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

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

The Central Maricopa Region of Chandler, Guadalupe, Tempe and Ahwatukee embody both dense, urban, ethnically-diverse neighborhoods and new and growing suburban communities. Demographic differences exist among the population centers, with pockets of high poverty (such as in North Tempe and Guadalupe) and more affluent sections of the region (such as portions of Chandler and Ahwatukee). The Region is an area of great diversity, with urban and suburban areas that differ from each other in many of the child and family indicators reflected in the Needs and Assets Report as well as identified by community key stakeholders. Large population centers are growing in numbers and complexity, with areas in Chandler expanding rapidly. The population of children 0-5 is growing as well, putting pressure on the health, education, and early care systems that serve young children and their families. Based on the 2007 American Community Survey, the Central Maricopa Region has a population of over 40,000 children less than five years of age – a 34% population growth in children of this age during the period 2000-2007.

A strong effort was made by the Central Maricopa Regional Partnership Council to gather information from key stakeholders in all the communities it represents in order to better understand each community's needs and assets. Overwhelmingly, the lack of **high quality child care** for all ages and most markedly for infants and toddlers was a universal need. This region has 246 child care centers, 79 of which are either operated by Head Start or school districts. These programs limit enrollment to income-eligible children 3-4 years of age and only offer part-day/part year programs.

High quality care is often associated with accreditation by a nationally recognized organization. While there are 249 child care centers in this region, only a total of 25 are accredited. Clearly, building the capacity of high quality early care and education programs will be a priority for funding. A multi-level approach will be necessary to meet the diverse needs and available capacity of each community. In some communities, support to obtain and maintain quality and/or accreditation may be the most appropriate approach. Another approach may be to provide opportunities to expand by adding high quality infant and toddler programs as well as developing ways to offset the cost of expensive care for this age group.

Closely tied to high quality child care is the need for highly qualified teachers and care givers. The teacher or care giver's level of education is one of the greatest indicators of quality. Much can be done to impact the level of quality, if teacher education levels can be increased. Pursuing post high school education is prohibitive for some child care workers whose wages average $9.00 an hour. Providing scholarships and financial support for early childhood educators to continue their formal education will be a good investment with a high return. As early childhood teachers achieve higher levels of education, there should be some level of compensation provided. By raising the level of compensation, retention rates should increase creating more stable learning environments for young children.

Health coverage is an important factor as to whether or not children receive the care that they need to grow up healthy. Lack of health coverage and other factors combine to limit children's access to health services. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services. For the Central Maricopa Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the region. Providing support to coordinate the services children need, whether it be enrollment in insurance, screenings for developmental delays or providing parent resources, is of great need in these communities. In many communities in the Central Maricopa region, young children are likely to have untreated tooth decay and are more likely to face urgent dental needs. The widespread problem with untreated tooth decay among young children ranges from 39 percent in Tempe to 49 percent in Guadalupe.

The Central Maricopa Region has many needs and First Things First funding will allow the Regional Council to begin supporting the development of the infrastructure and services to create better outcomes for children. With continued community input, stronger coordination between agencies, communities and government, rigorous accountability and clear long term strategic goals, collaborations and capacity will be built. This is just the beginning of a great work in progress. Based on the needs and assets of the region, the Central Maricopa Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Limited education of early care and education providers.
2. Limited access to early preventative medical and dental care for children birth-5 years.
3. Limited high quality early care and education settings.
4. Limited access to early care and education, especially infant and toddler programs.
5. Low levels of compensation for early care and education professionals.
6. Limited access to information and education about early childhood development and health.
7. Limited support for families to help prepare children to be healthy and ready to succeed in school.
8. Lack of coordination of services and resources available for young children and their families.

II. Prioritized Goals and Key Measures

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

Need: Well-educated early childhood development workforce

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

Need: Access to early preventative medical and dental care for children birth-5 years through a medical/dental home model.

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 receiving appropriate and timely oral health visits
- 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
- Total number and percentage of oral health care providers utilizing a dental home model

Need: Access to high quality early care and education

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

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 QIRS system.
- Total number and percentage of early care and education programs participating in QIRS system.

Need: Access to high quality early care and education infant toddler 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 the total population birth to age five.

Need: Retention of highly qualified early childhood development workforce

Goal # 9: FTF will increase retention of the early care and education 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.

Need: Lack of awareness of the general public of the importance of quality early childhood development and health

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 report that early childhood development and health issues are important
- 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

Need: Lack of Family Support Services to ensure children are healthy and well prepared to succeed in school

Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development

Key Measure:

- 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

Need: Lack of coordination of existing resources and services for young children and their families.

Goal # 13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
- 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)
- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems

Strategy Selection

The proposed strategies build on the foundational strategic planning of the Regional Partnership Council. These initial strategies will serve as initial stages of improving the services to families and children within our region. 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 Maricopa Regional Partnership Council will continue ongoing engagement with community 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 over the next two years, as we develop further understanding and a baseline of work. The Regional Partnership Council is very interested in collaborating with neighboring regional councils to best utilize resources to provide the very best services for the children and families in the region.

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

Identified Need	**Goal**	**Key Measures**	**Strategy**
Well-educated early childhood development workforce	Goal # 8: FTF will build a skilled and well prepared early childhood development workforce. Goal # 9: FTF will increase retention of the early care and education workforce.	- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. -Total number and percentage of professionals working in early care and education who are pursuing a credential, certificate, or degree. -Retention rates of early childhood and health professionals.	Increase the number of tuition based college coursework scholarships. Scholarships include: T.E.A.C.H. and Professional Career Pathways Project (PCPP) Service numbers: 400 scholars
Well-educated early childhood development workforce	Goal # 8: FTF will build a skilled and well prepared early childhood development workforce. Goal #: 9 FTF will increase the retention of the early care and education workforce.	-Total number and percentage of professionals working in early childhood care and education who ***are pursuing*** a credential, certificate, or degree. -Retention rates of early childhood development and health professionals.	Provide high quality/best practice professional development opportunities to improve the skills of those working with children 0 – 5 and their families. a. Emergent Leaders Project for Directors Service Numbers: 5 b. Coaching and Mentoring for child care providers Service Numbers: 45

			c. Professional Development training opportunities with specific outcomes. Service Numbers: TBD d. Child Development Associate (CDA) assessment scholarships Service Numbers: 75
Access to preventative dental care through a medical home model.	Goal # 5: FTF will build on current efforts to increase the number of health care providers utilizing a medical/dental home model.	-Total number and percentage of children receiving appropriate and timely oral health visits -Total number and percentage of children receiving appropriate and timely well-child visits -Total number and percentage of health care providers utilizing a medical home model -Total number and percentage of oral health care providers utilizing a dental home model	Increase children's access to preventative health care through a medical home model: a. Complete a community assessment to determine the existing barriers that prevent families from using a medical/dental home model. b. Based upon the above assessment, develop and implement a plan to improve access and coordinate services ensuring consistent and quality health and dental care for families of children 0 - 5. c. Developmental screening training for physicians and staff Service numbers: **a.** Central Maricopa Region **b.** TBD **c.** 100
Access to preventative medical/dental care through a medical home model.	Goal # 5: FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.	-Total number and percentage of children receiving appropriate and timely oral health visits - Total number and percentage of oral health care providers utilizing a dental home model	Increase children's access to preventative dental care through a dental home model. Oral health screenings, identify oral health needs, apply fluoride varnish and

			refer for follow-up treatment. Service numbers: 4000
Limited access to quality early care and education	Goal # 1: FTF will improve access to quality early care and education programs and settings. Goal #8: FTF will build a skilled and well prepared early childhood development workforce	-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.	Expand the number of early care and education centers/homes in Central Maricopa Region participating in Quality First! Service Numbers: 18 child care centers 4 family home and group home providers
Limited access to quality early care and education	Goal #1: FTF will improve access to quality early care and education programs and settings.	-Total number of identified improvements in regulatory and monitoring standards. - Number and percentage of early care and education programs with access to a Child Care Health Consultant	Purchase additional Child Care Health Consultation Professional. Service Number: 30 centers
Limited access to quality early care and education	Goal #3: FTF will increase the availability and affordability of early care and education settings.	-Total number of identified improvements in regulatory and monitoring standards. -Total number of infants and toddlers enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age three. -Current cost of early care and education for families as a proportion of the median income for a family of four.	Provide financial incentives to increase the number of and offset the cost of high quality infant/toddler programs for centers /homes: 1. Outreach and Consultation 2. Expansion/Accreditation support 3. Financial Incentives Service Numbers: Up to 21 centers
Retention of highly qualified early childhood development workforce	Goal # 9: FTF will increase retention of the early care and education workforce. Goal #8: FTF will build a skilled and well prepared early childhood development workforce.	-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.	Implement a wage compensation program tied to T.E.A.C.H. scholar's completion of early childhood education degree. Service number: Up to 60 scholars

		-Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.	
Limited knowledge and information about the importance of early childhood development and health	Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	-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 -Percentage of Arizonans who report that early childhood development and health issues are important	Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities -Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region. -Advocate for public policy change and increased resources on behalf of young children and their families. - Leverage private funding to provide materials in other languages. Service Numbers: 15-20% of population
Lack of family support services to ensure children are healthy and well prepared to succeed in school	Goal # 11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development	-Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health -Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being	Provide effective family support to parents of children 0-5 by coordinating and/or expanding parenting education programs, home visiting programs and providing follow up assistance to ensure families are accessing and using all resources necessary to support their child's safety, health and well-being.

