

**COLORADO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL  
FUNDING PLAN**

**July 1, 2009 – June 30, 2012**

**OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION**

**I. Regional Needs and Assets**

The First Things First Colorado River Indian Tribes (CRIT) Regional Partnership Council Region is responsible for a region that encompasses a unique planning area. The region is home to four distinct Tribes which include the Mohave, Chemehuevi, Hopi and Navajo. These four tribes, while existing within one reservation, are respectfully unique from each other in regards to their traditional language and cultural practices. In addition, the region has a very diverse population which includes a large Hispanic and Caucasian population, and a rural farming community which is a culture within itself. The Town of Parker is situated in La Paz County on a combination of Tribal land, leased land that is owned by the Tribe, and land owned by non-Native Americans. Within the Parker Valley the small rural community of Poston is located 14 miles south of Parker with a population stretching an additional 45 miles south to the end of the reservation.

According to the 2000 US Census, the overall population of the CRIT region was 8,921. The population for children ages birth through age five was 666. The majority of children lived in households with two parents, with the number of female led households at 22 percent and male led households at 8 percent. The median household income was \$27,354, compared to the state at \$40,558. Families living at or below the Federal Poverty Guidelines represented 17 percent of households in the region. The unemployment rate was 6.3 percent in 2007 compared to 7.6 percent in 2000.

The community is served by the Parker Unified School District (PUSD) which includes Blake, Wallace and LePera Elementary Schools. LePera Elementary is positioned approximately 20 miles south within the Parker Valley, serving students in kindergarten through eighth grade. Elementary school principals report that students were routinely retained in kindergarten due to cognitive and development delays. Furthermore, parents report that the majority of these students were not previously enrolled in any early childhood education programs.

There are limited choices and availability of early education and child care resources within the region especially for children birth –to age three. Families within the region rely heavily on unlicensed relative care. Blake School offers a fee-based, part-time, at-risk preschool for twenty-five preschool aged children. There is one accredited early care center for sixty-five children age 2 years and older and one licensed child care program serving seventy-five children, birth to twelve years. Both of these programs are fee based programs. The region also has a federally regulated Tribal Head Start Program, serving three and four year old children. This part-time program serves 183 children with an average waiting list of approximately 15 to 20 children each academic year. It can be clearly defined here that at least 40 – 45% of the region’s children lack early care and education opportunities.

Many families, especially those with children with special needs, have limited access to early childhood development and health services. Children enrolled within the school district and Head Start Program receive early developmental and health screenings. These services are less accessible during the summer months when programs are not in session. Families of children with special needs or those facing severe health risks rely heavily on these systems and may face disruption of services during the summer months.

Furthermore, the Regional Partnership Council voiced a concern regarding the accessibility of services provided by therapy specialists serving children with special needs in the region. The Parker Unified School District has one specialized staff responsible for an average of twenty-five at risk preschool children enrolled at Blake Primary School. This individual also provides services to the region’s Head Start Program which during the 2006 – 2007 program year, had 38 children identified with special needs. Taking these numbers into consideration, it can be determined that the average caseload for this individual is at least forty-five to fifty students per week. A contracted therapist from Lake Havasu City, located 45 miles outside the region, provides two half hour sessions of speech and occupational therapy per week for six additional children (outside of Blake Primary and Head Start). The diagnosed disabilities of these children include emotional/behavioral disorders, speech and language impairment, autism and mental retardation. While this caseload may be interpreted as an average caseload, it must be noted that these children fall between the ages of three to five years and represent approximately eight percent of the region’s birth to five population.

There is limited data available regarding special needs services for children ages birth to three in the region. The Arizona Early Intervention Program (AzEIP) serves the region's families of children birth to three years with special needs. In 2006-2007, seventy-one percent of referred infants and toddlers within La Paz and Mohave Counties received an evaluation and assessment and had an Individualized Family Service Plan (IFSP) in place within forty-five days of referral.

Family literacy and education are the cornerstones of a family's well-being. By age four, children who live in families who have low literacy skills hear 32 million fewer words than children living in families with enhanced literacy skills<sup>1</sup>. The region's family literacy programs are limited and lack accessibility for many families. The region's libraries and Indian Health Service (IHS) offer family literacy materials and activities to the community. However, this is available directly within IHS's waiting rooms and the libraries service sites, serving only the population who visit the programs during program hours and scheduled appointments. The library's bookmobile provides outreach efforts, however the rural geographical layout of the region creates limited opportunity of scheduled times to reach the entire population. The Parker Unified School District and Head Start program promote family literacy during regular school hours and during parent nights. Literacy materials are provided to families, but a well rounded family literacy curriculum is not promoted beyond the school facilities. Language barriers and literacy materials lacking the promotion of traditional language the families speak within the homes also obstruct increased levels of literacy.

Regional Partnership Council members shared concerns from the community regarding parents' awareness of the importance of early screening and intervention services. The Regional Council is concerned that not enough public awareness and education has been provided to the community's families on the importance of special needs services and early diagnosis of developmental delays. The community consists of culturally diverse populations and traditions which believe family's issues are personal and are not brought to the public eye. Children with special needs within these traditional home environments may not be provided the opportunity to receive the supports they may need due to upholding traditional practices or in some cases the parent taking blame for their child's diagnosis and refusing to bring attention to the situation. Public awareness is needed to secure parents' attitude in allowing trusting relationships to be created between the community's resource programs and the family. Parent education is needed to demonstrate the benefits of local support programs.

