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

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

Regional Needs and Assets

The population of children and families in this region differs somewhat from the rest of the state and the nation. The region has grown more rapidly and is less ethnically diverse than the state. This growth has been fueled by proximity to Phoenix and availability of affordable housing. The overall population from 2000 to 2006 for the Southeast Maricopa Region has increased by 27 percent according to data from the U.S. Census Population Estimates. With this overall increase in population came growth in the number of children aged 0-5, as the percentage of children under 5 in the region grew 30 percent as compared to 26 percent for the state as a whole and is estimated at 74,802 children.

The economic indicators for the Southeast Maricopa region tend to be positive. The most recent unemployment estimates are lower than the overall state estimate of 4.4 percent, ranging from 1.9 percent for Gilbert to 3.1 percent for Mesa and 3.6 percent for Queen Creek. The median household income overall for the Southeast Maricopa region is $52,521. Mesa has a median income of $47,810 which is comparable to the national median of $48, 451 and Arizona's median of $47,265. In contrast, Gilbert's median household income level is $76,376, and Queen Creek's is $63,702. Additionally, the region reports a 3 to 8 percent poverty rate for all households in the region.

There are numerous child care organizations in the region, but only 7 percent of the center-based programs in the region are accredited. The thirty accredited programs include five Montessori schools, two accredited preschool programs, one National Early Childhood Provider Association accredited program, and 22 National Association for the Education of Young Children accredited programs (two of which are Head Start). In addition, the region has a network of pre-kindergarten classes and educational services for children with special needs. Currently, the early childhood care and education system is almost at capacity (~90 percent) and 28,183 children (38 percent) are enrolled in regulated care. The majority of care for working families takes place in informal or unregulated settings. Furthermore, while there was general satisfaction among parent surveyed recently in the region regarding their child care providers, 20 percent of the parents were interested in alternative child care options.

A pressing concern of the Southeast Maricopa Regional Partnership Council is the preparation of its early childhood teachers. Among child care professionals in the Southeast Maricopa region, 10 percent of teachers and 7 percent of assistants possess Child Development Associate credentials as compared to statewide rates of 9 percent for teachers and 7 percent for assistants. For higher education credentials, 15 percent of teachers possess a Bachelor's degree, which is 4 percent lower than the statewide rate.

More recent data collected on 70 early childhood education centers in this region reported a much lower rate of staff having a Child Development Associate credential for both teachers (6 percent) and assistant teachers (2 percent).

The Southeast Maricopa Region has several hospitals and urgent care sites, community health centers, school-based clinics, pediatric primary physicians, specialty and dental practices. There are five documented behavioral resources in the region, but only one documented healthy mothers/babies program. Family ratings of satisfaction of the above services place Arizona last on measures of cultural competence, response to patient concerns, and respect. Oral health continues to be among the more challenging health care needs for young children in Arizona. For example, in 2003, Queen Creek and Mesa had rates of 37 percent and 40 percent, respectively, of untreated tooth decay among 6-8 year olds.

Due to its close proximity to Phoenix, and the strong infrastructure of services in Mesa, there are many resources available to Southeast Maricopa families including pediatric medical facilities, programs for children with special needs, and multiple parent support groups; although families must have access to reliable transportation in order to use these assets. Many of these services provide no information specifically pertinent to families with children ages 0-5 years. Even less frequently do service providers collaborate together to provide age-appropriate services along the entire spectrum of care for a family with young children. Parents frequently have no other option but to assume the responsibility as conduits for gathering and connecting information they need between multiple service systems, according to the regional Needs and Assets report.

The Regional Council has undertaken a strategic planning process by conducting expert panel forums, whereby increasing the understanding of existing local resources, and selecting priorities for approach which seem most pressing yet hold the promise of achieving real progress and improvement in the short and long term for children and families.

Based upon the needs and assets, the Southeast Maricopa Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. **Early screening and preventive health services**
2. **Professional development, retention and augmentation of wages for child care staff who achieve training levels conditional upon staying at their job for a set period of time**
3. **Increase capacity of available treatment; cognitive behavioral therapy, verbal psychotherapy, interpersonal therapy, family therapy and group therapy for children identified**
4. **Limited access to Family Support**
5. **Community Education and Awareness**

Prioritized Goals and Key Measures

- Building from the prioritized needs in the section above, list in priority order the goals and key measures of the Regional Council for the next three years.

The Southeast Maricopa Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

Need #1: Early screening and preventive health services

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.
- FTF will expand the use of early screening in health care settings to identify children with developmental delay.
- FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.
- 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.

Key Measure:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of children receiving appropriate and timely well-child visits
- Total number and percentage of healthcare providers utilizing a medical home model
- Total number and percentage of oral health care providers utilizing dental home model
- Ratio of children referred and found eligible for early intervention

Need #2: Professional development, retention and augmentation of wages for child care staff who achieve training levels conditional upon staying at their job for a set period of time

- FTF will build a skilled and well prepared early childhood development workforce.
- FTF will increase retention of the early care and education workforce.

Key Measures:

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

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

Need #3: Increase capacity of available treatment; cognitive behavioral therapy, verbal psychotherapy, interpersonal therapy, family therapy and group therapy for children identified

- FTF will advocate for timely and adequate services for children identified through early screening.
- FTF will improve access to quality early care and education programs.

Key Measure:

- Ratio of children referred and found eligible for early intervention.

Need #4: Limited Access to Family Support

- FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.
- FTF will expand use of early screening in health care settings to identify children with developmental delay.
- FTF will advocate for timely and adequate services for children identified through early intervention.

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 Arizonans who report that early childhood development and health issues are important
- Total number and percentage of children screened for developmental delays
- Percent of families that reported satisfaction with provide home visiting support

Need #5: Community Education and Awareness

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

Key Measure:

- Percentage of Arizonians who report that early childhood development and health issues are important

Strategy Selection

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

The Southeast Maricopa Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Regional Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work. The Regional Council has committed to continue this ongoing planning and improvement process.

