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

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

The Funding Plan submitted by the Gila Regional Partnership Council has been developed based on information gathered from the region's Needs and Assets Report, community forum feedback, and input from key stakeholders within the region. The region's two largest communities are Payson, located in the northern area of the region, and Globe (the County seat) in the southern area of the region. The remaining communities, which are mostly scattered throughout the region, have very small populations and are fairly isolated. Hence, many communities are without adequate resources, and/or lack the ability to access resources. It is the intention of the Gila Regional Partnership Council to share the region's allocation with all communities within the region's boundaries.

The Gila Regional Partnership Council is responsible for serving communities which are diverse in locale, population, resources and needs. The region's northern and southern areas are different not only in geographic location, but have significant differences relating to employment opportunities and community resources. The communities associated with the northern area of the region are Payson, Tonto Apache Tribal Lands, Pine, Strawberry and Star Valley (which are linked by proximity), Rye and Gisela (close in proximity), Kohl's Ranch, Christopher Creek, Tonto Village and Young (which is particularly isolated). The communities associated with the region's southern area are Globe, Miami and Claypool (which are linked by proximity); and the Roosevelt and Tonto Basin communities (close in proximity and both located very near the Roosevelt Lake Recreational area). The Dripping Springs community is extremely isolated in a mountainous area in the southern area of the region. Hayden and Winkelman, both with minimal populations, are the two most southern communities of the region.

According to the U. S. Census of 2007, the region is home to approximately 3,159 children between the ages of birth-to-five years. Although the region's birth-to-five population grew at a slower rate than the overall state's population, the Gila region is reported to be seven to nine percentage points above the State average as far as births to teenage mothers, and it was noted that a portion of births in the region are to single parents.

Median family income for Gila County in 2004 was $33,412 or 75% of the median family income for the State as a whole which is, $43,696 (U. S. Census 2004), and that 18.2% of families residing in the region lived at or below the 100 percent federal poverty level compared to 14.6% of families across the entire state.

Recent health-related data for young children was limited, or not available, in the Needs and Assets Report prepared for the Gila region. However, the limited available data, and feedback from key informant interviews and community forum participants suggested that the region does poorly on many measures of child health, lagging behind the state in a number of important areas such as timely immunizations, and it was suggested that a large percentage of the region's children have untreated oral health problems and have poor nutrition. Information received from key informants and public forum participants believe children (birth-to-five) who are eligible for public health insurance programs are not

receiving oral health screenings, and subsequently are not receiving referrals for oral health care. It is suspected only 56% of Gila County two year olds were immunized; less than 1% of children received Arizona Early Intervention Program (AzEIP) developmental screenings at 0-12 months of age, and less than 3% of children received AzEIP developmental screenings at 0-36 months. Community forum participants felt that the lack of occupational, speech and physical therapists in the region is severely impacting quality early childhood developmental services in the region. Children have little or no access to occupational, physical and speech therapists anywhere in the region. Law enforcement reports within the region reveal high numbers of arrests relating to methamphetamine use. Many of these arrests involve methamphetamine-addicted parents. Key informant interviews and community forums reveal that behavioral health treatment within the region for those parents who are struggling with addiction is very limited. A behavioral health treatment provider that attended one of the community forums said that there are no behavioral health services for birth-to-five children present in the region. Clearly birth-to-five children in the region, whose lives are affected by substance abuse, have no behavioral health resources available.

The region's fee-paying child care facilities in 2006 included 10 licensed centers, 3 small group homes and 90 family child care homes. In 2006, a total of 800 children were enrolled daily on average at the 103 child care sites. The approved licensed capacity was 1,045 children. The Gila region has three accredited early care and education programs, which are all Head Start sites, and are located only in Globe, Miami and Payson. Head Start staff in the region report all 3 centers have a very high turnover rate in staff. The remaining communities throughout the region lack equal or similar child care facilities. Reportedly, no providers from the northern area of the region are registered with Child Care Resource and Referral, a program partially funded by the Arizona Department of Economic Security. Respondent information obtained throughout the region revealed that the minimal capacity of child care facilities does not begin to meet the existing need. Respondents indicated a strong need for an increase in the number of lawful child care facilities and centers. There was a strong voice for development of care facilities that provide child care service 24 hours per day, 7 days a week for parents/caregivers who work shift work. Respondents voiced a need to have a higher level of education and professional development among existing child care center staff and home providers. Respondents also voiced a desire to utilize incentives to recruit and retain early educational professionals, and indicated that it is very important to increase training for parents and caregivers who are raising children with special needs. Respondents would like to see funded outreach efforts extended across the region to provide current and reliable information to families that would assist them in promoting the healthy social-emotional development of their young children.

While numerous sources of data exist at the state level, the information can be difficult to analyze and often is not available at the regional level or available by cities or towns. Many indicators that could effectively assess children's healthy growth and development are not consistently measured across the state and available at the local level. The Gila Regional Partnership Council will focus its efforts and work in partnership with the First Things First Board to improve data collection so that regionally specific data are available for the Gila Regional Partnership Council to make informed decisions around services and programs for the children of the region.

During the strategic planning process, those who attended the community forum meetings held within the region were asked to help prioritize the needs of the region. The following needs were defined and prioritized from information received during community forum meetings, key informant interviews and linked with the limited information and data contained in the Needs and Assets Report. The needs identified by the Gila Regional Partnership Council are:

1. Need: Children and expectant mothers do not have access to timely oral health care
2. Need: Children, particularly birth-to-three, are not receiving timely screenings for age appropriate development
3. Need: The early care and educational workforce in the region are unable to **retain** a qualified workforce
4. Need: The region's early care and educational workforce significantly lacks professionals with **appropriate credentials**
5. Need: There is a need to increase the knowledge and skills of home-care providers
6. Need: Families, particularly young parents, lack access to information about child development

II. Prioritized Goals and Key Measures

Need: Children and expectant mothers do not have access to timely oral health care.

