



# FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Navajo/Apache Regional Partnership Council

Allocations and Funding Sources	2013	Recommendations to the Board - FY13 Strategies and Allotments
<b>FY Allocation</b>	<b>\$1,260,632</b>	
Population Based Allocation	\$687,545	
Discretionary Allocation	\$417,706	
Other (FTF Fund balance addition)	\$155,381	
<b>Carry Forward From Previous Year</b>	<b>\$650,973</b>	
<b>Total Regional Council Funds Available</b>	<b>\$1,911,605</b>	
Strategies	Proposed Allotment	
Learning Labs	\$300,000	Hold for approval until the business plan is completed in June 2012 and resubmit to the board for approval
Recruitment into Field	\$90,000	Recommend approval
Scholarships non-TEACH	\$15,000	Recommend approval
Quality First <i>(Statewide)</i>	\$49,693	Recommend approval
Child Care Health Consultation <i>(Statewide)</i>	\$7,560	Recommend approval
Scholarships TEACH <i>(Statewide)</i>	\$6,600	Recommend approval
Quality First Child Care Scholarships <i>(Statewide)</i>	\$182,976	Recommend approval
FTF Professional REWARD\$ <i>(Statewide)</i>	\$13,500	Recommend approval
Care Coordination/Medical Home	\$600,000	Recommend approval
Home Visitation	\$100,000	Recommend approval
Oral Health	\$130,000	Recommend approval
Parent Outreach and Awareness	\$60,000	Recommend approval
Nutrition/Obesity/Physical Activity	\$95,000	Recommend approval
Community Awareness <i>(FTF Directed)</i>	\$30,000	Recommend approval with the line item budget submitted to the CEO for approval
Community Outreach <i>(FTF Directed)</i>	\$63,000	Recommend approval
Media <i>(Statewide)</i>	\$10,000	Recommend approval
Statewide Evaluation <i>(Statewide)</i>	\$34,346	Recommend approval
<b>Proposed Allotment Total:</b>	<b>\$1,787,675</b>	

Total Unallotted	\$123,930	
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**NAVAJO/APACHE REGIONAL PARTNERSHIP COUNCIL**

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

- I. Regional Allocation Summary**  
Funds Available State Fiscal Years (SFY) 2012- 2015
  
- II. Review of SFY 2012 Funding Plan**
  - A. Review of SFY 2012 Priorities
  - B. Strategies and Units of Service Review
  - C. Funding Summary Review
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- III. Three Year Strategic Direction: SFY 2013-2015 Regional Funding Plan**
  - A. Overview: Setting the Strategic Direction
  - B. Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes
  - C. Strategy Descriptions including Target Populations and Funding Levels
  - D. Proposed Funding Summary  
SFY 2013 -2015 Regional Partnership Council Budget

**Section I.****Regional Allocation Summary**

Funds Available State Fiscal Years (SFY) 2012- 2015

**Navajo Apache Regional Partnership Council**

<b>Allocations and Funding Sources</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>FY Allocation</b>	<b>\$1,266,993</b>	<b>\$1,260,632</b>	<b>\$1,263,154</b>	<b>\$1,267,891</b>
Population Based Allocation	\$705,585	\$687,545	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$431,802	\$417,706		
Other (FTF Fund balance addition)	\$129,606	\$155,381	\$1,263,154	\$1,267,891
<b>Carry Forward From Previous</b>	<b>\$1,026,786</b>	<b>\$650,973</b>	<b>\$123,930</b>	<b>\$3,409</b>
<b>Total Regional Council Funds</b>	<b>\$2,293,779</b>	<b>\$1,911,605</b>	<b>\$1,387,084</b>	<b>\$1,271,300</b>

## **Section II.**

### **Review of SFY 2012 Funding Plan**

#### **II A. SFY 2012 Regional Partnership Council Priorities**

The Navajo/Apache Regional Partnership Council approached the strategic planning process for State Fiscal Year 2012 with a desire to improve the most basic, foundational supports for families and children in the Navajo/Apache Region. Working with the findings of the 2010 Needs and Assets Report, the results of the 2010 Community Survey, and the analysis of FY 2010 and FY 2011 agreements, the Regional Council sustained, and brought to greater scale, several strategies that have had positive impacts on children and families. The Regional Council made very deliberate decisions to gradually increase the scope and reach of effective strategies. The Regional Council was clear in its desire to allow ample time for the newly created infrastructure of programs and services to become a system, predicated on the individual pieces of the system functioning well.

The Regional Council has been aware that there is not enough funding to reach every child or every family within the Region; additionally, it was not the role of First Things First to take on every project. This belief shaped the Regional Council's desire to focus on strategies that would impact the foundation that families and children rely upon: access to affordable, quality child care; professional development opportunities; available tools and information for parents to be successful; availability of dental and coordinated health care for young children; and community awareness about the importance of early childhood, the role that First Things First plays, and the importance of building a broad base of community support for our Region's youngest children and their families.

The Navajo/Apache Regional Partnership Council focused on providing increased, effective, professional development opportunities for the early care and education professional community in this Region. Health-related strategies focused on oral health/dental screens and fluoride varnish applications, nutrition and obesity prevention, and care coordination provided an array of programs and services focused on prevention and parental information. Early Literacy continued to be an area of focus for this Regional Council through improving access to early literacy materials and books, and providing parent education and support. Access to quality, consistent child care remained a significant priority for this regional council as well. To address this, several strategies were included in the funding plan to support high quality programs, and to support families in accessing those programs, including Quality First Child Care Scholarships, and Child Care Health Consultation.

## II B. SFY 2012 Strategies and Units of Service Review

<b>Navajo/Apache Units of Service by Strategy</b>		
Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Community Based Professional Development Early Care and Education</b>		
Number of participating professionals	480	288
<b>Recruitment into Field Strategy</b>		
Number of participating professionals	10	0
<b>Scholarships TEACH Strategy</b>		
Number of professionals receiving scholarships	7	7
<b>Learning Labs Strategy</b>		
Number of children served	0	0
Number of participating professionals	15	0
<b>Scholarships non-TEACH Strategy</b>		
Number of professionals receiving scholarships	10	10
<b>Director Mentoring/Training Strategy</b>		
Number of participating professionals	4	4
<b>FTF Professional REWARD\$ Strategy</b>		
Number of incentive awards distributed	10	10
<b>Quality First Child Care Scholarships Strategy</b>		
Number of children receiving scholarships	25	27
<b>Summer Transition to Kindergarten Strategy</b>		
Number of children served	25	0
Number of participating adults	0	0
<b>Child Care Health Consultation Strategy</b>		
Number of center based providers served	10	15
Number of home based providers served	5	0
<b>Oral Health Strategy</b>		
Number of children receiving oral health screenings	1,200	1,200
Number of fluoride varnishes applied	1,200	1,200
Number of participating adults	55	55
Number of participating professionals	0	0
Number of prenatal women receiving oral health screenings	0	0
<b>Care Coordination/Medical Home Strategy</b>		
Number of children served	200	450
<b>Nutrition/Obesity/Physical Activity Strategy</b>		
Number of adults served	110	110
<b>Community-based Literacy Strategy</b>		
Number of books distributed	0	0
Number of children served	0	0
Number of participating adults	110	180

## Navajo/Apache Units of Service by Strategy (continued)

Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Home Visitation Strategy</b>		
Number of families served	200	0
<b>Community Awareness</b>		
No service units		
<b>Community Outreach</b>		
No service units		
<b>Media</b>		
No service units		
<b>Community Mobilization and Capacity Building</b>		
No service units		
<b>Needs and Assets</b>		
No service units		
<b>Statewide Evaluation</b>		
No service units		

