

Northeast Maricopa Regional Partnership Council

Allocations and Funding Sources	SFY13	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts	
FY Allocation	\$2,928,292		
Population Based Allocation	\$2,175,227		
Discretionary Allocation	\$261,476		
Other (FTF Fund balance addition)	\$491,589		
Carry Forward From Previous Year	\$1,010,542		
Total Regional Council Funds Available	\$3,938,834		
Strategies	Proposed Allotments		
Home Visitation	\$165,809		Approved
Parent Education Community-Based Training	\$250,000		Approved
Pre-Kindergarten Scholarships	\$478,000	Approved	
Quality First Child Care Scholarships (<i>statewide</i>)	\$868,820	Approved	
Quality First (<i>statewide</i>)	\$400,005	Approved	
Child Care Health Consultation (<i>statewide</i>)	\$50,400	Approved	
Scholarships TEACH (<i>Statewide</i>)	\$66,000	Approved	
Mental Health Consultation (<i>statewide</i>)	\$307,500	Approved	
Family Support – Children with Special Needs	\$200,000	Approved	
Oral Health	\$193,906	Approved	
Community Awareness (<i>FTF Directed</i>)	\$10,000	Approved	
Community Outreach (<i>FTF Directed</i>)	\$83,000	Approved	
Media (<i>statewide</i>)	\$70,000	Approved	
Statewide Evaluation (<i>statewide</i>)	\$108,662	Approved	
Proposed Allotment Total:	\$3,252,102		
Total Unallotted:	\$686,732		



**NORTHEAST MARICOPA
REGIONAL PARTNERSHIP COUNCIL**

**Regional Funding Plan
Three Year Strategic Direction
SFY 2013-2015**

NORTHEAST MARICOPA REGIONAL PARTNERSHIP COUNCIL
Regional Funding Plan
Three Year Strategic Direction
FY 2013-2015

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FY 2013 -2015 Regional Partnership Council Budget

Section I.

Regional Allocation Summary

Funds Available State Fiscal Years (FY) 2012- 2015

Northeast Maricopa Regional Partnership Council

Allocations and Funding Sources	2012	2013	2014	2015
FY Allocation	\$2,962,891	\$2,928,292	\$2,934,148	\$2,945,151
Population Based Allocation	\$2,232,295	\$2,175,227	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$267,244	\$261,476		
Other (FTF Fund balance addition)	\$463,352	\$491,589	\$2,934,148	\$2,945,151
Carry Forward From Previous	\$1,622,519	\$1,010,542	\$686,732	\$368,778
Total Regional Council Funds	\$4,585,410	\$3,938,834	\$3,620,880	\$3,313,929

Section II. Review of FY 2012 Funding Plan

II A. FY 2012 Regional Partnership Council Priorities

In the establishment of the FY 2012 Funding Plan, the Regional Council reassessed their shared vision as aligned with First Things First's identified priorities, looked at the Region's needs and assets together with input from community partners. Careful reexamination revealed that all of the strategies developed by the Regional Council continue to address most of the pressing needs of the Region and therefore the need to stay the course and ramp-up on short-term urgent needs such as child care scholarships as families continue to be impacted by the hemorrhaging economy. Top priority goal areas addressed by the Regional Council are Family Support; Quality, Affordability and Access; and Health.

Throughout the year, in addition to program reports, the Regional Partnership Council has had grantee presentations at most of the regular Council meetings learning first-hand the challenges and successes of each strategy. These presentations helped the Council appreciate the importance of a well-coordinated early childhood system that encompasses the seamless delivery of services for each family in the region.

As the Region moves towards building an early childhood system that has an impact at every level of the communities, the Northeast Maricopa Regional Partnership Council determined that it would be most appropriate to maintain funding to those goal areas deemed priorities in FY 2011 for another year and only increase funding to strategies as deemed appropriate. The Regional Council reaffirmed that the Council's mission and shared vision is the establishment of an early childhood system that provides a continuum of services and supports, from universal to targeted to intensive. Most importantly, the Regional Council recognized the importance of building a sustainable early childhood system to ensure that all families have access to the diverse programs and services necessary to promote a child's optimal development and health. In developing the FY 2012 Funding Plan, the Regional Council looked at how the basic infrastructure works together, appropriate scope and reach within identified strategies and how the changing economic systems impact children and families in the Region. The intent of the Regional Council in looking at this basic infrastructure is to be responsive to the varying needs of young children and families across the Region, and the needs of those individuals/organizations in the Region entrusted to care for or provide services to those families.

While excellent progress has been made in building the partnerships and relationships necessary to implement programs in each of the domains - Family Support; Quality, Affordability and Access; and Health, it is important to note that there is still significant work to be done in order to build a strong state Early Childhood System. The Regional Council is committed to continuing their strategic direction and supports this process.

As documented in Chart 1 below, the Regional Council has allocated a significant portion of funds in FY 2012 to each of the top three domains: 38% for Quality, Affordability and Access (includes Quality First, Quality First Scholarships, and Pre-Kindergarten Scholarships), 27% for Family Support (includes Home Visitation, Parent Education Community-Based Training, and Crisis Intervention), and 22% for Health (which includes Mental Health and Child Care Health Consultation, and Oral Health strategies). This is reflective of the Regional Council's belief that each domain must be addressed in order to provide comprehensive services.



Chart 1: FY 2012 Funding by Goal Area - North East Maricopa Regional Partnership Council

It is important to note that the Northeast Regional Councils’ funding levels are reflective of Regional funding levels throughout the state as depicted in Chart 2 below.

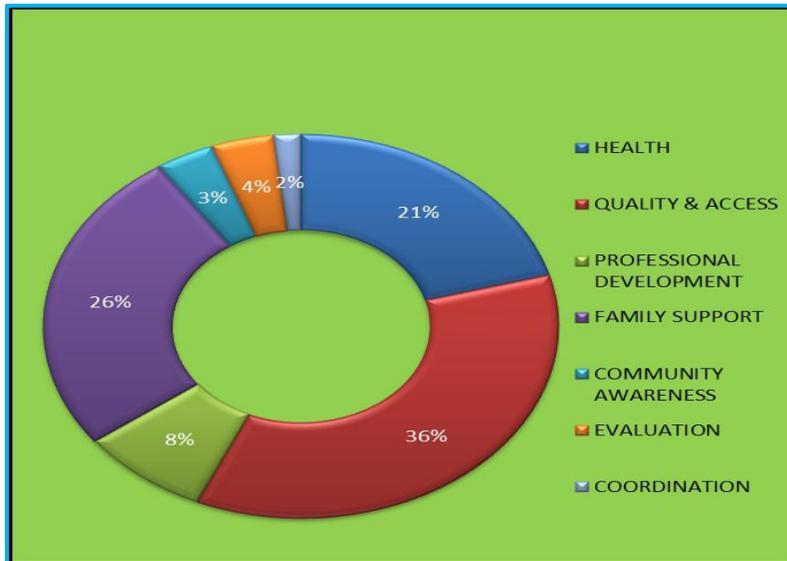


Chart 2: FY2012 Statewide Funding by Goal Area

Table 1 below provides a summary of the Regional Partnership Council’s prioritized needs and strategies for FY 2012, as well as contracted service numbers, and Table 2 provides information on awards made to date.