Lack of coordination of existing resources and services for young children and their families.	Goal #13: FTF will lead cross-system coordination among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families	-Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children -Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system -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) -Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems	Collaborate on a regular basis with other Regional Councils in Maricopa County to enhance the coordination and communication of services, programs, and resources for young children and their families across Regions. Service Numbers: TBD

Strategy Worksheet

Strategy 1

Identifying ways to support the professional development of the early care and education workforce is one of the top priorities of the Maricopa Central Regional Partnership Council. The Regional 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. Education and training of teachers and administrators is strongly related to early childhood program quality and program quality predicts development outcomes for children[1].

Two components of this strategy include:

Purchase additional T.E.A.C.H. scholarships for center based and family childcare providers.
Fund Professional Career Pathways Project college scholarships. Scholarships would be for center and family child care providers not eligible for T.E.A.C.H.

T.E.A.C.H.
Programs enrolled in QUALITY FIRST! will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH 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% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field

for six months to a year, depending on the scholarship program that Arizona designs.

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

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

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

Professional Career Pathways Project:

Professional Career Pathways Project (PCPP) scholarships will be available to those who do not qualify for a T.E.A.C.H. scholarship and covers only early childhood coursework that prepares them to be eligible for a Child Development Associate credential. PCPP has been active in the state for over eleven years and has supported hundreds of practitioners to achieve their CDA, certificates of completion and two-year degrees. Providers who use this scholarship would be required to commit to remaining in the early childhood field for one year after receiving the scholarship.

The PCPP is a scholarship program offered at community colleges throughout Arizona for Early Childhood Education classes. Funding has been provided for the last eleven years through the Arizona Department of Economic Security, Child Care Administration. To be eligible, individuals must be employed or volunteer in center-based programs, family child care provider homes or family group homes. The program pays tuition and registration fees for specific courses in Early Childhood Education, including those leading to the Child Development Associate (CDA) credential, Community College Certificate of Completion and Associate of Applied Science degree in Early Childhood Education, or other related education goals. In 2007 26 students received scholarships to apply and receive their Child Development Associate (CDA) credential through the Professional Career Pathways Project.

Participants must work with an Early Childhood Education ECE advisor to identify a Pathway (Goal) and pursue the Early Care and Education (ECE) coursework that accomplishes that Pathway. In addition, participants must complete all courses paid for by the PCPP with a grade of "C" or better to be eligible for continued scholarships. All coursework must meet the requirements to obtain the CDA, certificate of completion or 2-yr. degree in early childhood.

The PCPP Offers:
√ Tuition for 1 to 6 credits per semester (Total of 12 credits per school year)
√ Textbook stipend of $10 per credit each semester
√ For Department of Economic Security (DES) certified Family Child Care and Department of Health Services

(DHS) licensed Family Group Home providers: the PCPP will pay the cost associated with either the— initial CDA *(Child Development Associate Credential* assessment fee paid ($325) or initial NAFCC (National Association of Family Child Care Accreditation) fee paid ($495)

In 2007 1057 students enrolled in 6210 credits statewide through Professional Careers Pathway Project (PCPP). In the Central Maricopa region 82 students attended Rio Salado and 183 students attended South Mountain Community college on PCPP scholarships.

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

Key Measures:

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

Target Population:

Providers and caregivers, directors who are identified as needing additional professional development in the form of college credit. All areas of the region would be eligible for participation. Scholarships would target scholars in regionally funded Quality First! centers/homes. Scholarships would additionally be available for those in centers and homes not participating in Quality First! Additionally, two scholarships would be available to scholars working with families and children who are part of the Pascua Yaqui nation. Professional Career Pathways Project scholarships would be available for students who may be working in unregulated lawful homes or may be students not working in a center, but wish to become early childhood teachers.

Proposed Service Numbers	**SFY2010 July 1, 2009 - June 30, 2010**	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
	T.E.A.C.H 350 PCPP 50	T.E.A.C.H 350 PCPP 50	T.E.A.C.H 350 PCPP 50

Performance Measures SFY 2010-2012

1. # of professionals working in early care and education pursuing a degree in early childhood/proposed service numbers.
2. # of professional pursuing a degree in early childhood/actual service #.
3. # of college credits held by professionals/proposed service numbers.
4. # of college credits held by professionals/actual service numbers.

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

  Community colleges in the region have been implementing the Professional Career Pathways Project (PCPP) with proven success serving the providers in the Central Maricopa region.

  Via the statewide initiative, T.E.A.C.H. scholarships will be provided for QIRS participants – additional scholarships will increase the service numbers.

  This strategy capitalizes on T.E.A.C.H. Early Childhood Arizona. T.E.A.C.H. is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and T.E.A.C.H. to improve the quality of early care and education in the Central Maricopa region.

- What are the opportunities for collaboration and alignment:

  Professional Career Pathways Project (PCPP) is a natural beginning for those who have not enrolled in college credit bearing courses before and is intended for providers who are interested in preparing to apply for the CDA credential.

  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.

  The Central Maricopa Council will also begin discussions with local community colleges serving the region to implement improvements in appropriate coursework, student support in instruction, provide a variety of delivery systems including cohorts, distance learning, and work site coursework.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 880,000.

Budget Justification:

The Central Maricopa Regional Partnership Council determined the funding per T.E.A.C.H. scholar to be approximately $2,200 per scholar per year. This was determined using the estimated cost per scholar of $1,600 provided by FTF policy staff. Additionally, a $500 bonus was added as well as 12 hours of release time @$8.00 per hour per scholar. Exact bonus and release time hours established by the administering agency are not available at the time of this funding plan, so these amounts may need to be adjusted to align with the T.E.A.C.H. model for Arizona once it is finalized.

Based upon the $2200 per student, 770,000(funding 350 students) would be appropriated for T.E.A.C.H. Central Arizona College and Department of Economic Security give rough estimates of $105 per credit hour (includes tuition and costs of administering the program). The cost to apply for the CDA credential is $350. The Central Maricopa Regional Partnership Council would also like to support a mentor to help the candidate compile the resource file and complete the formal observation; it is estimated to be about $1700 per student. It is estimated that it would take about 10 hours for the mentor to complete each formal observation, plus the costs to administer the program. For budgeting purposes an average of $2200 will be

used. There are 50 slots allotted to Professional Career Pathways = $110,000.

Strategy 2

Provide high quality/best practice professional development opportunities to improve the skills of those working with children 0 – 5 and their families.

Early care and education providers are often nontraditional students who benefit from a range of supports in professional development. The Regional Council understands the need to provide a variety of options to engage providers in professional development. In addition to college coursework, other types of professional development are helpful when used as an enticement to encourage an individual who has been away from formal schooling to return to the classroom. The Regional Council would also like to target owners and directors and encourage them to participate in professional development opportunities.

There are multiple levels to this strategy. It is the intent of the council to engage **ALL** providers, directors and owners at **ALL** levels of professional development.

1. Provide scholarships to the State Emergent Leader's project for Center Directors.
2. Provide coaching and mentoring to improve the skills and abilities of providers with priority given to lawfully unregulated providers.
3. Increase the availability of and participation in high quality professional development and training opportunities for those working with children ages 0 – 5.
4. Child Development Associate Assessment scholarships and support for caregivers who are ready to apply for the credential and who do not need additional coursework to apply.

The ***Emergent Leaders*** project has shown positive results in providing leadership opportunities and mentoring for directors. It is a leadership development program for early education managers, and directors who provide services to children birth through age 5, and their families, in early childhood programs throughout Arizona. Funded with a contribution from JPMorgan Chase to the Arizona Early Education Fund, its purpose is to improve the quality of early education and care services through building the leadership, management, and advocacy skills of early childhood professionals. The program is intensive, focused on professional development and leadership skills enhancement, and committed to the creation of a cadre of emergent leaders who would serve as role models, advocates and leaders in their communities and the early childhood education field.

Research indicates that a competent early childhood program director produces better outcomes in the critical areas acknowledged to affect the quality of a program. The director is responsible for a myriad of duties from managing the day-to-day activities of a center, supervising staff, and developing academic programs for the children. It is well documented that a wide variation in the professional development of the center director produces wide (positive and negative) variations in practical competence, program quality, and outcomes for children.

In the **Emergent Leaders** project, directors participate in a leadership survey that assists them in identifying their style of leadership; each participant is also trained on a nationally validated tool that identifies program quality – the Environmental Rating Scale. Directors use the data from the assessment to establish specific goals to improve the program administration and learning environments at their individual centers.
Once identified the following strategic steps will be addressed:

- Develop action plans to implement changes to address quality
- A mentor will assist with professional development skills through training, technical assistance, and peer support.