Goal: Health #4: First Things First 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 receiving appropriate and timely oral health visits
- Total number and percentage of children with health insurance

Need: Children, particularly birth-to-three, are not receiving timely screenings for age appropriate development.

Lead Goal: Health #7: First Things First will advocate for timely and adequate services for children identified through early screening.

Goal: Health #6: First Things First will expand use of early screening in health care settings to identify children with developmental delay.

Key Measures:

- Ratio of children referred and found eligible for early intervention
- Total number and percentage of children with health insurance

Need: Early care and educational services in the region are unable to retain a qualified workforce.

Goal: Professional Development #9: First Things First will increase retention of the early care and education workforce.

Key Measures:

- Retention rates of early childhood care, development and health professionals
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who are pursuing a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who receive a credential, certificate, or degree in early childhood development

Need: The region's early care and education workforce lacks professionals with appropriate credentials.

Goal: Professional Development #10: First Things First will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Key Measures:

- Retention rates of early childhood care, development and health professionals
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who are pursuing a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who receive a credential, certificate, or degree in early childhood development

Need: There is a need to increase the knowledge and skills of (regulated) home-care providers.

Goal: Quality & Access #1: First Things First will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS)
- Total number of children enrolled in early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS)
- Total number and percentage of early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS) with a high level of quality as measured by an environmental rating scale

Need: Families, particularly young parents, lack access to information about child development.

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

Key Measures:

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

III. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Gila Regional Partnership Council. These initial strategies will serve as the beginning of the Gila Regional Partnership Council's work; as initial stages of improving services to families and children. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase services to young children and their families as well as increase the coordination, communications, and efficiency of our early childhood system.

The Gila Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the selected strategies. The Gila Regional Partnership Council will continue our strategic planning process for the next two years, as we develop further understanding and gather more relevant information. The Gila Regional Partnership Council is committed to continue this ongoing planning and improvement process with existing agencies and community partners throughout the region.

The following strategies address the prioritized needs of the region:

Identified Need	Goal	Key Measures	Strategy
Children and expectant mothers do not have access to timely oral health care.	Health #4: First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	Total number and percentage of children receiving appropriate and timely oral health visits Total number and percentage of children with health insurance	Strategy #1: Increase delivery of oral health screening and referrals for oral health care, conduct outreach for health insurance enrollment and oral health education; conduct a study of the oral health needs of the region, and address oral health service delivery in the region.
Children, particularly birth-to-three, are not receiving timely screenings for age appropriate development.	Lead Goal - Health #7: First Things First will advocate for timely and adequate services for children identified through early screening. Goal – Health #6: First Things First will expand use of early screening in health care settings to identify children with developmental delay.	Ratio of children referred and found eligible for early intervention Total number and percentage of children with health insurance (see Strategy #1 for health insurance component)	Strategy #2: Increase the number of children who receive screenings for age appropriate development in a timely manner. See Strategy #1 for health insurance component.

The early care and educational workforce in the region are **unable to retain** a qualified workforce. The region's early care and educational workforce lacks professionals with **appropriate credentials**.	Professional Development #9: First Things First will increase retention of early care and education workforce. Goal: Professional Development #10: First Things First will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.	Retention rates of early childhood development and health professionals Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who are pursuing a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who receive a credential, certificate, or degree in early childhood development	Strategy #3: Increase **retention** and **credentialed staff** of the early care and education workforce by expanding access to T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood in Arizona.
There is a need to increase the knowledge and skills of home-care providers.	Quality & Access #1: First Things First will improve access to quality early care and education programs and settings.	Total number of early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS) Total number of children enrolled in early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS) Total number and percentage of early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS) with a high level of quality as measured by an environmental rating scale	Strategy #4: Increase number of regulated home-care providers in the region through expansion of Quality First! Quality Improvement and Rating System (QIRS).
Families, particularly young parents, lack access to information about child	Family Support #11: First Things First will coordinate and integrate	Percentage of families with children birth through age five who report they are satisfied with the	Strategy #5: Increase families' access to quality, diverse and relative

development.	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.	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	information about child development through use of Arizona Parents Kits.

STRATEGY WORKSHEETS

Strategy #1:

Strategy: Increase delivery of oral health screening and referrals for oral health care, conduct outreach for health insurance enrollment and oral health education, conduct a study of the oral health needs of the region, and address oral health service delivery in the region.

The limited data available at the regional level, feedback from key informant interviews and community forum participants suggested that the region does poorly on many measures of child health, lagging behind the state in a number of important areas such as timely immunizations, and it was suggested that a large percentage of the region's children have untreated oral health problems and have poor nutrition.

It is important expectant mothers be included in this strategy's target population because research continues to link poor oral health [of expectant mothers] with premature and/or low birth weight in babies, and associates poor oral health [of expectant mothers] with babies that present with "failure-to-thrive" (Arizona Department of Health Services, 2003).

The major strategy component will be the offering of oral health screenings in locations throughout the region where families with young children and expectant mothers reside and receive services. There will be an emphasis on service delivery in the most remote communities within the region. The strategy is designed to increase access to dental care. Service(s) may be provided in child care centers or other community settings.

