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

Regional Needs and Assets

Located on the Northeast side of Phoenix and Maricopa County, the Northeast Maricopa Region includes several large communities, as well as smaller towns, and areas of Mountain Preserve Land, tribal lands and recreation areas. The area is over 40 miles from North to South and 30 miles from East to West. Scottsdale is the largest urban area in the region with a population estimate for 2008 approaching a quarter of a million people, ranking it the sixth largest city in Arizona. Paradise Valley and Fountain Hills are also significant population centers, with other smaller communities including Cave Creek, Carefree, and Rio Verde also part of the Northeast Maricopa Region. The Native American community, Fort McDowell Yavapai Nation, is also located in the region.

With areas of the region known for their upscale tourist business, including renowned hotels, resorts, restaurants and golf courses, the overall economic well-being of Northeast Maricopa is typically well above state averages. In spite of the overall higher than average economic well- being the region has significant unmet needs and pockets of poverty.

Although the region seems to have ample child care and early education programs, affordability and quality seem to be the biggest challenges. The region has only two Head Start programs, both located in South Scottsdale, serving only 64 children. Scottsdale has approximately 160 children in Title One Pre-kindergarten programs with large waiting lists for services. All of the rest of the school based programs charge fees for pre-kindergarten classes. Programs for special needs children are the exception. Overall child care rates are higher than in neighboring regions. Approximately 10 % of early childhood programs in the area are accredited.

Much of the health information reported for the Northeast Maricopa Region is reflective of the County in general as reliable data is typically unavailable at the regional level. However, based on the data that is available and key informant interviews, several key health issues are evident within the region. 35% of children ages 6-8 have untreated tooth decay and only 28% have received the recommended sealants. Dental care for children with special needs is a concern with parents reporting that local pediatric dental practices will not treat children with special needs. Other concerns include an increasing trend to use urgent care as the primary medical care which may be impacting children receiving necessary immunizations, screening and preventative care.

Throughout the region, child care, early education, health and social services are fragmented, with little coordination of services making the system difficult to navigate for both families and service providers. Provision of services has not kept pace with the massive growth of the Northern and Eastern areas of the region, resulting in large areas of the region that have little support for children and families. The one exception seems to be child care facilities which appear to be built based on expectations of future growth in the region, many which have significant capacity to serve additional children.

Community interviews revealed that the lack of services in the region and lack of coordination of these services are significant issues that need to be addressed. They also revealed the area has a fragmented system of screening for health, mental health and developmental issues and support for the families and care providers for children with special needs. Currently the region lacks any cohesive point of entry or coordination of services that can support parents in obtaining the information and services that they need to insure that children have the best chance of success in school. These interviews indicated special concern regarding lack of services for children birth to three and their families especially for children with special needs. Other areas of concern that were identified in the Needs and Assets Report and through community interviews include:

- Geographic and transportation issues that limit access to available services
- High teen and single parent rates on the Ft. McDowell Yavapai Nation
- 25% of births in the rest of the region were to single parents
- Monolingual Spanish families
- Grandparents as primary caregivers
- Post partum depression
- Undocumented population
- Uninsured children
- Child abuse birth to 1yr
- Infant and toddler child care
- Developmental screening

The Northeast Maricopa Regional Partnership Council has undertaken a strategic planning process by having community presentations by existing local resources to increase understanding of available services as well as community involvement in selecting priorities.

The Regional Council and its community partners will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children in the area. The following is a summary of the strategic priorities that the Northeast Regional Partnership Council has chosen to address at this time:

1. Fragmentation of services and lack of awareness and coordination of services currently available
2. Empower parents to obtain support to be effective parents
3. Lack of services for children birth to three
4. Quality and affordability of early care and education
5. Lack of support for parents and early education and care settings to meets the needs of children with Developmental/behavioral issues that allow children to function in early education and care settings
6. Screening, early diagnosis and support for families with special needs children

Prioritized Goals and Key Measures:

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

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

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

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

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

Goal: #4 - FTF will expand use of early screening in health care settings to identify children with developmental delay.

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.

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

Goal # 8 - FTF will build a skilled and well prepared early childhood development workforce.

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

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

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

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

Key Measures:

Family Support

a. 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.
b. 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.
c. Percentage of families of children birth through five who report they maintain language and literacy-rich home environments.
d. Percentage of families with children birth to five who report reading to their children daily.

Quality and Access

a. Total number of programs participating in the QIRS.
b. Total number of children enrolled in early care and education programs participating in the QIRS system.
c. Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale.
f. Current cost of early care and education for families as a proportion of the median income for a family of four.
g. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.
h. Number and percentage of early care and education programs with access to developmental/mental health consultants.

Health

b. Total number and percentage of children receiving appropriate and timely oral health visits
c. Total number and percentage of children receiving appropriate and timely well-child visits.
d. Ratio of Children referred and found eligible for early intervention

Professional Development

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

Communication

a. Percentage of family who report they are satisfied with the level of coordination and communication among agencies serving their children.
b. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.

Strategy Selection

The Northeast Maricopa Regional Partnership Council is very concerned about the fragmentation of the early childhood health and education resources in the region. The commitment of the Regional Council is to begin to build a comprehensive system that integrates opportunities to service families in a variety of settings. This includes coordination of services among the home, medical provider, child care/early education setting and the school to provide a comprehensive array of services to children living in the area. While the First Things First allocation is inadequate to build a comprehensive system for all children in the region, the initial plan would begin to build that structure and array of programs all working together. This is the beginning of a comprehensive system that could continue to expand to eventually be available for all families in the area. An effective system to support families of children birth to five requires solid governance, leadership development and quality assurance. All of these factors will be part of the overall strategies with all grantees being required to work together to insure that the cohesive goals are being met as well as work with existing programs to improve system delivery and evaluation of services.

The Northeast Maricopa Regional Partnership Council has chosen six funded strategies and three strategies for discretionary funding or other fund raising efforts to begin the development of the system. In addition the Regional Council has set aside 1% of the budget for communications and 4% of the budget for Needs and Assets and Evaluation.

