more than 80 percent of child safety seats are installed, placed, or used incorrectly.<sup>2</sup>

Drowning is the second most common cause of injury. In 2003, the Arizona Child Fatality Review Board identified that 25 children (most between 1 and 4 years of age) died of preventable drowning accidents.

Injuries at home are frequent among young children. The youngest children are most at risk in the home, simply because they spend the most time there. Nearly 40 percent of injuries while children are at home. The most common cause of injuries at home is falls. Burn related injuries are also not uncommon. While children age 1-4 make up only 6 percent of the population in Arizona, they accounted for 15 percent of hospitalizations and 17 percent of emergency department visits due to fire/burn-related injuries in 2003. Latino and African-American children may be most at risk. Data from the National Survey on Early Childhood Health disparities in safety measures in the reports of Latino and African-American parents.<sup>3</sup>

Unsafe sleeping practices among young children are another cause of unintentional injury. The Child Fatality Review Program categorizes an infant's death as unexpected when a previously healthy child dies suddenly. In 2006, there were 90 unexpected infant deaths in Arizona, which accounted for eight percent of all child deaths. Suffocation was the cause of 23 of these unexpected infant deaths and 28 deaths were identified as SIDS. In 90 percent of unexpected infant deaths, unsafe sleeping environment was identified as a contributing preventable factor, and unsafe sleeping position was a factor in 50 percent of unexpected infant deaths. Co-sleeping was identified as a preventable factor in 35 percent of the deaths. The State Child Fatality Team and the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome have both issued a recommendation to educate parents and other caregivers on safe sleep environments for infants.

As part of this strategy, grants would be provided to programs that have a presence in the Central Phoenix Region or surrounding communities that address concerns related to injury among young children. Grants would fund interventions recommended by the Arizona Child Fatality Review Team, the Arizona Injury Surveillance Plan and the Maternal and Child Health Needs Assessment, including:

- Providing safety devices or equipment, such as car seats, tap water monitors to families. Provision of such items and devices would be accompanied by concrete instructions for parents and active parent involvement – practices that improves effectiveness of such distribution

efforts.

- Home visitations and “safety inspections” to ensure safe home environment for at-risk families.
- Public information campaigns promoting safe practices, such as car seat use.

Grants would be awarded based on 1) Demonstrated need (i.e incidence of injury, especially among young children living in the region; 2) Demonstrated need for program expansion or enhancement; and 3) Evidence presented on the effectiveness of proposed intervention.

<sup>1</sup>Child Fatality Review Board

<sup>2</sup>Governor’s Office of Highway Safety

<sup>3</sup>National Center for Children in Poverty

**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**

Families with young children (0-5) in the Central Phoenix Region.

	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
<b>Proposed Service Numbers</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	8400 families	8400 families	8400 families

**Performance Measures 2010-2012**

- Total number and percentage of families receiving appropriate information regarding injury prevention
- Total number and percentage of families receiving training on car seat safety
- Effectiveness of intervention

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

This strategy would encourage partnering with entities that are currently providing injury prevention outreach such as Arizona Department of Health Services, Arizona Department of

<p>Economic Security, City of Phoenix and the Law Enforcement Community.</p>	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: Possible collaboration with other Regional Councils or First Things First Communications.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>	<p><b>\$500,000</b></p>
<p><b>Budget Justification:</b>                      The Arizona Department of Health Services is currently funding five community-based injury prevention projects. They vary widely in cost per client as their scopes of service differ from one another. The average cost is \$60 per client but ranges from \$30 to \$277 per client. Most of these projects focus on car seats and bike helmets. A more reasonable estimate to fund a comprehensive home safety project described above would be \$150 – 250 per family.</p> <p>Child car seats: \$60 per item                      Smoke Detectors: \$50                      Child Gates: \$30                      Cribs for Kids: \$100/infant                      Printing of educational materials                      Staff time</p>	

**Strategy 22** Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities. In addition FTF will fund a community outreach position to work with the Regional Councils in Maricopa County to provide additional community awareness to build the public and political will to make early childhood development and health one of the region's top priorities.

Specifically the Regional Council will focus on the following:

- 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 Central Phoenix Regional Council recognizes the importance and effectiveness of working in partnership with the other Regional Councils and the FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The need to collaborate across regions is clear, and the need to have coordinated messaging and communications efforts is self-evident.

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.<sup>1</sup>

The Central Phoenix Regional Council intends to collaborate across regions in the development and implementation of a coordinated communications plan, raising the community's awareness, and enlisting individuals as champions for early childhood development and health.

The Central Phoenix Regional Council acknowledges that the development of this strategy in full is not complete and is committed to working with the other Regional Councils and the FTF Board to further define the community awareness and mobilization effort. The Central Phoenix Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need over time. Accordingly, the Central Phoenix Regional Council will set aside \$300,000 each year to implement this strategy.