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<sup>1</sup> Hart, B., Risley, T. R. (1995) Meaningful Difference in the Everyday Experience of Young American Children. Baltimore, Brooks,

Regional data show that thirty-three percent of the region's early childhood teachers hold a Masters degree and fifty-eight percent have a Bachelors degree. Seventy-five percent of teacher assistants within the region do not possess a degree. Only twenty-five percent have an Associate's degree and thirteen percent have completed a CDA credential. This does not include the region's Head Start Program staff, where five out of ten teachers (fifty percent) hold both an Associate's degree and CDA Credential. Additionally, four out of eleven (thirty-six percent) teacher assistants have an Associate's degree. Three of these assistants also hold a CDA credential and seven out of eleven assistants have no degrees.

In the summer of 2007, the CRIT Regional Partnership Council and community participants in the First Things First CRIT community forum, identified priority areas of interest to support children's early development and health. This included parent training on early childhood development, parenting skills, access to quality child care, increased services for special needs children, community awareness and professional development in early childhood education, male involvement, spiritual foundation and cultural preservation.

The First Things First Colorado River Indian Tribes Regional Partnership Council, together with its community partners, will work to create a system that builds and sustains a coordinated, culturally appropriate and supportive network of early childhood programs and health services for the young children of the region.

Based upon its needs and assets, the Colorado River Indian Tribes Regional Partnership Council has prioritized the following goal areas to address in the next three year period:

1. Availability and affordability of early care and education
2. Quality of early care and education
3. Increase availability of skilled workforce to address needs of children with special needs
4. Increase availability of skilled early childhood workforce working directly with children
5. Language and early literacy promotion
6. Prenatal and early childhood development and health services
7. Knowledge and information about the importance of early screening and intervention
8. Public awareness and service coordination

## II. Prioritized Goals and Key Measures

The Colorado River Indian Tribes Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

### **NEED: Availability and affordability of early care and education**

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

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

#### **KEY MEASURES:**

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

### **NEED: Increase availability of skilled workforce to address need of children with special needs**

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

#### **KEY MEASURES:**

- Total number and percentage of professionals who work with young children, outside of early care and education settings, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area.
- Retention rates of early childhood development and health professionals.

### **NEED: Increase availability of skilled early childhood workforce working directly with children**

**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

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

#### **KEY MEASURES:**

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

**NEED: Language and early literacy promotion**

**GOAL # 12:** FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

**KEY MEASURES:**

- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available to children).
- Percentage of families with children birth through age five who report reading daily to their children in their primary language.

**NEED: Prenatal and early childhood development and health services.**

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

**KEY MEASURES:**

- Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well-being

**NEED: Knowledge and information about the importance of early screenings and identification**

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

**KEY MEASURES:**

- Percentage of families with children ages 0-5 who report they are satisfied with the accessibility of information and resources on child development and health.

**NEED: Public awareness and service coordination**

**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.

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

**KEY MEASURES:**

- Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices.
- Percentage of Arizonans who report that early childhood development and health issues are important

**III. Strategy Selection**

The initial strategies in this plan will serve as the beginning of the Regional Council’s work to improve services for children and families in the region. The Regional Council will continue to develop their strategic plan, engaging community stakeholders and partners to assess the implementation of the strategies and their ability to achieve their goals and key measures.

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

Identified Need	Goal	Key Measures	Strategy/Service Numbers
Availability and affordability of early care and education	Goal #3: FTF will increase availability and affordability of early care and education settings  Goal #1: FTF will improve access to quality early care and education programs and settings.	Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	Coordinate with existing programs to expand families’ access to early care and education programs and by assisting new and existing programs in establishing high quality.  Service Numbers: 30
Increase availability of skilled workforce to address needs of children with special needs.	Goal #7: FTF will advocate for timely and adequate services for children identified through early screening.	Total number and percentage of professionals, who work with young children outside of early care and education settings, who are pursuing a credential, certificate, or degree in early childhood development or other	Increase the number of therapists supporting children birth to age five identified with special needs and in need of therapy services, by providing financial incentives and support research study on current state of services.

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		appropriate specialty area.  Retention rates of early childhood development and health professionals.	Service Numbers: 25
Increase availability of skilled early childhood workforce working directly with children	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.  Goal 10: FTF will enhance specialized skills of early childhood development and health workforce to promote health social emotional development.	Total number and percentage of professionals working in early childhood development settings with a credential, certificate or degree in early childhood development.  Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.	Expand access to TEACH Early Childhood Arizona by funding additional TEACH Early Childhood Arizona scholarships beyond those provided through participating in QUALITY FIRST!  Service Numbers: 7
Language and early literacy promotion	Goal # 12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.	Percentage of families of children birth through age five who report they maintain language and literacy rich home environments.  Percentage of families with children birth through age five who report reading to their children daily in their primary language.	Expand existing early language and literacy programs by incorporating an adult and family literacy component.  Service Numbers: 25 families
Prenatal and early childhood development and health services	Goal # 4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health and well-being  Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health	Support families' access to information programs and services that promote healthy weight, nutrition, and physical activity.  Service number: 25 families