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

Identified Need	Goal	Key Measures	Strategy
Early screening and health preventive services	FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care. FTF will expand the use of early screening in health care settings to identify children with developmental delay. FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model. 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.	Total number and percentage of children with health insurance Total number and percentage of children receiving appropriate and timely oral health visits Total number and percentage of children receiving appropriate and timely well-child visits Total number and percentage of healthcare providers utilizing a medical home model Total number and percentage of oral health care providers utilizing dental home model Ratio of children referred and found eligible for early intervention	**1. Conduct health insurance outreach and enrollment assistance for eligible children.** **2. Collaborate with AHCCCS to expand Health-E App internet application use for families.** **3. Expand children's access to preventative oral health care.** **4. Support, enhance, and implement comprehensive programs that provide health education and screening activities for children ages 0-5.**

Identified Need	Goal	Key Measures	Strategy
Need: Professional development, retention and augmentation of wages for child care staff who achieve training levels conditional upon staying at their job for a set period of time	FTF will build a skilled and well prepared early childhood development workforce. FTF will increase retention of the early care and education workforce.	Total number and percentage of professionals working in early childhood and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. Total number and percentage of professionals who work with young children, outside of early care **who hold a credential**, certificate, or degree in early childhood development or other appropriate specialty area. Total number and percentage of professionals who work with young children, outside of early care and education, **who are pursuing a credential** certificate, or degree in early childhood development or other appropriate specialty area. Retention Rates of early childhood development staff.	**5. Expand access to T.E.A.C.H. Early Childhood Arizona** **6. Implement a wage compensation program tied to T.E.A.C.H. Early Childhood Arizona scholars' completion of early education degree (such as WAGE$)** **7. Expand the enrollment of early care and education programs serving low income infants and toddlers in Quality First!**

Identified Need	Goal	Key Measures	Strategy
Increase capacity of available treatment; cognitive behavioral therapy, verbal psychotherapy, interpersonal therapy, family therapy and group therapy for children identified	FTF will advocate for timely and adequate services for children identified through early screening. FTF will improve access to quality early care and education programs.	Ratio of children referred and found eligible for early intervention.	**8. 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.**
Limited access to Family Support	FTF will coordinate and integrate with existing education and information system to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development. FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families. FTF will expand use	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 Arizonans who report that early childhood development and health issues are important	**9. Provide a comprehensive family support model that incorporates home visitation, care coordination and follow-up to provide families with the necessary resources and services to promote the health and development of their young children.**

	of early screening in health care settings to identify children with developmental delay. FTF will advocate for timely and adequate services for children identified through early intervention.	Total number and percentage of children screened for developmental delays Percent of families that reported satisfaction with provide home visiting support	
Identified Need	**Goal**	**Key Measures**	**Strategy**
Community education and awareness	Goal # 15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.	Percentage of Arizonans who report that early childhood development and health issues are important	**10. Working in partnership with the Maricopa Regional Partnership Councils and FTF Board, the Southeast Regional Partnership Council will implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities** **Specifically the Regional Council will focus on the following:** • **Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.** • **Advocate for public policy change and increased resources on behalf of young children and their families.**

Strategy Worksheets

Strategy #1: Conduct health insurance outreach and enrollment assistance for eligible children.

Children without medical insurance have a difficult time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.[1] According to the 2007 report entitled, Health *Insurance In Arizona: Residents of Maricopa County,* almost 9,000 children are estimated to be uninsured in the county. [2]

Across the nation, as many as many as half of children who are uninsured qualify for publicly funded health insurance coverage (such as KidsCare or AHCCCS), but are uninsured.[3] Children whose families earn up to 200 percent of the Federal Poverty Level generally qualify. According to the Southeast Maricopa Region's recently completed Needs and Assets report, 38 percent of all children living in the Southeast Maricopa region live at or below 200 percent of the Federal Poverty Level.

According to a 2007 report from St. Luke's Health Initiatives, outreach efforts for publicly funded health insurance can be effective in providing more children with health coverage. Successful efforts include public awareness campaigns, outreach and enrollment assistance by trusted, health or social service oriented community-based organizations. Application assistance and follow up are integral parts of such efforts.

The strategy aims to increase the number of children with health insurance by conducting outreach and enrollment assistance in public health insurance programs throughout the region via media campaigns to educate the Southeast Maricopa Region utilizing, radio, television and printed materials. This strategy will build on and enhance existing efforts and will be launched in partnership with community-based organizations serving areas of the region where the uninsured are likely to reside or seek out other services. Those receiving enrollment assistance through this funded strategy will also receive information on seeking preventive health services, such as well child checks.

This strategy is in alignment with the Southeast Regional Partnership's Strategy #2 of collaborating with AHCCCS to expand Health E-App internet application use for families. Both strategies seek to increase the number of children with health insurance coverage by conducting more public outreach for the state's KidsCare and AHCCCS health programs. All children in the Southeast Maricopa region should have health insurance coverage and access to affordable, high quality care and this begins with effective outreach, educating families on the availability of health insurance and then providing families with direct assistance in completing the application forms.

[1]Children's Action Alliance (2000). Make Kids Count: Closing the Gap in Children's Health Coverage.
[2]Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona: Residents of Maricopa County. Ira A. Fulton School of Computing and Informatics, Arizona State University, 2007
[3] Genevieve Kenney, et al. "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 1, 2003.
[5]St. Luke's Health Iniatives: Children's Health Insurance Outreach: What Works? 2006.

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

Goal: 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.

Key Measures

Total number and percentage of children with health insurance.

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:

Children ages 0-5 in all communities in the region.

	SFY2010 July 1, 2009 - June 30, 2010	**SFY2011 July 1, 2010 – June 30, 2011**	**SFY2012 July 1, 2011 - June 30, 2012**
Proposed Service Numbers	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS

Performance Measures SFYs 2010 – 2012

1) Number of children with publicly funded health insurance in the Southeast Maricopa Region
2) Number of AHCCCS/KidsCare applications completed resulting in successful enrollment through regionally funded outreach efforts
3) Number and percent of children with health insurance under 200 percent of the Federal Poverty Level living in the region

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

Outreach assistance has occurred in the past through limited, state-funded outreach assistance efforts, and through sporadic, privately funded efforts spearheaded by organizations such as Children's Action Alliance, St. Joseph's Hospital and Medical Center, and Keough Health Foundation. This strategy will build on these efforts, expanding outreach, and requiring funded partners to work with existing outreach coalitions. This strategy will provide the opportunity to build on the work that has taken place and promote a consistent effort to enroll children on AHCCCS or KidsCare.