It is important to note that while it is the intent for the Regional Council to collaborate as part of this strategy, the Central Phoenix Regional Council wishes to play a strong role in determining how communication efforts are developed and implemented in the region. It is not the intent of the

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Regional Council to rescind its role in determining how regionally-funded communications efforts are implemented regionally.

The Central Phoenix Regional Council also intends to ensure that efforts are made to make the community more aware of First Things First itself, including grant opportunities available through FTF. As a statewide communications plan is developed, the Central Phoenix Regional Council will ensure that communications efforts include community-based outreach efforts to raise visibility of FTF and the Central Phoenix Regional Partnership Council to various organizations. The Regional Council will monitor progress in the development and implementation of the coordinated communications plan, ensuring that such outreach efforts occur either through FTF or regionally funded approaches.

**Research Notes**

<sup>1</sup> FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

**Lead Goal:** 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

Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

**Target Population:** The strategy will target the region’s entire population. Upon completion of the development of this strategy, the 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.

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 SFYs 2010 – 2012**

TBD

<ul style="list-style-type: none"> <li>• 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 Regional Council, and St. Luke’s Health Initiatives, the Arizona Ecumenical Regional 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.</li> </ul>	
<ul style="list-style-type: none"> <li>• 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 Regional Council, and Children’s Action Alliance.</li> </ul>	
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>	
Allocation for proposed strategy	\$ 300,000
<p><b>Budget Justification:</b> Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The Regional Council will allocate \$300,000 for this strategy.</p>	

<p><b>Strategy 23:</b> Fund Needs and Assets report data and research for 2010 in collaboration with the other Maricopa County Regional Councils.</p> <p>The Central Phoenix Regional Council will collaborate with the seven other Maricopa County Regional Councils to fund needed research to conduct a comprehensive Needs and Assets Report for 2010. This collaboration will review the current data available for Maricopa county and assess those areas where data collection will enhance county information by zip code.</p>			
<p><b>LEAD GOAL #14:</b> FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>			
<p><b>KEY MEASURES:</b></p> <ul style="list-style-type: none"> <li>outcomes and promoting continuous improvement Total number and percentage of public and private partnerships using the database who report the information to be accurate</li> <li>Total number and percentage of public and private partnerships using the database who report the information to be helpful in determining</li> </ul>			
<p><b>Target Population</b> Maricopa County data bases</p>			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
	July 1, 2010 – June 30, 2011	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
<b>Performance Measures 2010-2012</b>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Research and data gathering will occur building on resources that are currently available such as Arizona State government data bases, hospital data bases, early childhood health and education agencies, as well as creating new partners to look at data in the regions for children 0-5.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Collaboration within the Regional Councils as well as with agencies and organizations that collect data around issues of early childhood health and education.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed</b>		\$16,759	

Central Phoenix Regional Partnership Council

REGIONAL COUNCIL 2010, Allocation: \$11,172,677

Strategy				
<b>Budget Justification:</b>				
Proposed Collaboration on Needs and Assets Funding				
Based on .15% Per Year	Per Year	Per Year Allocation	3 Year	3 Year Allocation
Central Maricopa	5,765,320.00	8,647.98	17,295,960.00	25,943.94
Northeast Maricopa	2,176,111.00	3,264.17	6,528,333.00	9,792.50
Northwest Maricopa	6,358,218.00	9,537.33	19,074,654.00	28,611.98
South Phoenix	10,835,072.00	16,252.61	32,505,216.00	48,757.82
Central Phoenix	\$11,172,677.00	16,759.00	33,518,031.00	50,277.00
North Phoenix	7,907,475.00	11,861.21	23,722,425.00	35,583.64
Southeast Maricopa	8,507,579.00	12,761.37	25,522,737.00	38,284.11
Southwest Maricopa	1,816,528.00	2,724.79	5,449,584.00	8,174.38
<b>Total Maricopa County</b>	<b>54,487,743.00</b>	<b>81,731.61</b>	<b>163,463,229.00</b>	<b>245,194.84</b>