**II C. SFY 2012 Funding Summary Review**

<b>FY 2012 Navajo/Apache Regional Partnership Council Funding Plan Summary</b>		
<b>Allocations and Funding Sources</b>	<b>2012</b>	
<b>FY Allocation</b>	<b>\$1,266,993</b>	
Population Based Allocation	\$705,585	
Discretionary Allocation	\$431,802	
Other (FTF Fund balance addition)	\$129,606	
<b>Carry Forward From Previous Year</b>	<b>\$1,026,786</b>	
<b>Total Regional Council Funds Available</b>	<b>\$2,293,779</b>	
<b>Strategies</b>	<b>Allotted</b>	<b>Awarded</b>
Community-based ECE Training	\$20,000	\$20,000
Recruitment into Field	\$21,500	
Scholarships TEACH (Statewide)	\$23,100	\$23,100
Learning Labs	\$240,000	\$81,862
Scholarships non-TEACH (Multi-region)	\$20,360	\$20,360
Director Mentoring/Training	\$65,000	\$65,000
FTF Professional REWARD\$ (Statewide)	\$25,000	\$25,000
Child Care Scholarships (Statewide)	\$180,000	\$180,000
Kindergarten Transition	\$20,000	
Child Care Health Consultation (Statewide)	\$60,000	\$60,000
Oral Health	\$61,000	\$61,000
Care Coordination/Medical Home	\$352,000	\$152,000
Nutrition/Obesity/Physical Activity	\$104,500	\$93,961
Community-based Literacy	\$60,000	\$60,000
Home Visitation	\$100,000	
Community Mobilization and Capacity Building	\$50,000	
2012 Evaluation	\$34,346	\$34,346
Community Awareness (Statewide) (FTF Directed)	\$30,000	\$30,000
Community Outreach (Statewide) (FTF Directed)	\$75,000	\$75,000
Media	\$10,000	\$10,000
Needs and Assets	\$25,000	
To Be Determined		
<b>Total Allotted/Awarded/Expended:</b>	<b>\$1,576,806</b>	<b>\$991,629</b>
<b>Total Unallotted/Unawarded/Unexpended</b>	<b>\$716,973</b>	<b>\$585,177</b>

## II D. Review of Progress

The Navajo/Apache Regional Partnership Council identified the following regional needs, and grouped them in broad categories:

- A need to recruit, educate, and retain a well-educated work force of early childhood professionals,
- A need to increase the availability of, and access to, a variety of high-quality early childhood programs and services,
- A need to expand access to, and availability of high quality parent education and information,
- A need to expand access to preventive health screenings, supports and information,
- A need to expand the capacity of early childhood and family service sector agencies to effectively leverage funding and implement coordinated programming,
- A need to expand the regional and community understanding of the importance of early childhood development and health.

System building efforts over the past three years have been focused on building relationships with government agencies, school districts, the medical community, and social service agencies and programs across the region. The strategies funded by the Regional Council provided the forum to build the capacity of local programs and agencies to be able to implement programming for families and children. This work has taken more time, and progress has been made at a slower rate, than the Regional Council originally envisioned; however, the vision of the Regional Council continues to move forward.

Professional development as a category of strategies received the most focus in state fiscal year 2012, as the Regional Council worked toward developing a network of supports for both the existing early care and education work force, and those who are new to the field. The Navajo/Apache Learning Lab strategy has been the foundational strategy for the professional development lattice that the Regional Council has been building over the past two plus years.

The Regional Council funded a variety of scholarship models to support continuing education of early care and education providers; however, overall utilization has been much lower than expected. Quality First has been a statewide funded strategy in this region for the past three fiscal years, and based on the current program enrollment of 2 centers and 1 home; there are 5 T.E.A.C.H. scholarships available in the region, of which 3 are being used. The Regional Council has funded an additional number of T.E.A.C.H. scholarships each year, of which 2 are being used. In fiscal year 2011, The Professional Career Pathways Project was identified as an additional scholarship model, through the Regional Council's Scholarships non-TEACH strategy. Of the 16 full time scholarships that the Regional Council funded in fiscal year 2011, no Child Development Associate (CDA) Credential assessment units were utilized and only 51 credits were taken among 31 students, which is an average of 1.67 credits per student. Of the 10 full time scholarships that are funded for fiscal year 2012, there are currently 58 credits being taken by 23 students. The Regional Council has been working to move an additional regionally funded scholarship model to implementation through an administrative home that would support college course work toward a Bachelor's or Master's Degree; however, this has not been a successful strategy as an administrative home was never identified. Community Based Training for Early Care and Education Professionals was included in this initial strategic plan to provide community-based education sessions that would lead toward college credit in local communities for early care and education providers who need to complete course work toward their CDA credential. These sessions have been poorly attended, with 190 participants attending 5 series of sessions; this strategy has not reached the Regional Council's intended population of early care and education providers needing to complete their CDA's or Associate's degrees. Retention of well-educated early care and education teachers and directors is a way to support and maintain quality and consistent early care programs. FTF Professional REWARD\$ was included in the strategic plan beginning in state fiscal year 2012

to support incentives for 10 early care and education professionals, early utilization information suggests that awareness of this program is low and it will take some time to ramp up implementation in this region.

The availability and accessibility of quality early care programs for families is a foundational element of the Regional Council's strategic plan. Child Care Health Consultation has been a regionally funded strategy each year with the intent to serve 15 child care providers outside of Quality First participant. Because of the model changes and the resulting financial impacts to grantees conducting this work, the position has not been hired to serve the Navajo/Apache Region. Based on these factors, the Regional Council is no longer funding this strategy at the regional level.

Director Mentoring was added to the strategic plan in fiscal year 2011 to serve 6 child care center directors, or home-based child care providers, with mentoring and support. This strategy was able to reach 1 director for inclusion in the Southwest Human Development Emergent Leaders Program and an additional 22 directors were able to attend a Director Mentoring Seminar that was held in Snowflake. In fiscal year 2012, the target service unit was dropped to 4, and currently all 4 participants are enrolled in the Emergent Leaders Program. This strategy was somewhat effective, but at a very high cost per participant, and will not be continued in state fiscal year 2013.

Quality First Child Care Scholarships have been funded by this Regional Council since fiscal year 2009. It has always been the Regional Council's intent to see this strategy function as a bridge for families and programs, and families and programs should not become dependent on them. The economic reality of this recession is that child care programs are closing because they cannot afford to stay open, as families are increasingly less able to afford the cost of care. Recognizing this financial reality, the Regional Council funded 32 scholarships in fiscal year 2011, and is funding 27 scholarships in fiscal year 2012. There is far more need than funding available under this strategy. Based on model changes for Quality First beginning in state fiscal year 2013, the number of regionally funded child care scholarships will decrease, but the intent of the Regional Council is to maintain the same total number of scholarships.

Summer Transition to Kindergarten was added to the strategic funding plan for state fiscal year 2012 based on the very large number of children who enter Kindergarten each year having had no experience in a center-based program or classroom. The Regional Council's intent was to fund the expansion of an existing Summer Transition program by adding one classroom of students, for summer of 2012. However, the strategic funding plan that the Regional Council has approved does not support a Summer Transition to Kindergarten strategy at this time beyond the end of fiscal year 2012. In light of that, this strategy may not move into implementation, because it currently cannot be funded in future fiscal years.

The Navajo/Apache Regional Partnership Council recognizes parents as their children's best, and first, teachers. Parent education and information in community based settings was implemented in the region focusing on early literacy and nutrition/obesity/physical activity. A competitive grant process was utilized in state fiscal year 2010, but contracts were not successfully awarded through this mechanism. The current contract was entered into for fiscal year 2011 and as such the data that exists does not cover an entire program year. Staff has been hired and are providing parent education sessions at regional Head Start Centers and County WIC offices in a series format, with six sessions being included in each series. It is unclear whether the intended outcomes of the Nutrition/Obesity/Physical Activity strategy will be reached through this strategy and this will be reviewed for state fiscal year 2014.

The Regional Council is very much focused on improving early literacy rates within the region and has tried a few approaches to this work. Reach Out and Read was funded as a regional strategy in fiscal year 2010 and 2011, but was not continued in state fiscal year 2012 because no new pediatric practices could be identified as new Reach Out and Read sites. The Regional Council has also funded a community based literacy project with the Navajo County Library District that has been successful. Early Literacy programming is

implemented through expanded story times and parent education classes, offered in partnership with local Head Start programs, pregnancy centers, Navajo County Libraries, and coordination with community events across the region.