- What are the opportunities for collaboration and alignment:

  Current collaboration includes organizations that have provided outreach and enrollment assistance through community health clinics, hospitals and family resource centers. The organizations have received funding to support the work, but the funding has been periodic and inconsistent.

  The Regional Council will work with AHCCCS and the State Department of Health to promote coordination. Furthermore, as more children are enrolled in AHCCCS or KidsCare there will be an increase in the number of children receiving well child visits and preventative health care. The funding proposed for outreach in this area will also be used to educate parents about the importance of taking their children to the doctor regularly and receiving timely preventative health care for their children. The Regional Council understands the importance of working with the health care organizations in the region to increase accessibility for families.

  The proposed strategy will require the grantee(s) to work with existing outreach coalitions working in Maricopa County (including community partners described above) to plan, implement, and coordinate outreach and enrollment activities, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 300,000

Budget Justification: Costs for a successful outreach and enrollment effort vary, depending on the population to be reached and the methods being used. Grant applicants will be asked to describe target population and methods of outreach to justify funding request. More than one applicant may be awarded a contract.

Guidelines for potential costs:

A six-week media campaign in the Southeast Maricopa Region may cost between $15,000 and $500,000, depending on the type of media (radio or television), based on previous outreach efforts by Children's Action Alliance

Printed materials cost $5000 - $20,000 depending on the volume of printed materials.

Strategy #2: Collaborate with AHCCCS to expand Health E-App internet application use for families.

In December 2008, AHCCCS will be implementing an electronic application for AHCCCS and KidsCare over the internet. The universal application, known as Health E App, will allow families to apply for and renew health coverage, as well as other family support programs such as Temporary Assistance for Needy Families, Cash Assistance, and Food Stamps directly over the internet.

While the new application promises to make enrollment in public coverage programs for young children easier, barriers still exist. Community-based organizations and families may be unfamiliar with the new application, and may need assistance in completing it. In addition, families who are applying for coverage for the first time will be required to submit original documentation, requiring submission of documents to a Department Economic Security office or a community-based agency that is "certified" by AHCCCS to accept such documentation. Currently, few such community-based providers exist and many families find going to a Department Economic Security office intimidating or difficult due to hours of operation (8-5) or long wait times.

This strategy proposes to fund: 1) a community assistor (s) who can train community-based providers on the availability of Health E App and its use, 2) materials to advertise the availability of Health E App in the region; and, 3) community assistor sites at locations where families with young children frequent such as WIC (Women, Infants and Children) offices or Head Start sites where computers will be available, or where families are able to complete written applications. Technical assistance will be available, and providers will be able to accept and submit original documentation.

A fee-base version of Health E App is currently in use at hospitals and community health centers. It has been shown to result in timelier enrollment, and a reduction in application errors, thus resulting in applicants less likely to be denied coverage.

Enrollment assistance is a proven practice for improving and increasing health coverage in public programs. Today, community application assistance occurs nationally in a wide variety of settings, including health clinics, Head Start programs, recreation centers, and homeless shelters. Reports indicate that such assistance can make a difference in getting children covered. In California, for example, 63 percent of applicants who received no community-based assistance were approved for enrollment, compared to a 79 percent approval rate for families who received assistance.

This strategy is in alignment with the Southeast Regional Partnership's Strategy #1 of conducting health insurance outreach and enrollment assistance for eligible children by increasing the number of children with health insurance coverage by conducting more public outreach. Both strategies seek to increase the number of children with health insurance coverage by conducting more public outreach for the state's KidsCare and AHCCCS health programs. All children in the Southeast Maricopa region should have health insurance coverage and access to affordable high quality care and this begins with effective outreach, educating families on the availability of health insurance and then providing families with direct assistance in completing the application forms.

[1] Ross, Donna Cohen and Ian Hill. Enrolling Eligible Children and Keeping Them Enrolled. The Future of Children. Spring,

2003.

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

Goal: 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

Key Measures :

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

Target Population:

Uninsured but eligible families with young children (0-5) who earn at or below 200 percent of the Federal Poverty Level.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS (Outreach campaign will link people to the assistance sites.)	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS (Outreach campaign will link people to the assistance sites.)	1000 applications completed 750 new children enrolled in KidsCare or AHCCCS (Outreach campaign will link people to the assistance sites.)

Performance Measures SFY 2010-2012

- Children 0-5 enrolled in AHCCCS or KidsCare in the region/children 0-5 living at or below 200 percent of the Federal Poverty Level
- Number of children 0-5 continuously enrolled in AHCCCS or KidsCare in the region

- Applications completed at enrollment assistance centers in the region resulting in enrollment/applications completed in the region

- How is this strategy building on the service network that currently exists:
  Currently, a limited number of agencies use Health E App to enroll children in health coverage. These include community health centers and some hospitals. This strategy will build on the success of Health E App by taking the new, free internet-based version of the application and making it available (with enrollment assistance) at community-based locations that frequently connect with young children and their families such as child care centers, Head Starts, or WIC (Women, Infants and Children) clinics, or faith-based organizations.

- What are the opportunities for collaboration and alignment:
  The Southeast Maricopa Regional Partnership Council will work closely with AHCCCS and the Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) in implementing this strategy. By collaborating, it may be possible to draw down a federal match (between 50 cents to 77 cents on the dollar allocated) for this effort, allowing further expansion of this effort in the region. This strategy would also allow the Regional Council to help connect community-based programs that touch young children and their families (faith-based organizations, WIC clinics, Head Start programs, child care providers, etc.) with available, publicly funded health coverage and family support programs.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$200,000

Budget Justification:

By partnering with AHCCCS, there may be a Federal match TBD

Community assistor: $100,000 (salary, overhead, training, travel)

Advertising and outreach materials: $15,000

1 Community Assistor Site: $85,000 (includes part time FTE, rent, computer and FAX equipment)

Strategy # 3: Expand children's access to preventative oral health care.

The Regional Council will expand children's access to preventative oral health care by implementing the following:

- Provide oral health screenings including the application of fluoride varnish, coordination of referrals and distribution of oral health information and educational materials by a trained oral health provider in child care facilities as well as other community settings.
- Provide outreach and training to dentists in order to increase the pool of dentists willing to see children starting at age 1
- Outreach to pediatricians and general practitioners on guiding parents to have oral screenings for their children beginning at one year.

