

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

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

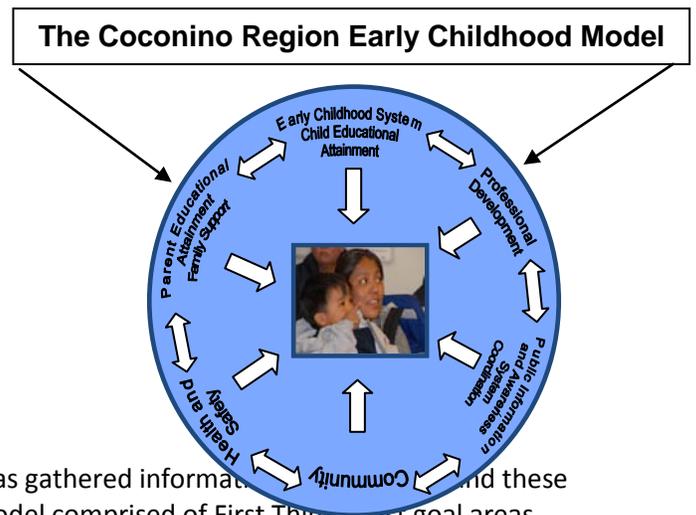
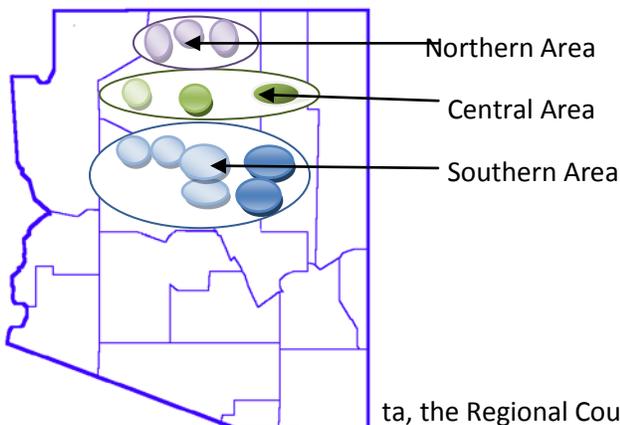
The Coconino Region spreads across three separate counties, two different time zones and a multitude of cultures, languages and governments. The total population for the vast Coconino Region in the year 2000 was 117,382. The youngest citizens in this region numbered 10,650 in 2007. The Coconino Region consists of Winslow, the Hopi Tribe, the Havasupai Tribe, the Kaibab Paiute Tribe and much of Coconino County. Often, data are derived from county statistics and do not fully represent the region.

This is a region that values diversity and respects the rights of individuals who embrace their heritage. For that reason, the regional methodology chosen by the Coconino Regional Partnership Council is to divide this vast region into three separate community clusters, or areas: the Northern Area consists of the Kaibab Paiute Tribe, Fredonia and Page; the Central Area consists of the Havasupai and Hopi Tribes and the Grand Canyon; finally the Southern Area consists of Winslow, Flagstaff, Williams and surrounding communities. Areas are further divided into “Hubs” of communities within the Region to facilitate greater effectiveness with assessment and support. Groupings permit identification and coordination of assets. To develop or expand local collaborative efforts to improve the early development and health of children birth through 5 years of age, we must coordinate with other agencies and families to align standards which impact quality practices, program access and delivery across early childhood systems through:

- Improving capacity of partners to collaborate in communities
- Developing a community asset map
- Including diverse community partners
- Including families through all phases of development

Community hubs are clustered together based on school attendance, current and potential availability of programs and services, general travel patterns, shopping, overall miles between communities, topography, government, language and cultures. Data that influence child health and development are illuminated when viewed at the community level. Such observations are helpful both within the communities of a hub and when contrasting one hub from another.

The 6 “Hubs” located in 3 areas of the region are as follows:



...ta, the Regional Council has gathered information... and these community “hubs” and the Region’s Early Childhood Model comprised of First Things... first goal areas.

Geography + Programs and Services + Economics = Access to quality services and programs for young children.

The description of geography when paired with programs and services in the Coconino Region helps form an understanding of the system surrounding our young children. Currently, little is known about the effect of this on the lives of children in families in many of the communities within the Coconino Region.

The assets identified by the Coconino Regional Partnership Council include the children who are rich in culture and grow in a confluence of diverse communities; they are by nature resilient and adaptable. Families who continually grow, learn, and prepare for their child's unique future are perceived as a critical asset to the child and region. The collaboration and grassroots work of professionals and families throughout the region are also strengths. Communities are seen as self-sufficient with strong active leadership. Many organizations, programs and services contribute to the existing foundation throughout the Coconino Region.

Cultural diversity plays a vital role in the Coconino Region in terms of resources and support. Many childcare and health literature informational packets are addressed in English and Spanish. This is important when considering:

- Over 1/3 of the population is Native American.
- 41% of births were Native American; 39% of births were White; and 16% of births were Hispanic/Latino.
- 44% of children speak a language other than English in the home.
- Those languages include Hopi, Spanish, Navajo and Havasupai.

If not encompassed during service delivery, the rich and diverse linguistic cultural needs of families can become a barrier to the children and families receiving the necessary services they seek.

The unemployment rate in Coconino County has steadily increased between May of 2007 and May of 2008. During this time, the Hopi and Havasupai Tribes suffered from a higher rate of unemployment than the rest of Coconino County.

- The unemployment rate in Coconino County is 3.5% of the population.
- The Hopi Tribe unemployment rate is 10% of the population.
- Havasupai Tribal members experience an unemployment rate of 76.3%. Recently, the Village of Supai has been economically devastated by the flooding of their land.

The Federal Poverty Level does not adequately describe the economic needs of families in the Coconino Region. According to the Self Sufficiency Standard (SSS), many families with children under age 5 in the Coconino Region fall below the income level necessary for adequate nutrition, healthcare, housing, childcare and transportation. The SSS is more than double the 2008 Federal Poverty Guidelines (FPL) of \$ 21,200. On average, a family of four in the Coconino Region would need to increase their income by 25% above the Self-Sufficiency Standard to provide the basic needs for their child.

- A family of four is defined as 2 adults, 1 infant and 1 preschooler
- 2008 Federal Poverty Guidelines (FPL) of \$ 21,200.00
- 2002 Self-Sufficiency Standard \$45,958.00

Throughout the Coconino Region there are a total of 36 child care centers, 5 Group Homes, 41 Family Care Homes - 22 of which are located on Hopi, and 14 Head Starts. Families seeking quality child care

outside of the Flagstaff area would have to travel hundreds of miles to find an accredited child care center. There are currently no known accredited family homes or group homes in the entire region. The total number of accredited child care centers in the Coconino Region is seven, all of which are located in Flagstaff. Five of the fourteen Head Starts are accredited: one in Fredonia; one in Williams; three in Flagstaff. There are no accredited centers on tribal lands. Professionals seeking a model for quality are also faced with the same issues.

In 2007, the Alliance for Children's Early Success conducted a Face –to-Face Family Survey across the greater Flagstaff area. The information derived from that survey indicated 84.3% of respondents use a family member, spouse/partner or a friend for child care.

Given the great distances, cost of travel and wages, certain communities are considered undesirable service areas by some programs and services. Therefore, services throughout the Coconino Region are often fragmented, inconsistent and incomplete.

Pockets of children enrolled in Head Start receive health screenings within 45 days of enrollment. Less than two percent of children 0 to 3 years received AZEIP early screenings in the Coconino Region. A lack of strong preventative health care threatens children's healthy growth and development. Many young children have serious oral health issues. This negatively impacts overall health, nutrition, self esteem, and language development.

- 74% of children ages 6 to 8 experience tooth decay. Of these, 49% are untreated.
- The Coconino Region has a 20% higher rate of tooth decay than the rest of the state of Arizona.

It is difficult to assess how many children are able to access adults with a strong knowledge of child development, quality care and health. The distribution point of resources, types of information, and methods used to allocate information are just now starting to be identified throughout the region. In Native families mothers are typically the nurturers of their children and often use the oral tradition of gaining information versus the written transmittal of knowledge.

Throughout the Region the challenges of geography, cultural responsiveness, and self-sufficiency for families clearly impedes children from reaching their unique potential. Therefore, the Coconino Regional Partnership Council acknowledged the above realities while prioritizing the following needs to address in the next three year period:

1. Lack of routine health screenings – particularly Oral Health (*Strategy # 1*)
2. Limited access to resources and information for families (*Strategies # 2, #3, #4,*)
3. Limited access to quality early care and education (*Strategy #5, #6*)
4. Affordable early care and education (*Strategy # 7*)
5. Large # of non-regulated care settings (*Strategy #8*)
6. Mobilize local resources (*Strategy # 9*)

II. Prioritized Goals and Key Measures

The Coconino Regional Council prioritized the following needs, goals, key measures and strategies as a whole, each being essential for the early childhood development and health system in this Region. The FTF Goals and Key Measures as follows:

1. Need: Lack of routine health screenings – particularly Oral Health (*Strategy #1*)

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

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

Key Measures:

- Total number and percentage of children with health insurance.
- Total number and percentage of children receiving appropriate and timely oral health visits.
- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development and health – specifically oral health.

2. Need: Limited access to resources and information for families (Strategy #2, #3, #4)

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

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

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

Key Measures:

- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development.
- 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 five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).
- Percentage of families with children birth through five who report reading to their children daily in their primary language.
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.

3. Need: Limited access to quality early care and education (Strategy #5, #6)

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

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 of early care (ec) and Education (edu) programs participating in QIRS system.
- Total number of children enrolled in early care and education programs participating in QIRS system.
- Number and percentage of early care and education programs with access to a Child Care Health Consultant.

4. Need: Affordable early care and education (Strategy #7)

Goal #3: FTF will increase availability and affordability of early care and education programs as a proportion of total population birth to age five.

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.