II B. FY 2012 Strategies and Units of Service

Northeast Maricopa Units of Service 2012			
Strategy Description	Grantee	Fiscal Year 2012	
		Targeted Units	Contracted Units
Crisis Intervention Strategy	Number of families served	125	125
Food Security Strategy	Number of food boxes distributed	361	0
Home Visitation Strategy	Number of families served	52	52
Parent Education Community-Based Training Strategy	Number of participating adults	75	1,180
Child Care Health Consultation Strategy	Number of center based providers served	11	10
	Number of home based providers served	0	0
Mental Health Consultation Strategy	Number of center based providers served	15	15
	Number of home based providers served	6	6
	Number of people receiving tuition reimbursements	0	0
Oral Health Strategy	Number of children receiving oral health screenings	2,500	2,500
	Number of fluoride varnishes applied	2,000	2,000
	Number of participating adults	0	0
	Number of participating professionals	0	0
	Number of prenatal women receiving oral health screenings	220	220
Scholarships TEACH Strategy	Number of professionals receiving scholarships	22	22

Pre-Kindergarten Scholarships Strategy		
Number of FTF-funded pre-K children	68	104
Number of private/public partner pre-K sites receiving support	3	3
Number of public school pre-k sites receiving support	2	8
Quality First Strategy		
Number of center based providers served	11	22
Number of home based providers served	0	0
Quality First Child Care Scholarships Strategy		
Number of children receiving scholarships	120	119

Table 1: Prioritized Needs and Unit of Services by Strategy

Notes:

Quality First Service Numbers: The Quality First strategy has Target Service Units of Homes and Centers. For this unique strategy, the Contracted Service Numbers will show as twice as much in comparison to the Targeted Service Numbers. This is due to implementation of the strategy through two service contracts (one for QF Coaching/Incentives, and a second for QF Assessments).

II C. FY 2012 Funding Summary Review

FY 12 Northeast Maricopa Funding Plan Summary		
Allocations and Funding Sources	2012	
FY Allocation	\$2,962,891	
Population Based Allocation	\$2,232,295	
Discretionary Allocation	\$267,244	
Other (FTF Fund balance addition)	\$463,352	
Carry Forward From Previous Year	\$1,622,519	
Total Regional Council Funds Available	\$4,585,410	
Strategies	Allotted	Awarded
Home Visitation	\$215,500	\$212,090
Parent Education Community-Based Training	\$250,000	\$250,000
Pre-Kindergarten Scholarships	\$478,000	\$478,000
Quality First Child Care Scholarships	\$1,100,000	\$1,100,000
Quality First	\$247,500	\$239,267
Child Care Health Consultation	\$44,000	\$40,000
Scholarships TEACH	\$36,300	\$36,300
Mental Health Consultation	\$375,000	\$375,000
Crisis Intervention	\$297,000	\$296,836
Oral Health	\$193,906	\$193,906
Community Awareness	\$10,000	\$10,000
Community Outreach	\$62,000	\$50,000
Media	\$150,000	\$150,000
Needs and Assets	\$7,000	
Statewide Evaluation	\$108,662	\$108,662
Total Expended:	\$3,574,868	\$3,540,061
Total Unexpended	\$1,010,542	\$34,807

Table 2: Allotments and Awards by Strategy

II D. Review of Progress

Quality, Affordability and Access

Based on the 2010 Regional Needs and Assets Report, 42 percent of the respondents in the Northeast Maricopa region said that child care services are not meeting the needs of families in the community, and 76 percent identified cost as the single most significant barrier in child care. In addition, the report also indicated that the current efforts to improve access to quality child care through the Quality First coaching and improvement program and T.E.A.C.H. scholarships for the education of child care teachers are valued and will help to meet key needs in the region.

Exacerbated by the economic situation with families not able to afford child care and quality child care centers closing down due to low enrollment, the Regional Council opted to make quality child care services affordable for families while stabilizing programs enrolled in *Quality First* through the expansion of the *Child Care Scholarship* strategy. The Regional Council increased funding to scholarship slots from FY 2011. This program will provide services to 120 children with approximately seven scholarships per Quality First center. In addition to the child care scholarships, the Regional Council maintained funding for *Pre-Kindergarten* programs so as to provide all children and families across the region access to quality pre-kindergarten programs and to stabilize existing programs. This strategy provides quality pre-kindergarten in both public and community based settings serving 104 children in full day pre-kindergarten or 208 in part day.

The combination of strategies in this goal area are designed to provide a continuum of services in building a more firm universal strategy so as to complement those services provided in the more targeted areas. It is clear that these strategies provide for direct service—working directly with children and families while at the same time focusing on infrastructure, professional development and quality that will impact direct services and outcomes for children and families.

The strategies in this goal area have succeeded in improving the quality of care in several ways. The FY 2012 increase in Quality First Child Care Scholarships funding has ensured access to quality child care services for families while stabilizing programs enrolled in Quality First. Quality First centers have filled the available slots and maintained a waiting list. While all the Quality First components are either on track to meeting or exceeding the desired service units, TEACH Scholarships seems to struggle. In this particular strategy, both expenditures and enrollment are consistently low within the region as elsewhere within the state due to the downturn in the economy causing early childhood centers and homes to close and/or decrease staff work hours. Elements of the TEACH model, like the bonus and paid release time, conflicted with the economic downturn as well as with some tribal and school district procedures.

Due to numerous requests from early childhood teachers working in non-Quality First centers and the growing wait list, at the November 8, 2011 Regional Council meeting, the Council opted to initiate a new strategy in FY 2012, Scholarships TEACH (non-Quality First) in the amount of \$33,000. Expected to begin in the Spring of 2012, this multi-regional strategy funds professional development for early care and education professionals which will in turn contribute towards quality of care for the young children in non-Quality First centers in the region. 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 an 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.