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Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care; the risk of other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births.

According to the Southeast Maricopa Needs and Assets report, untreated tooth decay among 6 to 8 year olds ranges from 37% in Queen Creek to 40% in Mesa; although there currently is no data available for children under six. An Arizona Department of Health, 1999 - 2003 Arizona School Dental Survey showed considerable disparity in oral health across populations and income variables.

Agencies awarded funding would work with regulated and licensed child care settings in the Southeast Maricopa region to provide oral screenings and fluoride varnish to enrolled children under the age of five years. They would also provide oral health education for parents of enrolled children and child care staff, including implementing tooth brushing programs in the child care settings. Additionally, grantees would utilize outreach materials and the North Carolina Baby Oral Health kit to educate dentists in the need to serve children beginning at age one year and provide them with age appropriate strategies for screening very young children. A financial incentive to see children beginning at the age of one year would be offered to dental offices which expand their services to include this age group. Outreach materials would include radio media and outreach to medical providers on the importance of early oral health screenings.

Edelstein B., Douglass C. *Dispelling the Cavity Free Myth*. Healthy Reports 1995.
Arizona Department of Health Services. *The Oral Health of Arizona's Children*. Phoenix, November 2005.
Burt BA, Eklund SA. Dentistry, *Dental Practice and the Community*. Saunders, Philadelphia, 1999.
http://azdhs.gov/ooh/pdf/OOH-AZSchoolChildrenReport-pagebypage.pdf.
United Way of Tucson and Southern Arizona, Weyerhauser Oral Health Program. 2007

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

Key Measures:

1. Total number and percentage of children receiving appropriate and timely oral health visits.
2. Total number and percentage of oral health care providers utilizing a dental home model.

Target Population:

Children birth to 5 years of age who have not been screened for oral health or who have been identified as having untreated tooth decay.

	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	6000 children	6000 children	6000 children

Performance Measures SFY 2010-2012

1. **# of children getting dental visit by age 1/proposed service #**
2. **# of children getting dental visit before age 1/actual service #**
3. **% of oral health care providers that use preventive guidelines/strategic target.**
4. **% of oral health care professionals that use dental home model/strategic target.**

- How is this strategy building on the service network that currently exists:
  Coordination with local dental health providers is essential. This strategy proposes using existing points of contacts such as childcare centers, dental offices and clinics to increase children's access to oral health services. Outreach will be done to existing dental and health clinics and offices to educate health providers about the importance of early screening and fluoride treatment. Families will receive educational information through their child care provider.

- What are the opportunities for collaboration and alignment:
  This strategy will link with existing providers that serve as a point of contact for families with young children in their communities and utilize these providers to support dental education and expand services to children beginning at one year of age by providing them with training specific to examining infants and toddlers for oral health needs. The program would begin by making contact with all Department of Health Services and Department of Economic Security regulated homes and centers in the Southeast Maricopa region, enlisting them as participants, and working with the child care staff and families of enrolled children to provide oral health information to support prevention and early intervention for oral health needs. This would support a comprehensive approach to this high-need area for service.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$342,700

Budget Justification:

Activity	Service #	Unit cost	Total cost	Description
Oral screening, fluoride varnish 2X per yr., toothbrush, referrals as needed	6000	$30	$240,000	6000 children in 256 child care centers, 30 homes. Estimate includes screening and fluoride varnish supplies, staff time, tooth brushing supplies, protocol training.
Parent and staff education on oral health	286 centers	$132	$38,896	Education program to increase parent and center staff awareness about the importance of early childhood oral health and their role. Pre and post test child care staff. Education provided to 286 early ed. sites. Estimated amount is to pay someone to provide the training.
Outreach materials	286 centers	$3,000	$3,000	The Arizona Department of Health Services Office of Oral Health developed brochures for parents and a postcard that was mailed to dental offices to make them aware of the visit by age 1 yr.
Staff time - dental ambassador 80 hrs x $100 per hr	90	$100	$9,000	Dental hygienist to encourage dental offices to see infants & toddlers.
North Carolina's Baby Oral Health kits @ $100 ea. X 30 off	40	$100	$4,000	The NC Baby oral health kits are developed modules (w CEUs) to train dentists to see infants & toddlers. Portions of this kit could be used to train Pediatricians too. Pediatricians could be invited to establish connections between the dental offices and the medical providers.

Incentives to dental offices to see children @age 1 yr	40	$500	$20,000	To encourage dental offices to see young children. $500 per office x 40 offices
Subtotal			$314,896	
Admin costs, travel, evaluation, other misc.			$27,804	
TOTAL			$342,700	

Strategy #4: Support, enhance, and implement comprehensive programs that provide health education and screening activities for children ages 0-5.

For families and their children, good health, beginning with a healthy birth is an essential element integrally related to their learning, social adjustment and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social, and emotional well-being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to information, preventive, primary, and comprehensive health services, including screening and early identification for developmental milestones, vision, hearing, oral health, nutrition, exercise, and social-emotional health.

Increasing our investment in high-impact, cost-effective preventive services will not only save valuable health care dollars, but more importantly, will significantly improve the health status of the U.S. population. One of the most effective approaches we can take in both the public and private sectors is to direct more attention and more resources to preventive health services. [1]

According to the Center for Disease Control and Prevention, developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental delays. It can allow for earlier detection of delays and improve child health and well-being for identified children. Developmental screening can be done by various professionals in healthcare, home, community, or school settings, regardless; many children are not being screened and developmental delays are not being identified early. In the United States, 17% of children have a developmental or behavioral disability[2]. In addition, many children have delays in language or other areas, which also impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missed. [2]

Through the oral health, home visitation, and early childhood development coaching strategies, the Regional Council will work to improve the health status of children 0-5 yrs living in the region and ensure children are receiving appropriate and timely health and developmental screening. While these efforts will go a long way towards improving the prevalence of early screening among young children in the region, gaps will continue to exist unless other efforts are made. Many children in the region are in unregulated home-based care, and thus will not be screened through the early childhood development coach. Not all families will be touched by a home visiting program. The Regional Council wants to ensure that all young children receive adequate screening and therefore proposing the following strategy.