5. Need: Large # of non-regulated care settings study (Strategy #8)

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

Key Measures:

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

6. Need: Mobilize local resources (Strategy #9)

Goal # 13: FTF will lead cross-system coordination efforts among state, Federal, and Tribal organizations to improve coordination and integration of AZ 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.

- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality needs defined of coordination between public, private and tribal systems.
- 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).

III. Strategy Selection

The proposed foundational strategies offer a fresh mechanism to tackle the large First Things First vision within the Coconino Region. The strategies initiated by the Coconino Regional Partnership Council exhibit a deep commitment to systemic change and a desire to understand root causes. These funded strategies improve and inform the region from doing good things for children to doing good things for children that make a difference. It is important to note the Coconino Regional Partnership Council is very aware that unfunded strategic political work must be accomplished to build on this foundation to bring sustainability.

The indicators of the Needs and Assets Report along with conversations throughout the Coconino Region point to 3 consistent realities within the region:

1. Geography- There are many miles between communities limiting children's access to quality services and conversely limiting services' access to children.
2. Diversity of population- cultural, linguistic and government.
3. Socio-economic status and self-sufficiency standard.

The indicators further describe the system of early care and health:

1. Few centers overall are available to children in rural and remote rural areas;
2. Few regulated settings for children in remote rural areas; Fewer yet are accredited; None are accredited on tribal lands;
3. Over 83% of families are using family, friend or spouse for child care;
4. Seventy-four percent of children experience tooth decay.
5. Lack of a unified infrastructure to help children receive necessary support
6. Certain communities are considered undesirable services areas by some programs and services given their distance and the cost of travel and wages.
7. If not encompassed during service delivery, the rich and diverse linguistic cultural needs of families can become a barrier to the children and families receiving the necessary services they seek.

The strategies developed for the Coconino Region seek to build upon the groundwork and accomplishments of numbers of people and organizations across the region. Particularly the Coconino Regional Partnership Council seeks to acknowledge the languages, governments and peoples and promote the strengths and beliefs of tribes throughout the strategies recommended in the funding plan. The Coconino Region will begin to build on the early childhood system by planning, working with families and communities and intentional funding of quality programs and services for our young children.

The Coconino Regional Partnership Council will continue to develop the strategic alliances necessary to get the work done throughout this vast region. The Coconino Regional Partnership Council desires to stay true in recognizing the diversity of the communities within this Region and to the

heart of the First Things First initiative as we develop further understanding of this baseline effort by working with each tribe and community to build and strengthen service delivery across the entire Region.

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

Strategy Worksheet

Identified Need	Goal	Key Measures	Strategy
<p>Need #1.</p> <p>Lack of routine health screenings – particularly Oral Health</p> <p>Strategy #1 Need 74 % of children ages 6 to 8 experience tooth decay 49% of these are untreated This is at a rate 20% higher than the state of AZ</p>	<p>Goal # 7. FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Goal # 4. FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<ul style="list-style-type: none"> • Total number and percentage of children with health insurance. • Total number and percentage of children receiving appropriate and timely oral health visits. • Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development and health – specifically oral health. 	<p>Strategy #1.</p> <p>To identify evidence-based approaches and initiate delivery of effective programs for improving children’s oral health across the Coconino Region.</p> <p>The Coconino Regional Partnership Council will implement a process to improve oral health in rural, remote and culturally diverse communities in the region. This strategy places communities at the center of decision making.</p> <p>Proposed Service Numbers: SFY2010: 1800 SFY2011: 2376 SFY2012: 3600</p>
<p>Need #2 (Strategies 2,3,4) Limited access to resources and information for families.</p> <p>Strategy #2 Need Given the distance, cost of travel and wages, the location of the Supai Canyon is often considered an undesirable service area by programs and services.</p>	<p>Goal # 1. FTF will improve access to quality early care and education programs and settings.</p> <p>Goal # 11. FTF will coordinate with existing education and information systems to expand families’ access to high quality, diverse and relevant</p>	<ul style="list-style-type: none"> • Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development and health. • Percentage of families with children birth through five who report they are competent and confident about their ability to support their child’s safety, health and well-being. • Percentage of families with children birth through five 	<p>Strategy #2.</p> <p>To conduct an assessment regarding the acceptability, planning, and implementation of a home visitation (as defined by the Tribe) program in the Havasupai community, using a comprehensive model for family support and health.</p> <p>Proposed Service Numbers: SFY2010: 50+ children and their families SFY2011: 50+ children and their families SFY2012: 50+ children and their</p>

<p>73 % unemployment rate 80% of families speak Havasupai in the home</p> <p><u>Strategy #3 Need</u> 70% speak Hopi in the home Hopi cultural traditions and practices form an important facet of economic conditions. More parents without a high school diploma than with a diploma.</p> <p><u>Strategy #4 Need</u> Using child abuse indicators approximately 50% of families giving birth currently screen into the Healthy Families Home Visiting program throughout the Coconino Region</p>	<p>information and resources to support their child’s optimal development.</p> <p>Goal #12. FTF will increase the availability, quality, and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day; children have opportunities for listening and talking with family members; books and other literacy tools and materials are available and accessible to children).</p> <ul style="list-style-type: none"> • Percentage of families with children birth through five who report reading to their children daily in their primary language. • Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system. 	<p>families</p> <p>Strategy #3. To conduct an assessment on the acceptability and feasibility of establishing a comprehensive Hopi Lavayi (Hopi language) early childhood model on Hopi Tribal lands.</p> <p>Proposed Service Numbers: SFY2010: A 15% response rate from each of 11 villages, across families, Tribal Council, spiritual leaders, and elders</p> <p>SFY2011: 350 (one third of population birth to five on Hopi) SFY2012: 350 (one third of population birth to five on Hopi)</p> <p>Strategy #4. Enhance and maximize the use of the Arizona Parenting Kit by linking it with home visitation programs for newborns</p> <p>Proposed Service Numbers: SFY2010: 1080 SFY2011: 1080 SFY2012: 1080</p>
<p>Need #3. (Strategies 5 & 6)</p> <p>Limited access to quality early care and education</p> <p><u>Strategy #5 Need</u></p>	<p>Goal #1. FTF will improve access to quality early care and education programs and settings</p> <p>Goal #9.</p>	<ul style="list-style-type: none"> • 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, 	<p>Strategy #5. Strategy: Implement a wage compensation program tied to completed coursework in early childhood education (such as TEACH) leading towards the completion of early childhood education degree.</p>

<p>Teachers: 20% with H.S. diploma</p> <p>19 % associates degree 29% bachelor degree 0% masters or higher 26% Child Development Associate Credential (CDA) or other</p> <p>Average wage: \$23,420.00</p> <p><u>Strategy #6 Need</u> One third of children in the Region have access to regulated care</p> <p>Accredited settings: 0 family homes 0 group homes 7 centers 5 Head Starts 0 on tribal lands</p>	<p>FTF will increase retention of the early care and education workforce</p>	<p>certificate, or degree in early childhood development.</p> <ul style="list-style-type: none"> • Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree • Total number of early care and education programs participating in QIRS system. • Total number of children enrolled in early care and education programs participating in QIRS system. • Number and percentage of early care and education programs with access to a Child Care Health Consultant. 	<p>Proposed Service Numbers: SFY2010: 38 providers SFY2011: 38 providers SFY2012: 38 providers</p> <p>Strategy #6. Increase the total number of homes and centers involved in QIRS System- Quality First! across the region.</p> <p>Proposed Service Numbers: SFY2010: 432 children SFY2011: 432 children SFY2012: 432 children</p>
<p>Need #4. (Strategy #7) Affordable early care and education</p> <p><u>Strategy #7 Need</u> Approximately 11000 children eligible for Head Start in Region approximately 500 Head Start slots available</p>	<p>Goal #3. FTF will increase availability and affordability of early care and education programs as a proportion of total population birth to age five.</p>	<ul style="list-style-type: none"> • Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five. • Total number of identified improvements in regulatory and monitoring standards. 	<p>Strategy # 7. To expand access to quality early childcare and education settings by ensuring regulated centers and homes can afford to increase quality while simultaneously increasing service to children who are living at or below low-income.</p> <p>Proposed Service Numbers: SFY2010: 143 children SFY2011: 143 children SFY2012: 143 children</p>

<p>Cost of quality unknown</p> <p>Total 36 centers in the region: 20 accept DES 16 in Flagstaff, 2 in Page, 1 in Williams, 1 in Grand Canyon</p>			
<p>Need #5.</p> <p>Large number of non-regulated care settings study</p> <p><u>Strategy #8 Need</u></p> <p>With 10,650 children in the Region, only 2,973 regulated child care slots are available.</p> <p>What is available for the other 7,677 children?</p>	<p>Goal # 1.</p> <p>FTF will improve access to quality early care and education programs and settings.</p>	<ul style="list-style-type: none"> • Total number and percentage of children enrolled in regulated early care and education programs as a proportion of children ages birth to age five. 	<p>Strategy #8.</p> <p>The Coconino Regional Partnership Council will conduct a region-wide study over the course of one year on utilization of family/friend and neighbor care by families:</p> <ul style="list-style-type: none"> • Family choice for child care • Barriers to becoming a certified Family Child Care provider; • Barriers to certified Family Child Care providers engaging in established programs for increasing quality. <p>Upon completion of this study, design strategies based on information attained and begin implementation.</p> <p>Proposed Service Numbers: SFY2010: 500 Surveys SFY2011: Strategy design and implementation, service numbers TBD SFY2012: TBD</p>
<p>Need #6.</p> <p>Mobilize local</p>	<p>Goal # 13.</p> <p>FTF will lead cross-system</p>	<ul style="list-style-type: none"> • Percentage of families who report they are satisfied with the level of coordination and 	<p>Strategy #9.</p> <p>To establish a coordinated early childhood development and</p>

<p>resources</p> <p>Strategy #9 Need Children and families suffering because of missed opportunities for prevention, early identification, from fragmented services, and low priorities for the necessary resources.</p>	<p>coordination efforts among state, Federal, and Tribal organizations to improve coordination and integration of AZ programs, services, and resources for young children and their families.</p>	<p>communication among agencies serving their children.</p> <ul style="list-style-type: none"> • 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. • 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). 	<p>health service delivery network for children birth through age five in the Coconino Community Hubs.</p> <p>Proposed Service Numbers: SFY2010: 6 Hubs SFY2011: 6 Hubs SFY2012: 6 Hubs</p>
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Strategy 1: To identify evidence-based approaches and initiate delivery of effective programs for improving children's oral health across the Coconino Region.