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<p>Knowledge and information about the importance of early screening and intervention</p>	<p>Goal #4: FTF will collaborate with existing Arizona early childhood health systems to improve children’s access to quality health care.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.</p>	<p>Support families’ access to health screenings through public awareness of existing community resources.  Service Numbers: 30% of target population</p>
<p>Service Coordination</p>	<p>Goal # 13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and their families.</p>	<p>Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices.</p>	<p>Support the collaborative relationships between stakeholders through local coordination and communication efforts focused on early childhood development and health and public awareness of First Things First  Service Numbers: 25% of target population</p>
<p>Public awareness of early childhood development and health</p>	<p>Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona</p>	<p>Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters</p>	<p>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  Service Numbers: TBD</p>

## Strategy Worksheet

**Strategy 1:** Coordinate with existing programs to expand families' access to early care and education programs by expanding or establishing new quality early care and education programs within the region for children ages birth through five.

The lack of child care is a great need in the region. Most specifically, there is a critical shortage for infant and toddler care. This three part strategy is intended to support the creation and expansion of child care throughout the region by carrying out the following:

1. Increase the number of children, particularly infants and toddlers, in early care and education programs by providing a scholarship to families who are 200% or below the Federal Poverty Level thus making care affordable to families. Tuition scholarships will be available to close the gap between the DES subsidy payment and the cost for care.
2. Expand the number of regulated family child care homes
3. Provide facility improvement grants to expand early care and education programs. The Regional Council is seeking discretionary funding for this component of the strategy and understands a 50% match is required for all capital projects.

The Regional Council is seeking to partner with the current early care and education programs by supporting child care settings to expand services to provide care where it does not currently exist and decrease waiting lists. Specifically, a scholarship will be provided to families below 200% of the Federal Poverty Level and a full tuition scholarship will be provided to families below 100% of poverty. The early care and education programs will use all federal and state funding streams first. Priority will be given to those early care and education programs that expand programming for infants and toddlers and provide full day/full year programming.

Recognizing that family child care home providers are often the choice of care for families with infants and toddlers, the Regional Council will also focus on expanding the number family child care home providers who are regulated.

The Regional Council also recognizes that there is a need for building infrastructure and therefore

requesting discretionary funding to provide facility improvement grants available for expanding or modifying existing facilities in order to expand current capacity of programs, and expand enrollment for age groups currently not served.

In order to ensure this strategy expands access to QUALITY care, efforts to increase access and affordability to early care and education will be focused on regulated centers and child care homes that are licensed, certified or operating within the bounds of the law. Additionally, applicants will be required to either be accredited through an Arizona recognized national accreditation system or participate in QUALITY FIRST! or commit to enrolling in QUALITY FIRST! within one year of receiving FTF funding. In addition, early care and education programs receiving FTF funding will be required to demonstrate the inclusion of early language and literacy development in their programming.

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

**Key Measures:**

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

**Target Population:** Families with children ages 0 to 5 below 200% of the Federal Poverty Level with greatest emphasis on providing services for infants and toddlers.

	<b>SFY2010</b>	<b>SFY2011</b>	<b>SFY2012</b>
<b>Proposed Service Numbers</b>	<b>July 1, 2009 -June 30, 2010</b>	<b>July 1, 2010 – June 30, 2011</b>	<b>July 1, 2011 - June 30, 2012</b>
	20 children ages 0-5  10 Infants and Toddlers		

**Performance Measures SFY 2010-2012**

- Number of new child care homes serving children 0-5 years
- Number of additional slots created by existing Early Child Care programs to serve infant and toddlers

<ul style="list-style-type: none"> <li>• <b>Number of additional slots created by existing programs to serve children ages 3-5</b></li> <li>• <b>Total number of children served birth to five</b></li> </ul>	
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists:                      This strategy will support the existing child care provider network by allowing them to increase quality without passing the costs on to families.</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment:                      All programs funded for this strategy will be required to participate in QUALITY FIRST! in the second or third year of operation. QUALITY FIRST! will provide a framework for alignment of standards of quality.</li> </ul>	
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	
Population-based Allocation for proposed strategy	\$89,364
<p><b>Budget Justification:</b></p> <p>Infant care is estimated to be about \$6,000 per child. The Regional Council is looking to increase the number of infants and toddlers in care by 10 and estimates providing a full tuition scholarship for 6 families. <math>6 \times \\$6,000 = \\$36,000</math></p> <p>An additional \$45,864 will be made available to centers and homes through a competitive RFGA process to develop and implement a cost reduction program for low income families.</p> <p>It is estimated that at an average cost of \$14 per day (\$3,528 per year) can support scholarships for approximately 13 children per year.</p> <p>\$2,500 would adequately cover the costs of supporting a family child care home or group home in becoming regulated or licensed. These costs include costs associated with becoming regulated or licensed such as fingerprinting, licensing application fees, T.B. tests, training, CPR/First Aid, certification, etc. A total of 3 homes will become regulated: <math>3 \times 2500 = \\$7,500</math></p> <p>Additional discretionary funds in the amount of \$100,000 will be solicited in order to support start-up grants that would be available to help defray the costs associated with start-up cost such as furniture and supply purchases, and facility improvement/expansion as needed. The Regional Council understands a 50% match is required for capital projects.</p>	

**Strategy 2:** Increase the number of therapists supporting children birth to age five identified with special needs and in need of therapy services by providing financial incentives and support research study on the current state of services.