To address the need to provide adequate screenings, the Regional Council will invite Stakeholders to submit proposals that encourage and/or provide early screenings to young children ages 0-5 in the Southeast region, including developmental screenings and vision and hearing (sensory) screenings

In order to maximize the Regional Council's limited resources, direct healthcare will not be funded. Approaches to implement this strategy will be required to build on current funding streams, including public and private insurance and existing federal and state sources for billing. The Regional Council will not replace existing funding streams.

Applicants funded through this strategy will be required to demonstrate:

a. Evidence of the effectiveness of the proposed screening approach
b. Evidence that the proposed approach will build community awareness of the importance of early screening, helping build community demand for early screenings for young children
c. Evidence that the applicant(s) are well-connected in the Southeast Maricopa Region, or have established sufficient local partnership to successfully implement the proposed strategy
d. Evidence that the applicant can provide linguistic and culturally appropriate outreach efforts
e. Evidence that the applicant can appropriately and effectively refer children and their families to health care or other service providers, and link families to health insurance coverage when it is lacking
f. Evidence that the applicant has proper training and credentials to conduct screenings.

The administration of screenings could be done in a variety of familiar family settings including (but not limited to) schools, community-centers, health fairs, libraries, and other community-based methods. This strategy would not duplicate those services, but could build on and expand the same principle of reaching out to families to: 1) educate them about the importance of screenings (across all health domains) and 2) build on the capacity to provide screenings (across all health domains).

To ensure the effective implementation of this strategy, the Regional Council will create a taskforce to identify and recommend best methods and approaches to identify and target children that may be missed through the expanded screening activities incorporated within strategies 2 and 12. This group will be comprised of representatives from home visitation programs operating in the region, child care health consultants and early childhood development coaches, health providers, and other organizations providing health screenings serving the region. Recommendations of this taskforce will be used by grantee applicants to address the need for screening for all children birth to age five in the region.

The Regional Council will also consider separate proposals aimed exclusively at educating parents and families about the importance of early screenings. In addition to encouraging needed screenings, such communications efforts could also discuss one or more of the following: 1) developmental milestones, 2) how parents can discuss developmental concerns to their health care provider, and/or 3) the early intervention system and how it works. Applicants for the communications grants would be required to fulfill the same criteria (a – d) that was listed above. Furthermore, any communication efforts will be linked with the oral health, home visiting, and child care strategies.

Reference

[1] Nussbaum, S. (2006). Prevention - the Cornerstone of Quality Health Care. *American Journal of Preventive Medicine*, 31(1), 107-108.

[2] Center for Disease Control and Prevention. (2005). *Child Development: Developmental Screening*. www.cdc.gov

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

Goal: FTF will expand use of early screening in health care settings to identify children with developmental delay and other health needs.

Key Measures:

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

Target Population:

Children ages 0-5 residing in the Southeast Maricopa 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
	5,000	5,000	5,000

Performance Measures SFYs 2010-2012

1. Number of children receiving preventative services/ Proposed service number.
2. Number of children receiving screening services / Proposed service number.
3. Percentage of children receiving appropriate and timely follow-up/ Intervention services.

- How is this strategy building on the service network that currently exists:
  This strategy will allow for building on existing resources while allowing them to expand to serve areas or target populations they do not currently serve.

- What are the opportunities for collaboration and alignment:
  All outreach efforts conducted under this strategy will be aligned with existing outreach efforts conducted by other community entities. Such efforts would include those that are implemented by

state and county health agencies and other social service organizations. Grantees under this strategy could connect with existing providers that serve as a point of contact for families with young children to disseminate information.

Southeast Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: $8,469,572

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$657,300

Budget Justification:

The Southeast Regional Partnership Council has elected to support this strategy by designating 7.7% of the regional funding allotment. Based on the range and variety of proposed screenings, average costs range from $85-$100 per screening

$100,000 will be available to fund 1 health education and 1 preventative screening programs at $150,000 each.

The Southeast Maricopa Regional Partnership Council invites creative alternatives which can provide comprehensive programs to the largest number of children.

Strategy # 5:

Expand access to T.E.A.C.H. Early Childhood Arizona

The Southeast 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 children1.

Programs enrolled in QUALITY FIRST! will have access to T.E.A.C.H. Early Childhood Arizona.

Of 532 teachers surveyed in 70 Early Care and Education centers across the region, 25 percent reported having an Associates or Bachelors degree, only 6 percent had a CDA.

The Regional Council wants to expand T.E.A.C.H. 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.

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.

1Ohio 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: FTF will build a skilled and well prepared early childhood development workforce.

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

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.

Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other

appropriate specialty area. Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential certificate, or degree in early childhood development or other specialty area. Retention rates of early childhood development.
Target Population: Teachers and caregivers not eligible for the T.E.A.C.H. scholarship program through Quality First!

Proposed Service Numbers	SFY2010 July 1, 2009 June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	60 Teachers and caregivers	60 Teachers and caregivers	60 Teachers and caregivers
Performance Measures SFYs 2010-2012 # of professionals pursuing degree in early childhood/ Actual service # # of college credits held by professionals/ proposed service numbers # of college credits held by professionals/ actual service numbers			
• How is this strategy building on the service network that currently exists: This strategy capitalizes on T.E.A.C.H. Early Childhood Arizona. T.E.A.C.H. is a strategy benefiting children, families and programs by addressing the lack of education in the workforce which negatively impacts the quality of early care and education. The Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and T.E.A.C.H. to improve the quality of early care and education in Southeast Maricopa.			
• What are the opportunities for collaboration and alignment: The T.E.A.C.H. 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. The Southeast Regional Partnership Council will work closely with the administrative agent and provide financing for additional scholarships and focusing on meeting our specific regional needs.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	$126,000		

Budget Justification

Regional Council costs for participants:

1 full year participation per semester x 3 "semesters" fall, spring, summer =

$1,600 per scholarship x 60 scholars = $ 96,000

$500 (additional support) x 60 scholars = $ 30,000

$126,000 total cost

1 full year participation per semester (3 "semesters" fall, spring, summer) = $1,600

Additional support for participants' cost reimbursement (travel, hours missed of work, child care, books, course costs not covered, other barrier expenses) / $500 per person .

Strategy # 6: Implement a wage compensation program tied to T.E.A.C.H. Early Childhood Arizona scholars' completion of an early childhood education degree.