This strategy includes the following components:

A. Oral health screenings for 1,000 children (including fluoride varnish) and 100 expectant mothers, with particular emphasis on service delivery in the most remote communities, including case management related services intended to monitor referral follow-up, etc.
B. Conduct health insurance outreach and oral health education
C. Conduct a study aimed at preventive oral health treatment in the region
D. Address oral health care service delivery support to all communities within the region

Component A: Provide oral health screenings for 1,000 children (including fluoride varnish) and 100 expectant mothers within the region, with particular emphasis on service delivery in the most remote communities.

This strategy requires coordination with a dental health professional(s) to serve as both a screening and referral source for treatment. This strategy requires a dental health professional to identify oral health needs, perform application of fluoride varnish for children and refer to oral health care provider(s) for treatment as indicated. This strategy addresses continuous preventative care, which includes children receiving up to four fluoride varnish applications, and includes case management follow-up as indicated for children and expectant mothers.

Component A will insure the target population is equally represented by utilizing the following guideline:

250 children between ages 2.0 and 2.5 years
250 children between ages 2.6 and 3 years
250 children between ages 3.0 and 4.0 years
250 children between ages 4.0 and 4.11 years

1,000 Children From Age 2 years to 4.11 years

100 expectant mothers (no specification)

Component B: Strategy includes a health insurance outreach and oral health education component that works to increase enrollment in public health insurance programs to eligible, but not yet enrolled children.

Health insurance outreach has been identified as a necessary component of this strategy by the Gila Regional Partnership Council. Information received from key informants and public forum participants believe children, particularly those birth-to-five, who are (or may be) eligible for public health insurance programs are not utilizing oral health screening benefits, and subsequently are not receiving referrals for needed oral health treatment, which negatively impacts school readiness.

The Centers for Medicare and Medicaid strongly supports children's oral health care by providing screenings and treatment services for eligible children in a number of areas, including dental care, via Medicaid's Early and Periodic Screening and Diagnostic Treatment Benefit (commonly referred to as EPSDT). The program's dental component requires, "at a minimum, dental services for children which include relief of pain and infections, restoration of teeth and maintenance of dental health".

Oral health education is also viewed as an integral piece of this strategy. According to the Arizona Office of Disease Prevention and Health Promotion in 2000, "dental disease results in children's failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem". Parent education concerning oral health is paramount. The American Dental Association published an article in The Journal of the American Dental Association (JADA) which stressed the importance of parent education, by stating "Parent's perceptions about their children's oral health and factors that motivate these perceptions can help dentistry overcome barriers that parents encounter in accessing dental care for their children. Actual disease and perceived need are associated significantly with parents' perceptions of their children's oral health" ((JADA) Vol. 136, No 3, 364-372).

Both the health insurance outreach and oral health education components of this strategy will help to increase the number of eligible children who are enrolled in public health insurance programs. 100 children each year will be enrolled in public health insurance programs. This strategy will help increase utilization of benefits that provide access to crucial oral health care services and help educate parents about the positive impact that good oral health casts on school readiness for children birth-to-five.

Component C: This strategy includes funding for a study of oral health needs across the region to determine method and mechanisms needed to address oral health treatment in the region. The study will be based on research and evidence that results in the most effective delivery of oral health care

services throughout the region. Further, the study will identify strengths and barriers as they relate to the birth-to-five population and expectant mothers. Study results will be utilized by the Gila Regional Partnership Council to enhance strategies that will help ensure Gila County children begin school with good oral health. The study should identify collaborative possibilities and existing resources found within the region and nearby geographic locations. Study will include, at minimum, the following:

- Identify and recommend/build on oral health collaboration of regional providers, and other key informants, who have success in Arizona in addressing children's oral health needs.
- Perform study of the barriers and solutions to address increased access to oral health care (transportation, professional recruitment and retention).
- Define the method and timeline to address the barriers to provision of oral health care, including the barrier of distance, and limited or no transportation, to/from remote communities of the region.

Component D: The strategy will focus on increasing the most effective delivery of access to oral health services to the region, based on the study which utilizes research and evidence as described above in Component C. The strategy includes the provision of mobile dental health care and/or other methods of delivery to all communities within the region, with emphasis on the remote areas of the region where transportation and distance are barriers.

The Arizona Department of Health Services conducted a study on "The Oral Health of Arizona's Children" in November of 2005. The study revealed that "Arizona has a higher dentist-to-population ratio (1 to 2,117) than the U. S. average (1 to 1,810), and discovered that Arizona suffers from an uneven distribution of dentists and dental hygienists, with more practicing in or near major communities. This uneven distribution contributes to underserved areas and underserved populations."

Clearly, the importance of oral health screenings and follow-up treatment cannot be overstated. According to the Arizona Department of Health Services, Office of Oral Health, Arizona School Dental Survey 1999-2003, "Arizona children on average have 5 teeth affected by tooth decay (cavities), which is reported to be three times higher than the national average of 1.4 teeth with decay or fillings, which equates to about 1 out of every 4 teeth in a child's mouth…yet, more than one in three children (34%) still have untreated tooth decay. In Gila County, 64% of children have experienced decay."

The Arizona Department of Health Services, Oral Health of Arizona's Children Study (Nov. 2005) recommended strategies for improving oral health for children in Arizona which included, but were not limited, to:

- Promote annual dental visits as a minimum standard of dental care, particularly for high-risk children by one year of age
- Stress the importance of all sealants and preventive care for all children
- Expand comprehensive evidence-based dental disease prevention strategies to include all pregnant women, infants and toddlers
- Increase availability of dental insurance to all high-risk children
- Increase the number of children with dental insurance
- Increase the number of dental providers practicing in underserved areas
- Encourage and support collaborative participation in mobilizing resources and develop policy to pursue and sustain these strategies

- Expand the state's dental public health infrastructure

This strategy is aligned with the recommendations of the Arizona Department for Health Services and that agency's quest for improving oral health services for children living in Arizona, and within Gila County.