Home Visitation in the view of the Regional Council is a mechanism to reach families on their turf, in a non-threatening and non-judgmental way, with the intent of connecting them to services in the community. The Regional Council has struggled to bring implementation of this strategy to fruition. The Regional Council reviewed this strategy and more clearly defined the target population for this strategy as newborns delivered at our regional birthing hospital. With this population in mind, with a desire to ensure that all families are aware of the resources available within the community, the Regional Council developed an innovative approach to reach families with newborns through a single home visit with the intent of briefly assessing their needs and offering referrals into appropriate community based programs. An agreement is currently approved by the Regional Council and the FTF State Board to conduct this work in fiscal year 2012, with the approval of the Navajo County Board of Supervisors pending. The targeted service number for fiscal year 2012 is 200 families; based on the delay in achieving all necessary signatures, this target number will likely not be reached in fiscal year 2012.

Supporting access to preventive developmental screenings, healthcare and information is addressed through the Oral Health and Care Coordination/Medical Home strategies that have each been included in the strategic plan since its inception. Additionally, the programs being implemented under these two strategies have proven to be among the most successful in reaching their identified target populations, target service numbers, and in obtaining wide-spread community recognition and support. The Oral Health strategy in this region began program delivery in the spring of 2010. Since program delivery began, service numbers have been exceeded and extraordinary data has been submitted to the Regional Council. Since inception, over 1600 fluoride varnishes have been applied. Within this total number, there are 715 first time screens, 304 second time screens, 72 third time screens, and 7 fourth time screens, demonstrating the effectiveness of this strategy.

The Healthy Steps for Young Children National Model has been selected as the Care Coordination model that this Regional Council would like to see implemented in this region, and they have allotted funding to grow this strategy over the course of the past 2 plus years. Healthy Steps for Young Children embeds a child development specialist into the pediatric medical practice to support parents in their relationship with their child's physician. This strategy is intended to provide a link between parents and physicians, and to provide a source of information and support for parents as they parent their children. The data that has been submitted reflect that a duplicated count of 1320 children have received care coordination services through this strategy, representing over 450 families. In the fall of 2011, this strategy was expanded with the specific intention of adding the Newborn Observation of the Healthy Steps for Young Children National Model, and the target population was expanded to reach all newborns over the course of the next 5 years. The expected target numbers for the remainder of SFY 2012 are to reach 125 newborns and their families.

Over the course of SFY 2010 and SFY 2011, the Regional Council identified the need within the region to develop additional sustainable revenue streams and to build-up the infrastructure and capacity of the early care and education community within the region to support efforts to leverage funds into the Navajo/Apache Region. In FY 2012, a Community Mobilization and Capacity Building strategy was funded with the intention of developing the relationships, capacity, and infrastructure to successfully bring outside sustainable funding into the Navajo/Apache Region to support the emerging early childhood development and health system in the region. The strategic funding decisions that the Regional Council made with respect to the next three years do not support this strategy. Community networking, coordination and collaboration will be addressed through unfunded tactics that will be based on cooperative partnerships with grantees and other community agency efforts that are aligned with this strategy's intent.

Specific coordination between funded programs has slowly moved toward fruition in fiscal year 2012 with jointly planned sessions that include early literacy and nutrition education, jointly held Healthy Steps parent education sessions with nutrition education, as well as partnered programming with community agencies holding community events. In the fall of fiscal year 2012, the Navajo/Apache Regional Grantees decided that a community resource fair needed to be held to provide resources for parents of young children in one place, on a Saturday, in a venue that is approachable. They have moved this conversation forward and are in the midst of planning a Family Resource Event for the spring of 2012. This kind of true program collaboration speaks of a new level of trust and cooperation that has developed, and that is an important milestone for this region.

Community Outreach, Awareness and Media were all funded in this region for fiscal year 2011 in support of the FTF state-wide communications plan. A Parent Education and Awareness Coordinator was hired to accomplish the work of raising the profile of FTF in the region, and of increasing the awareness and support of early childhood development and health initiatives. The Community Awareness strategy, various educational reinforcement items and Scholastic Children's books were purchased for distribution at community events, and in partnership with regional grantee projects. Media funds were used to purchase radio flight time, cinema ad space that appeared in Show Low, Lakeside and Holbrook theaters, and grocery store clings that appeared in the Safeway Stores in Pinetop, Show Low and Holbrook. Radio ads played on the top three radio stations in the region. Additionally, the region benefitted from the media buys on cable television from the Maricopa and Pima regions, the radio buys from the Coconino Regions, and the billboard buys from the Navajo Nation and Gila Regional Partnership Councils, resulting in greater than 45,000 media impressions for residents of the Navajo/Apache Region. 147 Champions for Young Children have been identified since fiscal year 2011.

Several lessons have been learned both by the Regional Council, and by our community partners, related to the travel that is necessary to effectively serve the Navajo/Apache Region, and the infrastructure and capacity building needed to meet the intentions of the Regional Council. The Regional Council has engaged in several lengthy, thoughtful and reflective discussions around the over-all target populations that they want to reach, and has looked at the capacity of local programs and agencies to conduct this work, as demonstrated through programmatic, narrative and financial data that has been submitted to the Regional Council. Positive outcomes for kids and long-term change for our region have been the foundation of these discussions, and they have led to a much more targeted strategic plan.

## **Section III.**

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

#### **III A. Overview**

##### **Setting the Strategic Direction**

The Regional Council has identified the same set of regional needs, and is addressing them in the same priority ranking as the previous fiscal year. According to the 2010 Navajo/Apache Needs and Assets Report, 17% of adults over the age of 25 have a Bachelor's degree or higher. The unemployment rate was reported to be 7% across the region as a whole, but in this current economic climate, it has crept higher. In 2000, 22% of families lived at or below the poverty level, and 22% of children under the age of 5 lived in single parent homes whose median incomes were just over \$13,860 in Apache County and \$14,335 in Navajo County. This data points to a very difficult set of circumstances for many families, and children. The foundational approach to addressing this set of indicators within the Navajo/Apache Region has been to focus first on supporting a strong early care and education workforce by making professional development possible. Access to quality, consistent child care is linked to improved outcomes for young children. Additional data points related to school readiness at Kindergarten show that fewer than 50% of incoming students are "at grade level" according to DIBELS scores reported for school year 2008/9, with a low of only 18% being "ready" in the St. Johns Unified School District. There is a clear need to support a well-educated workforce of professionals in order to see early care and education programs that will prepare children to be ready for kindergarten. In the next three fiscal years, this remains a foundational component of the strategic plan.

The second area of focus is in supporting families in being able to access quality child care programs, including strategies that are intended to support early care and education program quality and staff retention. Information from the Navajo/Apache 2010 Needs and Assets Report indicates that in 2008 the average cost for full-day care for infants was upwards of \$30 per day, with care for toddlers and preschoolers being within the \$20-25 range for full-day care. Very few families within the region have only one child, meaning that many families need to access care for more than one child at a time, often times at a cost that is a significant portion of their income. The reality that many parents face is the need to stagger work schedules so that one parent can be home with the children while the other works, or to put together a patch-work of child care supports, because the cost of child care is too high to afford. According to information from the Northern Arizona Association of Governments Head Start programs, in the 2007/2008 school year, of 169 teachers and assistant teachers, only 18 had completed a Bachelor's or other advanced degree. Over 57% had not yet completed their Child Development Associate Credential (CDA). Research shows that when program staff has college level degrees, the quality of the program improves markedly, as well as child outcomes.