The Coconino Regional Partnership Council wishes to implement a process to improve oral health in rural, remote and culturally diverse communities in the region. This strategy places communities at the center of decision making.

In Arizona, 50% of Kindergarten students experienced tooth decay in 2005 and 35% had untreated decay. In Coconino County, 74% of children aged 6 to 8 experienced dental decay in 2004 and 49% were left with untreated decay. Each child had 5.92 teeth impacted by tooth decay. Each child with untreated dental decay needs 6.23 fillings. In 2004, 315 patients visited an emergency room for dental problems.

Dental decay can be prevented by promoting access to regular dental care beginning at infancy and continuing throughout life. In 2003, fewer than 5 percent of Arizona's children ages 1 to 2 years enrolled in Medicaid received dental care although dental care is a covered benefit fewer than half of those children received a beneficial preventative treatment.

The Coconino Regional Partnership Council will release grants to address the significant oral health needs of children birth through age five throughout the region. The grants will require communities and providers to articulate the needs and barriers of preventative oral services, to indicate the numbers

currently served and potential service numbers and identify evidence-based approaches to improve preventative oral care.

Oral diseases represent a major health problem for many young children in the Coconino Region and data from the Arizona Department of Health Services, Office of Oral Health indicate that these children often start kindergarten with significant decay and poor oral health. Often barriers to dental services is include:

1. The lack of dental professionals in both the public and private sectors (many communities in the region have none).
2. Lack of dental professionals willing to see children covered by AHCCCS or Medicaid
3. Lack of dental professionals willing to treat children younger than age 5
4. Inadequate referral and tracking mechanisms
5. Inadequate public or private dental insurance coverage
6. Lack of communications and coordination among health care and dental professionals, parents and supportive service workers
7. Indian Health Services (IHS) has not provided consistent quality health care for children
8. Cost and difficulty of travel across the vast Coconino Region

Activities and outcomes of this process will focus on improved oral health; increased access to regular and appropriate preventative and treatment services; expansion of evidence-based prevention regimens; developmentally and culturally appropriate health education/health promotion approaches and materials; leveraging of resources.

Given the vast geography and diversity of the Coconino Region the Council wishes to implement best practices to improve oral health in rural, remote and culturally diverse communities.

Lead Goal:

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

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

Key Measures:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely oral health visits.
- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development and health- specifically oral health.

Target Population: all communities experiencing a high % of tooth decay greater than the state rate of 50%

NACOG Head Start reports the following percentages of city children experiencing tooth decay:

- Page is 92%

<ul style="list-style-type: none"> • Winslow is 86% • Fredonia is 74% • Williams is 86% • Flagstaff is 69% • Tribal communities percentages are unknown 			
<p>Proposed Service Numbers</p> <p>City with population numbers children birth through four</p> <ul style="list-style-type: none"> • Page = 900 • Winslow = 700 • Fredonia = 200 • Williams = 400 • Flagstaff = 5000 <p>Total = 7200 children 25% the first year (1800) 33% the second year (2376) 50% the in year three (3600)</p>	<p>SFY2010</p> <p>July 1, 2009 - June 30, 2010</p>	<p>SFY2011</p> <p>July 1, 2010 –June 30, 2011</p>	<p>SFY2012</p> <p>July 1, 2011 - June 30, 2012</p>
	1800	2376	3600
<p>Performance Measures SFY 2010-2012</p> <p>1. # of children receiving oral health screenings</p>			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Currently, many assets exist which include: Coconino County Health Department, Community Health Centers, Hopi Wellness Center, Indian Health Service, Native Americans for Community Action Private Providers, NACOG and Tribal Head Start, Indian Health Service, and NAU- Oral Hygiene Department, North Country HealthCare, and Flagstaff Medical Center.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: This strategy will build upon the above assets 			
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>			
Population-based Allocation for proposed strategy:	\$125,000.00		
<p>Budget Justification:</p> <p>The Coconino Region consists of 3 tribes and 7 other communities with varying needs and assets related specifically to oral health. Monies for this strategy will be used:</p> <ul style="list-style-type: none"> • Toward specific activities surrounding preventative oral health in each community. These 			

activities may include oral health screenings, fluoride varnishing, parent education, and coordination efforts among varying service providers both private and public.

Strategy 2: To conduct an assessment regarding the acceptability, planning, and implementation of a home visitation (as defined by the Tribe) program in the Havasupai community, using a comprehensive model for family support and health.

The Havasupai children walk in beauty, rich with tradition and culture. Families are often multigenerational and multilingual. The Coconino Regional Partnership Council would like to acknowledge the strengths of this people in aligning their beliefs with services to support strong children and family relationships by emphasizing local planning. Tribal communities as a whole have few evidence-based models serving their children. This strategy will support families with a well-identified, available service network allowing for families to advocate for themselves and their children. The Coconino Regional Partnership Council will strongly support the families and children by working with the Tribe to accommodate cultural beliefs and identify a home visiting model, while ensuring the two harmonize.

The Havasupai Tribe lies in a very remote, rural area of Coconino County. Supai Village is located at the southwestern edge of the Grand Canyon National Park, 8 miles from the Hualapai hilltop. All residents live at the bottom of a 3,000 foot deep canyon, in one of the most beautiful and remote locations in Arizona, accessible only by hiking 8 miles on narrow, rough, often steep terrain or by horseback or helicopter. There are no roads directly leading to the children in the Supai Village.

For children to reach goods and services, travel begins by hiking, riding a horse or a taking a helicopter flight 8 miles out of the canyon. Travel continues over a county road for approximately 65 miles across the expansive Coconino Plateau and from there, travel continues for 30 miles on State Route 66 and then onto a four-lane divided highway, Interstate 40. An additional drive of 72 miles is necessary to reach Flagstaff, the closest city to have specialized medical care and other services. As a result of this isolated location, services are often inconsistent or nonexistent.

There are approximately 650 enrolled Tribal members, 450 of whom live in the village of Supai. According to the US census, in 2000, there were 54 children, ages birth through four years old living in the village of Supai, representing 5.8% of the total population. Eighty percent of the population of Supai speaks a language other than English (Havasupai) and 29% of the families living in Supai live below the federal poverty level. The US Department of the Interior BIA Labor Market Information indicates only 23.7% of the 479 Havasupai Tribal members ages 16 to 64 were employed, suggesting an unemployment rate of 76.3%. According to the Havasupai Housing Department, the only substantial source of income is via tourism, which is seasonal—throughout the summer.

Recently, the isolated village experienced a devastating flood, affecting the homes and the livelihood of many people due to the damage in the canyon and the resulting cessation of tourists into the area.

Currently there are no licensed child care centers, group homes or family child care homes. There is one Head Start Center, but no Early Head Start center. The total capacity of children for the Head Start center is 20. All child care and early education, other than Head Start, is family-based. There is one

children’s networking organization, the Children’s Advocacy Partnership of Supai.

The Coconino Regional Partnership Council will release an RFGA to work with the Havasupai Tribe and the key stakeholders of the community to establish a foundation of knowledge regarding the cultural beliefs and values around pregnancy, child birth, and parenting of Havasupai families.

The Council intends to use the resulting information to identify, or if necessary, develop a home visiting strategy with the Tribe which will enhance families’ ability to support their child’s safety, health and well-being in a culturally relevant way.

Desired results of the assessment will include the following:

- a resolution with the Havasupai Tribal Council allowing information to be gathered;
- interviews and contacts with Tribal Council Members, key stakeholders and families; agencies and organizations serving children in Supai
- increased awareness of the importance of early childhood development and health;
- examination of home visitation models based on the information gathered

Lead Goal:

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

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

Key Measures:

- Percentage of families with children birth through five who report they are satisfied with the accessibility of information and resources on child development
- 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 five who report they maintain language and literacy rich home environments
- Percentage of families with children birth through five who report reading to their children daily in their primary language

Target Population: Children of the Havasupai Tribe and families pre-natal to kindergarten

	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	50+ children and their families	50+ children and their families	50+ children and their families

Havasupai Performance Measures SFY 2010-2012

- Tribal Resolution to ensure strengthened partnership between First Things First and Havasupai Tribal individuals, institutions and organizations
- At the end of FY2010 the following will be accomplished: Tribal Council presentations; village

presentations; of contacts with families in the village; of contacts with agency/organizations serving young children

- The completion of the assessment within the first year
- Ability to design the project as a result of the assessment
- The FTF measures for the project must be identified prior to the assessment to give the assessment further direction and parameters
- Protocol/methodology to be reviewed by FTF Evaluation Division
- Data collection instrument to be reviewed by FTF Evaluation Division
- Data to be submitted to FTF Evaluation Division
- Criteria must meet predetermined questions of the Council

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

Existing Assets include: Healthy Families Programs; (Teen/baby); Havasupai Head Start; Havasupai Women, Infants and Children (WIC); Child Protection Team; BIA Law Enforcement; Children’s Advocacy Resource Directory; Havasupai Elementary; Indian Health Services; Social Services; Supai Clinic

What are the opportunities for collaboration and alignment:

- This strategy will build upon the existing assets mentioned above
- Tribal resolution for the existing First Things First Needs and Assets report
- Continued collaboration with Tribal Council members and the First Things First Coconino Regional Partnership Council

Opportunities for collaboration exist with partner agencies in the Supai Canyon to distribute information and materials regarding the importance of early childhood development and health and the work of First Things First.