Program Objectives of the project include:

- Using current knowledge and experience of directors to intentionally build administrative competencies through workshops participation, networking with other directors, mentoring, and focused study; and
- Improve quality outcomes for children and families by improving professional development workplace outcomes for staff.

Intended outcomes include supporting early childhood program directors focused on building the leadership skills of their staff and improving their program's overall quality – thus creating a strong foundation for children to be exposed to school readiness curriculum and skills.

Evaluative data is collected from participants, mentors, and workshop facilitators using questionnaires and interviews to assess the effectiveness of the project. Project reports, providing anecdotal evidence from participants, and summarizing the experiences and outcomes of the project, is provided annually to Chase. In the most recent year's evaluation using the tool "Program Assessment Scale" (Talan & Bloom), 83% of participants increased their score from pre to post. PAS items increased in Child Assessment, Program Evaluation, Family Communications, Family Support and Involvement and Community Outreach.

Coaching and Mentoring:

Providers can also obtain support, knowledge and skills through **coaching and mentoring**. Mentoring provides a way for new providers to build their skills by working closely with more experienced colleagues. Some states have formal mentoring programs, but mentor and protégé relationships can also form naturally in early care and education settings.

Coaching in early childhood is defined as "a particular type of help giving practice within a capacity building model to support people in using existing abilities and developing new skills (Dunst & Trivette, 1996; Dunst, Trivette, & LaPointe, 1992; Rappaport, 1981; Trivette & Dunst, 1998)". As part of early childhood practices, coaching promotes self-reflection and refinement of current practices on the part of the person being coached. This results in competence and mastery of desired skills for the early childhood practitioner and both the children and families with whom the early childhood practitioner interacts (Doyle, 1999; Dunst, Herter, & Shields, 2000).

Through this strategy, **coaching and mentoring** would be delivered by a person trained in child development, has experience in the classroom and makes regularly scheduled visits to provide information, modeling, resources and ongoing training and consultation. Caregivers would be mentored in developing their skills in the classroom in areas such as literacy, social emotional development, environments and language development. Participants must be registered with S*CCEEDS to ensure movement along the career lattice.

The **coaching/mentoring** would have clearly defined objectives to ensure successful outcomes for the caregiver and thus the children in their care. This proven strategy will give practitioners another avenue to obtain high quality professional development when participation in college coursework is not likely at first. It can be used as a stepping stone to more formal education and as an incentive to become regulated or licensed and to eventually participate in Quality First and T.E.A.C.H.

Coaching and mentoring is meant to support grantees in moving toward quality early care and education. It will encourage currently operating programs and homes to participate in ***Quality First!*** in the second or third year of the grant cycle. This will provide Early Care and Education settings with the supports needed for continuous quality improvement.

The Central Maricopa Regional Partnership Council recognizes the need to support a variety of approaches to increase professional development and training in the region. This strategy is focused on populations not currently served by T.E.A.C.H. Arizona and ***Quality First!*** In order to address the diversity of providers in the region, stakeholders will be invited to submit specific approaches to implement this strategy. Preference will be given to research-based approaches.

Community Based Trainings:
Early Care and Education providers are often nontraditional in their approach to professional development. The Arizona Department of Health Services Office of Child Care licensure requires practitioners to obtain ongoing training or continuing education to remain qualified for a position and remain in compliance with regulatory standards. These requirements typically set a specific number of clock hours annually. In addition to the above strategies it is the desire of the Regional Council to use community based trainings as an enticement to encourage individuals who have been away from formal schooling to return to the classroom.

While **community based training** has not been well evaluated, it does provide another logical stepping stone to more formal and credit bearing professional development. Participants will be encouraged and supported to eventually continue their education through college credit coursework and/or participation in T.E.A.C.H and ***Quality First!***

Participants in these **community based trainings** must be registered with the state's career registry, S*CEEDS and provide evidence that they are receiving training in the at least one of the six competency goal areas of the Child Development Associate credential (CDA): establishing a safe, healthy learning environment,; advancing physical and intellectual competence; supporting social and emotional development and positive guidance; establishing positive productive relationships with families; ensuring a well run purposeful program responsive to participant needs and maintaining a commitment to professionalism.

All professional development trainings will be required to show successful outcomes, either through an assessment process or a follow-up visit by a mentor or coach to determine if professional practice has been changed based upon what was learned in the training.

The Central Maricopa Regional Partnership Council invites innovative and creative ways to provide high quality professional development in the region. The broad nature of this strategy allows stakeholders to collaborate in a variety of innovative and creative ways to increase access to **community based professional development training** in the region.

CDA Assessment Scholarships:
A fourth part of this strategy would be to increase the number of child care providers applying for a **Child Development Associate (CDA) credential**. The Regional Council realizes that there are many providers who have already completed the necessary coursework and/or workshops in order to apply for the **Child Development Associate (CDA) credential**. For many providers this is a requirement of their employer in order to continue employment and an important benchmark to attain before proceeding with additional college coursework. The assessment fee ($350.) is a significant amount of money that many child care providers cannot afford. It is the desire of the Regional Council to provide scholarships in order to obtain the credential for participants who are not in the T.E.A.C.H. program and are ready to be assessed. The Regional Council also realizes that as TEACH and ***Quality First!*** become more stable, the need for this type of scholarship will decrease since the cost can/will be included in the benefits of participating in those projects.

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

Key Measures:

1. Total number and percentage of professionals working in early childhood care and education who ***are pursuing*** a credential, certificate, or degree.
2. Retention rates of early childhood development and health professionals.

Target Population:

- **Emergent Leaders**: Directors
- **Coaching and Community Based Trainings**: Providers, caregivers, directors and owners needing additional professional development in order to improve their skills in working with children ages 0 – 5 and their families (and not participating in ***Quality First!*** or T.E.A.C.H.)
- The **CDA assessment scholarship** will target participants who have completed coursework/workshops to meet the competency goal areas of the CDA, not participants in T.E.A.C.H and who cannot afford to pay for the assessment fees.

	SFY2010 July 1, 2009 – June 30, 2010	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
Proposed Service Numbers	Emergent Leaders: 5 Coaching Mentoring: 45 centers/home providers Community Based Trainings: TBD CDA Assessment Scholarships: 75	Emergent Leaders: 5 Coaching Mentoring: 45 centers/home providers Community Based Trainings: TBD CDA Assessment Scholarships: 75	Emergent Leaders: 5 Coaching Mentoring: 45 centers/home providers Community Based Trainings: TBD CDA Assessment Scholarships: 75

Performance Measures SFY 2010-2012

1. Increase in early childhood knowledge and practice two months after completion of professional development training/strategic target.
2. # of professionals successfully completing professional development trainings/proposed service #
3. % of early care and education professionals at an assistant teacher level retained for 2 years/proposed service #
4. % of early care and education professionals at a lead teacher level retained for 2 years/proposed service #
5. % of early care and education professionals at a director level retained for 2 years/proposed service #
6. % of professionals participating in professional development with an increase on an assessment of knowledge or skills test/strategic target
7. % of early care and education professionals applying and obtaining their Child Development Associate (CDA)credential/proposed service #.

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

  The Emergent Leaders project, specifically designed for directors, has a successful track record with research to prove changed behaviors of directors.

  There is a variety of professional development opportunities already available such as those provided by Association for Supportive Child Care, Family Service Agency and the Easter Seals Blake Foundation.

  Professionally trained coaches and mentors provide teachers and directors with support for learning. Professional development that occurs inside and outside of the classroom is a proven strategy that already is happening in many settings – the Regional Council's goal is to strengthen and increase the availability of it.

  Many providers have the coursework/workshop hours necessary to apply for their CDA, but need funding for the assessment fee and support in completing the application. The Professional Career Pathways Project scholarship program offers scholarships to a limited number of family child care providers. The proposed funding will include scholarships for center-based as well as increase the number of scholarships available to family child care providers.

- What are the opportunities for collaboration and alignment:

  Many opportunities to collaborate with agencies already providing professional development. Community-based training opportunities are offered statewide to all types of child care providers and include on-site technical assistance.

  Contracts between the Department of Economic Security and community based training agencies provide a range of training. Many of these include competencies that prepare providers for the Child Development Associate credential.

  For many, this would be a starting point of professional development and with encouragement and success; providers would then proceed to enroll in college coursework to continue their educational pathways.

  Many opportunities to collaborate with community colleges that are providing the coursework to

prepare for the CDA.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$ 520,000.

Budget Justification: Describe how the allocation for the strategy was determined including characteristics unique to the region. (Note: Councils may want to consider evaluation and community outreach and awareness expenses. If these are included provide a breakdown of amounts in this section.)

Emergent Leaders Project costs are approximately $4500. per participant. Funding would cover 5 directors for a total 22,500.