A third area of focus is on family support and health and is the most broadly addressed. The Regional Council has designed this strategic plan to utilize the core strategies within this area to maximize their reach within the region, and they have committed to bringing these strategies to scale. According to the Navajo/Apache Regional Needs and Assets Report for 2010, in 2009, there were just over 6000 children aged birth to 5 living in the region, with the total population in 2010 expected to be over 78,500. In 2000, 22% of children younger than age 5 lived in single parent homes with median incomes of \$13, 580 in Apache County and \$ 14,500 in Navajo County, which is well below the state average. For a two-parent household with children younger than 18, the median income was \$20,000 below the state average of \$53,815 for a family of four. The unemployment rate for the region as a whole in 2009 was 7%; however, the economic status of this region has not improved and many families continue to struggle to make ends meet. This region tends to lag behind the rest of the state in economic recovery, and this continues to be the case. High school

graduation rates are generally high; however, only 17% of adults overage 25 hold a Bachelor's level degree or higher.

In 2009, 19% of children in Navajo County and 22% in Apache County were reported as uninsured. Access to health care is a basic necessity, and leads to positive outcomes. In the same year, 56% of all children ages 19-35 months had the recommended set of immunizations while 96% of incoming kindergartners were fully immunized. Information from our regional school districts reflects that more children are coming into kindergarten with newly undiagnosed developmental delays, specifically in the speech/language and social emotional domains, creating classrooms with widely varied readiness levels among students (K. Mannis, Oct 2011). When looking at the available slots for childcare in the region, which numbered 1635 total slots available for child care in 2009, there are a significant number of children who are left un-served by this network. In the region, there are two primary systems that help identify children who are under-immunized, and need developmental screening – pediatricians through regular well-child exams, and early care and education programs through licensure compliance administrative practices involving frequent review, and updates if needed, of each child's immunization record. In reviewing the percentage of un-insured children, and the number of available child care slots in early care and education programs, it is clear that families do not have universal access to these preventive measures. The Regional Council feels strongly that children and families need access to these services, and they have identified the Home Visitation and Care Coordination/Medical Home strategies as the mechanisms to address this universal need.

To continue to gain region-specific insight, additional data collection will again be funded for the Needs and Assets Report to be submitted in state fiscal year 2015, with funds being allotted in fiscal year 2014.

The first priorities that the Regional Council has identified for this strategic planning period are:

- The need to have an educated and well-supported workforce of early childhood professionals, and the need to expand access to, and availability of, a variety high quality early care and education programs and services
- Limited access to, and availability of, high quality, affordable early care and education programs and services
- The need to expand access to, and availability of, high quality and relevant parent education and information
- The need to expand access to preventive health related screenings, supports and information for families
- Need to build the capacity within the early childhood and family service sectors in the region to effectively leverage resources and funding into the region, and to build a streamlined system of high quality supports and services for families
- Limited knowledge and information about the importance of early childhood development and health

The FTF School Readiness Indicators selected that will address these prioritized needs are:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- % of children with newly identified developmental delays during the kindergarten year
- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay

## **Strategic Approach to System Building**

The Regional Council has placed emphasis on a set of strategies within this strategic plan that are focused on newborns, and their parents. Specifically, the Regional Council has allotted a significant portion of their regional allocation each year to the set of strategies that will reach newborns and their parents immediately after delivery, and soon after, through bedside teaching and home visits. The Regional Council has identified the needs within the region to: improve parent awareness and knowledge of the community based services that are available, increase the numbers of children who are enrolled in medical homes, improve the rates of toddlers who are fully immunized, and decrease the numbers of children who arrive at kindergarten with newly diagnosed developmental delays and has identified the Healthy Steps for Young Children national model as the mechanism to address these needs. Healthy Steps is a program model that is funded through the Regional Council's Care Coordination/Medical Home strategy, and it will be implemented in two different ways, a clinic-based model and a community-based model.

The community-based model will serve the target population of newborns delivered to first time mothers, and newborns who are late-term pre-term (older than 37 weeks gestation at birth) and who do not qualify for the Neonatal Intensive Care Program. The community-based Healthy Steps program will offer a bedside visit and a Newborn Observation to every eligible newborn and family to be conducted prior to the infants' initial discharge, at which time the Arizona Parent Kit will be explored with the family, as well as an opportunity to talk through any other patient education material that either parent may want to discuss. Continued enrollment in the community-based Healthy Steps Program that will provide ongoing parent education and support will be offered to all parents who are not already enrolled in Healthy Steps.

The clinic-based Healthy Steps program is planned to be continued in the region, and in fiscal year 2013 the Regional Council will expand the service area for the clinic-based Healthy Steps program to include St. Johns.

The Home Visiting strategy will reach families who are welcoming their second or subsequent child by offering a single home visit to connect those families to resources within the community. Families will be initially identified by OB Department staff at the regional birthing hospital, that will coordinate referral into any programming implemented under this strategy. The intent of the Home Visitation strategy is to be sure that families are connected to the services and supports they need that are already available in the community.

Programming implemented under the Home Visitation and Care Coordination strategies will support the connection between the family and their pediatrician, will work to establish a pediatric medical home if one does not exist for the child or the family by providing information about pediatricians and family practice physicians in the region, and will provide additional parental support and information as requested by the parent. Families may be referred into either of the Healthy Steps programs at the parent's request. The Regional Council intends to build an infrastructure of services that will be offered to all newborns and their families across the region, potentially reaching all children and their families within the next 6 years. Accordingly, these strategies will be maintained, if not expanded, over time to achieve this goal.

The parent education component of Healthy Steps programming will be a natural opportunity to partner with the Parent Awareness and Outreach, Oral Health, and Nutrition/Obesity/Physical Activity strategies

within the strategic plan. These three strategies are intended to provide parental information, tools and resources related to early literacy, oral health and hygiene, and how to shop for, cook and prepare healthy foods that will support overall healthy development. These strategies are implemented as stand-alone programs as well, with services and programs offered in partnership with child care centers, Head Start programs, school district programs, and Apache and Navajo County Public Health Programs. Families are able to access preventive oral health services, information and dental fluoride applications through their child's preschool or child care program, and through the county WIC Offices during monthly visits.

Some child care programs open the oral health screening day up to families from the surrounding community or neighborhood, expanding the reach of this strategy beyond the enrollment of the center. In Heber, the school nurse for the district worked in partnership with the elementary school principle to offer transportation from the local private child care center to the elementary school campus, and worked to make the community's sizable home schooling population aware of the opportunity, thereby reaching all children in the community who were under the age of 5. As this community collaboration has been shared across the region, other early care and education programs are beginning to make their oral health screening days open to children from outside of their program. This represents a level of grass-roots community collaboration and coordination that is new to the region, and has become an example of how to partner across systems to effectively leverage existing funding and resources to maximize a program's scope and reach.

This bundle of strategies will work together to create a network of services, information, preventive oral health and developmental screens, and parental support to give parents the tools they need to support the overall health and development of their child. Children who have the benefit of a healthy early childhood, and whose parents have access to the tools and supports they need, are poised to be ready for success in kindergarten. In fiscal year 2013, tele-dentistry will be an added component to the Oral Health strategy to support the development of an infrastructure to support local pediatric dental care. The tele-dentistry component will involve building collaborative relationships between dentists to build a system of care that families will be able to access locally utilizing an Affiliated Dental Hygienist Practice model. A successful tele-dentistry model involves a significant amount of networking within the dental field, public and community education about how the system works, and how families can access dental care within the system. The expected impact on the school readiness of children will be to increase the number of children who have access to preventive dental care, and decrease the number of children with active dental disease. Within the Navajo/Apache Region, there is one pediatric dentist who holds office hours in the region one week a month, and a few dentists who are willing to see children for preventive care. Establishing a network of tele-dentistry services will significantly increase the capacity of the local dental practice community to meet the needs of children and families within the region, eliminate much of the need to travel to Flagstaff or Phoenix for pediatric dental care.