SFY2010 Expenditure Plan for Proposed Strategy:

Population-based Allocation for proposed strategy: Havasupai Tribal children and families prenatal to kindergarten	Total: \$150,000.00
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Budget Justification:
 \$65,000.00 is estimated for the initial assessment with remaining unexpended funds dedicated to strategy development and implementation.
 45 days x 8 hours x \$125.00 per hour to collect data, interviews, etc. = \$45,000.00
 Hours to Analyze Data: 40 Hours to analyze data + 40 Hours to analyze existing home visiting models = 80 hours at \$125.00 per hour = \$10,000.00
 Write detailed report and present recommendation to Council: 48 Hours at \$125.00 per hour = \$6,000.00
 Travel = \$4,000.00
 \$85,000.00 will be dedicated for strategy design, tribal approval, FTF Council and Board approval, and initial implementation
 If the assessment is completed before the end of FY2010 monies for the strategy design phase will be made available. This amount will be carried forward to FY2011 if the assessment takes one full year.

Strategy 3: To conduct an assessment on the acceptability and feasibility of establishing a comprehensive Hopi Lavayi (Hopi language) early childhood model on Hopi Tribal lands.

The Coconino Regional Partnership Council would like to acknowledge the strengths of the Hopi people in aligning their beliefs with services to support strong children, family and service delivery by including Hopi culture and language. Tribal communities as a whole have few evidence-based models serving their children. This strategy will build upon the work of the Hopi "mission" to provide and promote quality educational services to the Hopi public; to provide consistent educational services to all Hopi schools; to preserve the good things of Hopi life through the infusion of the Hopi language and culture into all the schooling systems on Hopi; to provide a mechanism to assist the schooling systems on Hopi to resolve any differences; and to integrate modern technology in all services provided specifically as it relates to early child care.

Population

The "Hub" within the Coconino Region with the largest percentage of total population of children birth through age 4 is the Hopi Tribe. Nearly 60% of the residents on Hopi Lands live in one of the six Census Designated Places: First Mesa, Hotevilla-Bacavi, Keams Canyon, Kykotsmovi, Second Mesa, and Shongopovi. It is important to note that some traditional Hopis do not participate in census counts conducted by the U.S. Census Bureau. Children live in villages across the entire 222,239 square miles of land possessed by the Hopi.

Villages

Throughout the United States, there is tremendous diversity within the American Indian population. Though American Indians comprise 1 percent of the total U.S. population, they make up 50 percent of the nation's languages and cultures, many of which exist nowhere else on the face of this planet. Cultural diversity plays a vital role in the Coconino Region in terms of resources and support. Many child care and health literature informational packets are addressed only in English and Spanish. This is important when considering:

- Over 1/3 of the population within the Coconino Region is Native American;
- 41% of births were Native American; 39% of births were White; and 16% of births were Hispanic/Latino;
- 44% of children speak a language other than English in the home;
- Those languages include Hopi, Spanish, Navajo and Havasupai;

If not encompassed during service delivery, the rich and diverse linguistic cultural needs of families can become a barrier to the children and families receiving the necessary services they seek.

The languages and cultures of American Indians are unique and many of these indigenous languages are in jeopardy of disappearing altogether. The rules of language are acquired by a young child throughout their early formation years. In general, the younger the child, the more readily they pick up the rules of language, the social context of communication and the cultural nuances embedded in speech, language and communication. The task of the very young child is to deduce the aforementioned rules and then test and revise them until he or she becomes proficient for his or her age level. Early literacy skills learned at home in a child's first language later transfer into the English language. Several studies have indicated that English as a Second Language learners between the ages of three and eight years who have access to many learning opportunities in their native language will ultimately perform better on both middle school and high school tests of academic achievement in English than those who grow up in English-only speaking settings. (Harvard Education Letter May/June 2008). *Over seventy percent of*

homes within the Hopi community speak the Hopi language.

Education

Seventy-one percent of American Indians nationwide have a high school diploma and eleven percent have a Bachelor of Arts Degree. According to Editorial Projects in Education (EPE) Research Center 2007, the national graduation rate for American Indian high school students was 49.3 percent in the 2003-04 school year, compared to 76.2 percent for white students. In 2000, in the Hopi Community, a greater percentage of parents were without a high school diploma than those with a high school diploma.

Economic Conditions

The Federal Poverty Level (FPL) guidelines suggest a poverty level for a family of 4 living in 2008 must be below \$21,200.00. According to Diana Pierce, PhD., the Self Sufficiency Standard for the Coconino Region in 2002, the annual income required to meet the basic living needs for a family of 4 was \$45,958—more than twice the amount of FPL guidelines in 2008. It is apparent that the median annual income for all families living in the Coconino Region fall far below the income necessary to meet basic needs yet they do not fall within the FPL guidelines necessary for assistance. Even more so for rural, remote Tribal communities, especially Hopi who experience 10 percent unemployment.

Hopi people are hardworking farmers and since the 12th century developed a unique agriculture practice called “dry farming.” They have also perfected special techniques to plant seeds in arid fields. As a result they succeed in raising corn, beans, squash, melons and other crops in a landscape that appear inhospitable to farming. The Hopi keep in close touch with nature and have developed a rich ceremonial life, seeking to maintain balance and harmony with their surroundings and one another.

Government

American Indians have struggled to regain their right of self determination and governance and to expand their opportunities for social, educational and economic development. Hopi economic conditions are influenced directly by the remote location and small population base. Hopi cultural traditions and practices form an important facet of the economic environment and create opportunities but add constraints to this indigenous community. (A consensus-based and distributed decision-making process indicates change does not come easily or quickly). Due to these trade-offs, the reservation experiences an unusual degree of underutilization of both assets and opportunities.

Early Childhood Settings

The Hopi Child Care Center/Homes serve children one to three years of age and they may have up to four children in each home, including the provider’s children if she/he has young children from infant to seven years of age. Last year, this organization had a waiting list for children. The office of environmental health ensures compliance for first time caregivers and The Hopi Child Care Center provides ongoing monitoring. Out of the 22 family homes, as of October 2008, 10 are currently serving children.

- 1 Child Care Center capacity 39
- 4 Head Start Sites serving 195 children
- Hopi Head Start operates at full capacity with 30-40 students on the waiting list. All Head Start students receive developmental screenings within the first 45 days of enrollment into the program.

In Hopi Head Start, all students receive developmental screenings within the first 45 days of enrollment into the program. Most children in child care will be screened within the provider home if the parent is willing to bring them during the screening times.

The availability of particular resources is directly related to a child’s early literacy skills, second to school involvement. Across the following Hopi villages and communities: Moenkopi, Hotevilla, Bacavi, Oraibi, Kykotsmovi, Shungopavi, Keams Canyon, Sipaulovi, Mishonghovi, Walpi, Sichornovi, Tewa, Polacca and Spider Mound, mothers are typically the nurturers of their children and often use the oral tradition of gaining information versus the written transmittal of knowledge. These two facts require a village to village and face to face method of accumulating and transmitting information and relationship building.

The funding of this strategy will:

- Seek perspectives of peoples throughout the Tribe: elders, spiritual leaders, Tribal Council, families and intentionally align those with a family centered language and literacy early childhood delivery model.
- Communicate and outreach regarding the importance of early educational development and health.
- Build upon the current foundation of work between Hopi and First Things First toward a strengthened partnership.
- Place focus toward desired outcomes for all young children.

Lead Goal: Quality and Access

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

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

Key Measures:

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

Target Population:

Future target population will be 33% of the Hopi children and families currently not served by Hopi Child Care or Hopi Head Start across all villages

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	Average community response of	350 children	350 children

	15%		
Performance Measures SFY 2010-2012			
<ul style="list-style-type: none"> • Tribal Resolution to ensure strengthened partnership between FTF and the Hopi Tribe • At the end of the FY2010 the following will be accomplished: # Tribal Council presentations; # Village presentations; # of contacts with families in villages; # contact with agency/organizations serving young children on Hopi etc.; # of contact with tribal elders and/or spiritual leaders. • The Hopi language and culture infused throughout all aspects of the planning phase • The completion of the assessment within the first year. • Ability to design the project as a result of the assessment • The FTF measures for the project will be identified prior to assessment to give it direction and parameters. • Protocol/methodology to be reviewed by FTF Evaluation Division • Data collection instrument to be reviewed by FTF Evaluation Division • Data to be submitted to FTF Evaluation Division • Criteria must meet predetermined questions of the Council 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Presently the Hopi Wellness Center, Hopi Head Start, Hopi Department of Education, and New Bookmobile arriving in the Spring of 2009 all align with the Hopi Department of Education Narrative which builds on the Hopi Education Master Plan of 1980. These further support the Hopi Tribal Resolution (H-079-2003) mandating <u>all schooling systems on or near Hopi Nation infuse language and culture into curriculum.</u></p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>Currently, the Hopi Tribal government is working with various organizations, institutions, and individuals including First Things First, Northern Arizona University, Indian Health Center and others to improve the educational outcomes for all Hopi peoples. This strategy will further support the work of the Hopi Tribe while identifying the opportunities to build a comprehensive system of delivery for all children across the villages of Hopi aligning with First Things First.</p> <p>Opportunity for collaboration exists as First Things First coordinates with partner agencies on tribal lands to distribute information and materials on Hopi related to early childhood development and health.</p>			
SFY2010 Expenditure Plan for Proposed Strategy:			
Population-based Allocation for proposed strategy:	\$300,000.00		
<p>Budget Justification: \$100,000.00 for the planning stage across all Hopi villages. The remainder is a place holder for the strategy design/ implementation phase (\$200,000) if assessment is completed in year one; if not, the amount will be carried forward to FY2011.</p> <p>In 2006, Coconino County had a larger percentage of Native American births as compared to other Race/Ethnicity groups.</p>			

Across the following villages and communities: Moenkopi, Hotevilla, Bacavi, Oraibi, Kykotsmovi, Shungopavi, Keams Canyon, Sipaulovi, Mishonghovi, Walpi, Sichornovi, Tewa, Polacca and Spider Mound, mothers are typically the nurturers of their children and often use the oral tradition of gaining information versus the written transmittal of knowledge.