Coaching and mentoring: $267,500 Costs are dependent upon the professional level of staffing, the time designated to be spent with the provider as well as travel costs. For budgeting purposes, each coach/mentor would provide services to at least 15 centers spending time in each center on a monthly basis. Estimated approximate costs for this service would be $70,000 per staff person including salaries, ERE, travel, materials and supplies. An additional 22% has been added for other costs such as rent, program supervision and program evaluation.

Community based trainings: $200,000 Using this funding level, stakeholders will be invited to submit specific costs and service numbers to implement this strategy.

CDA Assessment scholarships for 75 providers: $30,000.

Strategy 3

Increase children's access to preventive health care through a medical home model

According to the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, & American Osteopathic Association (2007), the key elements of the medical home are: a physician who has an ongoing relationship with patients and arranges care with other qualified professionals; the implementation of evidence-based medicine, quality improvement measures, information technology, and patient participation in care decisions; improved access to care that includes open scheduling, expanded hours, and new options for communication with patients; and a payment system that recognizes the medical expertise, administrative requirements, and time demands of providing a personal medical home.

The Central Maricopa Regional Partnership Council lacks a comprehensive understanding of the status of families using a medical/dental home in the region. The number of families using a medical/dental home is not well understood, nor is there an understanding of the barriers preventing families from doing so. Piecing together health services and supports for any family is daunting, it is especially challenging for the families and service providers that serve children who are facing complex or crisis situations, including children with special health needs, children in families experiencing domestic violence, and families who are homeless.

A: A comprehensive study will document and analyze available information to identify use and barriers to this service. Additionally, a survey will be developed and administered to families to determine the key determinants and/or barriers in choosing medical/dental care. Medical and dental care providers will be surveyed to evaluate current services and identify barriers to providing quality care. This study will be used to educate the Central Maricopa Regional Partnership Council as they work to identify the most effective strategies to improve the use of a medical/dental home model.
The Central Maricopa Regional Partnership Council will hire a consultant to work with the Regional Council and the key stakeholders of the community to design and complete the study. Strategies to remove the barriers and increase the use of the medical/dental home model will inform the Regional Partnership Council, enabling them to develop a plan to achieve this goal.

The strategy will be to create a proposed model and implementation plan within six months, based on recommendations by a subcommittee named by the Regional Council. At the end of six months, a three –year 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.
Specific approaches to implement this strategy may include, but are not limited to:

- Outreach to enroll children and families in affordable insurance
- Service coordination and case management to provide parent resources (including services such as AHCCS, Kids Care, coordination of home visitation, medical/dental services, etc.)
- Follow-up services with enrolled families to ensure consistent and quality health and dental care.
- Raise public awareness of the importance of routine preventive healthcare.

Applicants funded through this strategy will be required to demonstrate:

- Evidence that the proposed approach will increase the number of routine health services for children birth to five, including prenatal care, well-child checks, oral health visits, and/or mental health services through a medical/dental home model.
- How the proposed approach will be sustainable
- How to coordinate services and include a communication plan

With the development of further strategies based upon the completed study, the implementation and coordination of multiple supports for parents will build on their abilities to nurture the physical, emotional and intellectual development of their children. The Needs and Assets report for the region shows there is a real need for use of medical/dental home model in the region. The research from both the medical/dental home model is promising. While the strategies to reach this goal have not been decided, it is the Central Maricopa Regional Partnership Council's desire to dedicate a large proportion of its funding toward this strategy.

B: Developmental Screening Training:

Provide increased training of quality developmental screenings to pediatricians, primary care physicians and staff.

Children's good health begins prenatally and continues with access to ongoing, high-quality preventive, primary and comprehensive health services. Well-child medical and dental care is fundamental to the system of ensuring children are healthy and ready for success. A key indicator of high-quality and comprehensive health care includes developmental and health screenings for the early identification of children who may need additional supports to reach their optimal growth and development. Consequently, a key finding in a report by Sices (2007) indicated that most pediatricians and primary care physicians rely on "…informal developmental milestones and their clinical impressions" to monitor for appropriate child development. Data suggest that a full year passes between the time a parent first forwards a concern and eventual assessment and treatment (Sices, 2007). Both the American Academy of Pediatrics as well as recommendations from a report by the Commonwealth Fund indicate that increasing the use of a standardized and structured developmental screening would improve early detection of developmental concerns.

The Central Maricopa Regional Partnership Council will expand the availability of training to pediatricians, primary care physicians and staff in order to better prepare them to implement quality developmental screenings.

Initially, the Regional Council desires to coordinate their efforts with other regions to host a conference or training in this area. According to the health providers on the Central Maricopa Regional, there is a need to improve the education of the health care staff in the area of developmental screenings. Health care physicians are required to receive 40 hours of CME (Continuing Medical Education) to retain their Arizona Medical Board Certification. This is an opportunity to develop communication and networking among regional health care physicians through an annual medical conference focused on early childhood health and development. In addition, this strategy will enhance specialized skills of the health workforce to promote the healthy development of young children through developmental screenings. One of the best ways to reach health care professionals is during initial and ongoing education and

training. Other health care staff as well as physicians will be invited.

Strategy Components

- Plan and develop an annual early childhood development and health medical conference in collaboration with other interested regions. (possibly Pinal and Phoenix regions)
- Implement an annual early childhood development and health medical conference
- Conference evaluation
- Convene a regional health advisory committee for planning of upcoming conferences

Clearly, more research is needed to add to our knowledge base about the effectiveness of this strategy. Therefore, we are recommending that the grantee conduct a health care provider survey for the collection of data, processing, and/or outcome report.
Using this mechanism to train physicians and their staff to do quality developmental screenings will ensure that children using a medical home have access to prevention services and screenings in a timely manner.

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

Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

1. Total number and percentage of children with health insurance
2. Total number and percentage of children receiving appropriate and timely well-child visits
3. Total number and percentage of health care providers utilizing a medical home model
4. Ratio of children referred and found eligible for early intervention

Target Population:

A: Targeting families with children birth to 5 years of age. The program will focus on reaching families before or shortly after birth to insure that the child has a comprehensive support system to maximize the use of a medical home, thus insuring positive outcomes for the child.

B: Target population will include physicians and staff who currently do not use a medical home model

	SFY2010 July 1, 2009 – June 30, 2010	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
Proposed Service Numbers	**A:** TBD based upon study **B:** Developmental Screening Training 100 Physicians/Staff	**A:** TBD based upon study **B:** Developmental Screening Training 100 Physicians/Staff	**A:** TBD based upon study **B:** Developmental Screening Training 100 Physicians/Staff

Performance Measures SFY 2010-2012

1. **% of medical health care professionals that use a medical home model/Strategic target.**
2. **# of children with health insurance/proposed service #.**
3. **# of children with health insurance under 150% - 200% poverty level/proposed service #.**

- How is this strategy building on the service network that currently exists:
  The Regional Partnership Council intends to increase the number of families and physicians using a medical/dental home model. In order to do so, the Regional Partnership Council will study the current environment and assess the community to determine the barriers and develop strategies that will best support the families and ensure consistent and quality health and dental care.

- What are the opportunities for collaboration and alignment:
  There are opportunities to coordinate with resources already in place and build partnerships with clinics, community resources and programs to guide families and physicians to use a medical home model. Networking and collaboration of grantees and existing resources is essential. Possible collaboration with other regions (Pinal, Central Phoenix) to host a conference devoted to developmental screening training is planned.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	A: a. Study/Plan $100,000. b. Strategies yet to be determined $1,050,000. B: Developmental Screening Training $30,000. **Total: $1,180,000.**

Budget Justification:
A: Community Assessment/Strategies to be determined: $1,120,000. $100,000 would be dedicated to the assessment and implementation plan. An in-depth study and evaluation will include surveying parents, physicians, clinics and other agencies that provide medical/dental services. Protocols for data collection will be reviewed by the FTF Evaluation division and Regional Council.

Depending on the results and recommendations of the study, the Regional Council will then decide on specific strategies to recommend to the FTF board to meet the needs of the community and release RFGAs later in the funding cycle.

B: Developmental Screening Training: $30,000. The Regional Council will participate with other participating Regional Councils (Pinal: $15,000, Phoenix – TBD)) to host a conference or training devoted to developmental screening training

- Plan and develop an annual early childhood development and health medical conference in collaboration with other interested regions. (possibly Pinal and Phoenix regions)
- Implementation of an annual early childhood development and health medical conference
- Conference evaluation
- Regional health advisory committee for planning of upcoming conferences

Strategy 4

Increase children's access to preventive dental care through a dental home model

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

According to the Central Maricopa Needs and Assets report, untreated tooth decay among 6 to 8 year olds ranges from 39% in Tempe to 49% in Guadalupe; although there currently is no data available for children under six. An Arizona Department of Health, 1999 - 2003 Arizona School Dental Survey showed considerable disparity in oral health across population and income variables.