The shortage of Speech, Occupational and Physical Therapists is a nation-wide crisis. Regionally, as reported in the 2006–2007 Colorado River Indian Tribes Head Start Program Information Report, 38 children have been identified as having special needs and had an Individual Education Plan (IEP) in place. Head Start enrolled children receive therapy services through the Parker Unified School District (PUSD). This PUSD staff member is also responsible for providing therapy services to the school district's at-risk preschool students. A typical caseload for this PUSD staff member is 25 three and four year old PUSD students. Taking into consideration the additional number of Head Start students served by the same, this staffs' total caseload can be anticipated to be forty-five to fifty children. This allows for very limited therapy services. Children with special needs throughout the region also receive therapy through Arcadia Therapy, a Phoenix based organization with a contracted office located in Lake Havasu City, which is 45 miles away. In order to qualify for services under Arcadia Therapy, children must be referred through the Arizona Department of Economic Security's Division of Developmental Disabilities program. Currently, therapy sessions are being provided through Arcadia to 6 children with special needs in the region. Sessions are limited to half an hour twice a week in the home environment. Thirty minutes of speech therapy and thirty minutes of occupational therapy is provided during these sessions.

Children ages 0 to 3 within the region have limited access to professional screenings through the local Arizona Early Intervention Program (AzEIP). Although AzEIP is the funding source for children ages 0 to 3, there are gaps in the service delivery causing some children to fall through the cracks by not receiving appropriate and timely therapy services.

The Regional Council acknowledges the importance and impact of early identification and intervention on the developing child especially a child with special needs. It is in the best interest of the region's children and their families that all efforts are made to increase access to therapy services for children with special needs within the region. This strategy will support the recruitment of one Speech Therapist using financial incentives in the form of a contract stipend to support this recruitment. In order to receive the incentives, the therapist must commit to contractual service time of three years in which the participant will stay in the region providing therapy services for children birth through five in the region. Contract stipend payments will be made annually at the completion of each year of the contract. This incentive provides a stipend of \$3,000 in year one, \$3,000 in year two, and \$3000 in year three.

In an effort to address the current needs and gaps in therapeutic services for young children, this strategy will also support a study of the state of early identification and intervention in the region. This will allow for a more comprehensive understanding of the issues and barriers and the development of a plan to address these.

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

**Key Measures:**

- Total number and percentage of professionals, who work with young children outside of early care and education settings, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty special needs area.
- Retention rates of early childhood development and health professionals.

**Target Population:** Children ages 0 to 5 identified with special needs.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
25 children ages 0 to 5 with special needs			

<b>Performance Measures SFY 2010-2012</b>			
<ul style="list-style-type: none"> <li>• <b>Number of children with special needs receiving therapy services</b></li> <li>• <b>Number of families that reported satisfaction with the provided family support</b></li> </ul>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy will build on and enhance the limited existing resources within the community.</li> </ul>			
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: There is opportunity for collaboration with the local school district and/or agencies for outreach and promotion of incentives.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy		\$8,000	
<b>Budget Justification:</b> Requires a minimum of a 3 year commitment to the community/provider with payments made annually at the completion of each year of the contract.			
Year 1 Bonus .....		\$ 3,000	
Cost of research study.....		\$2,000	
Program Administration including outreach and promotion, materials, supplies and staffing.....		\$3,000	

**Strategy 3:** Expand access to Teacher Education And Compensation Helps (T.E.AC.H.) Early Childhood Arizona by funding additional T.E.A.C.H Early Childhood Arizona scholarships beyond those provided through participating in QUALITY FIRST!

The Colorado River Indian Tribes Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program

quality predicts development outcomes for children.<sup>1</sup>

*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 Regional 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.

Research Notes:

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

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

Goal: FTF will enhance specialized skills of early childhood development and health workforce to promote healthy social emotional development.

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

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

**Key Measures:**

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

**Target Population:** Early Childhood Education professionals working in accredited, regulated early care and education settings

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	7		
<p><b>Performance Measures SFY 2010-2012:</b></p> <ul style="list-style-type: none"> <li>• # of professionals pursuing degree in early childhood/ Actual service #</li> <li>• # of college credits held by professionals/ proposed service numbers</li> <li>• # of college credits held by professionals/ actual service numbers</li> </ul>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists:                      This strategy capitalizes on TEACH Early Childhood Arizona. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and TEACH to improve the quality of early care and education in the CRIT Region. It will enhance the quality and specialized skills of existing early childhood teaching staff within the community.</li> </ul>			
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment:                      The TEACH Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Regional Partnership Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.</li> </ul>			
<p><b>SFY2010 Expenditure Plan for Proposed Strategy</b></p>			
Population-based Allocation for proposed strategy		\$ 14,700	
<p><b>Budget Justification:</b> Funding support can cover coursework, tuition, fees, materials and supplies associated with the course activities, travel costs, participants’ personal child care costs, substitute staffing and academic support. Compensation can include stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.</p> <p>Cost for 7 participants, full year participation = 11,200.00</p> <p>When the Regional Council reviewed the T.E.A.C.H. budget, the Regional Council determined it was necessary to provide additional supports to the scholars and early care and education settings which include: additional reimbursement for travel ,as this is a rural region, and paying for the bonus participants would receive at the completion of their coursework.</p>			