Family Support

Lack of comprehensive support and services for families, together with the limited access to high quality early childhood programs, were identified in the FY 2012 Funding Plan as top priority needs.

Home visitation is one of the strategies funded under this goal area. Services are provided to families with multiple risk factors such as low educational level, low income, or single parenting, through the more intensive home visitation efforts at Fort McDowell Yavapai Nation which serves 40 families (approximately 100% of the families with newborns residing in Fort McDowell) and is specifically designed to assist parents in breaking cycles of generational poverty, enhance parenting and literacy skills, and strengthen the transition between home and school. Healthy Families is an intensive home visitation program which serves mostly children in South Scottsdale (area of the region with the highest levels of poverty) that are at risk for child abuse or neglect.

The *food security* strategy is aimed at assisting families with emergency food boxes with a focus on including items and nutritional resources for families with young children. Though considered a region with a high socio-economic standard of living, job losses, deepening debt, shame, fear and a sense of helplessness is on the increase as families lose their homes and employment. The feeling is shared by participants at the Collaboration group meeting and the members of the interfaith group. This creates in the community the “New Faces of Poverty” with churches feeling over-stretched by the number of people facing an immediate financial crisis affecting children.

Parent education community-based training provides opportunities for families to receive information on parenting that includes child development, child health and safety, early language and literacy development, and social emotional development of the child. The Regional Council utilizes this strategy to target pregnant and parenting teens through programs designed specifically for this high risk population. In addition, more general parenting education with an emphasis on literacy is offered to all families interested in participating in sessions that take place in various locations that families already trust and frequent, such as public libraries in the region. The Regional Council took into consideration the fact that this more intensive model could impact the number of families who are willing and committed to attending all sessions and will monitor the participation levels as well as any wait lists that might occur for making future adjustments.

The *crisis intervention* strategy is aimed at providing parents with focused short-term intervention using behavioral management or similar techniques. This program works with families and children ages birth through five who are in crisis due to behavioral, developmental or mental health issues.

As depicted in the examples above, it is clear that the Regional Partnership Council took into consideration the varied needs and levels of support for the diverse population in our community. Overall, based on the data reports and parents’ testimonials, the family support strategies are on track to meet their targeted service numbers.

Health

In FY 2012, the Regional Council funded Mental Health Consultation, Child Care Health Consultation and Oral Health. Though identified in the 2008 regional Needs and Assets Report, lack of preventive oral health care services and the capacity for the provision of the services in the region has caused delay in the implementation of *Oral Health* strategy. Continued efforts have resulted in starting the strategy in collaboration with the North Phoenix Regional Partnership Council. The grantee reports completing the recruiting of key personnel and the strategy is currently in the planning phase with oral health screening and fluoride varnishes for children 0 – 5 and pregnant women expected to begin July 2012.

The implementation of both *Mental Health Consultation* and *Quality First Child Care Health Consultation* strategies are on track. Although the Mental Health Consultation grantee reports frequent changes in staff, these consultants have worked with 15 centers throughout the region and have been well received. An important function of early childhood mental health consultation is to lend emotional support to early care providers and help them cope with the stresses of dealing with children who are demonstrating difficult behaviors

Community Awareness

In the area of building public awareness and support, the Regional Council decided to hire a full-time *Parent Awareness Community Outreach Coordinator*, in addition to funding the *Media* strategy. The strategy is aimed at achievement of each of the four objectives identified in the statewide Communication Plan: 1) Ensure consistent messaging about First Things First internally and externally; 2) Position First Things First as a leader in efforts to fulfill Arizona's commitment to our youngest kids; 3) Build and drive support from the general public, elected officials and additional target audiences for investment in programs and services for Arizona children five years old and younger; and 4) Inform Arizona caregivers of children five years and younger about early childhood program and services, in particular First Things First statewide initiatives and regionally supported strategies. Strategies approved to achieve each of the aforementioned objectives includes distribution of First Things First leave behinds and branded collateral materials, media, sponsorships, parent education and awareness, grantee collaboration, and participation in community events that align and support the mission of First Things First. The Northeast Maricopa Regional Partnership Council believes that the investment in the aforementioned objectives will result in increased public awareness of First Things First, and increased public awareness of the importance of investing in early childhood with close to 50 Champions recruited thus far.

Coordination

Though not a funded strategy, the Maricopa and Phoenix Regional Partnership Councils are working on a plan to implement a cross regional coordination strategy. The goal is to decrease duplication of services; allow communities to build on and enhance existing quality services; improve data collection and information sharing; create planning and problem-solving opportunities; increase early childhood champion efforts and leverage funding for the highest return on the state's early childhood investment.

The Regional Council has also entered into a joint agreement with the North Phoenix Regional Council for the provision of oral health screening and fluoride varnishes. The Regional Council also collaborated with the North Phoenix Council on the selection of a vendor for the 2012 Needs and Assets report. Grantees and early childhood service providers working in the area continue to come together for

collaboration meetings every other month giving them an opportunity to network and gain information on other First Things First services being offered in the area. This networking opportunity has led to increased referrals for families being served in First Things First funded programs. The meeting also provides a forum for early childhood professionals and interested community partners to network and share resources.

Collectively, not only do all the funded strategies build upon each other within specific goal areas to achieve desired outcomes, the strategies, in most instances, also build upon each other across goal areas to have a true system impact. In planning for the next three fiscal years, the Regional Council recognized a need to streamline services. They identified existing community services and resources throughout the planning process that currently work to address Regional Council priorities. As existing assets were identified, the Regional Council gained a better sense of services in the community which were needed and which were already being provided. This process allowed them to narrow their priorities to those which most needed sustained or increased support.

Section III.