This strategy would provide oral health screening by a trained oral health provider to identify oral health needs, apply fluoride varnish and refer for follow-up treatment as indicated. Local dental health providers who use a dental home model would serve as contact points for referrals, follow-up and treatment as well as centers and family child care homes. The use of a hygienist affiliated with the dental home could provide the fluoride varnish and screening. This strategy would provide outreach and training to dentists toward seeing young children in order to increase the pool of dentists willing to see children starting at age 1 and outreach to pediatricians and general practitioners on guiding parents to have oral screenings for their children beginning at one year.

Agencies awarded funding would work with regulated and licensed child care settings in the Central Maricopa region to provide oral screenings and fluoride varnish to enrolled children under the age of five years. They would also provide oral health education for parents of enrolled children and child care staff, including implementing tooth brushing programs in the child care settings. Additionally, grantees would utilize outreach materials and the North Carolina Baby Oral Health kit to educate dentists in the need to serve children beginning at age one year and provide them with age appropriate strategies for screening very young children. A financial incentive to see children beginning at the age of one year would be offered to dental offices which expand their services to include this age group.

Outreach materials would include radio media and outreach to medical providers on the importance of early oral health screenings.

Edelstein B., Douglass C. *Dispelling the Cavity Free Myth*. Healthy Reports 1995.
Arizona Department of Health Services. *The Oral Health of Arizona's Children*. Phoenix, November 2005.
Burt BA, Eklund SA. Dentistry, *Dental Practice and the Community*. Saunders, Philadelphia, 1999.
http://azdhs.gov/ooh/pdf/OOH-AZSchoolChildrenReport-pagebypage.pdf.
United Way of Tucson and Southern Arizona, Weyerhauser Oral Health Program. 2007

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

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits.
2. Total number and percentage of oral health care providers utilizing a dental home model.

Target Population:

Children birth to 5 years of age who have not been screened for oral health or who have been identified as having untreated tooth decay.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	4000	4000	4000

Performance Measures SFY 2010-2012

1. **# of children getting dental visit by age 1/proposed service #**
2. **# of children getting dental visit before age 1/actual service #**
3. **% of oral health care providers that use preventive guidelines/strategic target.**
4. **% of oral health care professionals that use dental home model/strategic target.**

- How is this strategy building on the service network that currently exists:
  Coordination with local dental health providers is essential. This strategy proposes using existing points of contacts such as childcare centers, dental offices and clinics to increase children's access to oral health services. Outreach will be done to existing dental and health clinics and offices to educate health providers about the importance of early screening and fluoride treatment. Families will receive educational information through their child care provider.

- What are the opportunities for collaboration and alignment:
  This strategy will link with existing providers that serve as a point of contact for families with young children in their communities and utilize these providers to support dental education and expand services to children beginning at one year of age by providing them with training specific to examining infants and toddlers for oral health needs. The program would begin by making contact with all Department of Health Services and Department of Economic Security regulated homes and centers in the Central Maricopa region, enlisting them as participants, and working with the child care staff and families of enrolled children to provide oral health information to support prevention and early intervention for oral health needs. This would support a comprehensive approach to this high-need area for service.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy: 10% of total number of children in region 0 -5 yrs of age.	$ 200,000.

Budget Justification:

Activity	Service #	Unit cost	Total cost	Description
Oral screening, fluoride varnish 2X per yr., toothbrush, referrals as needed	4000	$30	$120,000.	4000 children in 246 child care centers, 34 homes. Estimate includes screening and fluoride varnish supplies, staff time, tooth brushing supplies, protocol training.
Parent and staff education on oral health	280 centers	$132	$38,016	Education program to increase parent and center staff awareness about the importance of early childhood oral health and their role. Pre and post test child care staff. Education provided to 280 early ed. sites. Estimated amount is to pay someone to provide the training.
Outreach materials	280 centers	$3,000	$3,000	The Arizona Department of Health Services Office of Oral Health developed brochures for parents and a postcard that was mailed to dental offices to make them aware of the visit by age 1 yr.
Staff time - dental ambassador 80 hrs x $100 per hr	80	$100	$8,000	Dental hygienist to encourage dental offices to see infants & toddlers.
North Carolina's Baby Oral Health kits @ $100 ea. X 30 off	30	$100	$3,000	The NC Baby oral health kits are developed modules (w CEUs) to train dentists to see infants & toddlers. Portions of this kit could be used to train Pediatricians too. Pediatricians could be invited to establish connections between the dental offices and the medical providers.
Incentives to dental offices to see children @age 1 yr	20	$500	$10,000	To encourage dental offices to see young children. $500 per office x 20 offices
Subtotal			$182,016	
Admin costs, travel, evaluation, other misc.			$17,984	

TOTAL			$200,000.	

Strategy 5

Expand the number of early care and education centers/homes in Central Maricopa Region participating in Quality First!

With 40% of Central Maricopa region's youngest children enrolled in child care settings, the quality of programs is undeniably important. The region has 246 licensed child care centers (79 being public-school funded) and 34 small group homes. According to the Needs and Assets report for the region, there are only 25 accredited centers in the region. Based upon key informant interviews and expertise within the Regional Partnership Council, access to high quality childcare was identified as a high priority need. This strategy would improve the quality of existing programs and in subsequent years would also insure the quality of new FTF funded childcare settings.

Research conducted in 5 states with long-term quality improvement and rating systems, e.g. CO, NC, PA, TN and OK, show significant improvement in the quality of programs/settings participating in quality improvement and rating systems. Research also shows that low income children receive a higher level of benefit (i.e. school performance and other at-risk factors) from quality early care and education programs than children with higher income levels.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!,* Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% 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 [2,] and poor quality settings may harm children or may be a barrier to optimal development. Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

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

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina [3], Pennsylvania, Tennessee and Oklahoma [4], show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning

environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.[4] A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation[5] 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 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: FTF will improve access to quality early care and education programs and settings
Goal: FTF will increase the availability and affordability of early care and education settings.

Key Measures:

1. Total number and percentage of early care and education programs participating in the QIRS system
2. Total number of children enrolled in early care and education programs participating in the QIRS system.
3. Total number and percentages of early care and education programs participating in QIRS system improving their environmental rating score.

Target Population:

18 childcare centers within the Central Maricopa region.
4 family home or small group home providers within the region.
Priority will be given to areas within the region where availability of childcare is low (Example: Guadalupe)

Proposed Service Numbers	**SFY2010 July 1, 2009 - June 30, 2010**	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
	18 Centers 4 homes	19 Centers 5 homes	19 Centers 5 homes

Performance Measures SFY 2010-2012

1. **# of children served at target quality level/proposed service #.**
2. **# of children in centers in the targeted areas of the region served through Quality First!/Actual service #**
3. **# of centers and homes served/proposed service #**
4. **# if quality early care and education programs increasing score/proposed service #**

- How is this strategy building on the service network that currently exists:
  FTF will fund 18 centers and 4 homes through the ***Quality First!*** statewide grant. The Central Maricopa Regional Council will add to the 18 centers and 4 homes from the state allotment by increasing the number by another 18 and 4 for a total of 36 centers and 8 homes participating in the region.

- What are the opportunities for collaboration and alignment:
  This will allow for alignment with the statewide initiative in addition to helping expand the number of centers participating. It is desired that the components of Quality First will encourage collaborations between agencies offering the supports and centers/homes in the region. Both Southeast Maricopa and Northeast Maricopa regions will be participating in the project as well, providing opportunities for cross-regional collaboration.

  The Regional Council will monitor the participation and progress of all of the centers and homes enrolled in Quality First! Additionally, the Regional 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 Regional 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

Population-based Allocation for proposed strategy	$ 678,000.

Budget Justification:

The Regional Council is using an average cost of $30,000 for centers and $22,000 for homes for the purpose of budgeting. Actual costs will vary depending on the size of the centers. The total of 36 centers (18 from state allotment and 18 from Regional Council) for year one to be included in the project is approximately 25% of the licensed centers within the region. Average time in the project is estimated at three years. Over the 3 year period, an additional 1 center and one family/group home will be added. Year one includes $50,000 for outreach and awareness expenses.

Strategy 6

Purchase an additional Child Care Health Consultation Professional

Based on data from the regional strategic planning process, children in the Central Maricopa region have many health-related needs. Chief among these is the need for comprehensive information and support to address root behaviors that cause a variety of health problems among young children. According to research conducted by FTF, there are numerous outcomes studies and publications that validate the impact of child care health consultation on early care and education programs. The Central Maricopa Regional Council recommends this strategy because of its comprehensive nature in addressing numerous aspects of children's health, safety, and development.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support to early care and education providers. The Central Maricopa Regional Council will build on this statewide strategy by allocating funds for an additional Child Care Health Consultant to serve early care and education settings within the region. This additional consultant will serve providers that are not participating in ***Quality First!*** to ensure that as many children, families, and providers receive these critical services as possible.