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Tuition per year, per participant: .....	\$ 1,600 x 7 = \$11,200
Mileage: .....	\$ 200 x 7 = \$1,400
Bonus: .....	\$ 300 x 7 = \$2,100
<b>GRAND TOTAL for FY 2010: .....</b>	<b>\$14,700</b>

**Strategy 4 :** Expand existing early language and literacy programs by incorporating an adult and family literacy component.

One component of children's readiness for school consists of their language and literacy development. Learning to read and write begins long before children's academic experience and has long lasting effects. Children's early experiences with books and print greatly influence their ability to comprehend what they read. Evidence-based research identifies key components of early literacy curriculum such as oral language, vocabulary and listening comprehension, expressive and receptive language, promote early literacy skills.

The region's existing family literacy programs are very limited. CRIT Library provides monthly activities which includes partnering with Head Start in offering culture related projects . This includes published materials on language, traditions and the history of the four tribes within the Colorado River Indian Tribes. The Parker Library provides a weekly Baby Time activity for children ages 0 to 3 and Preschool Time for children ages 3 to 5. The library's bookmobile circulates throughout the community. However, due to the rural layout of the community, its schedule is very limited to accommodate the region's population. The Indian Health Service sponsors the Reach Out and Read Program within its waiting rooms. The Reach Out and Read Program gives new books to children and advice to parents during the pediatric exam about the importance of reading aloud. Every child between the ages of 6 months to 5 years is given a book at every well-child visit to promote literacy enriched home environments. The Parker Unified School District encourages parent involvement within their Reading Counts literacy program, however, outreach to the families is only conducted during program hours. CRIT Head Start's outreach for their Reading is Fundamental program is held during monthly parent nights and its three scheduled home visits per program year. While these programs provide vital literacy support to its community, consistency to a well rounded program that reaches most families with young children does not exist.

Recognizing the literacy history of the parent, an educational component such as adult education for those lacking a high school diploma would enable adults to attain proficiency in basic reading skills. Parents and caretakers need the opportunity to reach appropriate literacy levels prior to expecting them to become the primary teacher of their child. Enhanced adult literacy skills will also allow greater opportunity for parents and caretakers to understand and appreciate the vital importance of early brain development.

Language characteristics within diverse rural communities must also be supported and acknowledged as barriers to literacy. Within this region where second languages go beyond Spanish speaking families, the community and its resources must recognize the traditional language of tribal communities as well. Culture plays a vital part of family literacy. It creates a foundation of identity and pride in children and their families, which leads to self-worth and a base for success.

Family literacy programs must incorporate the entire family's characteristics as well as the diverse background of the community. Providing a strong family literacy program will not only create future opportunities for children and families to succeed, but it will also substantiate the sponsoring program's success.

This strategy will enhance existing community programs by incorporating an adult and family literacy component to current curriculum offerings to increase literacy skills of parents. Increasing the parents and care givers literacy contributes to improving their children’s skills. It will also create the opportunity for adults to carry out daily life skills such as assisting their child with homework, completing job applications and feeling secure in communicating with the community’s vital resources . Funds will support staff time and materials to add this component to current programs.

**Lead Goal:** FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.

- Key Measures:**
- Percentage of families of children birth through age five who report they maintain language and literacy-rich home environments. For example, children who are provided opportunities to hear language throughout the day by listening and talking with family members, and by having access to books and other literacy tools and materials.
  - Percentage of families with children birth through age five who report reading to their children daily in their primary language.

**Target Population:** Families with children ages 0 to 5 in the region

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

- Performance Measures SFY 2010-2012**
- Number of families being served as reported by participating Family Literacy Programs/actual service number.
  - Increase in family awareness and skills to support literacy and language development

- How is this strategy building on the service network that currently exists:  
 This strategy will build on the existing Family Literacy programs within the community by coordinating services and outreach.

- What are the opportunities for collaboration and alignment:  
 This strategy will support the Family within regional, state and national literacy organizations to support the objectives of the regional literacy programs.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 7,136
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Budget Justification:

Community Awareness and Promotional Costs.....	\$ 1,000
Costs for program enhancements include adult literacy materials, supplies, travel, staff time.....	\$6,136

**Strategy 5:** Support families’ access to information programs and services that promotes healthy weight, nutrition, and physical activity.

The Regional Partnership Council is requesting proposals from existing health programs to promote prevention and address the community’s issues in the areas of obesity, healthy weight, exercise and movement for families of children birth to five years of age.

Diets of high-fat foods and sedentary lifestyles are contributors to obesity and diabetes. The promotion of physical activity and healthy eating practices during early childhood can form a healthy lifestyle attitude that can be carried into adulthood. It is important to support this through education and screening in areas such as childhood diabetes, nutrition, obesity, tobacco, drug and alcohol effects, dental, vision and hearing.