Sources:

www.azdhs.gov/cfhs/ooh
www.cms.hhs.gov/MedicaidEarlyPeriodicScrn
www.jada.ada.org

Goal: First Things First 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 receiving appropriate and timely oral health visits.
- Total number and percentage of children with health insurance.

Target Population: Children birth-to-five and expectant mothers.

	SFY2010 **July 1, 2009 – June 30, 2010**	**SFY2011** **July 1, 2010 – June 30, 2011**	**SFY2012** **July 1, 2011 - June 30, 2012**
Proposed Service Numbers	Comp A: 1,000 children and 100 expectant mothers Comp B: 100 Comp C: N/A Comp D: TBD	Comp A: 1,000 children and 100 expectant mothers Comp B: 100 Comp C: N/A Comp D: TBD	Comp A: 1,000 children and 100 expectant mothers Comp B: 100 Comp C: N/A Comp D: TBD

Performance Measures SFY 2010-2012:

1. Number and percentage of children receiving timely oral health screenings/proposed service number
2. Number and percentage of expectant mothers receiving timely oral health screenings/proposed service number
3. Number of children newly enrolled in public health insurance/ proposed service number
4. Number of communities within the region where screenings are offered

How is this strategy building on the service network that currently exists: There are some dentists within the region who screen children in dental offices located in the two larger communities of the region, but do not provide dental screening opportunities and/or dental services in the smaller, isolated communities of the region. This strategy will provide a means for screening opportunities and oral health care services throughout all parts of the region. Utilization of students attending the Arizona

School of Dentistry and Oral Health located in Mesa, Arizona, or other dental schools may be a possibility. Other collaborative possibilities include organizations that have provided outreach and enrollment assistance, such as community health clinics, hospitals, social service and behavioral health organizations. Additional partners include faith based service providers and churches, Arizona Health Care Cost Containment System (AHCCCS) which includes Early and Periodic Screening and Diagnostic Treatment (EPSDT), county health departments, and other community and regional stakeholders.

What are the opportunities for collaboration and alignment: Requires coordination with local dental health providers to serve as resource for screenings, referral, follow-up and treatment. Requires an oral health professional to provide application of fluoride varnish. Requires coordination and agreements with child care providers and parents to assure compliance with legal requirements and permission to examine and provide preventive care services to minor children and also to pregnant mothers. Collaboration with professional dental associations and educational institutions may be necessary. Outreach and enrollment assistance should be developed to reflect collaboration and enrollment assistance conducted to other community based efforts.

SFY2010 Expenditure Plan for Proposed Strategy
Allocation for this strategy is **$56,500**, or 13% of the region's allocation of $438,714.

Population-based allocation for proposed strategy	$16,500 identified for screening costs and case management for monitoring of referral follow-up $ 5,000 identified for health insurance and education outreach $ 5,000 identified for oral health study $30,000 identified to address support delivery of oral health care study results **$56,500 Total Allocation**

Budget Justification:
The region's Needs and Assets Report indicated that no data were available indicating the number of children having access to oral health visits, but the report did indicate the number of uninsured children in the region would suggest access to oral care is limited. Additionally, the Needs and Assets Report, community forum participants and key informant interviews revealed geography negatively affects access to oral health care in the region.

Allocation for this strategy is **$56,500**, or 13 % of the region's allocation of $438,714.

Component A: Typically, a cost associated with screening and varnish is roughly $3.50 per child. However, the Region is estimating a cost of $10.00 per individual because of the distance and travel involved in implementing the strategy throughout the region. Rate also includes varnish, disposable supplies, mileage and related expenses (which results in a higher rate for this strategy). This component of the strategy has been estimated at $10 per individual, for 1,100 individuals, for a *subtotal cost of $11,000*. A cost of $5.00 per individual has been estimated and allocated for related case management services intended to monitor referral follow-up, etc., *for a subtotal cost of $5,500*. The total cost allocated for **Component A is $16,500**.

Component B: This component includes an estimated cost and allocation of **$5,000** for health insurance outreach and oral health education outreach which includes (1) conducting health insurance outreach and enrollment assistance for eligible children; and (2) focusing on educating parents about the importance of taking children to the dentist regularly and importance of timely preventative health care for their children.

Component C: A cost of **$5,000** has been estimated and allocated for a study aimed at preventive oral health treatment. The study will identify strengths and barriers relating to oral health, for the birth-to-five population and expectant mothers, and other components as stated in the strategy. Depending on the findings of this study, the allocations for this strategy component in SFY 2011 and 2012 will most likely be reallocated to Component A and utilized to increase oral health screenings.

Component D: A cost of **$30,000** has been estimated and allocated to support the provision of oral health care service delivery throughout the region where transportation and distance are barriers, including the provision of mobile dental health care and/or other methods of service delivery, reaching all communities within the region. The Gila Regional Partnership Council has confirmed that transportation and/or distance are continuous barriers for the region, and anticipates that consistent delivery of oral health care services throughout the region will result in more children receiving timely oral health screenings and services. Oral health care support will be based upon the study's research and evidence indicating the most effective delivery of oral health services throughout the region.

The **combined costs** for all components of this strategy are estimated to be **$56,500**.

Strategy #2:

Strategy: Increase the number of children who receive screenings for age appropriate development in a timely manner.