Because of the widespread problem of childhood obesity, the Central Maricopa Regional Partnership Council is particularly interested in ensuring that early care and education providers receive guidance around nutrition issues. This topic will be an area of emphasis for the consultant working with providers in the region. In addition, the Central Maricopa Regional Partnership Council expects that the consultant will be a medical professional who has the appropriate qualifications to carry out the diverse tasks of the position.

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

Key Measures:

1. Total number of identified improvements in regulatory and monitoring standards.
2. Number and percentage of early care and education programs with access to a Child Care Health Consultant

Target Population:

Child care settings: FTF estimates that the average caseload for a Child Care Health Consultant is 30 settings. The Central Maricopa RPC is allocating funds to support one consultant in the region. This consultant will serve providers that are not participating in *Quality First!*.

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

Performance Measures SFY 2010-2012

1. **Increase # of providers with access to a Child Care Health Consultant/proposed service#**

2. # of centers improving or attaining implementation goals related to health and safety in early care and education/actual service #

- How is this strategy building on the service network that currently exists:
  This strategy will build and complement the statewide Child Care Health Consultant working with ***Quality First!*** Enrolled centers. The additional consultant will serve centers and family child care homes that are not currently enrolled in the ***Quality First!*** program.

- What are the opportunities for collaboration and alignment:
  Collaboration with ***Quality First!*** Statewide initiative that provides a Child Care Health Consultant for participating centers. It will utilize the infrastructure of this program and align with the activities involved.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 100,000

Budget Justification:

The allocation for Child Care Health Consultation allows for 10 consultants statewide. Many providers within the region will not have access to these services. In order to serve additional providers, $100,000 has been allocated to support one more additional consultant. Caseload of this person will average 30 centers/homes.

Strategy 7

Provide financial incentives to increase the number of and offset the cost of high quality infant/toddler programs for centers /homes.

The Central Maricopa region has identified the need to increase the availability and access to high quality infant/toddler providers through data obtained in the Needs and Assets report for the region. , The availability of care for infants and toddlers is scarce. Due to the high cost of running such programs, many centers are unable to provide infant/toddler programming. The report further indicates that costs for infant care are generally higher than that for toddlers and preschoolers, which is consistent with state and national norms.

Funding in the form of scholarships will be provided to programs to offset the cost of providing high quality care for infant and toddler programs, therefore relieving the burden of unaffordable costs to the parent. Additional identification of private funding, philanthropy and local businesses provides opportunities to collaborate and coordinate services. The Maricopa Central Regional Council will consider providing financial support to programs who are accredited, Early Headstart or school district administered or those who receive a 3-star rating from ***Quality First!*** in year three. Planning and expansion grants will be provided to centers to expand from current services to include infant and toddler care.

This strategy includes the following components:

a. Funding to work with the Regional Council and key stakeholders of the community to research and fully understand the cost of infant and toddler early care and education, the implications for families in choosing high quality care for their infants and toddlers and develop a plan of implementation. There are opportunities to collaborate with other regions that may be doing a similar study. Desired results of the research will include the following: the current costs of care in a variety of settings; existing funding streams for providing child care and differences in costs of care for families at varying income levels; and models of supporting the affordability of care from other states and regions. National research will provide the direction including, but not limited to, the following:
    - *Developing America's Potential: An Agenda for Affordable, High-Quality Child Care*; Center for Law and Social Policy, 2007
    - Policies That improve Access to High-quality Child care and Early Education for Immigrant Families; Center for Law and Social Policy, 2008
    - Cost and Affordability of Child Care, a Community Approach; the ABC Fictional Foundation Research Trust, 2007.

b. Outreach materials and visits within the early childhood community to recruit centers to participate in infant/toddler expansion.

c. Expansion grants to develop high quality infant toddler programs within existing quality programs. Targeted expansion will include increasing the number of enrollments, where increased services are needed and expanding the ages served in a current program. One-time costs to expand services may include construction costs and supplies (for capital costs, matching funding must be present), staffing and materials.

d. Financial support to pursue or maintain accreditation. Programs which are nationally accredited, Head Start, School District Early Education programs or are rated at a 3 – 5 star level (year 3) all would have high quality standards in place. Ongoing costs to maintain that accreditation or incurred costs to pursue accreditation will be supported with this funding.

e. Financial incentives: Based upon the results of the above study, a determination of how financial assistance can best be used to attract families to high quality care will be piloted. For the proposed sites, scholarships/vouchers will be provided to families to help pay for quality care. All of the scholarships/vouchers will be administered by the same contracted administrative entity to new families agreeing to attend quality child care in the region. The study will look at which policies are most effective in attracting families to and retaining children in quality care. The proposed pilot will run for three years.

Lead Goal: FTF will increase the availability and affordability of early care and education settings

Key Measures:

1. Total number of identified improvements in regulatory and monitoring standards.
2. Total number of infants and toddlers enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age three.
3. Current cost of early care and education for families as a proportion of the median income for a family of four.

Target Population:

Centers and family childcare providers in high need areas that provide high quality care and are interested in adding infant/toddler high quality care.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	Up to 21 centers	Up to 21 centers	Up to 21 centers

Performance Measures SFY 2010-2012

1. **Rates (cost) of infant/toddler early care and education programs/strategic target.**
2. **% of parents who report improved affordability of infant and toddler care/strategic target.**
3. **# of new centers providing care for infants and toddlers/proposed service #**
4. **# of new family child care providers providing care for infants and toddlers/proposed service #**

- How is this strategy building on the service network that currently exists:
  Many childcare centers offer services for older preschool children already – this strategy helps to add affordable infant/toddler slots. Support will be provided to expand programs to include affordable infant and toddler slots.

- What are the opportunities for collaboration and alignment:
  Collaborate with existing high quality programs or those participating in the Quality First! project.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 772,000.

Budget Justification:

a. 52,000: Proposed study of infant/toddler care in region. A six month study will look at factors affecting families' choices for high quality infant and toddler care. It is important to understand whether financial barriers are the reason why families are or are not choosing to enroll their young children in high quality care, and if differences in parental choices exist based on income, ethnicity, or regional characteristics. If financial barriers are a factor affecting access to quality, it is critical to understand how care can best be made more affordable to families and how financial assistance can best be directed.

b. 50,000: Outreach Materials and time to recruit centers and parents to participate.

c. 315,000: Expansion/Accreditation grants. If capital costs are incurred, matching funding must be provided by the provider. Average cost of each grant will be approximately 15,000. These grants will require that the recipient show high quality services, and a systematic assessment of program effectiveness that supports the individual child's learning and development, as well as the programs' continuous improvement.

d. 55,000. Accreditation support to pursue or maintain accreditation.

e. 300,000. Financial Incentives: Significant consideration will be given to ongoing costs of participation – tuition and/or childcare fees. Ongoing enrollment costs may be $5000 to 13,000 per child per year depending upon service provided.

Strategy 8

Implement a wage compensation program tied to T.E.A.C.H. scholar's completion of early childhood education degree.

The high turnover of the early childhood workforce directly impacts the quality of care for children. In order to improve the retention of early childhood professionals it will be important to enhance compensation to staff as an incentive to further the education and stay in the field. The salary incentive program will provide education-based salary supplements to low paid teachers, directors and family childcare providers working with children between the ages of 0 – 5. This is designed to provide children with more stable relationships with better educated teachers by rewarding teacher education and continuity of care. Central Maricopa Regional Council will use the model FTF Board approved as the compensation enhancement program for the region.

According to the recent Wage and Compensation survey, the median hourly wage for child care teachers is only $9.75 – below poverty level wages for a family of four. Fewer than three out of ten employers require child care teachers to have any college education. (27% in 2007 compared to 39% in 1997). More than four out of ten child care teachers have no degree or certificate beyond a high school diploma. More than one out of four teachers has been on the job for one year or less, threatening the consistency that young children need.

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. Consistency of care in early education settings allows children to bond with their teachers and feel safe, thereby creating an environment conducive to learning. Wage enhancement programs incentivize teachers, staff and family child care home providers to stay in the field and at their place of employment over time. Wage enhancement programs also incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

There is a definite correlation between an early childhood education professional's time spent in a job and his/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% of Head Start teachers were employed for four years or longer; 92 % of Head Start teachers are required to have some college education.

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

Key Measures:

1. Retention rates of early childhood development and health professionals.

Target Population:

- This strategy will target scholars who are participating in T.E.A.C.H. upon completion of educational steps based upon estimating 80% of scholars completing education goals.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	100	100	100

Performance Measures SFY 2010-2012

1. % of early care and education professionals at an assistant teacher level retained for 2 years/proposed service #
2. % of early care and education professionals at a lead teacher level retained for 2 years/proposed service #
3. % of early care and education professionals at a director level retained for 2 years/proposed service #

- How is this strategy building on the service network that currently exists:
  This strategy directly ties into T.E.A.C.H. and ***Quality First!*** and builds on both.

  A cornerstone of a wage enhancement project is that higher education levels lead to increased stipend amounts. This incentive leads to increased coursework and degrees in early childhood fields. Ultimately higher education leads to better qualified teachers and directors and therefore higher quality early education for all children. All this is accomplished without raising the cost for parents or centers.