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

Identified Need	Goal	Key Measures	Strategy
Lack of a comprehensive system to support families in obtaining the health, developmental and educational supports to be healthy and ready to learn. Empower parents to obtain support to be effective parents. Lack of services for children birth to five.	**Goal:** #11-FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development **Goal:** #12 -FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families. **Goal:** #4 - FTF will expand use of early screening in health care settings to identify children with	Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being. Percentage of families of children birth through five who report they maintain language and literacy-rich home environments. Percentage of families with children birth to five who	**Strategy One –** Provide a comprehensive family support model that incorporates care coordination and follow up to provide families with the necessary resources and services to promote the health and development of their young children. Total funding $748,000 – Service numbers: 220 Initial Home Visits, 500 low/medium risk and 50 Intensive Home Visitation for high risk families.

	developmental delay. **Goal** #6 - FTF will advocate for timely and adequate services for children identified through early screening.	report reading to their children daily. Total number and percentage of children screened for developmental delays.	**Strategy Two -** Comprehensive prenatal and birth to three intervention program including home visiting, case management/ coordination and parent education that focuses on overcoming generational poverty cycles for children and families living on Ft. McDowell Yavapai Nation. This would be a Government to Government agreement with Ft. McDowell Yavapai Nation. Total Funding $150,000 serving 40 families
Limited access of affordable pre-kindergarten programs across the region. Large areas of the region have no Head Start or Title One pre-school programs and other areas have large waiting lists for the services.	**Goal #3** - FTF will increase availability and affordability of early care and education settings. **Goal # 1 -** FTF will improve access to quality early care and education programs and settings.	Current cost of early care and education for families as a proportion of the median income for a family of four Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five	**Strategy Three –** Increase the number of children that receive comprehensive pre-kindergarten programs, to increase school readiness, through expansion of school based or other quality pre-kindergarten programs. This will focus on providing additional services in areas of the region with no Head Start programs/Title One programs or waiting lists for those services. Total funding $372,000 – serving 70 to 120

			children
Lack of Quality Child Care Programs	**Goal # 1 -** FTF will improve access to quality early care and education programs and settings	Total number of programs participating in the QIRS. Total number of children enrolled in early care and education programs participating in the QIRS system. Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale. Total number and percentage of early care and education programs in the QIRS system improving their environmental rating score	**Strategy Four -** Build on the state-wide investments and expand the number of programs participating in the Quality Improvement and Rating System (Quality First!) Total Funding $189,750 – 2 centers with< 50 students, 2 centers with 51 to 150 children, 1 center > 150 children and 1 licensed or certified child care home.
Lack of support for parents and early education and care settings to meet the needs of children with Developmental /Social Emotional issues that will allow children to function successfully in early care and education settings.	**Goal #6 -** FTF will advocate for timely and adequate services for children identified through early screening. **Goal #1 -** FTF will improve access to quality early care and education programs and settings.	Number and percentage of early care and education programs with access to health consultants. Ratio of children referred and found eligible for early intervention.	**Strategy Five –** Implement an early childhood development coaching and consultation model with an emphasis on social emotional development in early care and education settings throughout the region. Total funding $330,000 – This will provide funding for three staff positions serving 15 centers each.
Lack of support for parents in crisis situations regarding developmental and mental health issues in implementing positive parenting and	**Goal** #7 - FTF will advocate for timely and adequate services for children identified through early screening.	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	**Strategy Six –** Focused intervention using behavioral management or similar techniques to work with families and children age birth

behavioral management techniques.		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	to five who are in crisis due to behavioral, developmental or mental health issues. Total funding $270,000 – 200 families receiving short term focused intervention and follow-up services
Retention of highly qualified early childhood development workforce	**Goal # 1 -** FTF will improve access to quality early care and education programs and settings. **Goal #9** - FTF will build a skilled and well prepared early childhood development workforce.	Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate or degree.	**Strategy Seven –** Expand access to T.E.A.C.H. or professional development strategies through use of discretionary funding and additional fund raising activities.
Over 35% of children in the region are entering school with untreated tooth decay and only 28% have received the recommended sealants	**Goal #**5 -FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model. **Goal #4 -** FTF 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.	**Strategy Eight –** Preventative Dental Programs is proposed as a strategy for discretionary funding and additional fund raising activities.
Fragmentation of services in the area as well as lack of coordination of Services across the region in the area	**Goal #**13 - FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young	Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children. Percentage of families who report they are satisfied with	**Strategy Nine -** This strategy would develop a cohesive network that would link First Things First funded programs with other resources in the community to develop a system of

	children and their families	the decision making and planning opportunities in the early childhood system.	care and services to families and community services providers. The focus of the strategy would be to reduce the fragmentation and decrease families' challenges in finding the care, education and services that they need to support them in insuring that their children are healthy and ready to learn. All grantees will be required to participate in the efforts to implement this strategy. As the efforts grow, funding for a coordinator either through discretionary funding or other fund raising efforts will be considered.
Lack of coordinated community awareness and public and political mobilization campaign	**Goal #**15 - FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts. Percentage of community members who identify themselves as strong supporters of early childhood and health matters.	**Strategy Ten -** Working in partnership with the Regional Partnership Councils across the Maricopa County Area and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities. Funding $21,665

Strategy Worksheet

Strategy 1 – Provide a comprehensive family support model that incorporates care coordination and follow up to provide families with the necessary resources and services to promote the health and development of their young children.

The Northeast Maricopa Regional Council is looking to develop a comprehensive family support model that will work with families starting at birth of the child. Upon giving birth, families will receive the Arizona Parent Kit in the hospital and offered an in-home visit which will provide a health assessment of the mother and infant to identify any immediate health issues or concerns, the provision of general information regarding infant health and development and expectations during the postpartum period, a risk assessment of the family's overall capacity and needs to care for their infant, and if appropriate, referral on to additional services.

Continued care coordination and follow up can occur for families through two pathways. For families who are determined to be low or moderate risk, families will have access to a Family Support Specialist who may be a nurse or social worker that will stay in contact with the family according to the infant's well child visit schedule. This will promote the utilization of preventative health care, developmental screenings, parent education and information on child development and early literacy, and continue to refer and link the families to appropriate services and supports.

For families who are determined to be high risk, families will have access to an intensive home visitation program that provides ongoing home visits with the specific dosage of visits dependent on the family's level of need. The home visitor with the parents will develop an individualized family plan in order to address the various needs and risk factors with the ultimate goal of ensuring the healthy development of the child. The intensive home visitation model will also provide case management in order to appropriately link and help coordinate the various services and supports needed by the family.

Both family support pathways include coordination and linkages with the family's health care provider including regular medical and developmental screening which leads to early identification of developmental delays, evaluation and treatment through the early intervention system. Thus this comprehensive model is a key component to a comprehensive early childhood development and health system as it provides a universal system of outreach and service provision through the one time in home visit for families of newborns, provides intensive home visitation for families in need of immediate support, a collaborative structure to coordinate public and community based services including health and early intervention, and provides for early identification of developmental delays and linkage to the appropriate early intervention services.

The proposed model integrates the components of a medical model as it works to strengthen the relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children from birth to three, by monitoring child health and development, promoting good health practices, and responding to parents concerns about their developing infants and toddlers and preschoolers. Program design also includes follow-up mechanisms as well more intensive home visitation programs for children at greatest risk and therefore also builds on home visitation

models which have proven to be successful in producing positive child outcomes. Strategies are designed to empower parents to obtain the support that they need to be effective parents that raise healthy children that are ready to learn. This program provides a new and comprehensive approach that supports mothers and fathers in their role as nurturers of the emotional, behavioral, intellectual, and physical growth of their children

The research from both the medical model intervention programs and home visitation models has shown to be very effective strategies for both health and readiness concerns. This program would combine several proven models to insure that children receive appropriate screening, care coordination, linkages to community resources, child development information, health care, parenting education and literacy activities focusing on insuring that children have every opportunity for school success.