Three Year Strategic Direction: FY 2013-2015 Regional Funding Plan

III A. Overview

Setting the Strategic Direction

The Northeast Maricopa Regional Partnership Council continued to engage with community stakeholders, grantees and members of the public to learn more about the needs in the communities and the impact of the programs and strategies that are funded in the region. Various presentations were held at the Council meetings by First Things First funded programs and those funded by other entities. During these presentations, presenters and Regional Council members had the opportunity to engage in discussions for better understanding. Regional Council members and members of the public also examined data from the 2010 regional Needs and Assets Report, First Things First Data Reports and other public reports such as the Annie E. Casey Foundation’s Kids Count. Discussions occurred around the greatest needs that the data reports identified, followed by prioritizing the needs. It was felt that due to the continued bad economic situation, the prioritized needs remain the same as in the previous years except for few changes in funding levels. This was followed by discussions regarding aligning the identified needs with FTF indicators in an effort to influence at least three indicators. The following remain to be the prioritized needs in the Northeast Maricopa Region:

1. Lack of Support and Services for Families
2. Lack of quality child care and limited access to high quality, affordable early care and education
3. Lack of support to meet the needs of children with developmental/social-emotional issues
4. Lack of access to preventive oral health care
5. Improve service coordination
6. Build public awareness and support

The following indicators were identified as those most closely aligned with the above priorities:

- #/% of families who report they are competent and confident about their ability to support their child’s safety, health and well-being
- #/% of children demonstrating school readiness at kindergarten entry in the developmental domains of social emotional, language and literacy, cognitive and motor and physical
- #/% of children with untreated tooth decay
- #/% of children enrolled in an early care and education programs with a Quality First rating of 3-5 stars

The Regional Council made some difficult decisions related to the next three-year funding cycle. All current strategies could not be continued at the same funding level and sustained through FY 2015. The Council reviewed the effectiveness of the current strategies to meet the prioritized needs and elected to retain those strategies that have had the greatest impact or have the potential to have the greatest

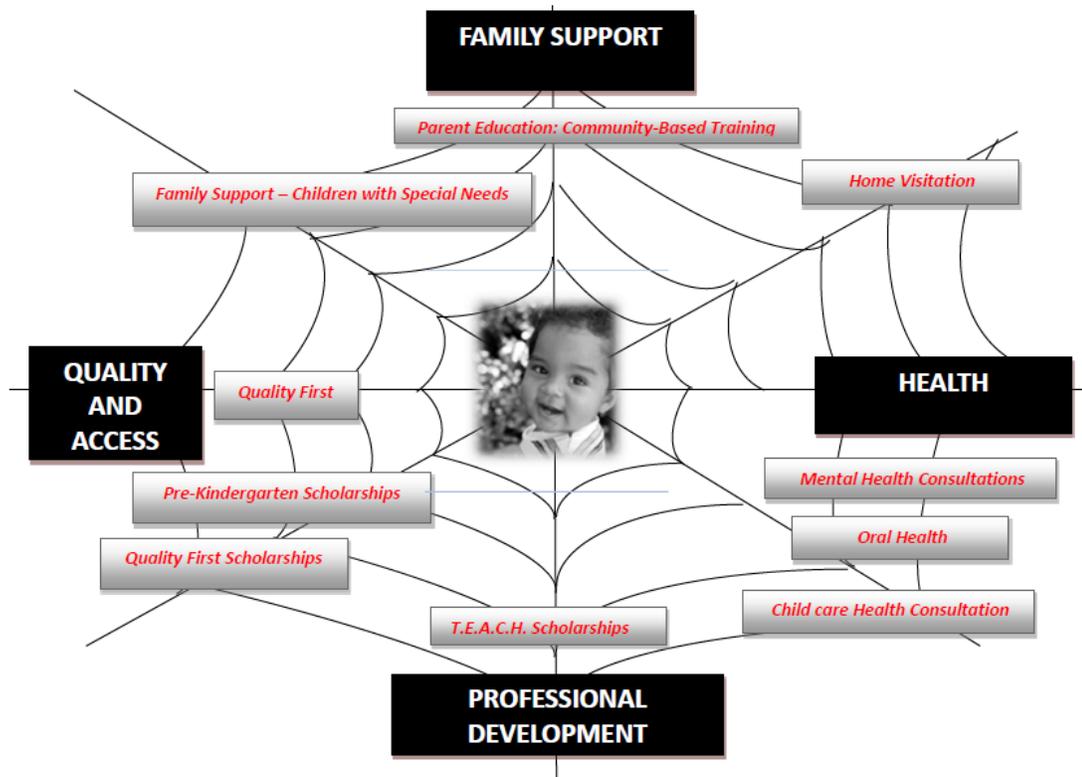
impact. Scope and reach were considered for the strategies. The realization that several of the strategies coordinate and complement each other was heartening for the Council.

Because of the funding constraints, and especially the new model of Quality First including improvement, rating and scholarships, and the Region’s absorption of the State-funded Quality First slots, the Regional Council could not expand the number of Quality First Centers but instead opted to support Scholarships TEACH for professional development for those working in non-Quality First centers.

Strategic Approach to System Building

Based on the Central Pima Regional Council’s analogy of the “web of integrated services”, the diagram below provides a visual illustration of how the strategies collectively build and strengthen the region’s early childhood system.

Web of integrated Services in the Northeast Maricopa Region



Each strategy has the potential to impact a key player in a child’s life, be it a parent, a caregiver, a teacher, or a health care provider. The impact of the collective set of strategies is more likely to result in better outcomes for children and their families. Strategies such as Parent Education Community-Based Training, Quality First (Child Care Health Consultation and TEACH), universally target parents or professionals. Other strategies, such as Pre-Kindergarten Scholarships, Quality First Scholarships, Home Visitation, and Oral Health address the needs of more targeted populations.

The Regional Council intentionally allotted most of its funds to support Quality First and its components: coaching, assessment, rating, child care scholarships, child care health consultation, and TEACH scholarships. Together with Mental Health Consultation, these strategies provide a strong platform that supports the establishment of an Early Childhood System. In addition, the Regional Council's investments in high-quality pre-kindergarten programs improve both short and long-term outcomes for children. These outcomes include school success, high school graduation, college attendance and improved earnings. Negative outcomes are reduced, such as involvement in the criminal justice system, grade repetition and high school dropout rates. The Pre-Kindergarten sites can also provide a recruitment mechanism for home visitation and community based parenting education strategies. Schools also are open to providing meeting space for parenting education programs and oral health screenings. These examples demonstrate the system-building occurring in the region.

As the Regional Council sets the strategic direction for the next three years, there is the developing sense that the collective work of the Regional Council, community partners and families is beginning to take root. Thoughtful, responsible decision-making is likely to lead this region to a place where most, if not all, children birth through five will receive the supports they deserve that will allow them to succeed in school and life. Again, it is important to note that collectively, not only do the all funded strategies build upon each other within specific goal areas to achieve desired outcomes, but they build upon each other across goal areas to have a true system impact.