Obesity is associated with increased prevalence of Type 2 diabetes in children. American Indian communities suffer the highest rates of diabetes in the world. Research has shown that it is possible to prevent diabetes through the promotion of exercise, healthy eating and weight loss. Health programs such as the region’s Diabetes and Tobacco programs promote a health curriculum but it is limited to adults and older adolescents within the region. Regional programs’ defined scope of work and/or budgets require them to serve a specific age population.

This strategy will support:

- expansion of current services to include pregnant women and children birth to five years
- screening and assessments for this population
- referrals and information to families of young children ages 0 to 5
- parent education on children’s nutrition
- intake sessions to professionally assess and track families’ progress
- a public awareness campaign addressing prevention of obesity and diabetes
- collaboration between community programs to offer family themed physical activities and regularly scheduled exercise programs

Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for our most vulnerable families.

Research Notes:

Central California Health and Family Services, 2005, College of Health, California State University, “Best Practices in the Prevention and Treatment of Childhood Obesity by Michael Coles, Ph.D. Wade Gilbert, Ph.D.

National Heart, Lung and Blood Institute, 2007, "Working Group Report on Future Research Directions in Childhood Obesity Prevention and Treatment"

<http://www.nhlbi.nih.gov/meetings/workshops/child-obesity/index.htm>

American Journal of Clinical Nutrition, 1999, "The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs".

Sally M. Davis, Pathways, 2003, "Pathways: Prevention of Obesity Among American Indian Schoolchildren" \_<http://hsc.unm.edu/chpdp/projects/pathways.htm>

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

**Key Measures:**

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well being.

**Target Population :** Families with children ages 0 to 5 with a specific focus on families with pregnant women

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

**Performance Measures SFY 2010-201**

- Number and Percentage of families that reported satisfaction with provided family support.
- Number and Percentage of families showing an increase in parenting knowledge and skill after receiving family support.
- Percentage of people reporting knowledge of child development issues.
- Number of children enrolled in nutrition and recreation course.

<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists                      This strategy will build on existing services that are limited to screening adults by supporting their expansion to include children ages 0 to 5.                      This strategy will also expand existing programs to increase the number of families and children currently being served.</li> </ul>	
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:                      Health staff may become trained to provide direct services to target population of children ages 0 to 5.</li> </ul>	
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>	
Population-based Allocation for proposed strategy	\$ 10,500
<b>Budget Justification:</b> Program implementation cost is estimated at \$10,500 to serve 25 children and families. The total cost per child is \$284.00. Cost includes personnel, employee related expenses, transportation, staff training, resources and materials. There are no fees for children and parents for participation. Outreach and recruitment of families will occur through linkages within the community such as health programs, health clinics, and child care providers, community social services agencies and networks.	

**Strategy 6:** Support families' access to health screenings through public awareness of existing community resources

Parents who are aware of the positive effect early screening and intervention services have upon their child have continued seeking these services for the purpose of lessening the effects of the condition. Public awareness provides knowledge to the parent that screening and intervention can begin within multiple agencies such as hospitals, schools or community support services. It also creates a sense of hope with the partnerships developed in the effort of meeting the vital needs of the child.

Child development research has established that the rate of human learning and development is most rapid in the first five years. Timing of intervention is particularly important in the area of preventing the risk of missing an opportunity to learn. Early intervention services also have a significant impact on the parents and siblings of children with special needs. The diagnosis, continuous treatment and time commitment placed upon the family of a disabled child can be demanding. However, when in place during a child's early years, intervention can lead to increased daily living skills and verbal communication.

It has been found that not all children with special needs within the region are being provided early screenings and services. This is not necessarily due to the lack of screening services, but rather to the lack of response from parents in enrolling their children into resource and support programs. Some families face a tremendous hardship in personally accepting that their child may be developmentally delayed or have a disability or experiencing effects of alcohol and substance abuse. In some instances, families who practice traditional cultures may not believe in bringing attention to their families' personal needs and experience trust issues with outside communities or organizations when it comes to acknowledging their child has a special need.

Children and families are offered screening opportunities through Head Start. However this process is conducted when the child approaches 3 or 4 years of age and only those children participating within the Head Start screening process are reached.

Parents of children with special needs may not understand the important role that physical and occupational therapy can play in the development of their child. Health insurance may cover these costs and state assistance is available through the Division of Developmental Disabilities through the Region's Department of Economic Security office. However, families are often not aware of these opportunities or simply lack the knowledge of how to request these services.

This strategy proposes to fund community awareness proposals of existing health programs that will provide parents of children with potential and/or identified special needs with education on the importance of early screening and availability of services. Preference will be given to those applicants that can demonstrate collaboration with local resources in these efforts.

Community awareness efforts shall include but it is not limited to the following:

- Research- based information made available to families and community organizations on the importance and success of early screenings
- Early identification
- Information on transitioning special needs children into the public school system
- Community Awareness sponsored activities
- Resource Directory on local and regional programs
- Advocate for timely and adequate services for children identified through early screening
- Family/parent training on early identification and intervention and the existing referral system

It is the goal of the Regional Partnership Council to first establish a relationship with the community's families and the community support agencies through public awareness in order to make children's health and development a top priority. Once a relationship is created, educating parents and caregivers will begin the foundation of the structure of well being for children.