The strategy includes multiple follow-up mechanisms to serve the greatest number of families with the least amount of resources. Research into both the medical model and home visiting programs show the following:

- Increased school readiness
- Positive parenting and increased parental involvement
- Improvement in child and maternal health outcomes
- More children having a medical/dental home and receiving prevention services and screening in a timely manner
- Use of more positive and less harsh discipline strategies.

Thirty years of research indicate the following outcomes: reduction in child abuse and neglect, reduction in emergency room visits for accidents and poisonings, reductions in arrests at child age 15, reduction in behavior and intellectual problems at child age six and fewer convictions of mothers at child age 15.

The research literature suggests that the best home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. The primary focus of home visiting services is clearly to promote effective parenting, but, home visitors may also encourage families to enroll in health insurance, receive prenatal care and seek medical care from a consistent medical home. The home visitor works with families to help them obtain necessary life skills that will result in their self-sufficiency, while modeling good parenting skills, and providing education about child development and health.

The region has approximately 3,500 births per year with about 2,400 first time and teen mothers. While it is the desire of the Regional Council to provide services to families of newborns, the Regional Council will begin implementation focusing on first time and teen parents. The Regional Council proposes providing services to 800 families with 750 receiving the lower intensity medical model and 50 the more intensive home visiting program.

Research Notes:
Nurse-Family Partnership: Overview. www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFP_Overview.pdf

Healthy Steps – www.healthysteps.org

Lead Goal: Goal: #11-FTF will coordinate and integrate with existing education and information systesm 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.

Goal: #4 - FTF will expand use of early screening in health care settings to identify children with developmental delay.

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

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families of children birth through five who report they maintain language and literacy-rich home environments.
- Percentage of families with children birth to five who report reading to their children daily.
- Total number and percentage of children screened for developmental delays.

Target Population:

First time and teen parents who have children born in the region. Initial emphasis will be to reach first time mothers that are single and then continue to expand the program to include all first time mothers as resources are available.

The program will focus on reaching high risk families immediately after the birth to insure that the child has a comprehensive support system to maximize early intervention outcomes and prepare the child for school.

The medical model program is designed to service families across the region of all incomes levels. The intensive home visitation portion is designed to build on existing resources and home visiting programs and targets families that need extensive intervention due to an array of family issues such as poverty, parental education level, child abuse, mental health, substance abuse and other issues that place the children at high risk of delayed development and school readiness issues. It is anticipated that the majority of children receiving intensive services will reside in South Scottsdale which has the largest concentration of families living at or below 200% of poverty, but services will be available across 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	220 Newborn Home Visits 500 – Low/Moderate Risk 50 –Intensive Home Visitation	220 Newborn Home Visits 500 – Low/Moderate Risk 50 –Intensive Home Visitation	220 Newborn Home Visits 500 –Low/Moderate Risk 50 –Intensive Home Visitation

Performance Measures SFY 2010-2012

1. Total number of children receiving service coordination.
2. Total number of families engaged in ongoing home visits.
3. Total number of families receiving developmental screening.
4. Number and percent of families receiving an initial home visit.
5. Percent of first time mothers served by the program.
6. Percent of families that reported satisfaction with home visiting support.
7. Number of families that receive a child development evaluation/consult.
8. Percent of families showing increases in parenting knowledge and skill.
9. Percent of children served by the program that have medical and dental homes as compared to the population in general.

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

- Currently Healthy Families and Maricopa County Newborn Intensive care program provide home visitation programs that service approximately 200 families in this region.
- The Phoenix Children's Hospital Healthy Steps has worked to partner with Mayo Clinic and Scottsdale Healthcare to expand Healthy Steps into the region. Currently the Healthy Steps program has not been funded. The current emphasis is training for family practice and pediatric residents within these healthcare systems. The relationships are in place to expand the Healthy Steps model in this Northeast Maricopa Region.
- The Vista Del Camino and Paiute Community Centers provide some services to families in the South Scottsdale area. Opportunities exist to build, expand and coordinate these existing services into a comprehensive program serving these children before they are eligible for the Head Start and other community programs.
- The region lacks a coordinated effort that allows children and families to access the various resources in the area. Parents do not realize that an array of programs and services exist in the region and often do not receive the care and support that they need.
- In spite of many programs for children three years of age and up, many children enter these programs far below expectation as far as early literacy, mental, behavioral, development and health needed to succeed in school. Of special concern is language development both in English, Spanish or other languages.

What are the opportunities for collaboration and alignment:

- There are opportunities to build on the partnership among Phoenix Children's Hospital, Scottsdale Healthcare , Mayo Clinic and City of Scottsdale to establish connections between existing community resources and programs to address this issue.
- Potential to build on Noah Clinic operated by Scottsdale Healthcare, Southwest Prevention Institute, community center programs and existing home visitation programs to provide a comprehensive early intervention program for this population designed to prepare children to succeed in school and life.
- Potential opportunity to receive match funding from a local foundation
- Potential to partner with local hospitals, clinics and other community partners to expand this program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 748,000

Budget Justification:

Newborn Home Visit – 220 x $300 = $66,000

Families identified as low/moderate risk – 500 x $1,000 = $50,000

Families identified as high risk – 50 x $3,500 = $175,000

The majority of the families in the region will be able to be served by the less intensive program that does an initial home visit to parents of newborns and develops a follow-up plan to support the family in obtaining the services and skills that they need to raise healthy children.

In the region there are some families that will need a more intensive home visitation program to obtain the results desired. Estimate for this more intensive model are projected to be approximately $3,500 per child which is in the mid range of home visitation programs.

Both programs would build upon the Newborn Intensive Care Home Visitation and Healthy Families that currently provide home visitation in the area.

$7,000 will be reserved for screening materials and purchase of books for early literacy development.

Cost in the first year might be higher due to costs incurred in increasing capacity such as training staff and purchasing of materials and supplies. Estimated costs include salaries and benefits for Child Development Specialists, training expenses, travel, supplies and materials. Cost for both the low risk medical model and the more intensive programs home visiting model used nationwide estimates for program costs as well as interviews with community service providers.

Strategy #2 - Ft. McDowell Early Intervention Program for children Birth to three:

Comprehensive prenatal and birth to three intervention program including home visiting, case management/coordination that focuses on overcoming generational poverty cycles for children and families living on Ft. McDowell Yavapai Nation. This will include a comprehensive home visiting program combined with parent education and parent/child programs through the early childhood center.