Supporting quality improvements in early care and education programs, and providing the necessary support for programs to sustain quality improvements they make, as well as provide access to quality child care for families, is another focus of this strategic plan. Quality First has been added as a regionally funded strategy to continue support for the three existing Quality First programs. The Regional Council has included regionally funded TEACH Scholarships since fiscal year 2010, and will continue to support scholars through this model beyond those provided through Quality First. The Professional Career Pathways Project (PCPP)

has been implemented in this region since fiscal year 2011 to support scholars who are unable to utilize TEACH scholarships, and the Regional Council will continue to support this model. These scholarship models will reach different groups of providers, and between them have the capacity to support 23 early care and education scholars to attend college level courses that will move them toward completion of their CDA, or their Associate's Degree. Preparing high school and college students to provide high quality early care, and to work in high quality early care and education programs, is the intent behind the regional Learning Lab, implemented through the Regional Council's Recruitment into the Field strategy. The Learning Lab will provide high quality early care and education that will be available to the community in a full-day, full-year child care program. The Learning Lab will also function as an early childhood dual-enrollment program that high school students can work in to earn both high school and community college credit toward early childhood courses. Fiscal year 2013 is expected to be the initial program implementation year. It is also envisioned that the Learning Lab could function as a regional location for professional development seminars and classes for early care and education staff in the region. As a Quality First eligible program, the Learning Lab, and all other Quality First eligible early care and education programs, will have access to the suite of strategies that are linked to quality through Quality First, including Child Care Health Consultation through the warm line, FTF Professional REWARD\$, and Quality First Child Care Scholarships.

These strategies will support the overall increase in the professional development level of early care and education teachers and staff in the region. FTF Professional REWARD\$ will work to improve staff retention rates through providing an incentive twice each year to reward staff for completing course credits, CDA's and college level degrees. The Learning Lab will provide a pathway beginning with high school classes that articulate to Northland Pioneer College and will move students toward degree completion. Quality First Child Care Scholarships will serve two purposes; to support families' access to quality child care for families that are at or below 200% of the Federal Poverty Line (FPL), and provide financial support to early care and education programs to make and sustain program improvements. The Regional Council does not have the financial ability to support all programs in the region in Quality First, but does intend to support the selected suite of programs and strategies that are within this strategic plan and that are tied to quality through Quality First, so that more early care and education programs can benefit.

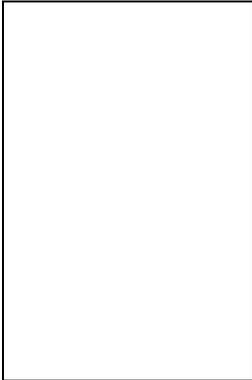
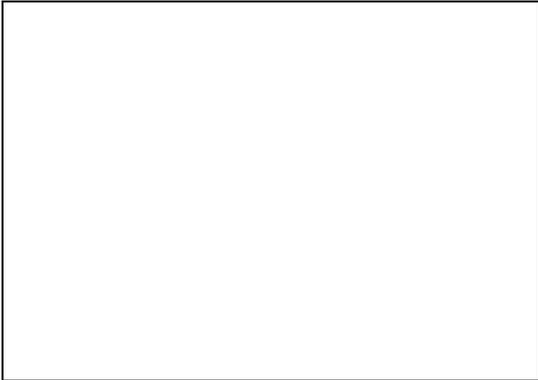
Community Outreach, Awareness and Media will be coordinated and utilized to improve the overall community awareness of FTF, and the financial and political importance of investing in early childhood. All regionally funded programs will be required to provide parent information related to the content of their programs, as well as about FTF. Community awareness materials will be coordinated with regional grantees to maximize their effectiveness. Earned media will be utilized when it is most effective, including publication of Regional Council Meeting Notices, and other Regional Council events. Paid media will be utilized to coordinate with the media buys in other regions to leverage our buy to the fullest extent. As presentations are requested in the region, those that are intended to be related to FTF program goals and the work of the Regional Council will be given by the Regional Director, and those that are about FTF generally will be given by the Parent Education and Community Awareness Coordinator.

**Section III B.**

**Strategic Plan for SFY 2013 – 2015**

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

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>Need for an educated and well-supported workforce of early childhood professionals</p> <p>Limited access to, and availability of, high quality, affordable early care and education programs and services</p> <p>Limited access to parent education and information</p> <p>Need to expand access to preventive health related screenings, supports and information for families</p> <p>Need to build the capacity within the early childhood and family service sectors in the region to effectively leverage resources and funding into the region, and to build a streamlined system of high quality supports and services for families.</p> <p>Limited knowledge and information about the importance of early childhood development and health</p>	<p>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p>% of children with newly identified developmental delays during the kindergarten year</p> <p>#/% of children receiving timely well child visits</p> <p>#/% of children age 5 with untreated tooth decay</p>	<p>Professional Development System – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation. PD-1</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs. EL-3</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children. HLTH-3</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families. HLTH-2</p> <p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources</p>	<p>Learning Labs</p> <p>Recruitment into The Field</p> <p>Scholarships non-TEACH</p> <p>Quality First (including CCHC, CC Scholarships, TEACH)* Additional CC Scholarships Additional TEACH</p> <p>FTF Professional REWARD\$</p> <p>Care Coordination/Medical Home</p> <p>Home Visitation</p> <p>Oral Health</p> <p>Parent Outreach and Awareness</p> <p>Nutrition/Obesity Physical Activity</p> <p>Community Awareness Community Outreach Media</p> <p>Needs and Assets (fy14)</p>



for young children and their families. FS&L-2

Building Public Awareness and Support - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public. PA-1

Statewide Evaluation

(\*) Indicates new strategy for this Regional Partnership Council

**Section III C.**

**Strategy Descriptions including Target Populations and Funding Levels**

<b>Strategy: Learning Labs</b>
<p><b>Strategy Description</b> Utilizes a quality early education program to provide practical experiences for college students enrolled in early childhood degree programs.</p>
<p><b>Strategy Narrative</b> The Learning Lab implemented under this strategy will be a quality early education program that will be a venue to provide hands-on experiences to high school and college students enrolled in dual-enrollment, or college level courses in early childhood. The Learning Lab will also provide a high quality early care and education program that will be open to the community on a full-day, full-year basis, utilizing a tuition schedule.</p> <p>Programming implemented under this strategy will be inclusive to all children, will be high quality, will be Quality First eligible, will pursue national accreditation, and will utilize a curriculum that will align to the Arizona Early Learning Standards. High school and college students who are enrolled in early childhood classes will be able to work in the Lab to gain practical experience in working with young children, their parents, and Lab faculty in all facets of the early care and education program.</p> <p>Scholars who are participating in this Learning Lab will have access to TEACH and Professional Career Pathways Project Scholarships, as well as other financial aid resources they may qualify for. Through partnership with Northland Pioneer College, adjunct faculty will be able to work with participating scholars in the Learning Lab to assist them with completion of financial aid application forms as well as foundation, grant and scholarship application forms and processes.</p> <p>The FTF School Readiness Indicators that this strategy will impact are:</p> <ul style="list-style-type: none"> <li>• #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</li> <li>• % of children with newly identified developmental delays during the kindergarten year</li> </ul> <p>The Learning Lab will function as a local facility to host professional development seminars and trainings for the regional early care and education community, including family, friend and neighbor providers. The Learning Lab will be founded on a network of collaboration between Northland Pioneer College, the Northern Arizona Vocational Institutes of Technology, the Navajo County Educational Service Agency, the First Things First Navajo/Apache Regional Partnership Council, and other regional partners; as such, it will be a visible example of collaboration and coordination between multiple partners.</p> <p>All partners in this project have had their budgets significantly cut over the past two years, and are just now able to evaluate their capacity to commit resources to the Learning Lab. Funding for program implementation is dependent on the business plan being viable, sustainable and approved by the Regional Council, which is due to be completed June 2012. Project staff with the necessary skills, credentials, and experience had been hired, and it is anticipated that the deliverables will be submitted on schedule.</p>
<p><b>Target Population Description</b> High school students enrolled in early childhood dual enrollment programs within home districts that participate in NAVIT, and students enrolled in early childhood courses with Northland Pioneer College, will be eligible to participate in programming under this strategy. The physical location of the Learning Lab may be a limiting factor for some students based on the distance.</p> <p>Currently, high school dual-enrollment early childhood programs are available at Holbrook and Show Low</p>

High Schools, while Blue Ridge High School eliminated their early childhood program as of school year 2011-2012 due to funding cuts to Vocational and Technology Programs. Programming implemented under this strategy will provide an opportunity to reach additional interested high school students, as well as provide a location for internships and apprenticeships that college students may need to complete.