These two facts require a village to village and face to face method of accumulating and transmitting information and relationship building. To travel the twelve villages throughout the Reservation, one must utilize state highway 264, another designated scenic highway.

An individual must travel 45 miles on a desolate, two-lane county road to Leupp from the capital of Hopi, Kykotsmovi. Travel to Flagstaff then continues for another 30 miles to Interstate 40 and another 16 miles on Interstate 40 for a costly grand total of 182 miles round trip.

11 villages x 2 days x 8 hours for key informant interviews by village elders and families = 176 x \$125.00 per hour = \$22,000.00

28 days x 8 hours x \$125.00 per hour for data and interviews with agencies and organization serving the populations on and off the reservation= \$28,000.00

10 x 8 = 80 x \$125.00 per hour = \$10,000.00 analyzing the data

10 x 8 = 80 x \$125.00 per hour = \$10,000.00 writing the report

Travel: \$7,000.00

Incentives: \$10,000.00 for participation in events and incentives. To encourage participation in either formal or informal interviews, these monies are a set aside to ensure that people are reached through village events or to be used as incentives via other instruments.

Total= \$100,000.00;

\$200,000.00 for strategy design, tribal approval, FTF Council and Board approval and initial implementation

Strategy 4: Enhance and maximize the use of the Arizona Parenting Kit by linking it with home visitation programs for newborns

The Coconino Regional Partnership Council plans to leverage two of the assets in the Region: the Arizona Parent Kit and the current home visitation programs by improving family knowledge of child development, health and safety, quality child care, and school readiness. A coordinator will work with hospitals, birthing centers, home visitors, and other programs to ensure:

- education and information related to the Kit will be used to maximize parent use and impact of the kit on children and families;
- home visitors are able to share information on the use of the Kit in homes across the Region

Family support and parent involvement are linked to children's school readiness. Research shows that

greater parent involvement in children's learning positively affects the child's school performance, including higher academic achievement and greater social and emotional development. (Harvard Research Digest, October 2003, Qiuyun Lin.)

The Arizona Parent Kit is a vital resource in the vast rural Coconino Region of Northern Arizona. The birth of a child is a unique opportunity to make profound changes in how parents view babies and create peaceful homes, loving families, and thriving children.

National data "provides evidence of the effectiveness of the Kit in diverse community contexts. Knowledge gains in this study compared favorably with results from other studies. The kit also affected important parenting practices." Results indicate that parents using the kits:

- were more likely to put babies to sleep on their backs to minimize the chances of Sudden Infant Death Syndrome.
- Increased the incidence and duration of breastfeeding.
- Increased the rate of reading to babies
- Increased the amount of time adults played with their babies
- Produced more appropriate methods of dealing with infant behavior.
- Increased the correct use of car seats

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops nurturing and attachment, knowledge of parenting and of child development, parental resilience, and social connections and support for parents.¹ Research suggests that improving fundamental parenting practices reduces 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

Currently, the Coconino Region has two known home visiting models: Healthy Families and Early Head Start. Due to the great diversity in this Region, both geographic and culturally, and the lack of current measures related to family knowledge, it is difficult to know how many children are able to access adults with a strong knowledge of child development, quality care and health. The distribution point of resources, types of information, and methods used to allocate information are just being identified throughout the region. In addition it is important to note that in Native families, mothers are typically the nurturers of their children and often use the oral tradition of gaining and transmitting information versus the written transmittal of knowledge.

Using child abuse indicators approximately 50% of families giving birth currently screen into the Healthy Families Home Visiting program throughout the Coconino Region.

In all areas of the Coconino Region, parents received more Parent Education materials from literature such as pamphlets and books than they received from face to face interaction with agency representatives in 2008. The availability of particular resources is directly related to a child's early literacy skills, second to school involvement. According to Dr. Noreen Sakiestewa, "Native American mothers generally in all tribes are the nurturers of their children. Therefore, if the mother is present in the household this is considered a strong indicator of success for the child." The First Things First Parenting Kits will be distributed through hospitals only. Families who do not have a newborn may be without the Kit in their home.

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.

Families who continually grow, learn, and prepare for their child’s unique future are perceived to be assets to the child and region. The collaboration and grassroots work of professionals and families throughout the region are also strengths.

Activities of this strategy will center on ensuring home visitors familiarity with the contents of the Arizona Parent Kit. Practitioners will then use the kit to highlight excerpts, tie the information within the kit to family daily life, while linking it to developmental milestones for the child.

The Coconino Regional Partnership Council will take advantage of the powerful prospect of leveraging opportunities which currently exist to expand family knowledge and confidence regarding parenting, particularly for families experiencing at risk factors.

Lead Goal: Family Support

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

Key Measures:

- Percentage of families with children birth through 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 experience particular risk factors, maternal depression, employment status, low income, etc.

Target Population: Families with newborns who experience particular risk factors such as income levels, maternal depression, etc. related to child abuse.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
<p>Proposed Service Numbers</p> <p>The delivered monthly average for Parent Kits throughout the region is: 180 kits divided by 2 = 90 times 12 months equals 1080</p> <p>An estimated half of all families screened will participate in a home visitation program.</p>	1080	1080	1080

Performance Measures SFY 2010-2012

- Percentage of families showing increases in parenting knowledge and skill after using the kit
- Percentage of families that report satisfaction with information on high-quality early care
- Percentage of families utilizing high-quality early care
- Percentage of families showing increases in parenting knowledge and skill after receiving family support

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

Through December of 2008 the Arizona Parenting Kit is provided through Flagstaff Medical Center.

In Coconino County, approximately 192 AZ Parent Kits were delivered through hospitals per month in 2008:

- 15 to 20 Parent Kits were delivered in Page, 5 in Hopi, 130 to 150 in Flagstaff and 30 in the Winslow area. Of these, about 162 were presented in English (throughout the Coconino Region) and 30 were presented in Spanish (all in the Southern Area of the Region).

On average 50% of the families giving birth in the Coconino Regional hospitals and birthing centers screen into the Healthy Families Home Visiting Program. Healthy Families used the current Arizona Parenting Kit as an opportunity to meet families in the hospital, to give a general overview of the Kit, and then as an opportunity in homes and with play groups organized by Healthy Families and/or the hospitals and birthing centers. This strategy builds on lessons learned and current delivery systems while coordinating home visiting programs in the Coconino Region.

- What are the opportunities for collaboration and alignment:

Currently, the home visitation programs operate independently in the Region. There is little coordination among home visiting programs and First Things First. This strategy will build on currently offered home visitation programs to fill the gaps in information identified by providers and families throughout the Region. The result will be an increased coordinated network of face to face family information and development opportunities in the Coconino Region.

Coordinate with partner agencies to distribute information and materials in targeted geographic areas.

SFY2010 Expenditure Plan for Proposed Strategy:

Population-based Allocation for proposed strategy:	\$40,000.00
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Budget Justification:

\$38,750.00 to coordinate hospitals, birthing centers across the Region, home visitors, and other programs to ensure:

- education and information related to the Kit will be used to maximize parent use and impact of the kit on children and families;
- home visitors are able to share information on the use of the Kit in homes across the Region
- Regular reports to First Things First

Arizona Parent Kit to serve as a resource for practitioners– 50 kits x \$25.00 = \$1,250.00

Case Load 1:15 families (often, geography and travel limits the caseload for practitioners across the Coconino Region)

Strategy 5: Implement a wage compensation program tied to completed coursework in early childhood education (such as TEACH) leading towards the completion of early childhood education degree.

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

Child care workers are among the lowest-paid of all low-wage workers. According to the Bureau of Labor Statistics, in 2003 the average annual salary for child care workers in Arizona was \$16,360, far less per year than dog groomers and barbers and less than half the self-sufficiency wage. In 2008, the federal poverty line is \$21,200 for a family of four, and in the Coconino County as of 2002 (the most recent data available), the annual combined income level for self-sufficiency for a family of four (two adults, one infant, and one preschool child) is \$45,958.00.

The Self-Sufficiency Standard for the county provides information on how much income is needed for families of different sizes to achieve their basic needs without public or private assistance. The federal government's standard measure of poverty is the Federal Poverty Level (FPL), which sets a national cost of living using a formula developed in the 1950's which triples the cost of a Department of Agriculture Food Plan³. The FPL does not take into account the changes that occurred in basic living costs since 1950. The Self-Sufficiency Standard provides a much more comprehensive measure of income and adequacy than the FPL⁴. The Self-Sufficiency Standard accounts for housing, health care, transportation, child care, food, taxes, and other costs by county.

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

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

4 The Self-Sufficiency Standard for Arizona, prepared by Diana Pearce with Wider Opportunities for Women for the Children's Action Alliance, March 2002.

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 education⁵.

This strategy offers a plan to increase compensation to staff as an incentive to further their education. The Coconino Regional Partnership Council will consider the model FTF ultimately uses as a compensation enhancement program. For information on this program, see:

http://communityissues.azfoundation.org/index.php/54+M525989d34ef/?&backPid=22&tt_news

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

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

Key Measures:

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

Target Population:

This strategy will target early childhood professionals who are participating in continuing education.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	38 providers	38providers	38 providers

Performance Measures SFY 2010-2012

1. Number of professionals pursuing degree in early childhood- Actual service number.
2. Number of degreed professionals in early care and education-Actual service number.

⁵ *Compensation and Credentials*, Children’s Action Alliance, July 2005, pgs 4-5.
Compensation and Credentials, Children’s Action Alliance, July 2005, pgs 12 and 14.