Lastly, the Regional Council has been engaged in discussion efforts with Regional Councils within Maricopa County. It is hoped that this Coordination strategy will help improve and streamline processes including applications, service qualifications, service delivery and follow-up for families with young children through coordinated and collaborative efforts. The other goal is to reduce confusion and duplication for families and service providers and increase the reach and scope of services. By supporting a cross-system coordination effort, the Regional Council hopes to create a high quality, interconnected, and comprehensive delivery system that is timely, family driven, community based, and directed toward enhancing a child's overall development. The Regional Council members also participate in the Collaboration Group meetings that occur in the Region every other month. This group made up of grantees and other early childhood providers comes together to discuss and share ideas about services for young children and families in the region and possible partnerships in hosting events. In addition, the group also has a newsletter that is published every other month on topic issues of importance to early care and education.

Section III B.

Strategic Plan for FY 2013 – 2015

Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	FY 2013-2015 Strategies
<p>Lack of Support and Services for Families</p> <p>Lack of quality child care and limited access to high quality, affordable early care and education</p> <p>Lack of support to meet the needs of children with developmental/social-emotional issues</p> <p>Lack of access to preventive oral health care</p> <p>Improve service coordination</p> <p>Build Public Awareness and Support</p>	<ol style="list-style-type: none"> 1. #/% of families who report they are competent and confident about their ability to support their child’s safety, health and well-being 2. #/% of children demonstrating school readiness at kindergarten entry in the developmental domains of social emotional, language and literacy, cognitive and motor and physical 3. #/% of children with untreated tooth decay (4. #/% of children enrolled in an early care and education programs with a Quality First rating of 3-5 stars 	<p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p> <p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p> <p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.</p>	<p>Home Visitation, Parent Education Community-Based Training</p> <p>Pre-Kindergarten Scholarships, Quality First (including Child Care Health Consultation, Child Care Scholarships, TEACH), Additional TEACH, Additional QF Rating only</p> <p>Mental Health Consultation</p> <p>Family Support Children with Special Needs</p> <p>Oral Health</p> <p>Community Awareness, Community Outreach, Media</p> <p>Statewide Evaluation</p>

Section III C.

Strategy Descriptions including Target Populations and Funding Levels

Strategy: Home Visitation			
Strategy Description			
Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child’s health and early learning.			
Strategy Narrative			
<p>This strategy address the need area: Lack of comprehensive support and services for families. The purpose of home visiting services is to build parent’s capacity and skills so they can support the healthy development of their child. Home visiting, as a key component of a comprehensive early childhood system, enhances the relationship between the parent and child to foster the child’s positive social-emotional and language and literacy development and thus their readiness for school. Comprehensive, evidence based home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Research indicates that home visiting program models have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services. According to PEW “Case for Home Visiting” (May 2011) by helping parents learn how to care for their children and themselves, families reap the benefits: Children are safer, healthier, better prepared to learn and more likely to become successful adults.</p> <p>Research of home visiting services finds that the earlier in a child’s life this support is provided the greater the potential for having long lasting positive results. Additionally, research has confirmed home visiting as an effective strategy for families at risk due to poverty, health conditions of the child or parents, child maltreatment and low literacy levels.</p> <p>This strategy can work with and build upon the other strategies implemented in the region and other community assets to address the need for comprehensive parent education and information. Home Visitation exists in the region through the Healthy Families and the Fort McDowell Yavapai Nations’ Newborn Intervention and Family Support Strategy. However, in looking at the funding and being cognizant of the reach and scope of funded strategies in the region, the Regional Council opted to only continue funding the Newborn Intervention Strategy in Fort McDowell Yavapai Nation. This program has been well received by the community and successful in its implementation, while the Healthy Families program has been funded at a half-time equivalent position serving only 12 families.</p>			
Target Population Description			
The Regional Council proposes to continue providing home visitation services for up to 100 percent of the 40 families with children born and living in Fort McDowell Yavapai Nation. This comprehensive prenatal and birth to three intervention program provides case management/coordination and parent education that focuses on overcoming generational poverty cycles for children and families living on Fort McDowell Yavapai Nation.			
Target Service Units	FY 13	FY 14	FY 15
Number of families served	40	40	40
Funding Level	FY 13	FY 14	FY 15

Home Visitation	\$165,809	\$165,809	\$165,809
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Strategy: Parent Education Community-Based Training

Strategy Description

Provides classes on parenting, child development and problem-solving skills.

Strategy Narrative

Family participation in community-based family education services is voluntary, and classes are offered free of charge to the families. This strategy addresses the need area: Lack of comprehensive support and services for families. Parent education community-based training uses a family-centered and strengths-based approach to offer families a series of classes that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. Parenting sessions are offered at times and locations that are convenient to families of young children and utilize evidence-based methodologies with the target population.

Successful family education programs facilitate the acquisition of parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops the parents’ knowledge and skill at nurturing and strengthening attachment to support their children’s social-emotional development, knowledge of parenting and of child development including social emotional, language and literacy, cognitive, physical and motor development, parental resilience, and social connections and awareness of support mechanisms available for parents. Community based parent education combines parent education with the opportunity for parents to interact with their child through on-site playgroup type experiences for infants and toddlers.

Parent Education Community-Based Training is a part of the larger continuum of family support within the context of an early childhood system. The purpose of community based parenting education is to build parents’ capacity and skills so they can support the healthy development of their child. Parenting education, as a key component of a comprehensive early childhood system, enhances the relationship between the parent and child to foster the child’s positive social-emotional, language and literacy development and thus their readiness for school. This strategy can work with and build upon the other strategies implemented in the region and other community assets to address the need for comprehensive parent education and information. The strategy also can be a part of a system of family support in a local regional/community area, especially to provide information to families who may not access or participate in home visitation programs

Family support was identified as among the top priority needs in the region. The Regional Council opted to fund the strategy Parent Education Community-Based Training with emphasis on literacy for FY2012 and expects to continue that funding. The strategy is expected to have parents attend a series of parenting sessions. The Regional Council took into consideration the fact that this more intensive model could impact the number of families who are willing and committed to attending all sessions and will monitor the participation levels as well as any wait lists that might occur for making future adjustments.

Target Population Description

Parent Education Community-Based Training targets 655 families with children birth through five in the region irrespective of income levels. In addition to serving the general population, the Regional Council has identified the intent to reach high risk populations including pregnant and parenting teens through this strategy. Implemented through two contracts, one of the grantees is expected to primarily target 75 teen parents in the Region.

Target Service Units	FY 13	FY 14	FY 15
Number of participating adults	655	655	655
Funding Level	FY 13	FY 14	FY 15
Parent Education Community -Based Training	\$250,000	\$250,000	\$250,000

Strategy: Pre-Kindergarten Scholarships

Strategy Description

Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more low income children.

Strategy Narrative

The Region’s lack of quality child care programs and limited access to high quality, affordable early care and education are the two need areas that this strategy is expected to address.