Components of this program will include the following:

- Initial home visit either prenatally or at birth to coordinate services for newborn children on the Ft. McDowell Yavapai Nation.
- Regular home visits from trained early childhood educators, who fully understand tribal culture and traditions.
- Coordination with current pre-natal programs to support mothers and fathers during pregnancy and prepare the family for parenthood.
- Continued coordination of services to the family either in the homes and/or through parent/child programs in the tribal child care center using proven programs and techniques designed to focus on empowering the children and their families to overcome the cycles of generational poverty and assist their children to be ready to learn when they enter school.
- Health, Developmental and Mental Health Screening as well as health management to insure health and immunization needs are met
- Parent/child education groups in community settings
- Book bag/development/learning toys lending program
- Transition into school activities starting six months prior to entering pre-kindergarten programs at age three
- Case management/referrals and follow-up

The program will use a model that has been very successful on tribal nations and in rural communities that hires connected community members and uses intensive professional development programs to provide the skills needed for success. Topics of the training will include early childhood development, early literacy, assessment and screening, infant/toddler and parenting curriculums, home visiting practices, mental health issues, behavioral management, community resources as well as strategies to retain tribal languages in the children. This program has shown the following

- Children develop the language and pre-literacy skills that are essential for school success.
- Parents learn how to support their child's language development and pre-literacy education.
- Supports based parent/child group activities support positive home/school connections early in the child's life.

- Transitions to school activities help parents and children connect to the pre-school or kindergarten the child will attend.
- Early childhood knowledge and expertise increases throughout the community.

Lead Goal:

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

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

Goal: #4 - FTF will expand use of early screening in health care settings to identify children with developmental delay.

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

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Percentage of families of children birth through five who report they maintain language and literacy-rich home environments.
- Percentage of families with children birth to five who report reading to their children daily.
- Total number and percentage of children screened for developmental delays.

Target Population:

This program will provide services to families with children birth to three living on Ft. McDowell Yavapai Nation with an emphasis on reaching families before and immediately after the birth to insure that the child has a comprehensive support system to maximize early intervention outcomes.

Proposed Service Numbers	**SFY2010 July 1, 2009 - June 30, 2010**	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 – June 30, 2012**
	40 Families	40 Families	40 Families

Performance Measures SFY 2010-2012

1. Number and percent of families receiving a comprehensive home visiting service
2. Percent of families that reported satisfaction with provide home visiting support
3. Number of families that participate in community based Mom/tot programs and parent education programs
4. Percent of families showing increases in parenting knowledge and skill

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

- In spite of economic supports that have resulted in income levels above poverty for tribal families, the generational poverty issues still challenge families and children do not have the support to be healthy and ready to learn when they enter school.
- Tribal leaders and their education director have placed a strong priority on addressing this issue.
- Strong pre-kindergarten and public school supports through college are in place to provide continued support to children who participate in this early intervention program.
- In spite of a comprehensive educational program for children three and up, many children enter these programs far below expectation as far as early literacy, mental, behavioral, developmental and health needed to succeed in school. Of special concern is language development both in English and native tribal languages.
- There are opportunities to make connections with existing tribal programs to address this issue.

What are the opportunities for collaboration and alignment:

- New tribal early childhood program starting in 2009/2010 school year that will provide pre-kindergarten for all three- six year old tribal members.
- The current Child Care Center which serves children birth to five provides an opportunity to develop a comprehensive program that would combine the home visitation program with parent education, Moms/ Tot programs and child care services. This Child Care Center will become part of the early childhood program in the 2009/2010 school year and the tribe is committed to improving the educational levels of the staff.
- Potential to partner with the tribe to implement or expand this program to serve all children birth to three. Tribal leaders are committed to this program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 150,000

Budget Justification:

The Tribal Nation has done extensive planning to implement a home visitation intervention program for children birth to three. The allocation was based on budget projections developed in collaboration between Tribal Members and First Things First staff. It is based on employment of two community members who would be extensively trained to work with families in their home and child care environment.

The tribe has committed to supplement this program by providing overhead expenses and supervision as well as improvements to the Early Childhood Center to provide the community portion of this strategy.

Estimates on children served were based on national averages for similar home visiting programs. As the community support systems begin to develop it is estimated that more children may be able to be served by the program without additional staff.

Strategy 3 – Pre-Kindergarten Program

Increase the number of children that receive comprehensive quality pre-kindergarten programs or child care programs to increase school readiness. This will focus on providing additional services in areas of the region with no Head Start programs or other pre-school opportunities for low and middle income families or areas with large waiting lists for those services. This program would provide scholarships or vouchers to provide pre-kindergarten to children's who families have an income up to 300% of poverty. Families between 100% and 300% of poverty would pay a nominal fee on a sliding scale.

Programs would require parent participation in the classroom and/or through parent educational opportunities. Each program would require coordination with other community resources to insure that children receive the health, dental, mental, developmental, health screening and follow-up services as needed. Programs should show proof of one of the following indicators of quality:

- Accredited through an Arizona recognized national accreditation system
- Enrolled in Quality First!
- Participating in a demonstrated, recognized quality improvement program (AZ Self-Study, Tucson Hands-on Quality, Head Start PRISM, VSUW Professional Development Model) **and** commit to enrolling in Quality First! Within 2 years.
- Commitment to enrolling in Quality First! within 1 year.

In addition have an educational program designed to meet the Arizona State Early Learning Standards. Programs such as Department of Economic Security (DES), Early Childhood Block Grant (ECBG) or Federal Head Start programs must be the first revenue stream with this program providing access to children ineligible for these programs or who have been on waiting lists for these programs.

Research supports positive outcomes of children's enrollment in high-quality, consistent care and education programs in increasing early literacy and readiness factors that are necessary for school

success. The North Carolina "More at Four Pre-Kindergarten program evaluation" is typical of other findings for similar programs. This "More at Four Pre-Kindergarten" model is very similar to this strategy in that it allows pre-kindergarten to be provided in a variety of school based and center based non-profit and for profit settings. The study found the following:

- Children exhibited substantial developmental growth across multiple skill areas—language/literacy, math, general cognitive knowledge, and social skills.
- For Spanish-speaking children, growth occurred for skills assessed in both English and Spanish, with higher skill levels and growth in their home language associated with greater growth in skills in English.
- Children at greatest risk made similar or even greater gains over time compared to their peers, although they entered the program with lower skill levels and still had not caught up in many areas by the end of kindergarten.

RESEARCH INFORMATION:

University of North Carolina FPG Child Development Institute *"Evaluation of the North Carolina More at Four Pre-kindergarten Program Year 6 Report (July 1, 2006–June 30, 2007)"* February *2008*
Manhattan Institute, *"Pre-K: Shaping the System That Shapes Children"*, 2006
Frank Porter Graham Child Development Institute at UNC-Chapel Hill, *"Quality of Child care Affects Language Development",* 2007
Set for Success: Building a Strong Foundation for School Readiness Based on the Social and Emotional Development of Young Children," Kauffman Early Education Exchange
Good Quality Child Care: A Dramatic Opportunity to Promote Learning and Prevent Damage in Our Youngest Children," Child Care Action Campaign, 1996

Lead Goal:

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

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

Key Measures:

- Current cost of early care and education for families as a proportion of the median income for a family of four
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five

Target Population:

Children whose families have incomes less than 300% of poverty, who are not currently participating in a pre-kindergarten through an existing subsidy program. For families with incomes over 100% parents will be required to pay for a portion of the tuition on a sliding scale basis to be determined.