<p>3. Number of early care and education professionals at an assistant teacher or teacher level retained for 3 years (this would allow the Coconino Regional Partnership Council to establish a baseline).</p> <p>4. Number of early care and education professionals at a center director level retained for 5 years.</p>	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: <p>This strategy directly ties into quality improvement efforts building on the state system. The Coconino Regional Partnership Council anticipates that FTF will adopt a wage enhancement model in the near future and will utilize the administrative home agent to provide compensation incentives aligned to the state model.</p>	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: <p>There is great interest from the early childhood community and throughout the state in tying increased compensation to increased levels of education.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$71,441.00</p>
<p>Budget Justification:</p> <p>The average compensation for early childhood professionals completing their education degree is determined to be \$2,000. Depending on what FTF develop as a statewide strategy, this may be adopted by the Coconino Regional Partnership Council.</p> <p>Compensation packages will likely be established at different rates for different levels, i.e. less for someone completing an A.A. than someone completing a B.A. If FTF has not identified a compensation plan by FY10, funds would be carried forward to implement the plan regionally once FTF identifies what will be supported at the state level.</p> <p>80% of Centers participating in Quality First!;</p> <p>14 centers x 2 staff = 28</p> <p>10 homes x 1 staff = 10</p> <p>10 + 28 = 38</p> <p>\$2,000.00 average compensation = \$72,000.00</p> <p>Total for this strategy \$71,441.00</p>	

Strategy 6: Increase the total number of homes and centers involved in QIRS System- Quality First! across the region.

The total capacity for child care center, homes, and Head Starts within the Coconino Region is 3,068. The number of children birth to five in this region numbered 10,650 in 2007. Currently, one third of the

children across the Coconino Region have access to regulated child care according to this data. Within the boundaries of the Coconino Region no family child care homes or group homes are accredited, 5 of the 15 Head Starts are accredited, and 7 of the child care centers are accredited. Throughout the northern and central areas of the Coconino Region there are no accredited centers.

Leveraging the dollars and statewide focus on quality is an advantage the Coconino Regional Partnership Council would like to use. The statewide effort will initiate 6 centers and 2 homes throughout the Region. Given the topography, various governments and languages throughout the Coconino Region the Partnership Council will increase the total number of homes and centers by 8 each. Resulting in a total of 14 child care centers and 10 homes participating in Quality First!

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.

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, Pennsylvania, Tennessee and Oklahoma, 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. A new study of the Colorado’s Qualistar Quality Rating and Improvement System by the RAND Corporation³ 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!*

Lead Goal: Quality and Access (Quality First!)

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 QIRS system
- Total number of children enrolled in early care and education programs participating in QIRS system
- Number and percentage of early care and education programs with access to a Child Care Health Consultant.

Target Population: Home care providers and child care centers throughout the Coconino Regional Hubs

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -	July 1, 2010 –	July 1, 2011 -

Proposed Service Numbers	June 30, 2010	June 30, 2011	June 30, 2012
	8 centers	8 centers	8 centers
8 homes	8 homes	8 homes	

Performance Measures SFY 2010-2012

- Number of children served at target quality level
- Number of quality early care and education programs
- Number of centers served
- Percentage of homes/centers in Hubs and communities across the Coconino Region participating in Quality First!

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

Existing Assets: DES, DHS, DES Subsidy, Quality First!, Self Study, S*CCEEDS, TEACH, models of existing accredited programs (profit and nonprofit); Coconino Community College, Northern Arizona University, Early Learning and Care Group, Northland Pioneer College, NACOG and Tribal Head Starts.

- What are the opportunities for collaboration and alignment:

Geography issues can prevent access to education, and quality child care depends on well-prepared providers, but rural providers do not have access to coaching or other incentives for professional development. Few providers in this area have degrees. Most of our children are cared for outside a quality childcare system and quality childcare is needed to impact children’s lives.

SFY2010 Expenditure Plan for Proposed Strategy:

Population-based Allocation for proposed strategy:	\$440,000.00
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Budget Justification:

8 Centers @ \$33,000/ea=\$264,000; average 50 children x 8 = 400
 8 Homes @ \$22,000/ea=\$176,000: average 4 children x 8 = 32
 Total: = \$440,000.00

This brings the total centers to 14 and family child care homes to 10 participating in Quality First!

Strategy 7: To expand access to quality early childcare and education settings by ensuring regulated centers and homes can afford to increase quality while simultaneously increasing service to children who are living at or below low-income.

There are over 10,000 young children in the Coconino Region and the number of accredited homes and centers are not enough to accommodate all of the eligible children. There are a total of 36 centers in the Coconino Region with a total capacity of serving 2123 children. Out of those 36 centers, 20 accept

DES subsidies and 7 are accredited. Additionally, in the Coconino region, there are 5 group homes and 41 family child care homes, with a total capacity serving 152 children. None of these group homes or child care homes are currently accredited.

This region has an overall poverty level of 30%. Northern Arizona Council of Governments Head Start reports that although 11,000 children in the Coconino County (includes Navajo Nation) are eligible for Head Start services but only 1000 children are currently served by NACOG Head Start. The county data do not accurately reflect the entire First Things First Coconino Region.

Note: Capacity is different from the number of slots available and is different again from the total number of children served by a program. For example: a Head Start Program which runs a half day morning and a half day afternoon program may have a capacity of 49 children; slots for 98 children and therefore actually serve 98 children if they are fully enrolled.

Group Child Care Homes are certified and monitored by the Department of Health Services (DHS). They may be compensated for 5 to 10 children. They must have 1 staff person for every 5 children at all times. Group day care homes may contract with DES to care for children whose families receive DES assistance.

DES Certified Child Care (Family) Homes are certified and monitored by the Arizona Department of Economic Security (DES). They may care for no more than 4 children at one time for compensation. They also care for children whose families receive DES assistance to pay for this care.

The Hopi Child Care Center/Homes serve children one to three years of age and they may hold up to four children in each home, including the provider's children if she/he has young children from infant to seven years of age. Last year, this organization had a waiting list for children. The office of environmental health ensures compliance for first time caregivers and **The Hopi Child Care Center** provides ongoing monitoring. Out of the 22 family homes, 10 are currently serving children as of October 2008.

Head Start Centers. In the Coconino Region, there are 18 Head Start centers (HS) and 1 Early Head Start center (EHS). The North Hub has 2 Head Start centers with one located in the Havasupai Tribal Community; the Central Hub has 6 with 5 located in the Hopi Tribal community; and the South Hub has 12. **Hopi Head Start** operates at full capacity with 30-40 students on the waiting list. Five of the 19 Head Start centers are accredited (3 in Flagstaff, 1 in Williams and 1 in Fredonia).

The Arizona Self Study Project (ASSP), started in 2005, assists child care programs in integrating quality, developmentally appropriate practices in a model that meets the needs of all children using a self-study model. There are five centers that are currently involved in the AASP and two centers waiting to start the project. No Family Child Care Homes participate in this quality improvement program.

In Arizona, the cost of quality early education is unknown. National research suggests a range of \$9,000.00 to \$12,000.00 per year per child to provide quality. Given the unknowns regarding the actual costs of quality in Arizona and in the Coconino Region, the Regional Partnership Council seeks to expand access to quality childcare in the following ways:

- Reduce the cost of quality to the provider so the cost is not incurred by the family
- Reduce the cost of parent fees through tuition stipends so the increase cost of quality is not passed on to the family.

In rural communities child care centers are often run by individuals as small businesses. These settings not only provide a needed service, they are also often the only regulated provider for many miles. In addition, the percentage of family households below poverty averages 30 percent throughout the Coconino Region. The Coconino Regional Partnership Council will award a stipend to centers and homes with at least 20% of their enrollment consisting of children who are at or below 200% of the Federal Poverty Level and who are enrolled in Quality First! or another Arizona recognized national accreditation system.

Lead Goal: Quality and Access

Goal: 3. FTF will increase availability and affordability of early care and education programs as a proportion of total population birth to age five.

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.
- Total number of identified improvements in regulatory and monitoring standards.

Target Population: Centers and homes with at least 20% of their enrollment consisting of children who are at or below 200% of the FPL and who are enrolled in Quality First! or another Arizona national accreditation system.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	143	143	143

Performance Measures SFY 2010-2012

- Rates of early care and education programs
- Percent of parents who report improved affordability of care
- Number and percentage of families at 200% of FPL enrolled in regulated care
- Number of children of ethnic or low socio-economic level children at early care centers/ homes
- Protocol/methodology to be reviewed by FTF Evaluation Division
- Data collection instrument to be reviewed by FTF Evaluation Division
- Data to be submitted to FTF Evaluation Division
- Criteria must meet predetermined questions of the Council

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

Existing Assets include: DES, DHS, Quality First!, Self Study, S*CCEEDS, TEACH, use of existing accredited programs (profit and nonprofit); ASCC- self-study system; Existing centers, homes and Head Start; Head Start Parent Council; ACES quality improvement work (below)

Efforts within Community Hubs to Improve Quality

Through the Alliance for Children’s Early Success and United Way of Northern AZ, there were 28 quality improvement grants awarded in the greater Flagstaff area during 2007 and 2008:

2007 Flagstaff—Early Learning Opportunity Act Funds:

- 13 centers applied and 10 were awarded based on criteria developed by the Alliance for Children’s Early Success
- 18 home child care providers applied and 10 were awarded

2008 Flagstaff—United Way of Northern Arizona Funds:

- 5 centers applied and 4 were awarded
- 5 home child care providers applied and 4 were awarded

- What are the opportunities for collaboration and alignment:

Given the provision of Arizona Department of Economic Security Child Care Subsidies, the numbers of private and faith based centers with vacancies, and the large need identified by NACOG Head Start, opportunities exist to coordinate services for children and families across the Coconino Region.

SFY2010 Expenditure Plan for Proposed Strategy:

Population-based Allocation for proposed strategy:	\$134,500.00
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Budget Justification:

\$122,500.00 for strategy + \$12,000.00 for administration = \$134,500.00

One example of possible subsidy:
 Range of assistance for children could include a sliding scale for tuition assistance.
 5 centers @ 50 children each + 3 family homes @ 6 children each = 264 children / 2 = 134
 Children receiving average of \$855.00 assistance = \$114,570.00

Range of assistance for quality supplements could also be included – adding cribs for infant and toddler programs etc.