The Pre-Kindergarten Scholarships strategy will provide funding and technical assistance for high quality, full-time/part-time, classroom-based early education for children ages three and/or four years of age enrolled in public school and/or community early care and education programs. This strategy supports those children who may not otherwise have access to high quality early care and education during the two years prior to their kindergarten entry. Inherent in this strategy is the principle that all families, regardless of income, children’s abilities or other factors have the right to access a high quality early childhood program.

The Regional Council has identified access to high quality early education programs as one of the top priority needs in the region. Numerous studies including that by the Pew Center and Nobel-Prize-winning economist James Heckman (Heckman 2011) has identified that to ensure that all children fulfill their potential as individuals and citizens, we must re-imagine public education as a system that begins, not with kindergarten, but with quality pre-kindergarten, and builds on that foundation to raise performance in later grades. Children who complete quality pre-kindergarten programs are more academically and socially prepared when they enter school and more likely to complete high school and contribute to their community as adults.

Target Population Description

The Regional Partnership Council has identified the target population for this strategy as four year old children living in the areas served by the three public school districts of Scottsdale, Fountain Hills and Cave Creek with over one hundred children in twelve classes participating in the program. Capacity for expansion will be revisited by the Regional Council in the coming years.

Target Service Units	FY 13	FY 14	FY 15
Number of FTF-funded pre-K children	104	104	104
Number of private/public partner pre-K sites receiving support	3	3	3
Number of public school pre-k sites receiving support	3	3	3

Funding Level	FY 13	FY 14	FY 15
Pre-Kindergarten Scholarships	\$478,000	\$478,000	\$478,000

Strategy: Quality First
<p>Strategy Description</p> <p>Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.</p>
<p>Strategy Narrative</p> <p>The Region’s lack of quality child care programs and limited access to high quality, affordable early care and education are the two need areas that this strategy is expected to address.</p> <p>High quality is promoted by Quality First, First Things First’s signature quality improvement and rating system for regulated early care and education settings. In addition, higher quality programs must be both accessible to all children and affordable for families of every income level. The strategy is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so that young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.</p> <p>The Northeast Maricopa Regional Council is committed to this comprehensive approach to improving access to high quality early learning settings for children in the region and will continue to support all the centers that are enrolled to date. Improving the quality of an early childhood program requires a significant investment in commitment by the staff and leadership of a program as well as intensive, targeted, and meaningful supports. Quality First is designed to provide supports through eight program components: coaching, financial incentives, licensure fee assistance, Child Care Scholarships, Scholarships TEACH, program assessment, assignment of Star Rating and specialized technical assistance. As programs improve their quality, there will be more high quality options available for families. The addition of child care scholarships to this strategy provides families with limited incomes, especially in this hemorrhaging economy, the ability to select higher quality programs for their children.</p> <p>Quality First and the related strategies including Child Care Health Consultation, Child Care Scholarships and TEACH will address the regional need of limited access to high quality, affordable early care and education programs for children in living in the Northeast Maricopa Region.</p> <p>Quality First plays an important role in the development of an early childhood system for Arizona. It creates a statewide system for rating the quality of early learning programs providing families with a way to identify and select high quality programs for their children. Beyond the rating, it creates an expectation of high quality and a consistent method for measuring quality and provides participating programs with a variety of resources to support them in making changes that directly will impact the quality of their programs and ultimately outcomes for children. Quality First Scholarships promote affordability of a variety of quality early care and education settings, offering families the ability to choose the setting that best meets their needs.</p>
<p>Target Population Description</p> <p>The funding provided will continue to support the current level of enrollment in the program in the region while absorbing those that were previously state-funded. Beginning FY 13, there will be 20 Quality First Centers with full participation and 5 participating in the Rating Only option.</p>

Target Service Units - Quality First	FY 13	FY 14	FY 15
Number of center based providers served	25	25	25
Number of home based providers served	0	0	0
Funding Levels	FY 13	FY 14	FY 15
Quality First	\$400,005	\$400,005	\$400,005
Child Care Health Consultation	\$50,400	\$50,400	\$50,400
Scholarships TEACH	\$66,000	\$66,000	\$66,000
QF Child Care Scholarships	\$868,200	\$868,200	\$868,200

Target Service Units - Child Care Health Consultation	FY 13	FY 14	FY 15
Number of center based providers served	20	20	20
Number of home based providers served	0	0	0
Target Service Units - Scholarships TEACH			
Number of professionals receiving scholarships	60	60	60
Target Service Units - QF Child Care Scholarships			
Number of children receiving scholarships	137	137	137

Strategy: Scholarships TEACH (addition to QF package)
<p>Strategy Narrative</p> <p>At the November 2011 Regional Council meeting, the Regional Council designated funding to support 20 TEACH scholars who work in non-Quality First early childhood programs in the Region. The funding is expected to continue through FY 2015. Improving the educational level of professionals who work with young children in the Region has the potential to improve outcomes for children ultimately impacting the identified regional need of limited access to high quality, affordable early care and education. The development of the early childhood workforce is a component of a strong early childhood system.</p>
<p>Target Population Description</p> <p>The additional 20 TEACH scholarships are designated to support early childhood professionals working in non-Quality First centers in the region. The Regional Council has been inundated with requests from professionals working in the early care and education field in the Region to help with professional development in an effort to be at the level required by the State Board of Education for early childhood teaching by 2014. After thorough evaluation of the need, it was deemed that starting with 20 scholars will be appropriate for now with the hope of revisiting the need in the coming years.</p>
Strategy: Quality First (Rating Only)
<p>Strategy Narrative</p> <p>Rating Only Participation includes three components of Quality First: program assessment, six months of coaching and assignment of a Star Rating. This strategy will be utilized for programs who are receiving Pre-Kindergarten Scholarships. The Regional Council is funding three Pre-Kindergarten Scholarship sites which will participate in Quality First Rating Only. The expectation is that by FY 2014, those programs receiving Pre-Kindergarten Scholarships will be rated at a level three star or higher. This strategy provides a lower cost model for programs that do not need quality improvement supports and for whom the support of a Pre-Kindergarten mentor will be sufficient to attain or exceed the needed quality standards in the Region.</p>
<p>Target Population Description</p> <p>The funding will support Pre-Kindergarten programs in the three school districts of Scottsdale, Fountain Hills and Cave Creek and Community Partners in the region as long as quality is appropriate and funding is available.</p>