To ensure that a high quality program is provided, for both children attending the program, and high school or community college students utilizing the program, a low target service number of 10 participating adults have been set. It is envisioned that 5 students will participate per semester, and it is reasonable to expect that up to 5 new participating adults might be identified for each subsequent semester. There are an estimated 20 high school students enrolled in each of the two high school early childhood programs in the region. Considering this total pool of students, this strategy will serve at minimum 25% of the pool.

Funding will be allotted for this strategy over the next three fiscal years at a rate of a 20% reduction each year; however, since programming has not yet been implemented and actual expenditures are not known, the full amount of funding is allotted in fiscal year 2013 and the funding allotments in fiscal years 2014 and 2015 are dependent on carry forward funds from previous fiscal years. It is expected that carry forward funds from fiscal year 2012 will be sufficient to fund this strategy adequately in fiscal years 2014 and 2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of children served	0	0	0
Number of participating professionals	10	10	10
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Learning Labs	\$300,000	\$155,000	\$100,000

**Strategy: Recruitment into the Field**

**Strategy Description**

Recruit new early care and education professionals by offering scholarships for higher education.

**Strategy Narrative**

Northland Pioneer College is a significant partner in providing professional development opportunities for the early care and education community. In fiscal year 2013, our partnership with Northland Pioneer College will be expanded to add a faculty member to the Early Childhood Division who will be responsible for teaching CDA modules, advising, and assisting students with financial aid applications and CDA portfolio preparation on-site in the communities of Show Low, St. Johns, and Round Valley. The FTF School Readiness indicator that this strategy will impact is the following:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

This strategy will work to recruit students into the field of early childhood, connect them to scholarship programs and financial aid supports that they may qualify for, as well as solidify the connection between Northland Pioneer College and other funded FTF programs to create a network of programs that early care and education providers can access for college level professional development. This strategy is also intended to drive utilization of TEACH and Professional Career Pathways Project scholarships, so that all available funding streams are utilized within the region.

**Target Population Description**

The pool of eligible participants for programming under this strategy is comprised of high school students enrolled in early childhood programs within the region, as well as program directors, teachers, and staff in regional early care and education programs that are serving infants, toddlers, and preschoolers.

This strategy will serve 30 participating students throughout the region, and will coordinate intentionally with the Learning Lab program to be sure that students served through the Learning Lab have access to an early childhood advisor, are taking the correct CDA modules that will move them toward completion of their CDA or toward completion of their Associate’s Degree, and that they are connected to the scholarship resources that are available.

The total pool of potential participants is derived from an estimated number of staff working in early care and education programs in the region, that do not have access to professional development systems of their own. There are two school district based child care programs with an estimated three potential participants in each program, approximately 10 private center based programs with 5 staff on average, and an estimated 5 group home and home-based programs with staff who may participate. From these programs, there are approximately 65 potential participants. This strategy has the capacity to reach 50% of this pool.

It is expected that carry forward funds from fiscal year 2013 will be used to fully fund this strategy in fiscal year 2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of participating professionals	30	30	30
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Recruitment into the Field	\$90,000	\$90,000	\$75,000

**Strategy: Scholarships non-TEACH**

**Strategy Description**

Provides scholarships for higher education and credentialing to early care and education teachers.

**Strategy Narrative**

The Professional Career Pathways Project (PCPP) has been identified as a scholarship model within the region to support completion of the CDA or the Certificate of Proficiency in Early Childhood. The PCPP will pay for early childhood courses only, and does not pay for general education courses.

The intent of the Regional Council for including this scholarship model is to reach early care and education providers who are not able to access TEACH scholarships, to increase the number of early care and education providers in the region who have a CDA or Associate’s degree. The FTF School Readiness Indicator that this strategy will impact is the following:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

The opportunity to partner with TEACH is significant, and the PCPP Outreach Coordinator will work with the regional TEACH Outreach Specialist to coordinate presentations and outreach efforts to regional programs so that enrolled students understand how to leverage the two programs to move them to degree completion.

**Target Population Description**

The PCPP is available to care providers who volunteer their time to care for children, care for children in their home without pay, or who work fewer than 30 hours a week. Additionally, there is no program or employer participation requirement, making this scholarship model more accessible across the region.

There are an estimated 65 early care and education professionals working in the region that need to earn their CDAs. 21% of this pool could be served through this strategy if enrolled at full time status.

The PCPP has been slow to grow in utilization in this region, but the trend is increasing each year. For fiscal year 2012 the target service number is 14 participating adults; however this does not provide an accurate picture of the overall utilization of these funds. For fiscal year 2013, a total of 4 CDA units and 120 credits will be made available to students who are enrolled in eligible early childhood courses. The target service unit is participating adults, and this has been set at 14 for fiscal years 2013-2015, with level funding each year, unless utilization warrants expansion. It is expected that carry forward funds from fiscal year 2013 will be used to fully fund this strategy, if utilization warrants it, in fiscal year 2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of professionals receiving scholarships	14	14	14
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Scholarships non-TEACH	\$15,000	\$15,000	\$9,000

**Strategy: Quality First**

**Strategy Description**

Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.

**Strategy Narrative**

Quality First is Arizona’s quality, rating and improvement system that will support quality improvements in early care and education programs in Arizona through financial and programmatic efforts. Quality First components in fiscal year 2013 include: program assessment and the development of program improvement plans and identification of program improvement goals, coaching and mentoring for program directors and staff to work through the elements of the program improvement plan, program improvement grant funds to be used for the purchase of materials, equipment, and other items that will help move the program along their program improvement plan. All Quality First participating programs will also have access to TEACH Scholarships to support staff through the completion of their CDA’s or 2-year Associate’s Degrees in Early Childhood, Early Child Development, or related fields. Participating programs will also have access to technical assistance consultants who will be available through a warm-line telephone line, as well as being available to work with the program’s coach to bring more specialized information and support to the program through the use of Child Care Health Consultants, and a technical assistance package that will include Instructional Support, Inclusion of Children with Special Needs, Child Health, and Mental Health Consultation. Participating programs are eligible to receive Quality First Child Care scholarships to provide care to children from families at or below 200% of the federal poverty line. Quality First Child Care Scholarships are also intended to provide financial support for programs to maintain program improvements.

The Regional Council has identified the need to support quality child care options within the region that are accessible to families, especially those who are living at 200% of the federal poverty line. Quality First is included in this strategic plan to maintain the existing supports for the three programs currently

participating in Quality First, as well as to provide access for all programs in the region to FTF Professional REWARD\$ and additional Quality First Child Care Scholarships.

**Target Population Description**

The target population for this strategy is all licensed and regulated early care and education programs; center-based, group homes, and home-based child care providers. To be considered eligible, sites must be licensed by their regulating authority and be in good standing. To receive Quality First Child Care Scholarships, providers must be certified with the Department of Economic Security and eligible to receive child care subsidy payments. Within the region, there are several center-based child care programs, 2 of which are currently participating in Quality First, and 5 of which are on the waitlist for Quality First participation. There are a much smaller number of child care homes, 1 of which is participating currently and 1 is on the waitlist. There are a total of 9 possible participants in the pool, and 33% will be reached through this strategy.

The strategy target population number for Quality First in this region is 2 centers and 1 home; currently, these programs are receiving services through statewide funding. Under this strategy, these programs will be automatically enrolled into Quality First beginning in fiscal year 2013. The Regional Council has chosen to continue support to the currently participating programs, but they have chosen not to serve additional programs, due to the cost of sustaining the investment in Quality First over time.