In Arizona, the early care and education workforce typically receives compensation below what is considered a livable wage. The median hourly salary of early care and education teachers in Arizona is $9.75 or $20,280 annually as reported in "A Decade of Data: The Compensation and Credentials of Arizona's Early Care and Education Workforce" (2008). The federal poverty level is $21,200 for a family of four. Low wages present barriers to encouraging high-quality, well-educated, and well-trained personnel to enter the field. Additionally, lack of appropriate compensation causes a high rate of turnover among early childhood professionals. In turn, young children receive lower quality care in environments where caregivers often change. Wage enhancement programs incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Early care and education professionals in Southeast Maricopa earn, on average, significantly less than the median annual salary in the nation and state. Wage enhancement models throughout the country have illustrated the connection between higher compensation, increased education levels, and higher retention rates among educators of young children. Research also shows that higher education levels and low turnover rates directly affect the quality of care that young children receive. A salary incentive program has the potential to increase retention rates as well as education levels. This strategy provides a mechanism to address both issues because salary incentives will be tied to T.E.A.C.H. scholars' completion of early childhood education coursework.

FTF policy staff is currently researching salary enhancement models, and the Southeast Maricopa Regional Partnership Council will implement whatever model FTF ultimately selects as a compensation enhancement program.

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

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

Key Measures:

1. Retention rates of early childhood development and health professionals
2. Total number and percentage of professionals working in early childhood care and education

settings with a credential, certificate, or degree in early childhood development

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

Target Population:

Scholars participating in T.E.A.C.H.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	250 early childhood professionals	250 early childhood professionals	250 early childhood professionals

Performance Measures SFY 2010-2012

1. % of early care and education professionals at an assistant teacher level retained for 2 years/250
2. % of early care and education professionals at a center director level retained for 5 years/250
3. # of degreed professionals in early care and education
4. # of professionals pursuing degree in early childhood

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

This strategy aligns with T.E.A.C.H. and *Quality First!* , supporting and building both. It also relies on the network of existing higher education institutions, and will require increased capacity at that level.

What are the opportunities for collaboration and alignment:

- There is great interest in the early childhood community regarding connecting increased compensation to increased levels of education.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$ 500,000

Budget Justification:

Based on other national models of wage enhancement, the Southeast Maricopa Regional Partnership Council estimates that the average compensation for scholars completing higher education coursework and degrees is approximately $2,000. Depending on what FTF will develop as a statewide strategy, this amount may be adjusted. Compensation packages may be established at different rates for different levels (i.e. less for someone completing an Associate's degree than for someone completing a Bachelor's degree). If FTF has not identified a compensation plan by the beginning of FY10, Southeast Maricopa Regional Partnership funds for this strategy will carry over in order to implement the plan regionally once FTF determines what will be supported at the state level.

$2,000 X 250 = $500,000

Strategy #7: Expand the enrollment of early care and education programs serving low income infants and toddlers in Quality First!

With 28,183 children (38 percent) enrolled in regulated child care settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state. There are numerous child care organizations in the Southeast Maricopa region, but only 7 percent of the center-based programs in the region are accredited.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!,* Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre [2,] 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 conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina [3], Pennsylvania, Tennessee and Oklahoma [4], show significant improvement in the quality of participating programs/settings. Research also shows that low income children receive a higher level of benefit (i.e. school performance and other at-risk factors) from quality early care and education programs than children with higher income levels.

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.[4] A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation[5] 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!*

1 Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)
2 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
3 Norris, D., Dunn, L., & Eckert, L. (2003). *"Reaching for the Stars" Center Validation Study: Final report.* Norman, OK: Early Childhood Collaborative of Oklahoma.
4 LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report.*
5 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.

Goal #: FTF will lead efforts to improve early care and education regulatory and monitoring standards as a foundation for quality in early care and education settings.

Key Measures:

Total number of children of identified improvements in regulatory monitoring standards

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 participating in the QIRS system improving their environmental rating score

Target Population:

Child care centers serving low socio-economic 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	16 medium child care centers /or any combination of small, medium or large centers or homes	16 medium child care centers /or any combination of small, medium or large centers or homes	16 medium child care centers /or any combination of small, medium or large centers or homes

Performance Measures SFYs 2010 – 2012

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

- How is this strategy building on the service network that currently exists:
  This proposed expansion, in July 2009, increases the number of high quality early care and education settings participating in the ***Quality First*!** in the region.

- 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 may 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.

Southeast Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: $8,469,572

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$ 462,000
Budget Justification: The Southeast Regional Partnership Council proposes to provide funding for **16 medium child care centers @ $28,875 each = $462,000** or any combination of small, medium or large centers or homes, with funding not to exceed the $462,000 allocation	

Strategy # 8: 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 and how to care and support children with developmental needs and concerns or children who have a diagnosed delay or disability. Support will be provided to establish a learning environment that supports young children, meeting their individualized needs, assisting 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 are able to support and provide the appropriate early care and education to address children's developmental needs and therefore establish 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. Both staff and parents are 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, 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 early care and education providers, public entities, and community based agencies to support the healthy development of young children. This model 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: FTF will advocate for timely and adequate services for children identified through early screening.

Goal : 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
	75 Centers or homes	75 Centers or homes	75 Centers or homes

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 screening.
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 component of an overall strategy to create an interconnected system serving 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 Southeast 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 provide services to children and families with developmental, behavioral and mental health issues.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$550,000

Southeast Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: $8,469,572

Budget Justification:

This budget proposes funding five early childhood developmental coaches that would work directly in child care and early education programs. Each coach will provide services to at least 15 centers/homes, spending time in each center at least once a month.

Grant applicants must show linkages 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.

Strategy # 9 –Provide a comprehensive family support model that incorporates home visitation, care coordination and follow-up to provide families with the necessary resources and services to promote the health and development of their young children. This model will also increase the development or enhancement of parenting education programs.

The Southeast Maricopa Regional Council is looking to develop a comprehensive family support model that will work with families starting at birth of the child, or prenatally when possible. Upon giving birth, families will receive the Arizona Parent Kit and will be offered a single in-home visit which will provide a general wellness 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 number 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 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 and a family centered practice model as it works to strengthen the relationship between health care and other professionals by providing wrap-around services to the family by addressing the physical, emotional, and intellectual growth and development of children from birth to age5, 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 as 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.