The region's Needs and Assets Report, community forum meetings feedback and key informant interviews all indicated there is a lack of timely developmental screenings for all children age birth-to-five within the region, with an emphasis on children birth-to-three. Reports indicate too often children lack school readiness skills when they enter kindergarten. The Needs and Assets Report stated that in Gila County less than 1% of children received Arizona Early Intervention Program (AzEIP) developmental screenings at 0-12 months of age, and less than 3% of children received AzEIP developmental screenings at 0-36 months. Considerable weight was given to community feedback and key informant interviews which informed the Regional Council that high prioritization of this goal area was a strong need.

The Center for Disease Control (CDC) cites "developmental screenings – a brief assessment designed to identify children who should receive more intensive diagnosis or assessment—can improve child health and well being". The CDC further states, "research has demonstrated that early detection of developmental disabilities and appropriate intervention can significantly improve functioning and reduce the need for lifelong interventions".

The CDC believes that many children with behavioral or developmental disabilities are not receiving vital developmental screenings for detection and intervention, and estimates "17% of children in the United States have developmental disabilities or behavioral disabilities, and in addition have delays in language or other areas, which impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missed. The CDC also reports that a study sponsored by the American Academy of Pediatrics show that 65% of pediatricians feel inadequately trained in assessing children's developmental status. Although developmental screening is widely recommended, there are currently no national data tracking the state of this practice and how it is integrated into primary care".

The CDC has a number of established goals to help children reach their full potential which includes "develop and set community-based model programs in primary care settings (and potentially other settings that care for young children) to screen children early on, identify those with developmental disabilities or delays, and ensure that these children receive appropriate care".

The President's Commission on Excellence states, "early identification [through developmental screenings] and intervention programs better serve children with learning and behavioral difficulties at an earlier age. Screening practices help to identify problems in young children." The Arizona Department of Education is a partner in helping to identify children with special needs through its statutorily mandated child find responsibilities.

Throughout Arizona numerous agencies, such as the Arizona Department of Health Services, Arizona Department of Economic Security, Southwest Human Development, and school districts, are conducting age and culturally appropriate developmental screenings for children. In spite of the many statewide

efforts to identify children not reaching developmental milestones at early ages, more help is needed to reach children in small, rural communities, with an emphasis on remote communities. The intent of the Gila Regional Partnership Council is to assist those efforts in Gila County.

Screenings should be completed in larger and smaller communities within the region. Ideally, screenings should be conducted in every community within the region.

Screenings can be conducted in family homes, child care centers or settings, community activities such as Child Find Fairs, etc.

Screening domains will include cognitive, expressive and receptive language, hearing, vision, fine and gross motor, self-help, social-emotional and behavior.

Screening tools that are age and culturally appropriate for children will be utilized. Some examples considered, but not mandated, are The Ages and Stages Questionnaire (ASQ) system, which is designed to be implemented in a range of settings and can easily be tailored to fit the needs of many families.

When indicated, children will be referred to the Arizona Early Intervention Program (AzEIP), or other service agencies, for formal evaluation and assessment.

Sources:

http://www.azed.gov/ess/ChildFind

http://www.cdc.gov

http://www.consensus.nih.gov

http://www.ed.gov

http://www.nectac.org

http://www.swhd.org

Goal: First Things First will advocate for timely and adequate services for children identified through early screening.

Goal: First Things First will expand use of early screening in health care settings to identify children with developmental delay.

Key Measures:

- Ratio of children referred and found eligible for early intervention
- Total number and percentage of children with health insurance (See Strategy #1 for health insurance component)

Target Population: Children whose ages are birth-to-three. It is estimated that there are 2,000 children age birth-to-three in the region.

	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	1,000 children	1,000 children	1,000 children

Performance Measures SFY 2010-2012:

1) Number and percentage of children receiving timely screenings/proposed service numbers
2) Number and percentage of children referred for early intervention/proposed service numbers
3) Number of children referred that became eligible for early intervention services/proposed service numbers

- How is this strategy building on the service network that currently exists: Screenings currently occur through Early Head Start and AzEIP. However, many children are not in contact with existing providers. Furthermore, existing providers have limited reach. All children will be referred as appropriate to existing services.

- What are the opportunities for collaboration and alignment: This service delivery must demonstrate collaboration and alignment with existing agencies such as the Arizona Department of Economic Security (DES) which includes AzEIP, other non-profit agencies, public school systems, Child Find events, etc. Children whose screening recommends further evaluation will be referred to appropriate partnering programs and agencies.

SFY2010 Expenditure Plan for Proposed Strategy
Allocation for this strategy is **$150,000** or 34% of the region's allocation of $438,714.

Population-based allocation for proposed strategy:	**$150,000**

Budget Justification: The cost of $150.00 per child is an estimate. Head Start reports a cost of $150.00 per child for a similar evaluation. This amount also includes the cost of professional staff to complete the screenings (but not the developmental evaluations conducted by other agencies). Cost calculated for 1,000 children @ $150 per child = $150,000.

Strategy #3:

Increase *retention* and credentialed staff of the early care and education workforce by expanding access to T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood in Arizona.

In return for receiving a scholarship, each participant must comply with T.E.A.C.H. requirements, which include, but are not limited to, completing a certain amount of education and remaining with their sponsoring program (i.e., center or home) for one (1) year, for each scholarship year.

Recipients may receive more than one scholarship at a time.

Participants must honor a commitment to remain with their sponsoring program (i.e., center or home) for a period of one (1) year, for each scholarship year.

Provide mentorship for scholarship recipients.

Based on feedback from key informant interviews and community forum meetings, families within the region are in need of early childhood care home-based providers and centers that provide both traditional hours and non-traditional hours of service. Feedback indicated that at the present time, there is no provider within the region whose services are aimed at non-traditional hours of service (such as weekends, evenings and nights). This strategy does not exclude providers of either traditional or non-traditional hours of service.