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

**Key Measures:**

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

**Target Population :** Families with children ages 0 to 5

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June		

Colorado River Indian Tribes Regional Partnership Council  
 REGIONAL COUNCIL 2010 Allocations: \$136,247

Proposed Service Numbers	30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	30% of target population		
<b>Performance Measures SFY 2010-2012</b>			
<ul style="list-style-type: none"> <li>Number of children receiving health and developmental screenings</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Public awareness will allow current resources to expand their services to the region’s target population.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: Partnerships will be created to provide services to an expanded population.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$ 6,547		
<b>Budget Justification:</b> Public awareness and parent training on the importance of early screenings for children.			
Outreach /Promotional Costs.....\$1,047			
Costs to administer the program (reporting, evaluation, meetings, documentation, materials, supplies, resource directory development, travel, staffing).....\$ 5,500			

**Strategy 7:** Support the collaborative relationships between stakeholders through local coordination and communication efforts focused on early childhood development and health and public awareness of First Things First.

In support of First Things First goals, the Regional Council will continue to advocate for a consistent, culturally appropriate early childhood development and health system to meet the regional community's needs. It is the intent of the Regional Council to become knowledgeable about all aspects of community systems to support early childhood development and to lead collaboration and coordination efforts to ensure the successful achievement of regional goals. The council will identify resources needed to support coordination as well as data collection that will support an accurate report reflecting regional needs and assets.

The Regional Council will network with the various entities to support local, regional and statewide outcomes. The Regional Council also brings individual expertise in their roles on the Regional Council. By promoting their specialized areas and coming together as a networking team, the council can promote a solid mechanism of collaboration with the region's support systems by researching and evaluating all levels of service. For those that appear to be disconnected from the local region, the Regional Council will advocate and work with families and organizations for a more consistent delivery

of services.

In order to support this effort, the Colorado River Indian Tribes Regional Partnership Council will:

- Sponsor community events with collaborating partners in the promotion of early childhood development and health.
- Expand existing community resources to support prenatal and early childhood development care services. Current issues within the region include a lack of knowledge about prenatal care, substance abuse and severe health problems with expectant mothers which put children at a high risk to be born at a low birth weight, experience severe health problems, developmental delays and/or learning disabilities. It is the CRIT Regional Partnership Council's priority to collaborate with existing programs to increase the number of pregnant women having healthy pregnancies and births through the promotion of prenatal care, nutrition, breast feeding, and parent education.
- Advocate for enhanced quality resources for the regions children and their families.
- Participate in regularly scheduled community sponsored activities such as health fairs, education conferences, parent nights, Red Ribbon week, Child Abuse Month and Domestic Violence Month.
- Disseminate to the community, promotional information on FTF goals, updates and publications.
- Collect and provide current data from/to collaborating partners in the effort of sustaining a consistent picture of the regions needs.
- Make available through the regional office, current research/publications to the public.

**Lead 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.

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

**Key Measures:**

- Total number of public and private partners who report that the FTF planning process and

activities use family centered practices.			
<b>Target Population:</b> Community partners and families of children ages 0 to 5			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> July 1, 2009 -June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
	25% of Target Population		
<b>Performance Measures SFY 2010-2012</b>			
<ul style="list-style-type: none"> <li>• Number of participants attending community awareness events and those who have received promotional materials.</li> <li>• Number of programs/organizations that have been orientated to the mission and goals of FTF.</li> <li>• Number of organizations/individuals that have been offered the opportunity to provide input of FTF decision-making.</li> <li>• Number of families that have been provided community resource information.</li> <li>• Percentage of Arizonans who report that early childhood development and health issues are Important</li> </ul>			
<ul style="list-style-type: none"> <li>• How is this strategy building on the service network that currently exists: This strategy will help position the Regional Partnership Council, Regional Office and resources serving the target population to support each other's efforts by dialoguing and addressing community needs through input for the council. The result of this will support the ongoing data collection for the regional needs and assets reports and inform the council in their strategic direction in support of better outcomes for a more coordinated early childhood service delivery.</li> </ul>			
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: This strategy offers opportunities to link existing resources creating a network among community agencies currently supporting children and families, allowing for public awareness on FTF's goals and inviting collaboration between the community, the RPC and it's Regional Office</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy	\$0		
<b>Budget Justification:</b> This will be an unfunded strategy which the Regional Council will support as volunteers.			

**Strategy 8:** 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 other Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The CRIT 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.”<sup>1</sup>

The CRIT 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 over time.

Research Notes:

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

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

**Key Measures**

- Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
- Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

**Target Population :** The strategy will target the region’s entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc.,

will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the other Regional Councils and FTF State Board.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b> July 1, 2009 -June 30, 2010	<b>SFY2011</b> July 1, 2010 – June 30, 2011	<b>SFY2012</b> July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
<b>Performance Measures SFYs 2010 – 2012</b>			
TBD			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Current projects for outreach and enrollment exist and have shown some success. This strategy will build on currently existing outlets within the region.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: This strategy provides opportunities for cross region collaboration.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$ 4,000 Discretionary Funding Request		
<b>Budget Justification:</b>			
Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The CRIT Regional Council will request discretionary funding in the amount of \$4,000 for this strategy which is 2.9 % the region's allocation.			