Participating families and centers will identify their needs to the successful grantee of this strategy. The successful grantee will work with First Things First to categorize types of assistance allowable.

Strategy: 8 Conduct in collaboration with Southern Navajo and Apache Regional Partnership Council a region-wide study over the course of one year regarding:

- Family choices regarding care for their child
- Barriers to becoming a certified Family Child Care provider;
- Barriers to certified Family Child Care providers engaging in established programs for increasing quality.

In 2007, the Alliance for Children's Early Success conducted a Face-to-Face Family Survey across the greater Flagstaff area. The information derived from that survey indicates over 84.3% of respondents use a family member, spouse/partner or a friend for childcare. Given this fact and the low numbers of certified family child care homes (22 in Hopi- 19 across the remainder of the region) the Coconino Regional Partnership Council wishes to conduct a region-wide study over the course of one year regarding:

- Family choices regarding care for their child
- Barriers to becoming a certified Family Child Care provider;
- Barriers to certified Family Child Care providers engaging in established programs for increasing quality.

Throughout the Yavapai, Coconino, Navajo and Apache Counties, there are currently 100 certified child care homes (does not include tribal lands), according to Marilyn Popham District III Program Manager for DES Child Care Administration.

There are over 10,000 young children in the Coconino Region yet the number of homes and centers are not enough to accommodate all of the eligible children. There is a total capacity of 2,123 in this region including Head Starts, child care centers, and family and group homes. The region has an overall poverty rate of 30% when averaged by Hub. Northern Arizona Council of Governments (NACOG) Head Start reports that although over 11,000 children in the Coconino County (includes the Navajo Nation) are eligible for Head Start services, only 500 Head Start slots (numbers are approximated) are currently available (does not include tribal).

10,000 region - 2,100 spaces = 7,900 children potentially unable to access regulated child care

This study offers a potential paradigm shift for the entire region. The Coconino Regional Partnership Council wishes to respect the choices of families and support quality early childhood development opportunities wherever they occur. Prior to being able to clearly articulate the need, the Coconino Regional Partnership Council would like to know what barriers exist for families and lawful unregulated family care providers. Upon completion of this study, the Coconino Regional Partnership Council would design strategies which specifically promote quality of care for the 7,900 children in this region identified above.

The Coconino Regional Partnership Council desires to fund quality early childhood development opportunities for all children which respect parent choice.

Lead Goal: Quality and Access

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

Key Measures:

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

Target Population:			
Non-certified relative providers; providers using the Child and Adult Food Program; friend and neighbor providers; families using the above for child 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
	500 surveys	Strategy design and implementation	Full implementation
Performance Measures SFY 2010-2012			
<ul style="list-style-type: none"> • Completion of study • Ability to design a strategy as a result • Numbers of children in unregulated family child care homes • Knowledge of general location of family child care homes (zip code) • Number of interviews, focus groups, key informant interviews • Number of families who use unregulated care contacted 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: ACES Face to Face Community Survey, working with Head Start parent groups 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: The strategy will allow the Coconino, southern Navajo and Apache Regions to work together to establish a baseline to identify best practices. 			
SFY2010 Expenditure Plan for Proposed Strategy:			
Population-based Allocation for proposed strategy:	\$50,000		
Budget Justification:			
<p>Total \$50,000.00</p> <p>\$30,000.00 to conduct interviews, gather data, write a report and provide detailed information based upon the information gathered and assets in the Regions ; \$7,000.00 for travel throughout the region; \$3,000.00 for meetings; \$5,000.00 for survey distribution and printing costs and \$5,000.00 for outreach and/or incentives for survey completion (\$10 gift card per survey completed).</p> <p>An additional \$50,000.00 to be added by southern Navajo and Apache Regional Partnership.</p>			

Strategy 9: To establish a coordinated early childhood development and health service delivery network for children birth through age five in the Coconino Community Hubs.

The Coconino Regional Partnership Council wishes to develop or expand local collaborative efforts to improve the early development and health of children birth through 5 years of age by coordinating with other agencies and families to align standards which impact quality practices, program access and delivery across early childhood systems.

**Circles: The Geometry of a Caring Community
Partnership building to create a circle enveloping children**

As reflected in the Coconino Regional Needs and Assets report, Geography + Programs and Services + Economics = Access to quality services and programs for young children. The description of geography when paired with programs and services in the Coconino region helps form an understanding of the system surrounding the region's young children. Currently, little is known though about the effect of this on the lives of children in many of the communities across this very large geographic region. Furthermore, given the great distances, cost of travel and wages, certain communities are considered undesirable service areas by some programs and services throughout the Coconino Region. Therefore, services throughout the Coconino Region are often fragmented, inconsistent and incomplete.

For the Regional Council to carry out its roles and responsibilities in working to develop a comprehensive early childhood development and health system for the Coconino region will require a focused effort on supporting and building partnerships and promoting collaboration with the public agencies, nonprofit and for profit organizations and businesses, and families throughout the entire region. When this happens a seamless service delivery network can be achieved in which families are appropriately referred to programs and services, families receive the services that address their children's needs, and families are partners in shaping the service delivery network for their children.

While coordination and collaboration is often a goal and core principle of most organizations, true coordination and alignment is often not achieved due to limited or no funding to advance this work. Furthermore, one of the real components of partnerships is that simply desiring change is not enough to transform community conditions. Leadership is required both individually and organizationally. Getting things done necessitates bringing about positive agreement within the partnership, investing time and resources, and enlisting a commitment to the all out effort. Tenacity to do the work in a spirit of cooperation is essential. When individuals bring with them the same commitment, cooperation and collaboration there begins the transformation with such a combination of individuals and organizations.

Understanding what is necessary to carry out the mission of First Things First and build on the partnerships and collaboration that exists within the region, the Regional Council organized the region into six community hubs. These hubs are clustered together based on school attendance, current and potential availability of programs and services, general travel patterns, shopping, overall miles between communities, topography, government, language and cultures. Data that influence child health and development are illuminated when viewed at the community level. The next step and the purpose of this strategy is to build coordinated service delivery networks for children birth through age five, and at

the same time, generate new knowledge about the most effective ways to meet the needs of young children in the Coconino Region throughout the six community hubs.

This strategy builds on the system of care principles that have been effective in developing the necessary services and programs for children with severe mental illness. In a system of care approach public, nonprofit and for profit agencies and organizations including child care, mental health, education, child welfare, faith-based organizations, business, and families work together to ensure that children and their families have access to the services and supports they need to succeed.

Development of a coordinated service delivery network in families' communities is often non-existent or meets only certain aspects of a young child's health and developmental needs. Developing a system of care for children around early childhood development and health will link children in one system's care to other systems as well as to informal local supports. In addition, it unites service providers without dismantling systems, and information is shared while also assuring the confidentiality of the child and family.

It is critical that services and supports are responsive to the cultural, racial and ethnic differences of the community population. Each service partner has areas of responsibility, and the collaborative approach is not intended to replace or usurp the primary role of any one of these systems. The service delivery network builds upon the strength of services in the community that are already working for families and should provide access to existing services and supports, both formal and informal, and when appropriate, propose new services/supports to be added in order to address unmet needs.

The Alliance for Children's Early Success (ACES) is a successful example of a group of people working together to tackle hard problems in a spirit of collaboration and cooperation to arrive at mutually agreed upon solutions. This strategy builds on the foundation of ACES to establish effective collaborative efforts across the six community hubs in Coconino. The work of ACE's goes back to 1999 when United Way of Northern Arizona started their Success by 6 Initiative. ACE's developed out of the partnership between the United Way and the Flagstaff Community Foundation. The partnership became intent upon the mission, "to increase the well-being for all children, ages birth to eight" as opposed to accomplishing only the goal of their own organization. Members used their abilities, backgrounds, expertise, and leadership for the benefit of the effort and therefore children.

Prior to the partnership, the glaring needs of children and families were not fully known. Once the group started to talk while creating the mission statement and goals, the need of children and families was much larger than any considered. With the partnership, people began to feel like they were not alone in trying to meet the needs of children. For example, one center director commented that for the first time in 25 years she was in the same room with directors from all the other centers in our community. Before the partnership, philanthropic groups and not-for-profit organizations were working singularly on education issues. After the engagement of the partnership these institutions became effective together for the benefit of young children. They were willing to invest, not only in programs, but in capacity building endeavors for the partnership.

Based on the knowledge obtained when analyzing the process and continued work of ACES and the foundation of First Things First, the Coconino Regional Partnership Council has designed a strategy to establish a coordinated service delivery network in each of the community hubs. The Coconino Regional Partnership Council has begun to define the elements which the hubs will use as the framework for

coming together and includes the following:

- ❖ Services are delivered using a family-centered approach.
- ❖ Services are responsive to the cultural, racial and ethnic differences of the population being served.
- ❖ A full array of early childhood development and health services and supports is provided in the home community in which the child lives.
- ❖ Services are delivered in the least restrictive, most natural environment that is appropriate for the child's needs.
- ❖ Child- and family-serving agencies establish formal linkages to ensure that the service delivery network is adequately coordinated and integrated.
- ❖ Partners work together to ensure that the full range of services are available and to help the child and family move through the service delivery network as their needs change.
- ❖ Duplicative efforts among agencies and organizations are reduced or eliminated.
- ❖ Early identification and intervention are essential to promoting positive outcomes.
- ❖ Family members of children work together with service providers to develop, manage, deliver, and evaluate policies and programs.
- ❖ Service outcomes are evaluated.
- ❖ Available funding resources are fully utilized or integrated.
- ❖ Most importantly, families are fully involved in decision-making for their children

Furthermore, the community hubs will come together around the following to build and strengthen the service delivery network:

- Advise and make recommendations to the Coconino Regional Partnership Council regarding the provision of services to children.
- Development of coordinated service delivery network:
 - Develop service delivery coordination policies and procedures ensuring families are receiving what they need.
 - Establish core principles with organizations related to serving children and families using family centered practices.
 - Identify gaps in services.
 - Ensure families connect to necessary resources and information.
 - Address gaps in and around service coordination.
- Development of procedures for referring children and families to appropriate services programs and supports.
- Development of a resource guide and community asset map on the service delivery network and available services, programs and supports.
- Development of various mechanisms to distribute information and materials on the service delivery network.
- Development and delivery of training to organizations and agencies for personnel in order to appropriately refer families to services and supports, provide information and educational materials, and service coordination policies and procedures.
- Recommend programs and projects, including pilot projects, to encourage coordinated efforts in the community to improve the Hub's service delivery system.
- Enter into interagency agreements to encourage coordinated efforts at the local level to improve the service delivery system.
- Identify public and private funding sources for services.
- Collect information regarding successful programs for prevention, intervention, and treatment including evaluations of the programs.