This could also be used to reduce parent co-pay for children that qualify for DES and their parental co-pay exceed 10% of the family income. The program would provide scholarships or vouchers to programs to provide services.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	70-120+ Children	70-120+ Children	70-120+ Children

Performance Measures SFY 2010-2012

1. Total number of children receiving early education services.
2. Percent of families that reported satisfaction with early education services.
3. Increase in school readiness score using standardized screening tool.
4. Percentage decrease in waiting lists for low cost programs.
5. Percent of families showing increases in parenting knowledge and skill.
6.

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

- This is an opportunity to build upon the other strategies focused on families with children birth to five years old to allow children to have seamless services to prepare for school success.
- This strategy could provide opportunities to build on existing early childhood programs to provide services to additional children as well as encourage programs providing pre-school programs to have certified teachers and meet the Arizona Early Learning Standards.
- Potential settings for this strategy could be in public school settings or in private early education/child care settings.
- Potential to fund innovative programs such as mom-tot type programs using a variety of settings such as community centers, churches or other settings for this strategy to provide services to children across the region.

What are the opportunities for collaboration and alignment:

- Opportunities to build partnerships among area early education programs, school districts, medical providers, churches and social programs to provide settings for this strategy as well as other family support services.
- Potential to partner with school district, faith community, private donations, local foundations and other community partners to expand this program.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$ 372,000

Budget Justification:

The program will provide scholarships or vouchers for children whose families earn up to 300% of poverty. Families between 100% and 300% of poverty would be required to pay a nominal fee based on a sliding scale to be developed. Additional research will be done to determine program costs and parental sliding scale.

The estimates below are based on providing total cost of pre-kindergarten in an average pre-kindergarten in the region. Using sliding scales and expanding on other funding sources will increase the number of children served by the program.

While the Regional Council wishes to entertain creative alternatives to provide comprehensive pre-kindergarten programs to the largest number of children, the following are some estimates of a couple of alternatives.

Cost estimates for a five day, five hours a day program is estimated at approximately $5,000 per child based on 42 weeks program (Based on the normal public school year.) Each classroom would serve 20 children with a teacher and assistant.

Mom and child programs two days a week for 3 hours a day would be approximately $1,500 per child per year. Parents would be required to volunteer at least twice a month to and participate in parent educational activities.

Strategy 4 – Expand funding for Quality First!

Strategy: Expand the enrollment of early care and education programs serving low income infants and toddlers in Quality First!

With estimates of at least 40% of the Northeast Maricopa region's youngest children enrolled in child care settings, the quality of programs is undeniable important. Fewer than 10% of the 89 child care centers and 1 of the child care homes in the region are Accredited. There are two Head Start sites (serving 3 and 4 year old children) both in the South Scottsdale area.

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!*

State licensing regulations are considered 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.

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 INFORMATION:

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

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

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

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

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

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

Key Measures:

1. Total number of early care and education participating in the QIRS system.
2. Total number of children enrolled in early care and education programs participating in the QIRS system.
3. Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale.
4. Total number and percentage of early care and education programs in the QIRS system improving their environmental rating score

Target Population:

Target is to provide Quality First! to centers giving priority to those that provide care to infants and toddlers.

	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 center <50 2 centers 51-150 1 center >150 1 Child Care Home	2 center <50 2 centers 51-150 1 center >150 1 Child Care Home	2 center <50 2 centers 51-150 1 center >150 1 Child Care Home

Performance Measures SFY 2010-2012

1. # of children served at target quality level/Proposed service #
2. # of ethnic or low socio-economic level children at early care centers/Actual service #
3. # of quality early care and education programs/Proposed Service #
4. # of centers/ homes served by Quality First!/ Proposed service #
5. # of centers moving from 1 star to 3 star rating/Proposed service #
6. # of quality early care and education programs increasing score/Proposed service #

- How is this strategy building on the service network that currently exists:
  This will expand the capacity of the statewide Quality First! programs to accelerate the implementation of the quality rating system and bring quality care to more children.

- What are the opportunities for collaboration and alignment:
  The Regional Council will monitor the participation and progress of all of the centers and homes enrolled in Quality First! Additionally, the Regional Council is finalizing plans to visit the centers and homes, and to define additional resources available in the community which might support the centers and homes. The Regional Council also plans to work on increasing community awareness and understanding of quality improvement for early care and education.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$189,750
Budget Justification: This budget includes providing Quality First! participation to: (The size of centers breakdown could vary based on the centers that apply for Quality First!) 2 Centers <50 @ $30,400 = $60,800 2 Centers 51-150 @ $32,900 = $65,800 1 Centers150 @ $37,900 = $37,900 1 licensed child care home @ $25,250	

Strategy 5 – Implement an early childhood development coaching and consultation model with an emphasis on social emotional development in early care and education settings throughout the region.

On-site consultation with an early childhood development coach can provide helpful assistance to support early childhood providers and build staff capacity in caring for children with developmental needs including challenging behaviors. This type of coaching and consultation model may also reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The role of the coach is to provide training and education to early care and education providers on utilization of developmental screenings including social emotional screens, how to care and support children with developmental needs and concerns or for children who have a diagnosed delay or disability, establish a learning environment that supports young children and meets their individualized needs, and assists providers and parents with appropriate information and referrals to early intervention systems and community based services and supports. The end result for children is early identification of developmental delays and concerns, child care programs that are able to support and provide the appropriate early care and education to address children's developmental needs and therefore establishing a stable environment for the child, family and child care provider.

Interviews with early childhood center staff revealed that dealing with behavioral/developmental concerns are one of their biggest challenges. Centers reported children with multiple expulsions from centers across the region and both staff and parent experiencing significant frustration in obtaining support for these issues.

Research shows that Mental Health/Developmental coaching delivered in typical early childhood settings is an effective preventive intervention that addresses mental health, socialization, behavioral and developmental problems in early childhood. The literature suggests that children who struggle with behavioral and emotional problems at this young age have a 50 percent chance of continuing to struggle into adolescence and adulthood.

A study of pre-kindergarten expulsions conducted by Yale University Child Study Center report that more than 10.4% of pre-kindergarten teachers expelled at least one child. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for profit centers. When teachers reported having access to a mental health consultant that was able to provide classroom based strategies for dealing with challenging student behavior on a regular basis, the rates of expulsion were significantly lower in all settings.

Program Components

- Early care and education providers have access to an early childhood developmental coach
- Comprehensive Developmental Screening of children in child care settings including social emotional screening
- Modeling for center staff – behavioral management techniques
- Ongoing training and consultation to enhance the skill level of child care providers on early childhood development and techniques and resources that address developmental and health needs of children with special needs and promote the successful development of children.

- Service coordination mechanism—working with center staff, families, medical providers and children who have been determined to have special healthcare, developmental, early childhood mental health or behavioral needs to insure seamless coordination of care and services.
- Parent/staff sessions on brain development, developmental stages and behavioral management

The early childhood developmental coach is an expert in early childhood development and health and works collaboratively with the early care and education providers, public entities, and community based agencies to support the healthy development of young children. This model therefore has the potential of increasing the coordination and collaboration among early care and education, home visiting programs, school districts and the health care system.