In 1990, the Child Care Services Association created the T.E.A.C.H. project to address the issues of under-education, poor compensation, and high turnover within the early childhood workforce. The project is an umbrella for a variety of different scholarship programs for teachers, directors, and family child care providers working in regulated child care programs in North Carolina and other States across the country. All T.E.A.C.H. scholarships link continuing education with increased compensation and require that recipients and their sponsoring child care programs share in the cost.

Arizona is working with Child Care Services Association and the T.E.A.C.H. Early Childhood Technical Assistance Center to design a teach model that addresses our workforce needs.

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

Goal: First Things First will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Key Measures:

- Retention rates of early childhood development and health professionals
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who are pursuing a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education settings (either regulated homes or centers) who receive a credential, certificate, or degree in early childhood development

Target Population:

T.E.A.C.H. scholarship participants must be currently employed as a program administrator, program director, early education teacher, or child care provider, and agree to remain with their sponsoring program (i.e., center or home) for one year, for each scholarship year.

Further, these T.E.A.C.H. scholarships will target:

- Early childhood care home-based providers and centers which provide services in settings aimed at non-traditional hours of service (such as weekends, evenings and nights).
- Home based child care providers in regulated homes and centers who are pursuing Certificates of Completion or an Associate of Arts degree in early childhood care and education.
- Early childhood care home-based providers in regulated homes and centers who are pursuing a Child Development Associate (CDA) national credential.

	SFY2010 **July 1, 2009 – June 30, 2010**	**SFY2011** **July 1, 2010 – June 30, 2011**	**SFY2012** **July 1, 2011 - June 30, 2012**
Proposed Service Numbers:	20 Scholarships for Associate of Arts Degree	20 Scholarships for Associate of Arts Degree	20 Scholarships for Associate of Arts Degree
	120 Scholarships for Child Development Associate Coursework 40 Scholarships for Child Development Associate Application Packet 40 Scholarships for Child Development Associate Assessment Fee	120 Scholarships for Child Development Associate Coursework 40 Scholarships for Child Development Associate Application Packet 40 Scholarships for Child Development Associate Assessment Fee	120 Scholarships for Child Development Associate Coursework 40 Scholarships for Child Development Associate Application Packet 40 Scholarships for Child Development Associate Assessment Fee

Performance Measures SFY 2010-2012:

- Number of scholarships awarded/proposed service numbers
- Number of Associate's Degree achieved by scholarship students/ number of students with scholarships.
- Number CDA's achieved by scholarship students/ number of students with scholarships.
- Retention rates of scholarship recipients/ peers without scholarships.

How is this strategy building on the service network that currently exists: There are approximately 10 licensed/regulated centers, 3 small group homes and approximately 49 regulated family-home settings within the region. This strategy utilizes and enhances the existing early child care and education workforce presently established within the region. Gila Community College, Eastern Arizona College and Central Arizona College all offer curricula in early childhood development.

- What are the opportunities for collaboration and alignment: First Things First is supporting the T.E.A.C.H. Arizona program through a statewide effort. The Gila Regional Partnership Council will fund additional scholarships to expand that effort throughout the region. Utilization of community colleges within and nearby the region is an opportunity for collaboration and alignment.

SFY2010 Expenditure Plan for Proposed Strategy:
Allocation for this strategy is **$96,400**, or 22% of the region's allocation of $438,714.

Population-based Allocation for proposed strategy	**$ 96,400**

Budget Justification

Allocation for this strategy is **$96,400** or 22 % of the region's allocation of $438,714.

The region's Needs and Assets Report, community forum meetings feedback and key informant interviews all indicate that the region lacks the ability to **retain** a qualified workforce, and **lacks credentialed professionals**. Considerable weight was given to community feedback which informed the Gila Regional Partnership Council that high prioritization of this goal area was a strong need.

Recipients of scholarships will have exhausted all other financial aid and scholarships options available.

The Gila Regional Partnership Council will offer:

20 scholarships for Associates of Arts Degree @ $1,600 per scholarship.
(Scholarship will cover a percentage of tuition, fees, books, travel stipend, and bonus (as outlined by T.E.A.C.H.).
Subtotal for 3: 20 x $1,600 = $32,000

When estimating and calculating the cost of Strategy 3, Child Development Associate (CDA) credentialing, the region estimates the ability to provide 120 scholarships. It is estimated approximately 1/3 of the existing early childhood care and education workforce have no hours of formal education applicable to the CDA credentialing; approximately 1/3 of the existing workforce have some formal education applicable to the CDA credentialing; and approximately 1/3 of the existing workforce have all of the formal education required but lack finances to submit the required CDA application packet fee of $25 and/or CDA assessment fee of $325. Since there is no local or reliable data available to the Gila Regional Partnership Council, allocation costs for this strategy have been estimated and calculated as stated.

The Gila Regional Partnership Council will also offer:

120 scholarships for CDA Credentialing @ $420 per scholarship.
(Scholarship includes cost of two 3-credit courses at a junior college @ $110 per course; and cost of books for two courses at $100 per course. (**Note: One scholarship funds no more than two 3-credit college courses and books per year.**)
Subtotal for 3: 120 x $420 = $50,400

40 scholarships for CDA Application Packet @ $25 per scholarship. (Scholarship covers cost of CDA application packet only.)
Subtotal for 3: 40 x $25 = $1,000

40 scholarships for CDA Assessment Fee @ $325 per scholarship. (Scholarship covers cost of CDA Assessment Fee only.)
Subtotal for 3: 40 x $325 = $13,000

Total Allocation for Strategy 3 = $ 96,400

Strategy #4:

Strategy: Increase number of regulated home-care providers in the region through expansion of Quality First! Quality Improvement and Rating System (QIRS).