Strategy: Mental Health Consultation
<p>Strategy Description</p> <p>Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase the capacity of workforce.</p>
<p>Strategy Narrative</p> <p>This strategy is aimed at addressing the Regional area need: Lack of support to meet the needs of children with developmental/social-emotional issues. Early childhood mental health consultation is emerging as an effective strategy for supporting young children’s social/emotional development and addressing challenging behaviors in early care and education settings. Growing evidence supports its efficacy in reducing problem behaviors and the risk of preschool expulsion, as well as improving early care and education provider skills and program quality (Duran, et al., 2009¹).</p> <p>Mental Health Consultants build the capacity of early care and education providers to nurture the social-emotional development of young children, as well as to prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 and their families². Mental Health Consultation requires a collaborative relationship between a professional consultant who has mental health expertise and an early care and education professional. In program-focused mental health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address problem behaviors or organizational problems within the setting that may be affecting one or more of the children, families, or staff. Specifically, early childhood mental health consultants accomplish these goals by providing the following supports:</p> <ul style="list-style-type: none"> • On-site consultation services to child care teachers and other care staff to build their competence in forming responsive relationships, using curriculum for intentional teaching of social emotional competence, and understanding working with families in collaborative partnerships. • Training activities for teachers, other child care staff and families that focus on social-emotional development of young children and enhance staff ability to support the emotional well-being of children. • Child screening and assessments within the context of the early care and education setting for children identified as potentially needing more intensive services. • Family consultation, including facilitating communication between teachers and families. • Referrals to clinical and assessment services to children and families, such as therapeutic groups, neurodevelopment assessment and dyadic child-parent psychotherapy.
<p>Target Population Description</p> <p>Children who are in a child care setting and who are expressing challenging behaviors that impact the function of classrooms are the target for the strategy. The Mental Health Consultant observes both the entire classroom and individual children to help devise strategies for educators to better manage classroom dynamics and the behaviors and interactions of children in their care. The Regional Council hopes that services will be provided to both Quality First Centers and non-Quality First participants. Since the Region has only one certified Family Child Care Home Provider, it is hoped that Consultants will</p>

¹ Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Bruno, A., Horen, N., Perry, D. (2009). What works? A study of effective early childhood mental health consultation programs. Center for Child and Human Development: Georgetown University.

² Cohen, E., & Kaufmann, R. (2000). Early childhood mental health consultation. Rockville, MD: Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and the Georgetown University Child Development Center

primarily work in non-Quality First Centers in the ratio of one Consultant to seven centers. It is also hoped that with the continued support of the Mental Health Consultants over the years, Quality First centers will have less need for the service.

Target Service Units	FY 13	FY 14	FY 15
Number of center based providers served	18	18	18
Funding Level	FY 13	FY 14	FY 15
Mental Health Consultation	\$307,500	\$307,500	\$307,500

Strategy: Family Support – Children with Special Needs <i>(Previously called Crisis Intervention)</i>			
Strategy Description Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.			
Strategy Narrative This strategy is designed to help meet the need in the area - lack of support to meet the needs of children with developmental/social-emotional issues and the lack of support for parents in crisis situations. The strategy provides short-term, focused intervention and supports to families by providing coaching, group activities and services to the parents of children with special needs. To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, Parent Coaching and Support models provide individualized support in coordination with an interactive parent and child together model of services. The core components of the parent coaching and support services model include individual visits, ongoing child progress monitoring and screening, parent and child interactive time, and networking and coordination of Services. Funding to the strategy was reduced so as to balance the budget due to the absorption of state-funded Quality First slots.			
Target Population Description The strategy targets children who have been screened and referred for evaluation of eligibility for intervention services (either through Arizona Early Intervention Program or their local school district), but who do not meet the qualification for that service. Although children do not qualify for state and/or federally funded specialized services, they can still benefit from enhanced support by their families and caregivers.			
Target Service Units	FY 13	FY 14	FY 15
Number of families served	83	83	83
Funding Level	FY 13	FY 14	FY 15
Family Support – Children with Special Needs	\$200,000	\$200,000	\$200,000

Strategy: Oral Health			
Strategy Description			
Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides training to families on the importance of oral health care for their children; and provides outreach to dentists to encourage service to children for a first dental visit by age one.			
Strategy Narrative			
<p>This strategy Increases children’s access to dental care. This is to address the need area: Lack of access to preventive oral health care. Fluoride Varnish Application, when properly applied to young, high-risk children, is a proven intervention to reduce the incidence of dental caries (tooth decay). Determination of high-risk for a population is low-income; for an individual child it is determined by a dental risk assessment. In the 2008 Regional Needs and Assets Report, the region has over 33% of children with tooth decay. A robust health care system is a key element of an early childhood system. Children must have their health needs met in order to maximize their learning potential. Attending to the oral health needs of children birth through five through a preventive approach to dental health contributes to child’s overall health.</p> <p>The implementation of the strategy has been delayed due to the lack of capacity to provide the service in the region. In collaboration with North Phoenix Regional Council, an Intergovernmental Agreement with the Department of Public Health Maricopa County Office of Oral Health is currently in place. There is a Planning Phase to the actual implementation of the strategy in the Northeast Maricopa Region. The plan is to expand the number of sites and types of sites where oral health parental education and screening will occur in the Northeast Region. The Outreach Specialist with the Office of Oral Health will approach Head Start Centers, OB-GYN physicians, hospitals, YMCA’s and Boys and Girls Clubs in the Greater Scottsdale and Greater Phoenix areas. The goal is to be able to establish services within these groups or at these locations or to provide services and information through regular basis visits.</p> <p>The Northeast Maricopa Oral Health strategy consists of several components: Conduct oral health screenings and provide referrals for children 1 through age 5, apply fluoride varnish as a proven intervention to reduce the incidence of dental caries (tooth decay) for children; provide oral health screenings and referrals to pregnant women; provide professional development for dental professionals on management techniques for very young children, application of fluoride varnish and how to educate parents; and provide education programs that focus on correct tooth brushing and the importance of healthy eating. These programs are typically delivered in preschool and child care centers, though may also occur in home visitation programs. The Office of Oral Health has material that has been focus tested and is available in the referenced forms (billboards, radio spots and brochures) in both English and Spanish.</p>			
Target Population Description			
This strategy is expected to address multiple target populations. Primarily the focus is on providing oral health screenings and fluoride varnish applications to 2,000 children in the region. This is approximately ten percent of the children birth through five in the region. In addition, this strategy provides oral health education to parents of children birth through five, early care and education professionals, and health care professionals and pregnant women.			
Target Service Units	FY 13	FY 14	FY 15
Number of children receiving oral health screenings	2000	2000	2000
Number of prenatal women receiving oral health screenings	121	121	121