Research Information:
US Department of Health and Human Services, Substance Abuse and Mental Health, *"Starting Early Starting Smart" Accessing Costs and Benefits of Early Childhood Intervention Programs"* www.casey.org or www.samhsa.gov

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

Jewish Family and Children's Services, *The Early Childhood Mental Health Project-Child Care Center Consultation in Action, www.jfcs.org 2002-2003*

Center for Prevention & Early Intervention Policy, *Mental Health Consultation in Child Care and Early Childhood Settings,* June 30, 2006

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

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

Key Measures:
Number and percentage of early care and education programs with access to health consultants.

Ratio of children referred and found eligible for early intervention

Target Population:

Work with child care and early education programs across the region.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	45 Centers	45 Centers	45 Centers

Performance Measures SFY 2010-2012

1. Increase in number of centers with access to coaches
2. Increase in the number of children who receive developmental screening including social emotional screens.
3. Number of children receiving coordination of early intervention services between family, center, health professionals and local elementary schools

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

The goal is to build a comprehensive system that provides multiple points of entry to identify and provide coordination of care for children to insure that they are healthy and ready to succeed in school. This is one point in an overall strategy to create an interconnected system to serve children birth to five.

This strategy utilizes the existing child care and early education programs to identify and provide comprehensive intervention for children with developmental/social emotional or other health issues.

This provides a link to existing social service, medical and special needs programs to build a comprehensive support system for the families in the Northeast Maricopa Region.

What are the opportunities for collaboration and alignment:

This is an opportunity to create a bridge between existing child care and early education programs with the medical, social services, schools and other services in the community.

This is an opportunity to support families in coordination and obtaining timely services through the AZEIP System, Magellan and other programs designed to support children and families with developmental, behavioral and mental health issues.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$330,000

Budget Justification:

This budget purposes funding three early childhood developmental coaches that would work directly in child care and early education programs. Each coach person would provide services to at least 15

centers spending time in each center at least once a month.

Applicants must show linkage to existing medical and developmental services in the region and be able to provide services across the region. Estimated costs for this service would be $110,000 per staff person including salaries, ERE, travel, materials and supplies and screening kits. Included in this estimate is an additional 22% that has been added for other costs such as rent, program supervision and evaluation.

Strategy 6 – Short Term Crisis Intervention

Short term, focused intervention, using behavioral modification techniques or other behavioral approaches to work with families and children age birth to five who are in crisis due to behavioral, developmental or mental health issues of the child. A specific intervention plan would be developed and the crisis intervention coach would work directly with the family usually in their home setting to address a specific issue. Intervention would include development of a technique and teaching/training parents to use the technique. Intervention would include daily or weekly visits usually for approximately 1-4 weeks. An example of an intervention is a family that is struggling with a child that will not go to sleep. The parents are exhausted from trying to maintain their jobs and tension in high in the family. The family would receive support to improve the child's sleep patterns and establish family routines.

This strategy would include a parent crisis hotline and follow-up parent education/support groups in positive behavior management that supports the family in maintaining the intervention plan and developing the necessary skills to manage other behavioral and developmental issues as they occur. Families requiring further more intensive intervention would be referred to other community resources such as home visiting programs, mental health counseling and/or special needs programs for additional follow-up.

Applied behavioral analysis (ABA) has been shown to be a very effective model in working with children with behavioral issues and/or special needs. Applied behavioral analysis is a systematic approach to the assessment and evaluation of behavior and the application of interventions that alter that behavior. (Baer, Wolf & Risley, 1968/1987; Sulzer-Azaroff & Mayer, 1991) Research of over 40 years and several thousand published research studies have documented the effectiveness of ABA across a wide range of populations:

- Children and adults with mental illness, developmental disabilities and learning disorders
- Interventions with parents, teachers and staff
- Useful in many types of settings such as homes, schools, institutions, group homes, hospital and business offices
- Effective with a wide range of behaviors such as language, social skills, academic, leisure and functional life skills, self injury and stereotyped behaviors.

Programs based on Applied Behavioral Analysis (ABA) methodologies are grounded in the principles of learning and operant conditioning as influenced by the research of Edward Thorndike and B.F. Skinner and are now considered at the forefront of therapeutic and educational interventions for children with autism and other special needs.

While this strategy has been successfully used with special needs children such as those with Autism and related disorders, the Regional Council wishes not to limit this service to families with children diagnosed with special needs, but broaden this strategy to support families in crisis that would be able to be stabilized with a short term intervention process. This program is intended to build on

existing programs and will expand this service to families that are ineligible for the existing services.

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

Key Measures:

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

Target Population:

Families of children with developmental, behavioral, or mental health issues that require short term intervention services to stabilize the family situation.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	200	200	200

Performance Measures SFY 2010-2012

1. Total number of families receiving crisis intervention services
2. Percent of families that reported satisfaction with crisis intervention services.
3. Percent of families showing increases in parenting knowledge and skill
4. Percent of families that reported increased knowledge related to parenting/strategic target
5. Percent of families that reported increased confidence related to parenting/strategic target

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

- This is an opportunity to build upon successful strategies that have been used successfully with specific groups and expand this focus to reach more families facing the challenges of living with children with behavioral, developmental or mental health needs that challenge the stability of the family.
- Opportunity to build partnerships with programs such as Raising Special Kids, Center for Autism and Related Disorders, Southwestern Autism Research and Resource Center, Special Education

Advisory Council of Scottsdale and other community resources to support families that are experiencing short term crisis and challenges in supporting a child's special needs.

- This strategy would build on other regional strategies to provide more extensive support to families with the special challenges of a special needs child.

What are the opportunities for collaboration and alignment:

- There are opportunities to build on the partnership between Phoenix Children's Hospital, Scottsdale Healthcare and Mayo Clinic as well as special needs groups to provide ongoing support for families.
- Potential to partner with local hospitals, clinics, local foundations and other community partners to expand this program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 270,000

Budget Justification:

Cost estimates for this program are that the average family would require fifteen hours of direct service time at approximately $50 per hour plus two hours of supervisory time at $125 per hour for an average cost of approximately $1,000 per family. Costs for this program were based on a local family crisis intervention program that serves children with Autism. Supervision, travel and overhead are included in the supervisory costs.

The Regional Council has expressed a desire to consider innovative proposals to meet this strategy so estimating cost is difficult. It is anticipated that this allocation could support at least two staff and overhead as well as a contract with an existing hot line to handle crisis intervention. Approximately $50,000 would be used to set up the ongoing support groups and parent training to allow families the skills needed to prevent future crisis situations.

Strategy #7 – Expand access to TEACH Early Childhood Arizona

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

Programs enrolled in QUALITY FIRST! will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST!