The region's Needs and Assets Report revealed that there are only 49 regulated homes that provide early child care throughout the region. Feedback from community forum meetings and key informant interviews confirmed that the region has very few regulated homes that can be accessed by parents/families throughout the region. Clearly there needs to be an emphasis made to assist in the development and growth of regulated, home-care providers.

The First Things First State Board approved funding for 3 regulated homes to participate in the Quality First! Quality Improvement and Rating System (QIRS) program. The Gila Regional Partnership Council will expand on that effort, and allocate funding for 2 additional regulated homes to participate in the Quality First! program.

This effort is supported by "research conducted in 5 states with long-term quality improvement and rating systems, e.g. Colorado, North Carolina, Pennsylvania, Tennessee and Oklahoma, showing significant improvement in the quality of programs/settings participating in quality improvement and rating systems. Research also shows that low income children receive a higher level of benefit (i.e. school performance and other at-risk factors) from quality early care and education programs than children with higher income levels.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!,* Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

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

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina, 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 Corporation 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!"*

Sources:

Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system.* Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center

LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*

Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report.* Norman, OK: Early Childhood Collaborative of Oklahoma.

Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)

Zellman, Gail L., Perlman,Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality.* Rand Corporation.

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

Key Measures:

- Total number of early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS)
- Total number of children enrolled in early care and education programs participating in the Quality First! Quality Improvement and Rating System (QIRS)
- Total number and percentage of early care and education settings participating in the Quality First! Quality Improvement and Rating System (QIRS) with a high level of quality as measured by an environmental rating scale

Target Population: Regulated home care providers.

	SFY2010 **July 1, 2009 - June 30, 2010**	**SFY2011** **July 1, 2010- June 30, 2011**	**SFY2012** **July 1, 2011 – June 30, 2012**
Proposed Service Numbers	2 Child Care	2 Child Care	2 Child Care

	Homes	Homes	Homes
Performance Measures SFY 2010-2012 • Number of children served at target quality level / Proposed service number • Number of homes moving from 1 star rating to 3 star rating/ Proposed service number • Number of quality early care and education programs increasing score / Proposed service number			
• How is this strategy building on the service network that currently exists: This proposed expansion, in July 2009, nearly doubles the region's number of child care homes that will be participating in the Quality First! Quality Improvement and Rating System (QIRS) project.			
• What are the opportunities for collaboration and alignment: The Gila Regional Partnership Council will monitor the participation and progress of the homes enrolled in Quality First! Quality Improvement and Rating System (QIRS). Additionally, the Gila Regional Partnership Council will plan to visit the homes, and to define additional resources available in the community which might support the homes. The Gila Regional Partnership Council also plans to work on increasing community awareness and understanding of quality improvement for early care and education.			
SFY2010 Expenditure Plan for Proposed Allocation for this strategy is **$45,900** or 10% of the region's allocation of $438,714.			
Population-based Allocation for proposed strategy:	**$45,900**		
Budget Justification: The region's Needs and Assets Report revealed that there are only 49 regulated homes that provide early child care throughout the region. Feedback from community forum meetings and key informant interviews confirmed that the region has very few regulated homes that can be accessed by parents/families throughout the region. Clearly there needs to be an emphasis made to assist in the development and growth of regulated, home-care providers. Budget allocation is based on per home costs estimated and projected by First Things First at the statewide level. Cost calculated is for 2 homes @ $22,950 each, which is inclusive of all costs such as, but not limited to, mentoring, administration, etc.			

Strategy #5:

Strategy: Increase families' access to quality and relevant information about child development through use of Arizona Parents Kits.

Includes distribution of Arizona Parents Kits and management of project, including evaluation.

The First Things First Board has approved funding to produce and distribute the Arizona Parents Kit statewide. At the statewide level, First Things First has joined the Virginia G. Piper Charitable Trust in expanding their Maricopa County distribution to the entire state through 2010. To implement this strategy at the statewide level, First Things First will provide an Arizona Parents Kit to all parents of newborns upon discharge from the hospital beginning January 2009. Through this effort, there will now be a statewide source of information and support which educates parents of newborns right from the start and provides opportunities for families to continue to access resources throughout their children's development.

First Things First provides the required statewide infrastructure to implement the strategy, i.e. design, production, assembly, distribution, and evaluation to parents of newborns. This allows opportunities for Regional Partnership Councils to expand distribution and to utilize the Kit in conjunction with local programs and services.

The Gila Regional Partnership Council will distribute 100 additional kits throughout all communities within the region, utilizing a "check-out" program. Kits will be placed in existing health clinics, libraries, child-find activities, health fairs, domestic violence shelters, public schools, and teen parent services, etc. The Kits will not be limited to parents, but will allow access opportunities to caregivers, relatives, and other sources of support to children in the birth-to-five age range.

The Kit offers many benefits to children, families and programs. It provides information, education and support to families. The Kit provides a guidebook which increases opportunities for families to access resources. Families are encouraged to recognize the important role they play as their children's first teachers. Included in the Parents Kit are information and resources that will help families care for their children and nurture their development. Toll-free numbers and websites are included to help families identify additional services, supports and resources.

Arizona Parents Kits include: (a) 6 DVDs on prenatal care, child health and nutrition, child development, safety, quality child care, early literacy, and discipline; (b) an 80-page Arizona Parents Guide booklet which accompanies the DVDs; (c) a chubby picture book for parents to read to their baby. The Kits will be available in all communities of the region through a "check-out" program, which will provide parents and caregivers with reliable information about child development.

