



Arizona Early Childhood Task Force

**First Things First (FTF)**

**Early Childhood Systems Building Task Force**

**February 9, 2010**

**9:30 a.m. – 12:30 p.m.**

**Hilton Garden Inn**

## **MEETING MINUTES**

### **Welcome and Introductions 9:30 a.m.**

Nadine Mathis Basha, Task Force Chairperson, called the meeting to order, welcomed those in attendance, and asked them to introduce themselves.

### **Historical Overview of Early Childhood in Arizona/Purpose, Roles, and Responsibilities of the Task Force**

Ms. Basha provided background information on prior efforts to support early childhood in Arizona, leading up to the passage of Proposition 203 and the creation of First Things First (FTF). She referred Task Force members to the copies of related plans and reports in their meeting binders.

Ms. Basha explained that the purpose of the Task Force is to establish a vision and model for Arizona's early childhood development and health system and then to develop recommendations for the role and priorities of FTF. Recommendations will be submitted to the Early Childhood Development and Health Board by June 2010.

### **Review of the Process**

Task Force Facilitator, B. J. Tatro, reviewed the meeting schedule and expected results for each meeting. Dr. Tatro explained the process for soliciting input and feedback from Task Force members, Regional Council members, and interested others between Task Force meetings. Documents will be posted on the FTF website and comments encouraged.

### **Vision for Early Childhood Systems in Arizona**

Task Force members recorded then shared their individual thoughts about a desired future for Arizona's early childhood development and health system and compared these to several vision statements from prior Arizona efforts and those from some other states. Following is a summary of the key ideas that were shared.

## The system

- Arizona has a premier, world-class early childhood development and health system.
- The overall early childhood development and health system balances all aspects of development and health, e.g., social, emotional, cognitive, physical.
- Roles and responsibilities of those in the system are clear, but they work together so that each aspect of the system can do what it is designed to do and does best; the system is characterized by strong collaboration and use of “collective intellect.”
- The overall early childhood development and health system and its components are well-funded and sustainable.
- There is a demonstrated commitment to quality in services, supports, and system functioning.
- The overall early childhood development and health system includes both public and private interests.
- The system is: integrated/articulated/seamless, efficient, effective, accessible, affordable, statewide, far-reaching, well-communicated, driven by those affected by it (children and families), responsive, innovative, developmentally appropriate, and culturally appropriate/sensitive.
- Decision making is based on an assessment of needs/assets, research, evaluation, and experience.

## Target population

- “All children” means ALL children; the system and its components are inclusive.
- The system addresses issues that start even before birth (prenatal) and links to post-early childhood systems; it is clear that attention to young children has lifetime implications.
- Those children who are most vulnerable are protected.
- Parents and caregivers are included.

## Access

- All Arizona children have access to health and early childhood services.
- Arizona families have what they need to support the development and health of their children.
- Educare-type settings with a variety of options are available to Arizona’s young children and their families.

## Outcomes

- All Arizona children start life healthy and with every opportunity to succeed.
- Each child reaches his/her potential.
- Each child is healthy, capable, and confident in school and in life.
- Children and families feel valued.
- The cycle of reliance is broken; there is a new sense of personal responsibility.
- Communities are successful.

### The workforce

- Those who support the development and health of Arizona’s children are well-educated and well-paid.
- There are high statewide standards for professional education.
- Those in the field have the technical assistance and support they need to be successful.

### Public awareness and engagement

- Arizonans are aware of the importance of supporting early childhood development and health and are committed to this; they know that the village does not survive if young children are not valued and their development and health supported.

### Priorities

- Areas most critical to the development and health of young children and their families are addressed first.

The Task Force members discussed the implications of these visionary statements for the planning process. Following is a summary of their conclusions.

- The vision is huge; this suggests that the Task Force will need to do some prioritizing in order to create a plan that has the possibility of success.
- There will need to be sufficient resources for implementation of priorities.
- The system that is created must be scalable and sustainable.
- All State agencies that serve young children and their families will need to be engaged in the process, as will private entities. Each has an important role to play.
- In order to be accountable, the system will need to be performance-driven and outcome-based; that is, outcomes will need to be specified (overall, within each component, and at both state and local levels), and a process for monitoring progress toward them put into place.
- In order to create the system that is envisioned in a reasonable period of time, it will be necessary to cut through the “red tape” that might otherwise impede forward movement.