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

<b>Revenue</b>	
Population Based Allocation SFY2010	\$11,172,677
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1 Quality First!	\$629,110
Strategy 2 T.E.A.C.H.	\$230,000
Strategy 3 Health Care Consultants	\$500,000
Strategy 4 WAGES	\$900,000
Strategy 5 Health Insurance Outreach and Enrollment	\$750,000
Strategy 6 Expand Health E Applications	\$250,000
Strategy 7 Expand access to low income children, 0-5, to vision and hearing screenings	\$500,000
Strategy 8 Information regarding early childhood development to physicians	\$500,000
Strategy 9 Expand recruitment and support of child care home providers	\$500,000
Strategy 10 Improve health care delivery to children in crisis	\$1,000,000
Strategy 11 Expand capacity of programs that target families in crisis	\$500,000
Strategy 12 Collaboration and outreach to increase access to food and nutrition programs	\$200,000
Strategy 13 Expand food box program (partner with APECH)	\$250,000
Strategy 14 Prenatal/PostNatal Outreach and Support	\$500,000
Strategy 15 Pilot/Study – Affordability and Access	\$100,000
Strategy 16 Home Visiting Programs	\$995,648
Strategy 17 Warm Line	\$300,000
Strategy 18 Early Language and Literacy Programs	\$500,000
Strategy 19 Expand access and inclusion of children with disabilities in typical early childhood education settings	\$1,000,000
Strategy 20 Increase the number of health and mental health specialists	\$200,000
Strategy 21 Injury Prevention Information Program	\$500,000
Strategy 22 Community Awareness and Mobilization Campaign	\$300,000
Strategy 23 Regional Needs & Assets	16,759
Strategy 24 Health Literacy	0

Central Phoenix Regional Partnership Council

REGIONAL COUNCIL 2010, Allocation: \$11,172,677

<b>Subtotal of Expenditures</b>	\$11,121,517
<b>Fund Balance (undistributed regional allocation in SFY2010)*</b>	51,160
<b>Grand Total (Add Subtotal and Fund Balance)</b>	\$11,172,677

\*Provide justification for fund balance:

The Region has seen population fluctuation in the past 3 years which make the stability of the population and poverty base Regional funding formula somewhat unpredictable for the next few years.

- **Building the Early Childhood System and Sustainability – Three Year Expenditure Plan:  
July 1, 2010 through June 30, 2012**

Revenue	FY 2010	FY 2011	FY 2012	Total
		(estimated)	(estimated)	
<b>Population Based Allocation</b>	\$11,172,677	10,000,000	\$9,000,000	\$30,121,440
<b>Fund Balance (carry forward from previous SFY)</b>	N/A	\$1,000,000	\$200,000	
<b>Expenditure Plan</b>				
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1	\$629,110	\$600,000	\$660,000	\$1,889,110
Strategy 2	\$750,000	\$500,000	\$500,000	\$1,750,000
Strategy 3	\$500,000	\$500,000	\$500,000	\$1,500,000
Strategy 4	\$230,000	\$93,000	\$93,000	\$416,000
Strategy 5	\$500,000	\$400,000	\$400,000	\$1,300,000
Strategy 6	\$1,000,000	\$100,000	\$100,000	\$1,200,000
Strategy 7	\$250,000	\$250,000	\$250,000	\$750,000
Strategy 8	\$995,648	\$800,000	\$800,000	\$2,595,648
Strategy 9	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 10	\$1,000,000	\$900,000	\$900,000	\$2,800,000
Strategy 11	\$500,000	\$400,000	\$400,000	\$1,300,000
Strategy 12	\$200,000	\$200,000	\$200,000	\$600,000
Strategy 13	\$500,000	\$500,000	\$500,000	\$1,500,000
Strategy 14	\$500,000	\$500,000	\$500,000	\$1,500,000
Strategy 15	\$300,000	\$300,000	\$300,000	\$900,000
Strategy 16	\$500,000	\$400,000	\$400,000	\$1,300,000
Strategy 17	\$500,000	\$500,000	\$500,000	\$1,500,000
Strategy 18	\$500,000	\$400,000	\$400,000	\$1,300,000
Strategy 19	\$900,000	\$900,000	\$900,000	\$2,700,000
Strategy 20	\$200,000	\$200,000	\$200,000	\$600,000
Strategy 21	\$250,000	\$200,000	\$100,000	\$550,000
Strategy 22	\$300,000	\$200,000	\$100,000	\$600,000
#23 Regional Needs & Assets	16,759	16,759	16,759	\$50,277
Strategy 24 Health Literacy	0	0	0	\$153,480
<b>Subtotal Expenditures</b>	\$11,172,677	\$8,959,682	\$8,819,682	\$28,900,804
<b>Fund Balance*</b> (undistributed regional allocation)	51,160			\$1,220,636
<b>Grand Total</b>	\$11,121,517	\$1,040,318	\$180,318	

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

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

- **Discretionary and Public/Private Funds**

Regional Partnership Council has not fully had the time to analyze discretionary needs for the region and will be addressing discretionary funding at a future date.

Three Central Phoenix Regional strategies have the potential for federal matching funds. These strategies include Health Insurance Outreach (#5), outreach for online health insurance application (#6) and Food Stamp enrollment outreach (#12).