- 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 Partnership Councils.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 200,000.

Budget Justification:

The Central Maricopa Council determined that the average compensation for scholars completing their education degree would be $2,000. Depending on the model the FTF Board approves as a statewide strategy for incentive compensations, the specific amounts of compensation will then be decided. 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 FY2010, funds would be carried forward to implement the plan regionally. Specific amounts designated for a salary incentive program are $200,000.

Strategy 9

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.

Specifically the Regional Council will focus on the following:

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

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

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

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

The Regional Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Councils and FTF Board to further define the community awareness and mobilization effort. The Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need overtime and will set aside $325,000 each year.

[1]Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation's Future* (pp.226-235). First Focus.
[2] FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

The Regional Council's goal is to reach the community through print, TV, and radio news stories. Letters to the editor, video news releases and public service announcements will be considered as well. The Regional Council may fund the cost materials and media spots developed at the state level. The costs of such are yet to be determined.

The state communications team will provide:

- Professional support (media relations, strategic messaging and communication and graphic design).
- Collateral library files – templates for localized materials and custom projects.
- Strategic messaging (speeches, presentations)
- Training (media relations, presentations, effective communications, strategy for communication campaigns)

The Regional Partnership Council will work collaboratively with the communications team and other Regional Partnership Councils on press releases, story ideas for reporters, interviewing tips and training. In addition to the above activities, others will be considered, such as: Donor, membership letters, fund raising events targeted at the business community, newsletters (electronic and print), brochures, and advertising.

The first six months will be spent developing a marketing/communications plan. The Regional Partnership Council will work closely with the state communications team and possibly hire a marketing/communications consultant or grad student to develop the plan and implementation techniques.

Additional efforts will be made to leverage funding from private donors and businesses to produce materials in other languages and make this available to non-English speaking residents of the region.

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

Key Measures:

1. Percentage of Arizonans who report that early childhood development and health issues are important
2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters

Target Population:

General population with specific targets to families with children 0 -5

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	15 – 20 % of population in region	20 – 40% of population in region	40+ of population in region

Performance Measures SFY 2010-2012

8. **#/% of families showing reporting increased knowledge of child development and health issues.**
9. **% of people who know what FTF is/strategic target**
10. **# of presentations made by external constituents about early care/strategic target**
11. **Media analysis on the tone and frequency of coverage on early care/strategic target**
12. **# of collaborative communication projects with other regions completed/strategic target.**

- How is this strategy building on the service network that currently exists:
  The statewide communications plan has specific goals that can be enhanced with additional funding regionally. Materials and information can be disseminated through existing agencies, child care centers, schools and clinics.

  Other agencies, Valley of the Sun United Way, New Directions, and Mesa United Way all provide awareness campaigns for early childhood education and health – collaborations will be encouraged.

- What are the opportunities for collaboration and alignment:
  A collaborative effort with other regions to strategically roll out the campaign will be developed. Regions have already begun discussions in developing partnerships and investigating ways to pool resources.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 325,000.

Budget Justification:

Costs have yet to be determined, therefore, the following budget amounts are estimates and could change based upon the direction and implementation of the state FTF Communications Plan.

- Print Materials: 100,000.
- Advertising /TV/Radio: 150,000.
- Outreach and advocacy activities to business community: 50,000.
- Marketing Plan/Implementation Plan: 25,000.

Additional efforts will be made to leverage funding from private donors and businesses to produce materials in other languages and make this available to non-English speaking residents of the region.

Strategy 10

Provide effective family support to parents of children 0-5 by coordinating and/or expanding parenting education programs, home visiting programs and providing follow up assistance to ensure families are accessing and using all resources necessary to support their child's safety, health and well-being.

The Central Maricopa Regional Partnership Council will work to ensure that every family has the information and support they need to be effective parents. The Regional Partnership Council recognizes that for many families receipt of the *Arizona Parents Kit* will fulfill their need for parenting information. Other families, however, will need more information and greater support. Many parents are not well informed about child development and what they must do to support their child's healthy development. Ideally, family support will be provided in a variety of formats to meet the needs of families throughout the region.

Through this strategy, the Central Maricopa Regional Partnership Council will:

a. Conduct a comprehensive assessment and develop an implementation plan
b. expand availability of parenting education to those areas and individuals, who have limited access
c. expand home visiting programs that provide families with information and support before and after their child's birth
d. increase the service coordination of home visiting programs, public insurance enrollment and parenting education.

<u>Expand parenting education programs:</u>

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Protective factors, which benefit both parents and children, that occur as a result of effective parenting education include nurturing and attachment, knowledge of parenting and of child development, parental resilience, social connections and support for parents.[1] Research suggests improving fundamental parenting practices will reduce the likelihood of problem behaviors in children. It has been shown that parent-child relationships can be enhanced through parent training and family strengthening programs.[2]

The Central Maricopa Regional Partnership Council recognizes the need for family support / parenting education to be available in the community at a variety of venues. Parents should be able to access educational information in their community on a variety of child development topics. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons. This strategy will support delivery of additional parenting education curriculum to strengthen parenting skills. While research supporting utilization of a parenting education program is important, it should be noted than many programs that lack a formal evidence base may still produce desired outcomes and improvements for participants.[3]

[1] Parent Education: Issue Brief. Child Welfare Information Gateway. www.childwelfare.gov/pubs/issue_briefs/parented/.
[2] Evidence-Based Parenting Education Programs: Literature Search, September 2005. Prepared by: Elizabeth Meeker, Psy.D. and Jody Levison-Johnson, LCSW, Coordinated Care Services, Inc.
[3] Ibid.

Collaboration among organizations serving families, such as schools, faith-based organizations, early care and education facilities, and even businesses where parents are employed, will be encouraged.

Implement home visiting programs:

Home visitation is a service delivery strategy that is essential to better support our region's youngest children. Five of the leading national home visitation programs (Healthy Families America, HIPPY, Nurse-Family Partnership, Parents as Teachers and the Parent-Child Home Program), in their shared vision statement assert that communities are best served by a range of quality home visitation program options and that families nationwide need access to early childhood home visitation services.

A home visiting professional is a person trained in child development who makes regular, scheduled visits to homes 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 home visitor will work with families to identify and coordinate the services that they need and the social services 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.

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. The primary focus of home visiting services is clearly to promote effective parenting, but, home visitors may also encourage families to enroll in health insurance, receive prenatal care and seek medical care from a consistent medical home model. The home visitor works with families to help them obtain necessary life skills that will result in their self-sufficiency, while modeling good parenting skills, and providing education about child development and health.

It is expected that home visiting services funded under this strategy will offer a comprehensive program to the families they serve. Specifically, each family should receive information and support in each of the focus areas below:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Health (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)
- Child/Family literacy

Outreach and Enrollment Assistance Activities:

There are a number of barriers that keep parents from enrolling their eligible children in public health insurance and accessing the services available to them. These include: lack of knowledge about available health insurance programs and eligibility requirements, lack of understanding of the importance of obtaining health insurance, and transportation and language barriers. This strategy proposes to increase the number of children with health insurance by providing information to potentially eligible families. Outreach pamphlets will be distributed to public places frequented by

women with children. Enrollment assistance will be provided to potentially eligible families.

Children who do not have health insurance typically do not receive routine preventative care and postpone treatment when they are ill. Delayed treatment can result in routine conditions becoming more serious and therefore, more expensive to treat. It has been demonstrated that intensive outreach efforts and application assistance can increase the number of eligible children enrolled in public health insurance programs.

Of utmost importance in this strategy is the coordination of services through a comprehensive assessment and implementation plan. Funding will be used to assess existing home visitation, outreach and parenting programs. Results from the assessment will enable the development of a program design using strategies that implement multiple follow-up mechanisms as well as a more intensive home visitation program for children at greatest risk. Parents would receive support through linkages to community resources, parenting education (literacy, behavior support, etc), and other necessary supports to ensure that their child/ren are ready to succeed in school. With the coordination of multiple supports this comprehensive approach will support parents and build on their abilities to nurture the physical, emotional and intellectual development of their children.

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

Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

1. Total number and percentage of children with health insurance
2. 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
3. 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:

Targeting families with children birth to 5 years of age. The program will focus on reaching families before or shortly after birth to insure that the child has a comprehensive support system to maximize positive outcomes for the child.

	SFY2010 July 1, 2009 - June 30, 2010	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
Proposed Service Numbers	a) TBD b) 450 - 700 c) 200 d) 100	**a.** TBD **b.** 450 - 700 c. 200 d. 100	**a.** TBD **b.** 450 - 700 c. 200 d. 100

Performance Measures SFY 2010-2012

1. **Percentage of families with children birth through age three who report they are satisfied with accessibility of information and resources on child development and health.**
2. **# of children with health insurance/proposed service #.**
3. **# of children with health insurance under 150% - 200% poverty level/proposed service #.**
4. **# and % of families receiving home visiting services/proposed service #**
5. **% of families that reported satisfaction with provided service coordination/strategic target**
6. **% of families reporting increases in parenting knowledge and skill after using the parent kit/strategic target.**

- How is this strategy building on the service network that currently exists:
  Current programs include AHCCCS, Kids Care and various community clinics. The Healthy Steps program provides home visitation for babies coming from the Neonatal Intensive Care Unit of a regional hospital. The Central Maricopa Regional Council lacks a coordinated effort allowing children and families to access the various resources in the area. Parents are often unaware of the array resources available to them and often do not get the care and support needed.