### **Presentation: Systems Building Models**

Consultant Karen Ponder provided information on national and state level work related to building early childhood systems. She defined an early childhood system as “an organized, inter-related network of elements, programs, and services for all children” and talked about the importance of creating a system. She noted that an effective system is comprehensive, accessible for children and families, scalable, outcome-focused, and accountable, and then presented some models for the Task Force’s consideration. Ms. Ponder spoke about challenges the Task Force is likely to encounter and shared lessons learned from her work in other states. In her response to questions following her remarks, Ms. Ponder underscored the important link between early childhood development and economic development at the state level.

## The Arizona Systems Model

### Components

Task Force members started their discussion of the components of an early childhood development and health system with the four depicted in a diagram shared by Ms. Ponder—early learning; family support; special needs/early intervention; and health, mental health, and nutrition. Some of the key elements of the discussion were as follows:

- *The four components are not mutually exclusive.* Some initiatives/programs address more than one of these. Some agencies address more than one of these components. All agreed with these observations.
- *The components are not all in the same stage of development.* Some are farther along in terms of development than others. Some were close to being brought to scale, but have lost ground with recent budget cuts.
- *Some of the components already have an identified lead agency/organization or focus, whereas others have many involved agencies/organizations.*
- *Every child and family is different.* They may need/want different types and levels of support in the component areas.
- *Special needs/early intervention is not a separate component.* There were different points of view on how to depict this, but agreement that the Arizona model should neither create the perception nor promote the reality of exclusion of children with special needs and/or children who are receiving early intervention. It was noted that the goal of early intervention is to close the gap in the early years in order to promote the child's success in school and in life.
- *The domains of social, emotional, cognitive, and physical development should be addressed in the Arizona early childhood development and health systems model.* There was discussion about how this fits with the components of early learning, family support, and health. There was agreement that the model should not reinforce segregation of the components, but more thought is needed about how to depict and talk about the components in relationship to the domains. This has implications for how services and supports are funded, too.
- *For each component, the model should identify who the target audience is and where transactions occur.* Reference was made to the pyramid model that FTF has used in the past; the model shows that some approaches are universal, some are targeted to reduce potential risks, and others are focused on ameliorating conditions that already exist. Transactions can occur in the home, in a child care center, in a physician's office, etc.

### Infrastructure

Task Force members reviewed the aspects of the infrastructure included in a model presented by Ms. Ponder. These included: governance, standards, research and development, financing, consumer education and family support, monitoring, and provider/practitioner support.

After discussion, Task Force members highlighted the following for inclusion in the Arizona model. These are the system aspects that are needed for each component and across the system taken as a whole.

- Governance
- Financing (adequate and secure funding)
- Workforce (including pre- and in-service education in all domain areas, ongoing technical assistance and other supports)
- Standards and monitoring (at all levels)
- Research/evaluation and development (research mainly applied, plus data collection, analysis, and utilization for planning and other purposes)
- Public awareness
- Technology support
- Leadership

### ***Characteristics of the Arizona Early Childhood Development and Health System***

The characteristics were mentioned during the discussion of vision earlier in the meeting and were referenced throughout the day. Following is a recap of the desired systems characteristics identified by the Task Force.

- Equitable statewide (not simply in terms of funding)
- Nimble
- Clear and simple for families and all others to understand
- Coherent, integrated, articulated, seamless
- Well-communicated, widely recognized
- Publicly supported
- Easy to access
- Reliable/trustworthy
- Possible
- Collaborative (vested collaborative partners committed to system success)
- Inclusive and respectful (in all aspects, not only services; seeks out input and feedback)
- Driven by those affected by the system
- Strengths-based (built on assets)
- Resilient
- Healing
- Developmentally appropriate
- Culturally appropriate/sensitive
- Quality
- Accountable
- Courageous
- Inspiring
- Responsive to children and families

- Transparent
- Data-based (models and assumptions are tested; decisions are made based on needs/asset assessments; outcomes are specified and measured)
- Scalable
- Sustainable
- Efficient
- Effective
- Accessible
- Affordable
- Far-reaching
- Innovative

### **Next Steps/Information Needed for the Next Meeting/Meeting Evaluation and Reflection**

Meeting notes will be prepared and posted on the website for review, along with any documents prepared for the next meeting. Comments will be solicited.

Task Force members completed a Meeting Evaluation and Reflections form to help guide planning for the next Task Force meeting.

For the next meeting, Task Force members requested the following documents:

- North Carolina longitudinal data
- Information on the FTF data system
- Arizona population data

The next meeting will be March 9 from 9:30 a.m. until 12:30 p.m. at the Hilton Garden Inn. At that meeting, the Task Force will review the draft vision statement and the draft Arizona early childhood development and health systems model, identify systems outcomes, and begin discussion of FTF's role (time permitting).

### **Adjourn**

Ms. Basha adjourned the meeting at 12:30 p.m.