- Identify and disseminate publications and information throughout the community.
- Development and implementation of a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children (Regional Needs and Assets Report):
 - Short-term data and long-term data collection at the community hub level.
 - Annual qualitative data gathered – key informant interviews, surveys etc. with families, caregivers, community organizations and programs.
- Assessment of services and supports to determine their responsiveness to the strengths, needs, family culture, race and ethnic group, and that they are provided in the least restrictive environment.
- Establishment of a mechanism to ensure ongoing input from a broad representation of families who are receiving services within the community hub.
- Identify fiscal strategies to support coordinated service delivery networks which may include the following:
 - How funds are pooled to support a coordinated service delivery network.
 - How resources are reallocated from institutional services to community-based, preventive, and family-centered services.

Lead Goal: Coordination and Collaboration

Goal: 13. FTF will lead cross-system coordination efforts among state, Federal and Tribal organizations to improve coordination and integration of AZ 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.
- Total number and percentage of public and private partners who report they are satisfied with the extent and quality needs defined of coordination between public, private and tribal systems.
- 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).

Target Population: Children birth through age five and their families benefitting from a coordinated service delivery network. Specifically the public, nonprofit and for profit organizations and businesses, and families in the six community hubs.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	6 Hubs	6 Hubs	6 Hubs

Performance Measures SFY 2010-2012

- The number of families reporting they have a true voice and are viewed as a real partner by an

organization or institution

- Baseline established regarding qualitative data across ten communities related to families, caregivers, programs and services
- The number of organizations providing cross program information
- Track the types of information provided to families
- Track the delivery methods of how information is relayed to families
- Number of family-centered practices
- Identify key partners and their ability to appropriately refer families to connect to appropriate services
- Number of providers with knowledge of other services/ organizations.
- Families' knowledge of how to access services
- Families report receiving appropriate referrals

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

There is strong leadership in individuals, organizations, and institutions resulting in many pockets of activity in rural areas where programs and organizations collaborate while wearing many hats.

Each of the following collaborative Partnerships meets a specific need within each community:

- Page- Page Partners for Special Needs (PPSN) works to build a network of delivery services for children with special needs
- Hopi- First Things First (FTF Hopi) – Participants include health providers, elementary schools principals, child care, parents, and Tribal administration focused on the work of early childhood development and health specifically related to First Things First
- Havasupai- Children's Advocacy Partnership of SUPAI – a grassroots networking group new to the Canyon bringing many of the child-and family- services together for the first time
- Flagstaff- Alliance for Children's Early Success (ACES) – a representation of the greater Flagstaff area across all service and program areas recently finished their strategic planning period
- Flagstaff- Early Learning and Care Group (ELCG) – a group comprised of Northern Arizona University, Flagstaff Unified School District, United Way of Northern Arizona, Northern Arizona Council of Governments, funded by the Helios Foundation to develop a model early childhood program of services in northern Arizona.
- Winslow- Winslow Coalition for Strong Families – a coalition of faith based entities serving families in need.

- What are the opportunities for collaboration and alignment:

The following describe types of coordination occurring in the Coconino Region followed by the known agency, organizations or groups.

Coordinated Problem Analysis:

- Alliance for Children's Early Success, Coconino Coalition for Children and Youth, Early Learning & Care Group, United Way Of Northern Arizona, Coconino County (Health Department),

Flagstaff Medical Center

Collaborative Planning:

- Alliance for Children’s Early Success, Early Learning & Care Group

Networking Relationships:

- Alliance for Children’s Early Success, Coconino Coalition for Children and Youth, Early Learning & Care Group, Page Partnership for Special Needs, Winslow Coalition for Strong Families, Children’s Advocacy Partnership of SUPAI

Coordinated Resource Allocation:

- Alliance for Children’s Early Success , United Way of Northern Arizona, Flagstaff Community Foundation, City of Flagstaff, Coconino County

Cooperative, Coordinated Service Delivery:

- Flagstaff Unified School District, Head Start, Flagstaff Library

Communication, Cooperation and Coordination:

- The Alliance for Children’s Early Success

System coordination has begun and serves as an asset of the early learning and care community in the Coconino Region; but deeper and broader coordination is necessary and possible.

SFY2010 Expenditure Plan for Proposed:

Population-based Allocation for proposed strategy:	\$270,000.00
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Budget Justification:

The regional methodology chosen by the Coconino Regional Partnership Council is to divide this vast region into three separate community clusters, or areas: the Northern Area consists of the Kaibab Paiute Tribe, Fredonia and Page; the Central Area consists of the Havasupai and Hopi Tribes and the Grand Canyon; finally the Southern Area consists of Winslow, Flagstaff, Williams and surrounding communities. Areas are further divided into “Hubs” of communities within the Region to facilitate greater effectiveness with assessment and support. Groupings permit identification and coordination of assets. The 3 Areas are separated into 6 Hubs representing 10 Communities (includes 3 Tribes).

The description of geography when paired with programs and services in the Coconino Region helps form an understanding of the system surrounding our young children. Currently, little is known about the effect of Geography + Programs and Services + Economics on the lives of children in families in many of the communities within the Coconino Region.

The Regional Council has identified approximately \$45,000.00 per Hub in order to carry out the following aspects:

\$ 5,000.00 Focus groups, key informant interviews, surveys to inform First Things First at the regional

and state levels

\$15,000.00 development of the coordinated service delivery network which includes monthly meetings, development of principles of service provision, and cross agency education, information and educational materials

\$25,000.00 development of service mechanisms to connect families to resources, and ensure seamless service delivery

The Coconino Regional Partnership Council has identified \$45,000.00 as a preliminary dollar figure for the community Hubs. As the Coconino Regional Partnership Council continues to work on this strategy, the Council will determine if it is feasible to start with the six Hubs at the same time or roll out the strategy over multiple years.

X 6 Hubs = \$270,000.00

In year two reduce funds by 25% Hubs match 25% cash or in-kind services

In year three reduce funds by 50% Hubs match 50% cash or in-kind services

In year four reduce funds by 75% Hubs match 75% cash or in-kind services

In year five reduce funds by 100% Hubs are sustainable

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

Revenue	
Population Based Allocation SFY2010	\$1,580,941
Expenditure Plan for SFY2010 Allocation	
Strategy 1 Oral Health	\$125,000.00
Strategy 2 Havasupai Home Visitation Program	\$150,000.00
Strategy 3 Hopi Lavayi early childhood model	\$300,000.00
Strategy 4 Arizona Parenting Kit	\$40,000.00
Strategy 5 Wage compensation program	\$71,441.00
Strategy 6 QIRS System	\$440,000.00
Strategy 7 Access to quality early childcare and education settings	\$134,500.00
Strategy 8 Family Child Care Study	\$50,000.00
Strategy 9 Collaborative efforts to improve the early development and health	\$270,000.00
Regional Needs & Assets	\$0
Subtotal of Expenditures	\$1,580,941.00
Fund Balance (undistributed regional allocation in SFY2010)*	\$0
Grand Total	\$1,580,941.00

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

Coconino Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$1,580,941

Revenue	FY2010	FY2011 (estimated)	FY2012 (estimated)	Total
Population Based Allocation	\$1,580,941	\$1,430,941	\$1,430,941	\$4,442,823
Fund Balance (carry forward from previous SFY)	N/A	N/A	\$78,941	
Expenditure Plan	FY2010	FY2011	FY2012	Total
Strategy 1 Oral Health	\$125,000	\$125,000	\$125,000	\$375,000.00
Strategy 2 Havasupai Home Visitation Program	\$150,000	\$125,000	\$125,000	\$400,000.00
Strategy 3 Hopi Lavayi early childhood model	\$300,000	\$150,000	\$150,000	\$600,000.00
Strategy 4 Arizona Parenting Kit	\$40,000	\$40,000	\$40,000	\$120,000.00
Strategy 5 Wage compensation program	\$71,441	\$70,000	\$70,000	\$211,441
Strategy 6 QIRS System	\$440,000	\$440,000	\$440,000	\$1,320,000.00
Strategy 7 Access to quality early childcare and education settings	\$134,500	\$122,500	\$122,500	\$379,500.00
Strategy 8 Family Child Care Study	\$50,000	\$67,500	\$67,500	\$185,000.00
Strategy 9 Collaborative efforts to improve the early development and health	\$270,000	\$202,000	\$135,000	\$838,000.00
Regional Needs and Assets	\$	\$10,000	\$10,000	\$0
Subtotal Expenditures	\$1,580,941	\$1,352,000	\$1,285,000	\$4,217,941.00
Fund Balance* (undistributed regional allocation)		\$78,941	\$224,882	
Grand Total	\$1,580,941	\$1,430,941	\$1,434,882	

VI. Discretionary and Public/Private Funds

The Coconino Regional Partnership identified three areas for the targeting of discretionary funds:

- 1) To create a high impact radio communications effort for families regarding oral health topics. Radio communications specific to the Hopi and Havasupai tribes require language and cultural

specific messaging. Messaging in Navajo and Spanish may be needed in Flagstaff, Winslow and Williams.

- 2) Communications efforts informing the public at large about the importance of early childhood development and health.
- 3) Facilities

In depth planning for discretionary funds has not been completed by the Council at this time due to the significant work to date.