<b>Target Service Units - Quality First</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	2	2	2
Number of home based providers served	1	1	1
<b>Funding Levels</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Quality First	\$49,693	\$49,693	\$49,693
Child Care Health Consultation	\$7,560	\$7,560	\$7,560
Scholarships TEACH	\$6,600	\$6,600	0
QF Child Care Scholarships	\$182,976	\$142,976	\$92,976
<b>Target Service Units - Child Care Health Consultation</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	2	2	2
Number of home based providers served	1	1	1
<b>Target Service Units - Scholarships TEACH</b>			
Number of professionals receiving scholarships	7	7	5
<b>Target Service Units - QF Child Care Scholarships</b>			
Number of children receiving scholarships	31	24	15

**Strategy: Scholarships TEACH (addition to QF package)**

**Strategy Narrative**

TEACH Scholarships provide a mechanism to improve the professional development status of early childhood teachers and staff, which is linked to greater program quality, and improved outcomes for children. The TEACH Scholarship model uses a financial structure requires a financial contribution from both the program and the staff member, resulting in greater investment in staff on the part of the program, and a related commitment from staff to remain in the center beyond completion of their degree or certificate program.

To be eligible for TEACH, program must make less than \$20.00 per hour, must be working with children for at least 30 hours each week, and must be working for a legally-operating child care provider who is willing and able to fulfill the elements of the model that are required of the program. To be eligible to support

staff through the TEACH scholarship, programs must offer paid release time equal to the number of hours staff is in class each week, give a bonus or raise to the participating staff member at the conclusion of the TEACH contract. For programs that are administratively unable to offer the program components of TEACH to staff, there is an administrative waiver that can be issued. Similarly, if programs are unable to offer paid release time, or the bonus at the completion of the degree path, a financial waiver can be issued, which much be agreed to by both the program and the staff member. Through these measures, participation in TEACH can be more widely available to regional programs.

**Target Population Description**

Currently, there are 2 TEACH scholars who are making progress toward their 2-year Associate’s degrees, and these two scholars will continue to be supported reaching 100% of the pool. However, funds will not be added to this strategy unless a waiting list develops and funds are expended at a rate that would warrant expansion of the strategy. For this reason, 2 additional TEACH scholarships will be funded for the next two fiscal years, and in fiscal year 2015 no funds are planned for additional TEACH scholarships. Utilization of the regionally funded scholarships has not been at the level expected by the Regional Council, so the overall funding allotment has been reduced.

**Strategy: QF Child Care Scholarships (addition to QF package)**

**Strategy Narrative**

Quality First Child Care Scholarships have been included in the funding plan for this region since fiscal year 2009. It has been the intention of the Regional Council to support access to child care for families who are at or below 200% of the federal poverty line, because the cost of child care is often prohibitive for families at this income level. It has also always been the intention of this Regional Council that families and early care and education programs not become dependent on child care scholarships. For this reason, the number of scholarships funded per year has gradually reduced.

Beginning in fiscal year 2013, Quality First Child Care Scholarships are included in the package of financial supports that are made available to Quality First participating programs. For this reason, a significant number of the previously-regionally funded child care scholarships will now be part of Quality First. The Regional Council is cognizant of the economic reality of the early care and education community, and is aware of the significant financial support that these scholarships have provided over the past three years.

**Target Population Description**

The pool of eligible early care and education programs for the Additional Quality First Child Care Scholarships will be the providers who are participating in Quality First, and those programs who are on the Quality First waitlist. Currently, there are 3 participating programs and 6 on the waitlist for Quality First.

In fiscal year 2012, the target service number for Quality First Child Care Scholarships is 27. Currently, these scholarships are going primarily to programs that are enrolled in Quality First, with the remainder going to programs on the Quality First waitlist. Assuming that all currently participating programs chose to remain in Quality First, a total of 13 Quality First Child Care Scholarships will be awarded to those programs. To maintain the overall number of scholarships in the region, the Regional Council will fund an additional 16 Quality First Child Care Scholarships to be distributed to programs on the Quality First Waitlist, and to existing Quality First programs to maintain the number of scholarships they had in fiscal year 2012. In fiscal year 2013, 12 additional Quality First Child Care Scholarships will be made available for centers, and 4 for homes, reaching 100% of the existing pool of participants.

**Strategy: FTF Professional REWARD\$**

**Strategy Description**

Improves retention of early care and education teachers through financial incentives.

**Strategy Narrative**  
 FTF Professional REWARD\$ provides twice annual incentive awards to early care and education providers based on the number of early childhood credits they have completed. In order to be eligible to receive the stipends, staff must have been working for their program, or home-based program, for the previous year and must commit to working in the same center for at least the next two years. In addition, the program or home must be enrolled and participating in Quality First, or on the waiting list.

This strategy will both reward staff for improving their professional development attainment, and will improve employee retention at the program, and will impact the following FTF School Readiness Indicators:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical; and
- % of children with newly identified developmental delays during the kindergarten year

**Target Population Description**  
 The target population for this strategy is all early care and education staff, directors, and owners who work in programs that are either on the waiting list, or are participating in, Quality First and are located within the Navajo/Apache Region. The Regional Council included this strategy in their funding plan in fiscal year 2012, and utilization data is limited.

There are currently 9 programs with staff that may be eligible for incentives under this strategy, with an estimated pool of 40 eligible staff, resulting in 25% of the total pool being eligible.

The target number for fiscal year 2012 is 10; and this target number will be maintained for fiscal year 2013. The unit cost for this strategy has been reduced for fiscal year 2013 based on state-wide utilization and cost information from fiscal year 2011.

Target Service Units	FY 13	FY 14	FY 15
Number of incentive awards distributed	10	10	10
Funding Level	FY 13	FY 14	FY 15
FTF Professional REWARD\$	\$13,500	\$13,500	\$13,500

**Strategy: Care Coordination/Medical Home**

**Strategy Description**  
 Provides children and their families with effective case management, and connect them to appropriate, coordinated health care.

**Strategy Narrative**  
 Healthy Steps for Young Children has been identified by the Regional Council as the program model that will be implemented and supported in the Region through the Care Coordination/Medical Home strategy. This strategy is being implemented in two ways:

- The Clinic-Based Healthy Steps for Young Children program that is currently being implemented through the Federally Qualified Healthcare Clinic (FQHC) in the region that is providing care coordination services to children and families who are patients of the clinic group, and
- The Community-Based Healthy Steps for Young Children programs that will provide Newborn Observations and bedside teaching in the regions' birthing hospital, Summit Healthcare, prior to

the infants’ initial discharge, as well as ongoing enrollment through either the Clinic-Based program, or the Community-Based program, depending on which pediatrician the parents have selected and the desire of the parent to remain in the program.

Participation in all Healthy Steps program components will be open to all families interested in the Region, and will be free of charge. Healthy Steps programming and participation is available to enrolled families until the child turns 6, and for many families this will provide continued participation for additional years, as more children are welcomed into the family.

Healthy Steps for Young Children is a national model that is intended to support the relationship between the parents of an infant and their pediatrician, through the child’s fifth year. The Healthy Steps Specialist will work with parents to connect them to services in the community, conduct developmental screenings on a regular basis, introduce and support early literacy activities through the provision of developmentally appropriate books to the child, and work to be sure that parent’s questions are answered. These care coordination services will address the selected FTF school readiness indicators of:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical;
- % of children with newly identified developmental delays during the kindergarten year; and
- #/% of children receiving timely well child visits

**Target Population Description**

The Regional Council intends to bring this strategy to scale within the region and intends to make these services universally available for newborns, infants, toddlers, preschoolers and their families. Services and supports implemented under this strategy will be offered free of charge for all families who are interested. The birth cohort within the Region are approximately 1000 live births per year delivered at the regional birthing hospital, with an additional number delivered at larger hospitals outside of the region. There are approximately 6500 children 0-5 in the region. Within this overall group, the target number has been set at 800 newborns to be offered ongoing enrollment in the Community-Based Healthy Steps program.