Research into both the medical model and home visiting programs show the following:

- Increased school readiness
- Positive parenting and increased parental involvement including other primary caregivers
- 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 positive discipline strategies rather than punishment.

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.[1]

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 population of children birth through five is 74,802 with approximately 11,912 births each year of which 1178 are teen births. While it is the desire of the Regional Council to provide all families of newborns with a onetime visit, the Regional Council will begin implementation focusing on first time and teen parents. It is estimated that most teen parents would need the intensive home visitation model and 3-6% of the first time parents. The Regional Council estimates the total number of families to serve at 4241.

Expand parenting education programs:

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Protective factors, which benefit both parents and children, that occur as a result of effective parenting education include nurturing and attachment, knowledge of parenting and of child development, parental resilience, social connections and support for parents. [2] Research suggests improving fundamental parenting practices will reduce the likelihood of

problem behaviors in children. It has been shown that parent-child relationships can be enhanced through parent training and family strengthening programs.[3]

The Southeast Maricopa Regional Partnership Council recognizes the need for family support / parenting education to be available in the community at a variety of venues. Parents should be able to access educational information in their community on a variety of child development topics. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons. This strategy will support delivery of additional parenting education curriculum to strengthen parenting skills. While research supporting utilization of a parenting education program is important, it should be noted than many programs that lack a formal evidence base may still produce desired outcomes and improvements for participants.[2]

[1]Nurse-Family Partnership: Overview. www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFP_Overview.pdf
[2] Parent Education: Issue Brief. Child Welfare Information Gateway. www.childwelfare.gov/pubs/issue_briefs/parented/.
[3]Evidence-Based Parenting Education Programs: Literature Search, September 2005. Prepared by: Elizabeth Meeker, Psy.D. and Jody Levison-Johnson, LCSW, Coordinated Care Services, Inc.

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.
- Ratio of children referred and found eligible for early intervention

Target Population:

First time and teen parents who have children born in the region.

	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	150-Newborn Home Visit 1300 –Low Risk Home Visitation 300-High Risk Home Visitation # of parents receiving parent education (TBD)	150-Newborn Home Visit 1300 –Low Risk Home Visitation 300-High Risk Home Visitation # of parents receiving parent education (TBD)	150-Newborn Home Visit 1300 –Low Risk Home Visitation 300-High Risk Home Visitation # of parents receiving parent education (TBD)

Performance Measures SFY 2010-2012

1. **# and % of families receiving home visiting services/proposed service #.**
2. **# children screened for developmental delays/Actual service # Number and percent of families receiving an initial home visit.**
3. **# first time mothers served by home visiting program.**
4. **% of families that reported satisfaction with provided family home visiting support/strategic target.**
5. **# families receiving a child development evaluation/consult/strategic target.**
6. **% of families showing increases in parenting knowledge and skill after family support services involvement.**
7. **% of children served by the program that have medical and dental homes/Actual # children in region**

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 families in this region.
- Opportunities exist to build, expand and coordinate these existing services into a comprehensive program serving children before they are eligible for the Head Start and other community programs.

What are the opportunities for collaboration and alignment:

- There are opportunities to build partnerships with local Hospitals establishing connections between existing community resources and programs to address the issue.
- Potential to build on community based programs and existing home visitation programs to provide a comprehensive early intervention program designed to prepare children to succeed in school and life.
- Potential to partner with local hospitals, clinics and other community partners to expand proven programs.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	$4,791,000

Budget Justification:

Newborn home visit—150 families X $300 =$45,000

Families identified as low/moderate risk—1,300 families x $1,000 = $1,300,000

Families identified as high risk—300 families x $3500 = $1,050,000

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 family which is in the mid-range of home visitation programs.

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 professionals such as Child Development Specialists, Family Support Specialists, birth to 5 therapists, and paraprofessionals, 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.

Parenting Education is allocated at $2,396,000. It is being requested that depending upon the responses to the Request for Grant Applications, that the dollar amounts could be moved between home visitation and parent education.

Strategy # 10: Working in partnership with the Regional Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.

Specifically the Regional Council will focus on the following:

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

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

"The problems facing our children aren't local, state, or even national issues. They're American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all."[1]

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. [2]

The Southeast Maricopa Regional Partnership 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 $253,786 each year.

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

[2] 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:

Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters

Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

Target Population:

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

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

Performance Measures SFYs 2010 – 2012

TBD

- How is the strategy building on the service network that currently exists:
  The statewide communications plan has specific goals that can be enhanced with additional funding regionally. Materials and information can be disseminated through existing agencies, child care centers, schools and clinics. Other agencies, such as Valley of the Sun United Way, have awareness campaigns for early childhood education and health – collaborations will be encouraged.

- What are the opportunities for collaboration and alignment:
  A collaborative effort with other regions to strategically roll out the campaign will be developed. Regions have already begun discussions in developing partnerships and investigating ways to pool

resources.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$ 253,786
Budget Justification: Preliminary figures for a coordinated community awareness and mobilization campaign indicate that 1-3% of a regional allocation would be adequate to support this strategy. The Southeast Maricopa Regional Partnership Council will allocate $253,786 for this strategy which is slightly more than 3% of the allocation.	

Evaluation :

Fund a *First Things First* agency consultant and/or staff positions as well as research proposals for ongoing data gathering, program evaluation, and research that both informs FTF's statewide evaluation efforts and is specific to the Southeast Maricopa Region; thereby, creating a partnership necessary for success in answering key questions about early childhood health and development in the state of Arizona.

The multiplicity of stakeholders and their diverse information needs, combined with the diversity of programs and approaches comprising the First Things First initiative, requires strategies that incorporate multiple approaches to evaluation and reporting.

There are several different levels of research and evaluation that could potentially be funded:

- Conduct local evaluation studies on funded programs and report the results of such studies to the Statewide FTF Research & Evaluation Department. (Outcome data)
- Conduct research and evaluation studies that enhance improvement of programs and contribute to the field of early childhood development in terms of emerging practice, understanding specific factors in the Southeast Maricopa community impacting practice, and identifying and applying best practice. (Data gathered through applied social research methods)

Some examples of potential research and evaluation questions for local or cross-regional study are:

- To what extent is school readiness enhanced for children whose home-based child care providers participate in training programs for more than one year? Does it differ by the cultural or linguistic background of the provider? Does it differ for children who started in home-based care when they were infants and toddlers and then went to Head Start when they turned 3 or 4?
- How is our definition of high quality child care enhanced when we investigate the unique features of child care programs that are intentionally meeting the unique cultural and linguistic needs of their immediate neighborhoods and communities?
- Conduct research and evaluation *across* FTF Regions by forming sub-committees for different areas of interest (e.g., Oral Health, Infant Mental Health, Professional Development, Home-Based Child Care, and Family Advocacy).