Number of fluoride varnishes applied	2000	2000	2000
Number of participating professionals	11	11	11
Funding Level	FY 13	FY 14	FY 15
Oral Health	\$193,906	\$193,906	\$193,906

Strategy: Community Awareness

Strategy Description			
Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.			
Strategy Narrative			
The Regional Council identified the need to increase the level of awareness about early childhood health and development throughout the region. This strategy provides access to a variety of community-based activities and materials to increase public awareness on the importance of early childhood development and health through participation in community events, and the dissemination of educational materials.			
Target Population Description			
Parents, K-12 community, health providers, policy makers, and the general public.			
Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Community Awareness	\$10,000	\$10,000	\$10,000

Strategy: Community Awareness - Community Outreach

Strategy Description			
Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
Strategy Narrative			
Community Outreach efforts include support for Community Outreach staff to assist with identifying and presenting to local organizations, organizing site visits, gathering stories related to the impact of First Things First funded strategies, and recruiting and retaining champions for early childhood education and health.			
The Regional Council voted to have a full-time position to work in the Region. The position will also be supported closely by the Communications and Outreach committee of the Regional Council and the Regional Director. The Community Outreach strategy aligns with the First Things First Priority: Building			

public awareness and support by helping educate the public of the benefits of investing in early childhood development, health and early education and supporting the identification and growth of a pool of early childhood champions throughout the region.			
Target Population Description			
Parents, K-12 community, health providers, policy makers, and the general public.			
Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Community Outreach	\$83,000	\$83,000	\$83,000

Strategy: Community Awareness - Media			
Strategy Description			
Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com website.			
Strategy Narrative			
Paid media advertising to build public support for young children statewide: This is to be achieved through participating in the regional pool to fund media efforts include purchasing television and radio spots, billboards, and other approved media buys. Local media vehicles in major metro areas will increase overall reach to large clusters of the region’s population.			
The Regional Council had to reduce funding for the strategy in FY 2013 due to the hiring of a full-time Community Outreach Coordinator who will be working in the region and due to budgeting restraints as a result of the absorption of state-funded Quality First slots.			
Target Population Description			
Parents, K-12 community, health providers, policy makers, and the general public.			
Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Media	\$70,000	\$70,000	\$70,000

Strategy: Service Coordination			
Strategy Description			
Coordination and collaboration efforts improve and streamline processes including applications, service qualifications, service delivery and follow-up for families with young children, and can reduce confusion and duplication for service providers and families.			

Strategy Narrative

In March 2008, the Early Childhood Development and Health Board defined the strategic direction of First Things First with the adoption of the Strategic Plan Roadmap. Within this document, Coordination is identified as a one of six Goal Areas that will be accomplished by First Things First in order to build the Arizona early childhood system. To accomplish the Coordination goal, First Things First is directed to foster cross-system collaboration efforts among local, state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and their families.

It is generally believed that by participating in cross-system efforts, organizations will begin to look at how they can change the way they work together so that services are delivered to children and families in new, more effective and efficient ways. Service agencies that work together are often easier to access and are implemented in a manner that is more responsive to the needs of the families. Cross-system efforts may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service.

The Regional Council has been engaged in discussion efforts with Regional Councils within Maricopa County. It is hoped that this strategy will help improve and streamline processes including applications, service qualifications, service delivery and follow-up for families with young children through coordinated and collaborative efforts. The other goal is to reduce confusion and duplication for families and service providers and increase the reach and scope of services.

By supporting a cross-system coordination effort, the Regional Council hopes to create a high quality, interconnected, and comprehensive delivery system that is timely, family driven, community based, and directed toward enhancing a child’s overall development.

Target Population Description

Undefined at this time.

Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Service Coordination	Unfunded	Unfunded	Unfunded

Strategy: Statewide Evaluation

Strategy Description

Statewide Evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples include: the baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.

Strategy Narrative

First Things First has, and is growing, a multi-level system of research and evaluation strategies designed to be responsive to the informational needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Councils, and Arizona citizens. The research and evaluation system is designed to provide both depth and breadth of high quality information, from collecting programmatic data to evaluating the overall impact of the First Things First Early Childhood System model. The system provides a framework for conducting statewide and regional studies centered on identifying current and changing

needs of families and children birth to five, and the impact of programs and strategies across all First Things First priority areas. The First Things First research and evaluation system is a knowledge building system, designed to advance the understanding of needs, activities, and effectiveness. Individually and collectively, research and evaluation strategies generate data and findings which can be used to identify trends and changes in school readiness indicators and therefore to support strategic planning and decision-making which promotes the health and well-being of young children.

Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Statewide Evaluation	\$108,662	\$108,662	\$108,662

**Section III D. Proposed Funding Summary
FY 2013 - 2015 Regional Partnership Council Budget**

FY 2013 - 2015 Northeast Maricopa Funding Plan Summary			
Allocations and Funding Sources	2013	2014	2015
FY Allocation	\$2,928,292	\$2,934,148	\$2,945,151
Population Based Allocation	\$2,175,227		
Discretionary Allocation	\$261,476		
Other (FTF Fund balance addition)	\$491,589	\$2,934,148	\$2,945,151
Carry Forward From Previous Year	\$1,010,542	\$686,732	\$368,778
Total Regional Council Funds	\$3,938,834	\$3,620,880	\$3,313,929
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Home Visitation	\$165,809	\$165,809	\$165,809
Parent Education Community-Based Training	\$250,000	\$250,000	\$250,000
Pre-Kindergarten Scholarships	\$478,000	\$478,000	\$478,000
Quality First Child Care Scholarships	\$868,820	\$868,820	\$868,820
Quality First	\$400,005	\$400,005	\$400,005
Child Care Health Consultation	\$50,400	\$50,400	\$50,400
Scholarships TEACH	\$66,000	\$66,000	\$66,000
Mental Health Consultation	\$307,500	\$307,500	\$307,500
Family Support – Children with Special Needs	\$200,000	\$200,000	\$200,000
Oral Health	\$193,906	\$193,906	\$193,906
Community Awareness	\$10,000	\$10,000	\$10,000
Community Outreach	\$83,000	\$83,000	\$83,000
Media	\$70,000	\$70,000	\$70,000
Statewide Evaluation	\$108,662	\$108,662	\$108,662
Proposed Allotment Total:	\$3,252,102	\$3,252,102	\$3,252,102
Total Unallotted	\$686,732	\$368,778	\$61,827