Benefits to children: higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Regional Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation - At the end of their contract, after completing their educational requirement,

participants are eligible to receive increased compensation in the form of a bonus (ranging from $100 to $700) or a raise (4% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

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

Research Information:

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

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

Lead Goal:

Goal # 8 FTF will build a skilled and well prepared early childhood development workforce.

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

Key Measures:

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

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

Target Population:

The total number of employees of the region's early care and education centers and homes and their educational levels is not fully understood. This is an area that the Regional Council will continue to collect data on through community surveys, forums and visit to the programs to obtain more information. This strategy has been identified for additional funding from discretionary or fund raising efforts.

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

Performance Measures SFYs 2010-2012

1. # of professionals pursuing degree in early childhood/ Actual service #
2. # of college credits held by professionals/ proposed service number
3. # of college credits held by professionals/ actual service number

- How is this strategy building on the service network that currently exists:
  This strategy capitalizes on TEACH Early Childhood Arizona. TEACH is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The use of discretionary funds to expand this program is critical to building a comprehensive system that will improve the quality of early care and education in the Northeast Maricopa Region.

- What are the opportunities for collaboration and alignment:
  The TEACH Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities, and evaluation. Discretionary funding participation on behalf of this region will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.

  The Regional Council anticipates initiating discussions with the Regional Community College about increasing appropriate coursework, about beginning specialized curriculum and delivery of courses through cohorts, distance learning opportunities, and about providing coursework "in the field" at locations available to our early care and education professionals.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$0 – Discretionary
Budget Justification: Full year participation: $1600 Additional support for participants' cost reimbursement (travel, hours missed of work, child care, books, course costs not covered, other barrier expenses) (80% cost matching program)	

Strategy #8 - Dental Care

Build on existing dental health intervention and mobile health care systems to provide dental clinics in child care and early education programs, churches and community centers to provide fluoride varnish and dental screenings for children ages one to five.

The American Academy of Pediatrics recently announced their recommendation that pediatricians perform an oral assessment, including anticipatory guidance and establishment of a dental home for children one year of age who are is deemed at risk of dental issues. This parallels earlier recommendations by the American Academy of Pediatric Dentistry, the American Dental Association and the Arizona Academy of Pediatric Dentists calling for the first oral examination by one year of age. This recommendation reflects a growing knowledge of the need for early intervention and treatment of oral disease, as well as understanding that oral health is an integral part of overall health.

Dental disease "…is one of the most common childhood diseases…" and "…is five times more common than asthma …." According to a report from the Surgeon General in 2000. Although there is a higher incidence in low socio-economic populations and certain cultural groups, it is found across all segments of our society.

The Center for Disease Control and Prevention (CDC) reports that "Dental decay is one of the most common chronic infectious diseases among U.S. children.

In Arizona, 35% of three year old children and 49% of four year old children were found to have dental caries (a transmissible bacterial infection)in a survey of preschool children conducted by the Arizona Department of Health Services, Office of Oral Health.

Resources:

American Academy of Pediatrics: www.aap.org

American Academy of Pediatric Dentistry: www.aapd.org

Arizona Academy of Pediatric Dentists policy statement, Page 7

US Dept. Health and Human Services. Oral Health in America: A Report of the Surgeon General

Centers for Disease Control and Prevention: www.cdc.gov

Arizona Dental Survey of Preschool Children, (1994-1995), Arizona Department of Health Services, Office of Oral

Health

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

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

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits.

Target Population:

Provide dental fluoride varnish and basic dental screening in child care and early education programs and community locations in the region and provide referrals to other community dental services for follow-up care if needed.

Priorities will be given to programs with infants and toddlers to increase the number of children birth to three that receive preventative dental care.

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

Performance Measures SFY 2010-2012

1. # of children served receiving dental screenings and fluoride varnish.
2. # of referrals for dental follow-up care.

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

Currently Scottsdale Health Care has a dental clinic staffed by an independent practice Dental Hygienist serving a small number of the region's children. Noah Clinic, operated by Scottsdale Healthcare, currently provides basic dental cleanings, check-ups and fluoride varnish for children in the South Scottsdale area with incomes of less than 200% of poverty.

This strategy would expand these services to serve children throughout the region. The use of child care centers and early education settings, churches and community centers is a strategy that reaches a large number of children as well as meets the Regional Council overall goals of building bridges between the medical and early care and education systems.

What are the opportunities for collaboration and alignment:

Potential to collaborate with the existing Noah Health Clinic – Dental program which uses the private practice dental hygienist model to provide cost effective services.

Potential to utilize the Noah Mobile Health Van to provide services saving considerable capital expenditures for infrastructure.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$0 – Discretionary

Budget Justification:

This program could be implemented either through funding of specific program on an annual basis or through expansion of existing programs in the area through using contract staff on a daily basis as funding is available.

Providing fluoride varnish to 30 children in a child care facility is estimated to be approximately $105 per hour for staff time and $3.50 per child for the actual varnish and necessary supplies. (It is recommended that children receive varnish every three to six months.) This does not include any case management by the hygienist for follow-up on referrals, but just the varnish applications alone. It also includes an assistant for the hygienist. The added cost to conduct dental screening has not been determined at the time. If a dental hygienist was providing screening as well as varnish it is estimated that approximately 15 children could be served per hour.

Strategy #9 – Coordination of Services to Families

Services for families with children birth to five are fragmented and families have challenges in finding the care, education and services that they need to support them in insuring that their children are healthy and ready to learn. This strategy would develop a cohesive network that would link First Things First funded programs with other resources in the community to develop a system of care and services to families and community services providers. This effort would be coordinated by the Regional Coordinator and the Regional Councils. Some components of the coordination would be as follows:

- Collaborate among all systems to coordinate and improve child find and early intervention efforts.
- Involve families in the development of policies and cross system coordination activities by supporting family representation at all levels of First Things First governance.
- Coordinate with other agencies to align standards that impact quality practices, program access and service delivery across early childhood systems.

At this time the Regional Council has chosen this as a non-funded strategy that will be implemented through requiring that all First Things First programs in the region participate in a collaborative effort that would also encourage other community and parent participation.

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

Key Measures:

Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.

Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.

Target Population:

Residents of the Northeast Maricopa Region with children birth to five and programs providing service to the region.

Proposed Service Numbers	**SFY2010 July 1, 2009 – June 30, 2010**	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
	All grantees must participate in the process	All grantees must participate in the process	All grantees must participate in the process

Performance Measures SFY 2010-2012 1. # of MOU's with service partners/Strategic target 2. # of MOU's with public & private organizations/ Strategic target 3. # of families represented at RPC meetings/Strategic target 4. # of standards aligned that impact quality, program access, and service delivery across all EC systems/ Strategic target 5. # of partner's reporting use of family centered practices/ Strategic target			
• How is this strategy building on the service network that currently exists: Coordination is a key to building an early childhood system. This would allow all current providers and new grantees to come together to focus on the needs of the region.			
• What are the opportunities for collaboration and alignment:			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	Unfunded		
Budget Justification: To be determined			

Strategy #10 - Communications

Working in partnership with the Regional Partnership Councils across the Maricopa County Area and FTF Board, implement a community awareness/education and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

The Northeast Maricopa County area is part of the Phoenix Metropolitan area. The Regional Council agreed to set aside 1% in funding for communication and advocacy efforts, but wishes to discuss further specifics of whether to join the regional effort or to use the communication dollars to for addressing specific communications efforts within the region. The following are some areas of potential focus on communication issues:

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

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

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

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

The Northeast Maricopa Regional Council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Councils and FTF Board to further define the community awareness and mobilization effort. The Regional Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need

overtime and will set aside $21,665 each year.