Many states, like California, with statewide evaluation of their early childhood systems, are discovering that the evaluation continuum between accountability and learning are not mutually exclusive. The key measures that will be collected according to the statewide FTF Evaluation Department's framework can be complemented and enhanced by local Region-driven research and evaluation that will consistently

and clearly help to answer the key questions posed by the state's framework.

There are other important reasons why research and evaluation efforts should have some local components:

- Regional Councils are more closely connected to the knowledge base in the community regards community needs and assets; thereby making data collection on the bi-annual reports more efficient and useful for future funding decision-making.
- Regional Councils are directly linked to the funding decisions and are most apt to commission research and evaluation studies that will support funding allocations and decision-making, an important purpose of evaluation.
- Regional Councils are closer to the programs funded so the studies they fund can evaluate both reported results and methods of service delivery.
- Evaluation must be based on program design. Regional Councils are better positioned to fund research and evaluations appropriate to program design. Regional Councils will no doubt interweave FTF funding into existing community resources, such as providing health services within existing pre-school programs. In addition, Regional Councils will also use FTF funding to expand the full complement of available services for families. These approaches make program and evaluation design additionally complex. Evaluating these types of efforts requires developing and monitoring a unique set of indicators and a complex evaluation.
- Statewide evaluation by definition requires reliance on some standard set of indicators. Applying a standard set of indicators results in some programs collecting data on measures not relevant to the program's intent, and is likely to impact the validity of results because data may not consistently collected.

Implementation:

A portion of the funding will be to form a research and evaluation advisory committee that is responsible for designated specific funding amounts for research and evaluation efforts, coordinating with the state's evaluation efforts, with other regions, developing a research and evaluation agenda, recommending priorities for applied social research studies, and formulating policy recommendations based on local evaluation results. The advisory committee will also work with the state to coordinate and secure services for the needs and assets data collection.

A portion of the funding will also fund an entity that will:

1. Oversee the administration of the advisory committee
2. Administer the contracts and funding for research and evaluation efforts
3. Report results to state
4. Disseminate findings to other regions

Lead Goal: #14 -- FTF will collect and disseminate accurate and relevant data related to early childhood development and health.

Southeast Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: $8,469,572

Key Measures:

1. Total number and percentage of public and private partnerships using the database that reports the information to be helpful in determining outcomes and promoting continuous improvement.

2. Total number and percentage of public and private partnerships using the database that reports the information to be accurate.

Target Population:

Grantees receiving FTF funding from Southeast Maricopa Regional Partnership Council

Service programs in the Southeast Maricopa Region

Families and children in the Southeast Maricopa 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**
	Southeast Maricopa Region	Southeast Maricopa Region	Southeast Maricopa Region

Performance Measures SFY 2010-2012

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

- Coordinate with statewide evaluation efforts (e.g., FTF's asset-mapping capabilities)
- Coordinate with on-going research in the region (e.g., ASU, University Consortium, Quality First Assessment, etc.)

What are the opportunities for collaboration and alignment:

- Collaboration with FTF Evaluation Department
- Collaboration with the University Consortium providing the statewide evaluation
- Can align with other research & evaluation efforts taking place in the region
- Collaboration across Regions – form subcommittees on different areas of interest.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	$253,786

Southeast Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: $8,469,572

Budget Justification:

Recommended approximately 3% of budget allocation = 253,786

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

Revenue	
Population Based Allocation SFY2010	$8,469,572
Expenditure Plan for SFY2010 Allocation	
Strategy 1 **Health** –Outreach and enrollment assistance	$300,000
Strategy 2 **Health-** Expand Health-E App internet use for families	$200,000
Strategy 3 **Health-** Dental fluoride varnish and checks	$342,700
Strategy 4 **Health-** Comprehensive screenings	$657,300
Strategy 5 **Quality-** T.E.A.C.H.	$126,000
Strategy 6 **Quality-** Wage Enhancement	$500,000
Strategy 7 **Quality-** *Quality First!*	$462,000
Strategy 8 **Quality-** Behavioral health consultation	$550,000
Strategy 9 **Family Support-** Early intervention/home visiting	$4,791,000
Strategy 10 **Communication-** Community awareness and mobilization campaign	$253,786
Regional Needs & Assets	$33,000
Evaluation	$253,786
Subtotal of Expenditures	$8,469,572
Fund Balance (undistributed regional allocation in SFY2010)*	$0
Grand Total (Add Subtotal and Fund Balance)	$8,469,572

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)
Population Based Allocation	$8,469,572	$8,469,572	$8,469,572
Fund Balance (carry forward from previous SFY)	N/A	$0	$0
Expenditure Plan	**FY 2010**	**FY 2011**	**FY 2012**
Strategy 1	$300,000	$300,000	$300,000
Strategy 2	$200,000	$200,000	$200,000
Strategy 3	$342,700	$342,700.00	$342,700
Strategy 4	$657,300	$657,300	$657,300
Strategy 5	$126,000	$126,000	$126,000
Strategy 6	$500,000	$500,000	$500,000
Strategy 7	$462,000	$462,000	$462,000
Strategy 8	$550,000	$550,000	$550,000
Strategy 9	$4,791,000	$4,791,000	$4,791,000
Strategy 10	$253,786	$253,786	$253,786
Regional Needs & Assets	$33,000	$33,000	$33,000
Evaluation	$253,786	$253,786	$253,786
Subtotal Expenditures	$8,469,572	$8,469,572	$8,469,572
Fund Balance (undistributed regional allocation)	$0	$0	$0
Grand Total	$8,469,572	$8,469,572	$8,469,572

Discretionary and Public/Private Funds

- Based on SFY2010 and three year expenditure plans provide recommendations for use of discretionary funds and/or plans to raise public or private dollars for Regional Council's strategic plan.