- What are the opportunities for collaboration and alignment:
  Service coordination will help families to better utilize the networks already in place. There are opportunities to coordinate with resources already in place and build partnerships with clinics, community resources and programs to guide families to use a medical home model. Networking and collaboration of grantees and existing resources is essential.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	**Total: 720,000.**

Budget Justification:

$20,000: The **assessment** of existing home visitation programs and implementation plan. Funding will be used to study existing home visitation programs and develop an implementation plan to provide a comprehensive home visitation program.

700,000: Home Visitation Services: Mid range estimates for home visitation is approximately $3500. per family. This includes parenting education, outreach, coordination of services and home visitation. Some families can be served with less intensive services such as an initial home visit to parents of newborns and the development of follow-up plans to support the family to obtain the services needed. Parent Education, Home visitation, and Outreach and Enrollment activities for 200 families X 3500. = 700,000.

Total: $720,000.

Strategy 11

Collaborate on a regular basis with other Regional Councils in Maricopa County to enhance the coordination and communication of services, programs, and resources for young children and their families across Regions.

While there is strong recognition of the many programs and service providers who have come together in their efforts to serve young children, a need exists for even greater coordination and collaboration among public and private agencies. Several key informant interviews conducted among the Maricopa Regions in 2008 revealed that service providers felt that the lack of services in the region and the lack of coordination of services are preventing the development of a support system for children and families that is so desperately needed. In addition, the surveys revealed that the Maricopa Region as a whole lacks a well-identified point of entry or coordination of services that can support parents in obtaining the information and services they need to ensure children have the greatest chance of success in school.

To correct this in the Maricopa Regions, the Central, Northwest, and Southwest regions have banned together to fund a strategy to address cross regional coordination. With this strategy, the regions will work together to: develop a mechanism for service coordination, secure funding to support First Things First goals, share knowledge and expertise, problem solve issues that cross regional boundaries, collect

data, share resources, and establish a seamless system of delivery with strong continuity across providers. Coordination efforts will assure that duplication of service provision is avoided, that communities can build on and enhance currently existing, high-quality services, that both public and private dollars are effectively leveraged for the highest return on the state's early childhood investment, and assist in data collection for ongoing and timely continuous improvements to the system structures and services.

There are six components to this strategy:

- Development of a mechanism for service coordination.
- Development of data collection and information sharing.
- Development of resources to be shared across regions.
- Enhance collaboration by creating planning opportunities for all Maricopa Regional Partnership Councils to align goals and work together on issues that cross regional boundaries.
- Dedicate specific funding to seek out, identify, and apply for grants that support the First Things First goals.
- Provide advocacy education and training to service providers and community members.

Lead Goal:

Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Key Measures:

a. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
b. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
c. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems

Target Population:

Regional Council Members throughout Maricopa County, service providers, policy makers, local business, faith based community, nonprofit community, philanthropic organizations, local governments, community based organizations, schools, service organizations, and families.

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

Performance Measures SFY 2010-2012

1. Development of a mechanism for service coordination.
2. Number of MOUs with public and private organizations/strategic target.
3. Amount of grant and donation dollars obtained for achievement of Regional strategies/ strategic target.
4. Number of families represented at Regional Partnership Council meetings/strategic target.
5. Number of partners satisfied with quality of coordination/strategic target.

- **How is this strategy building on the service network that currently exists:**
  Efforts at the state level will strengthen the ability of Regional Partnership Councils to achieve their goals and build a statewide comprehensive system of cross-coordination. Agencies that are currently providing services will be asked to participate in information and resource sharing.

- **What are the opportunities for collaboration and alignment:**
  Regional Partnership Councils will collaborate and work together with service providers, key community leaders, and families to develop a mechanism for seamless service delivery and coordination within Maricopa County.
  Regional Partnership Councils will collaborate to problem solve and find solutions for Countywide issues that could not feasibly be addressed at the local level.
  Regional Partnership Council Members will work together to share expertise.

Councils will collaborate to secure additional funding to support First Things First Goals.	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based allocation for proposed strategy	**Central Maricopa: $75,000**

Budget Justification:
Coordination = 1- 3% of funding allocation per region

Central Maricopa: $75,000
NW Maricopa: $189,864
(Total for 3 regions: $319,864)

Potential costs to implement this strategy include: development of mechanism for service coordination, training, educational materials, information sharing, data collection, staffing, (i.e. consultants, grant writers, etc.), meeting costs, communication/outreach costs, etc. The Regional Councils will begin by convening interested parties, including families who currently have children 0 – 5 years of age to help plan strategies to coordinate services, explore grant possibilities and improve the coordination of services.
Central Maricopa Regional Council is interested in the coordination of services in **ALL** regions and will invite all surrounding Regional Councils to actively participate in the activities and planning regardless of designated funding in their respective plans. In the spirit of collaboration, information and possible resources can be shared throughout the regions and families and children can be served no matter in which region they reside.

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

Revenue	
Population Based Allocation SFY2010	$5,739,368
Expenditure Plan for SFY2010 Allocation	
Strategy 1 Tuition-based college scholarships	$880,000
Strategy 2 High Quality Professional	$520,000
Strategy 3 Access to Medical Home	$1,180,000
Strategy 4 Access to Dental Home	$200,000
Strategy 5 Expand Quality First Centers	$678,000
Strategy 6 Child Care Health Consultation	$100,000
Strategy 7 Financial Incentives to increase access to high quality infant/toddler programs	$772,000
Strategy 8 Wage Incentive Program	$200,000
Strategy 9 Community Awareness Campaign	$325,000
Strategy 10 Family Support Programs	$720,000
Strategy 11 Coordination of services with other regions	$75,000
Regional Needs and Assets and Evaluation	$80,000
Subtotal of Expenditures	$5,730,000
Fund Balance (undistributed regional allocation in SFY2010)*	$9,368
Grand Total (Add Subtotal and Fund Balance)	$5,739,368

*A fund balance will be maintained to be used in subsequent years to fund increased service numbers for Strategy 7

IV. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012. Strategy 7.

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	$5,739,368	$5,739,368	$5,739,368	$17,218,104
Fund Balance (carry forward from previous SFY)	N/A	$9,368	$40,736	
Expenditure Plan	**FY 2010**	**FY 2011**	**FY 2012**	**Total**
Strategy 1 Tuition-based college scholarships	$880,000	$880,000	$880,000	$2,640,000
Strategy 2 High Quality Professional Development	$520,000	$520,000	$520,000	$1,560,000
Strategy 3 Access to Medical	$1,180,000	$1,180,000	$1,180,000	$3,540,000
Strategy 4 Access to Dental Home	$200,000	$200,000	$200,000	$600,000
Strategy 5 Expand Quality First	$678,000	$678,000	$678,000	$2,034,000
Strategy 6 Child Care Health Consultation	$100,000	$100,000	$100,000	$300,000
Strategy 7 Financial Incentives to increase access to high quality infant/toddler programs	$772,000	$750,000	$800,000	$2,322,000
Strategy 8 Wage Incentive	$200,000	$200,000	$200,000	$600,000
Strategy 9 Community Awareness Campaign	$325,000	$325,000	$325,000	$975,000
Strategy 10 Family Support Programs	$720,000	$720,000	$720,000	$2,160,000
Strategy 11 Coordination of Services with other regions	$75,000	$75,000	$75,000	$225,000
Regional Needs & Assets	$80,000	$80,000	$80,000	$240,000
Subtotal Expenditures	$5,730,000	$5,708,000	$5,758,000	$17,196,000
Fund Balance* (undistributed regional allocation)	$9,368	$40,736	$22,104	
Grand Total	$5,739,368	$5,748,736	$5,780,104	

*Budget Justification: A fund balance has been intentionally built into the budget to provide funding in subsequent years. The service level for strategy 7 is increased in FY12, as capacity to implement the strategies and deliver the required services is developed regionally. The Central Maricopa Regional Partnership Council will need to be strategic in FY12 regarding sustainability of all the strategies in FY13 and seek discretionary funding opportunities to support sustaining goals and implement new ones.

V. Discretionary and Public/Private Funds

Strategies 9, Community Awareness and 11, Coordination of Services are funded at minimum levels at this time. As the regional partnership gathers information about the needs of the region and builds capacity to serve the young children and their families within each community additional funding may be sought. The RPC anticipates the need to seek additional public and/or private dollars to support sustainability of strategy implementation in FY13 and beyond.