Resource Information:

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

FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

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

Key Measures:

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

Target Population:

This strategy will target the region's entire population. Upon completion of the development of this strategy, the target groups such as business, faith based, health professionals, etc., will be determined and be the initial focus of the awareness campaign. In addition, the service numbers and performance measures will be set after the strategy is developed in full in partnership with the Regional Councils and State Board.

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

Performance Measures SFY 2010-2012

TBD

- How is this strategy building on the service network that currently exists:
  Current projects for outreach and enrollment exist and have shown some success. Program providers report that these existing efforts are inconsistent and intermittent due to limited funding, planning, and coordination. This strategy could enhance other communication program

- What are the opportunities for collaboration and alignment:
  All grantees will be expected to build on the communication plan within their programs for FTF branding in the Northeast Maricopa region.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$21,665.00

Budget Justification:

1% of budget has been set aside for this strategy and the Regional Council wishes to do further determine the specifics of this strategy.

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

Revenue	
Population Based Allocation SFY2010	$2,166,520
Expenditure Plan for SFY2010 Allocation	
Strategy 1 - Newborn Intervention	$748,000
Strategy 2 - Ft. McDowell Early Intervention	$150,000
Strategy 3 - Pre-Kindergarten Scholarships	$372,000
Strategy 4 - Expand Quality First!	$189,750
Strategy 5 - Developmental/Social Emotional Coaches	$330,000
Strategy 6 - Family Crisis Intervention	$270,000
Stategy 7 - T.E.A.C.H	$0
Strategy 8 - Preventative Dental Care	$0
Strategy 9 - Coordination	$0
Strategy 10 -Communication	$21,665
Regional Needs & Assets/Evaluation	$85,105
Subtotal of Expenditures	$2,166,520
Fund Balance (undistributed regional allocation in SFY2010)	$0
Grand Total (Add Subtotal and Fund Balance)	$2,166,520

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	$2,166,520	$2,166,520	$2,166,520	$6,499,560
Fund Balance (carry forward from previous SFY)	N/A	$0	$0	
Expenditure Plan	**FY 2010**	**FY 2011**	**FY 2012**	**Total**
Strategy 1 - Newborn Intervention	$748,000	$748,000	$748,000	$2,244,000
Strategy 2 - Ft. McDowell Early Intervention	$150,000	$150,000	$150,000	$450,000
Strategy 3 - PreKindergarden	$372,000	$372,000	$372,000	$1,116,000
Strategy 4 - Expand Quality First!	$189,750	$189,750	$189,750	$569,250
Strategy 5-Developmental/Social Emotional Coaches	$330,000	$330,000	$330,000	$990,000
Strategy 6 - Family Crisis Intervention	$270,000	$270,000	$270,000	$810,000
Strategy 7 - Teach/Incentives				$0
Strategy 8 - Dental	$	$	$	$0
Strategy 9 - System coordination				
Strategy 10 - Communication	$21,665	$21,665	$21,665	$64,995
Needs and Assets/Evaluation	$85,105	$85,105	$85,105	$255,315
Subtotal Expenditures	$2,166,520	$2,166,520	$2,166,520	$6,499,560
Fund Balance* (undistributed regional allocation)	$0	$0	$0	
Grand Total	$2,166,520	$2,166,520	$2,166,520	

The Northeast Regional Partnership Council is excited to see the three year budget plan, but recognizes that many factors will determine actual allocations for years two and three. While the area has experienced growth rates higher than many areas of the state, the sustainability of this growth rate is questionable due to current economic factors and land use restraints. Therefore the Regional Council has determined to base the projected budget on level funding for the next three years. Should additional money become available the Regional Council will reevaluate the goal of developing an early childhood system and direct the additional money into programs that are showing the most promise or to fill gaps in the system identified by the evaluation process and ongoing Needs and Assets data collection. Although the Regional Council does not expect funding levels to decrease, should this

happen the Regional Council will look at re-evaluating service number for the programs for year two and three. The Regional Council has agreed to set aside approximately 1% of the budget for communication and advocacy and 4% of the budget for Needs and Assets and Program Evaluation. At this time the Regional Council is looking at opportunities to coordinate with other Maricopa County regions on communication, Needs and Assets and evaluation planning and will develop the actual plan as more information is available on these cross region collaborations. The Regional Council also acknowledges the need to identify outside funding, or to align or leverage existing funding streams which already come to the families and children in the area.

Discretionary and Public/Private Funds

The Northeast Maricopa Regional Partnership Council has committed to build a comprehensive system to support families and their children ages birth to five. The Regional Council has struggled greatly to define the gaps in available resources in the region and plan strategically to address the greatest needs. With the limited resources available, the Regional Council has committed to funding areas that stimulate coordination across systems to begin building the system as well as strategies to work with the region's youngest children and their families. Several areas that have been identified as critical to building this seamless system have not been funded through the strategies above. Discussion on discretionary funding was limited. While the board voted to support the three areas below for possible discretionary funding, they would also like to have further discussions regarding several ideas for innovative pilot programs that would require either discretionary funding or outside funding. The three areas of greatest need that the Regional Council would like to see further addressed through discretionary funding and other fund raising activities include:

1. **Preventative Dental Programs**
2. **T.E.A.C.H Scholarships for more center staff in the area and incentives for staff.**
3. **Expansion of Strategy Six – Crisis Intervention to include more opportunities for parent education and support groups for continued support of families that have received services through this program.**

In addition the Regional Council would like to participate in a pilot study to further develop understanding of how best to increase access and affordability to quality early care education, but does not have the resources at this time to do so and would request discretionary if this multi region study is put in place.

The Regional Council has identified a strategy to use existing family gathering places such as community centers, libraries, churches and early care and education settings to expand preventative dental exams and sealants/fluoride treatment to more of the regions children. Only 28% of children entering school have received the recommended sealants and fluoride treatments.

Expansion of the Strategy 6 - Crisis Intervention and behavioral management training and support groups for families has also been identified as a critical need and the Regional Council has expressed a desire to obtain additional funding through this program either through fund raising efforts or through the use of discretionary funding.

While the Regional Council understands how critical professional development and incentive for retaining quality staff is in improving the quality of early care and education programs the Regional Council has chosen to address this issue through additional Quality First! participation in this first funding plan. The Regional Council would like to encourage the state board to use discretionary funding

to provide more T.E.A.C.H scholarships for the region and consider using discretionary funding for the initial stages of an incentive program to retain quality staff in the early childhood settings.