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

Key Measures:

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

Target Population: Parents, with emphasis on teen parents, caregivers, relatives and the early childhood workforce**.**

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

Performance Measures SFY 2010-2012

1. **Percentage of families that reported satisfaction with the Parents Kit/strategic target**
2. **Percentage of families showing increases in parenting knowledge and skill after using the Parents kit/strategic target**
3. **Number of organizations where Parents Kits can be accessed by parents for support parent activities**

- How is this strategy building on the service network that currently exists: Kits will be "checked-out" by different families and different family members, etc. Kits will be distributed and placed for check-out" in existing health clinics, libraries, child-find activities, health fairs, domestic violence shelters, public schools, and targeted to teen parent services, etc. This resource can be repeatedly utilized increasing its effectiveness throughout the region.
- What are the opportunities for collaboration and alignment: First Things First, at the statewide level, is providing the infrastructure to implement this strategy, and the Gila Regional Partnership Council will partner with the First Things First State Board to make kits accessible to the target population throughout region. A mentor, or advisor, will need to evaluate the usage and support the kits provide to families within the region.

SFY2010 Expenditure Plan for Proposed Strategy
Allocation for this strategy is **$5,500** or 1% of the region's allocation of $438,714.

Population-based Allocation for proposed strategy: • 100 Kits @ $30.00 per kit includes shipping & handling costs) = $3,000 • $25.00 per kit for distribution and Use survey purposes = $2,500	**$5,500**

Budget Justification: The Gila Regional Partnership Council estimates a cost of $30.00 per kit (which includes shipping and handling) and an estimated cost of $25.00 per kit for the cost of a contract consultant to complete distribution of kits throughout the region, mileage, evaluate usage of kits, and track the number of parents, parents and/or caregivers, or programs utilizing kits.

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

Revenue	
Population Based Allocation SFY2010	$ 438,714
Expenditure Plan for SFY2010 Allocation	
Strategy 1 Oral Health (13%)	$ 56,500
Strategy 2 Developmental Screenings (34%)	$ 150,000
Strategy 3 T.E.A.C.H. (22%)	$ 96,400
Strategy 4 Quality First! (QIRS) (10%)	$ 45,900
Strategy 5 Arizona Parent Kits (1%)	$ 5,500
Regional Needs & Assets Report (5%)	$ 20,000
Evaluation of Strategies (9%)	$ 40,000
Subtotal of Expenditures	$ 414,300
Fund Balance (undistributed regional allocation in SFY2010)* (6%)	$ 24,414
Grand Total (Add Subtotal and Fund Balance)	$ 438,714

The Gila Regional Partnership Council believes that there are great needs throughout the region. It is the Gila Regional Partnership Council's position that not all of the region's needs and assets have been identified. The Gila Regional Partnership Council has allocated up to $20,000 per year for the development of a thorough Needs and Assets Report. When the Gila Regional Partnership Council receives that report, decisions can be made that will best utilize the resources allocated and available to the region.

The Gila Regional Partnership Council intends to develop collaborative efforts and partnerships with neighboring councils that will create improved service delivery to children in neighboring geographic areas.

*Provide justification for fund balance:

The Gila Regional Partnership Council intends to carry forward approximately 6% of funds in anticipation of allocation changes in the future. The fund balance of $24,414 will be used to address any declines in the regional allocation and to ensure sustainability over the next three years.

The Gila Regional Partnership Council is maintaining the level of service in year one throughout SFY 2011 and SFY 2012.

V. Building the Early Childhood System and Sustainability

– Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	$438,714	$438,714	$438,714	$1,316,142
Fund Balance (carry forward from previous SFY)	N/A	$24,414	$48,828	
Expenditure Plan	**FY 2010**	**FY 2011**	**FY 2012**	**Total**
Strategy 1 Oral Health	$56,500	$56,500	$56,500	$169,500
Strategy 2 Dev Screenings	$150,000	$150,000	$150,000	$450,000
Strategy 3 T.E.A.C.H.	$96,400	$96,400	$96,400	$289,200
Strategy 4 Quality First! (QIRS)	$45,900	$45,900	$45,900	$137,700
Strategy 5 Arizona Parents Kits	$5,500	$5,500	$5,500	$16,500
Regional Needs & Assets Report	$20,000	$20,000	$20,000	$60,000
Evaluation of Strategies	$40,000	$40,000	$40,000	$120,000
Subtotal Expenditures	$414,300	$414,300	$414,300	$1,242,900
Fund Balance* (undistributed regional allocation)	$24,414	$48,828	$73,242	
Grand Total	$438,714	$463,128	$487,542	

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

The Gila Regional Partnership Council has allocated up to $40,000 per year for the cost of evaluating the strategies to be implemented in SFY 2010, and anticipated to remain in SFY 2011 and SFY 2012. If allocated funding remains constant, the carry-forward balance may be needed to increase efforts in any of the strategies such as oral health, etc.

The carry-forward balance is intended to address two areas:

- The Gila Regional Partnership Council may need to address fluctuations in its population-based allocation for SFY 2011 and SFY 2012, once allocation for SFY 2011 and SFY 2012 are received from the First Things First State Board.
- The Gila Regional Partnership Council may intend to address more strategies with remaining funds once a Regional Needs and Assets Report is received, should funding be available.

VI. Discretionary and Public/Private Funds

At this point, the Gila Regional Partnership Council has not yet been able to consider a request for allocation of discretionary funds. However, once the true needs and assets of the region are identified, the Gila Regional Partnership Council will return to the State Board and request an allocation of discretionary funds.

At this time, the Gila Regional Partnership Council has not identified any private dollars to support strategies. It is important to note that current resources in the region, and the economic forecast, do not indicate that private financial support will be available to meet anticipated increases in cost.