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

<b>Revenue</b>	
Population Based Allocation SFY2010	\$136,247
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1 -Access to Quality	\$89,364
Strategy 2 -Therapist Incentives	\$8,000
Strategy 3 - Professional Development TEACH	\$14,700
Strategy 4 -Early Literacy Enhancement	\$7,136
Strategy 5 -Prenatal/Early Childhood Development Services	\$10,500
Strategy 6-Public Awareness Early Screenings/Intervention	\$6,547
Strategy 7-Coordination (unfunded)	\$0
Strategy 8-Cross Region Advocacy Campaign (Discretionary Request)	\$0
Needs & Assets Report (Discretionary Request)	\$0
<b>Subtotal of Expenditures</b>	<b>136,247</b>
<b>Fund Balance (undistributed regional allocation in SFY2010)*</b>	<b>\$0</b>
<b>Grand Total (Add Subtotal and Fund Balance)</b>	<b>\$136,247</b>

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

<b>Revenue</b>	<b>FY 2010</b>	<b>FY 2011 (estimated)</b>	<b>FY 2012 (estimated)</b>
<b>Population Based Allocation</b>	\$136,247	\$0	\$0
<b>Fund Balance (carry forward from previous SFY)</b>	N/A	\$0	\$0
<b>Expenditure Plan</b>			
	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>
Strategy 1 Access to Quality	\$89,364		
Strategy 2 Therapist Incentives	\$8,000		
Strategy 3 Professional Development T.E.A.C.H.	\$14,700		
Strategy 4 Early Literacy Program Enhancement	\$7,136		
Strategy 5 Prenatal/Early Childhood Development Services	\$10,500		
Strategy 6 Public Awareness Early Screenings/Intervention	\$6,547		
Strategy 7 Coordination and Communication (unfunded)	\$0		
Strategy 8 Cross Region Advocacy Campaign (discretionary request)	\$0		
Regional Needs & Assets (discretionary request)	\$0		
<b>Subtotal Expenditures</b>	\$136,247		
<b>Fund Balance*</b> (undistributed regional allocation)	\$0		
<b>Grand Total</b>	\$136,247		

Due to the regional allocation amount, and the uncertainty of the use of discretionary funds, the Regional Partnership Council will estimate an expenditure plan for Fiscal Years 2011 and 2012 after the First Things

**First State Board has made a decision regarding discretionary funding and after receiving feedback from the implemented strategies during Fiscal Year 2010.**

## **VI. Discretionary and Public/Private Funds**

In order for the Colorado River Indian Tribes Regional Partnership Council to fully address the needs of young children and families in the region, discretionary funding will be necessary. The regional allocation does not provide the level of funding necessary to fully implement the services and supports to address the Regional Council's prioritized needs and achieve the intended outcomes.

Specifically, the Regional Council would like to request discretionary funding for two strategies that have been prioritized within their strategic plan and the Regional Needs and Assets report.

The Regional Council wishes to request additional discretionary funding in the amount of **\$100,000** for support of **Strategy #1: Coordinate with existing programs to expand families' access to early care and education programs by expanding or establishing new quality early care and education programs within the region for children age birth through age five.** Additional funds will support facility improvement grants for expanding or modifying existing facilities in order to increase the number of children enrolled in quality early care and education programs with a specific focus on age groups currently not served.

Specifically, these funds would be dedicated to larger capital improvements for purposes of expansion or remodeling to accommodate expansion of services that directly relate to the goal of the strategy. The Regional Council understands a 50% match is required for any capital projects.

The Colorado River Indian Tribes Regional partnership Council wishes to request additional discretionary funding in the amount of **\$4,000.00** to support **Strategy # 8: 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.

Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The CRIT Regional Council will request discretionary funding in the amount of \$4,000.00 for this strategy which is 2.9 % the region's allocation.

The Colorado River Indian Tribes Regional Partnership Council is also requesting discretionary funding in the amount of **\$9,000.00 to complete a 2010 regional needs and assets report**. The Needs and Assets Plan is very crucial and vital in identifying the strengths and needs of this very diverse community.

Due to the rural and unique layout of this planning region, data is available at different levels and within multiple capacities which include La Paz County, the Town of Parker and the Colorado River Indian Tribes. Insufficient data currently exists due to inconsistent networking between these governmental entities, thus creating redundant data reports or lack of data. Furthermore, professional and trusting relationships need to be secured within community stakeholders. Official approval is required by the Colorado River Indian Tribal Council to collect any tribal data, which includes information from the Indian Health Service, Head Start and Women, Infants and Children support programs. Completing a thorough report will require researching local databases, hard copy reports, conducting interviews, collecting state and regional statistics, and compiling the information. It is the Regional Council's priority, based on the limited data provided by the current Needs and Assets Report, to produce a report that accurately reflects the CRIT region. However, the Regional Council believes the Colorado River Indian Tribes Regional Partnership Council's allocation should be utilized for direct services to meet the vital needs of the region's children and their families.