The Regional Council intends to expand the underlying clinic-based program that has been established in the Region by adding the clinic located in St John’s to the group of clinics that offer Healthy Steps, and has therefore set the target service unit number of 600 children to be reached through on-going care coordination offered through the Clinic-Based Healthy Steps program. Newborns who are delivered in other area hospitals will be contacted through relationships with regional pediatricians to offer enrollment in Healthy Steps through either the Clinic-Based, or the Community-Based Healthy Steps programs available in the region.

Services through this strategy will be available to families across the region. Through close coordination between the clinic-based and community-based programs, it is expected that each year a minimum 1400 families and their children will be able to access care coordination services, reaching 21% of children aged birth to age five. It is expected that carry forward funds from fiscal years 2012 and 2013 will be used to fully fund this strategy in fiscal years 2014 and 2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of children served	1,400	1,400	1,400
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>

Care Coordination/Medical Home	\$600,000	\$525,000	\$550,000
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**Strategy: Home Visitation**

**Strategy Description**  
 Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child’s health and early learning.

**Strategy Narrative**  
 A single home visit will be offered under this strategy to parents who are not enrolled in Healthy Steps. The intent of this one-time home visit will be to identify the immediate psycho-social needs of the family and connect them to services in the community. Programming under this strategy will provide referrals for families who need ongoing support into regional Healthy Steps for Young Children, Healthy Families, Arizona Early Intervention, or other community programs that would be applicable. Eligible families will be offered an initial home visit prior to their infant’s initial discharge from our regional birthing hospital. Families will also be connected to a pediatric medical home.

The Regional Council has identified a need to provide a level of community service coordination to families, so that families can be made aware of the resources that are available to them in the region. There is no mechanism currently available to provide this level of service coordination to families who are not already involved in Early Head Start, the Arizona Early Intervention Program, or are receiving services through Child Protective Services and have a case-manager that will make programs and services available to the family. The FTF School Readiness Indicators that will be impacted by this strategy are the following:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical; and
- #/% of children receiving timely well child visits

This strategy will be closely coordinated with the Care Coordination/Medical Home strategy to create a system of programs that will be able to reach all newborns with some level of participation.

**Target Population Description**  
 The total pool of eligible participants for this strategy are those parents who deliver their second, or subsequent child, at Summit Healthcare and that reside within the Navajo/Apache Region, and are not already being served through a Healthy Steps program in the region. All communities within the region can be reached through this strategy, with the initial contact occurring at Summit Healthcare prior to initial discharge.

As of this writing, the agreement for fiscal year 2012 under this strategy has not yet been fully approved by our partner, Navajo County, so there is no data to report. Based on expected implementation beginning in spring 2012, the Regional Council has elected to have the target service unit number remain the same at 150 participating families. Funding for this strategy is planned to be level funded over the next strategic plan, but if utilization warrants, and funds are available, it will be expanded to reach those families who are interested. The birth cohort in the region is approximately 1000 per year; reaching 15% of the total pool.

Target Service Units	FY 13	FY 14	FY 15
Number of families served	150	150	150
Funding Level	FY 13	FY 14	FY 15

Home Visitation	\$100,000	\$100,000	\$100,000
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<b>Strategy: Oral Health</b>
<p><b>Strategy Description</b>                  Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.</p>
<p><b>Strategy Narrative</b>                  The Oral Health programming implemented under this strategy will provide dental screens and fluoride varnishes to children through age 5. This strategy will also provide parents with information related to their child’s oral and dental health, and will triage evident dental health concerns for follow-up with a dentist. Parents will be given this information, along with information related to dentists in the region who are willing to see children. Parents are also given information related to health insurance plans that will cover dental care for young children, and contact information for those plans if parents want to enroll their children, or apply for coverage.</p> <p>For fiscal years 2013-2015, tele-dentistry will be added as a component to this strategy to begin to build a network of dental providers in the region who are willing and able to serve young children. Infrastructure for a tele-dentistry network of services will be supported in fiscal year 2013 that will encompass public education work related to the tele-dentistry network to build community awareness and acceptance of this approach. Services for children, including mobile x-rays and development of treatment plans, will begin in fiscal year 2014 and will continue into fiscal year 2015.</p> <p>The Regional Council has identified the need to make preventive oral health services available for families with young children that can be accessed locally, as well as the need to expand the capacity of dental providers who are willing to serve the region. Work conducted under this strategy will address the FTF school readiness goals of decreasing the number of children with active dental disease, and increasing the number of children who have access to preventive dental care.</p> <p>Early care and education teachers and staff are also receiving oral health education presentations and information, and this component will continue in the following fiscal years. The FTF School Readiness Indicators that this strategy will impact are:</p> <ul style="list-style-type: none"> <li>• #/% of children age 5 with untreated tooth decay</li> </ul>

**Target Population Description**

This is a universal strategy, and all children in the region who have at least one emerged tooth are eligible for participation. To be cost-effective, current program implementation is being conducted in coordination with child care centers, preschools, Head Start programs and other community settings where children and their parents are already present. Several early care and education programs are allowing community members from outside their programs to bring their young children to their scheduled oral health screening days, thereby extending the reach of this program.

The Regional Council will maintain the service numbers for fiscal year 2013 at 1200 oral health screens and fluoride applications provided to children through age 5, and 55 participating adults receiving oral health education. There are approximately 6500 children aged birth through age five in the region; assuming that a child receives three dental screens and fluoride varnishes each calendar year, at minimum this strategy will reach 400 children, which is 6% of the total pool. At maximum, this strategy could reach 18% of the total pool, if all children were screened one time. It is expected that the actual reach will be close to 10%.

The infrastructure work for the tele-dentistry component is planned to be accomplished in fiscal year 2013, and there are no target service unit numbers yet identified. In fiscal year 2013, a Tele-dentistry Program Coordinator will be hired to conduct networking and coordination work within the medical, dental, and early care and education communities, recruit a participating general, or pediatric, dentist to be a part of this network, ensure that sufficient supplies are available and program staff have been trained on the software that will be necessary. The addition of one dentist is planned for state fiscal year 2014, and an additional dentist is planned to be recruited for fiscal year 2015. The costs associated with adding dentists are related to software licenses and technical assistance, which is accounted for in the funding allotment increase in fiscal year 2014. If recruitment is successful of the initial dentist, and additional funds are needed in fiscal year 2015, carry forward funds from fiscal year 2013 will be utilized to adequately fund this strategy in fiscal year 2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of children receiving oral health screenings	1,200	1,200	1,200
Number of fluoride varnishes applied	1,200	1,200	1,200
Number of participating adults	55	55	55
Number of participating professionals	0	1	1
Number of prenatal women receiving oral health screenings	0	0	0
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Oral Health	\$130,000	\$136,000	\$136,000

**Strategy: Parent Outreach and Awareness**

**Strategy Description**

Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.

**Strategy Narrative**

Early literacy programming, provision of materials, and education and information for parents about reading with their child is the focus of this strategy. Programming provided under this strategy will include story times at regional child care centers, group homes, county offices where parents typically come with their children, in partnership with regional libraries to expand the early childhood services that are offered.

Early literacy booths and displays will be supported in this strategy as well, as a mechanism to reach as many parents as possible with early literacy materials and resources. The Regional Council believes strongly in the value of foundational early literacy skills as a primary skill set that children need to have to be ready for school, and intends to support this work at the community level. The Regional Council intends to impact the FTF School Readiness Indicator of:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

**Target Population Description**

Parents are the primary target population pool for this strategy. Programming implemented under this strategy will be made available across the region, and in a variety of settings, to reach parents of young children. The approximate population of children aged birth to age five is 6500, and it is reasonable to estimate the number of parents at 3000, based on the fact that most families have at least 2 children.

Funding to sustain this strategy is available for fiscal year 2013, and it will be funded in fiscal year 2014 through carry forward funds, if they are available. The Regional Council has set the target service unit number at 180 parents for fiscal year 2013. Based on an overall population of 3000 parents, this will reach under 1% of parents.

Programming under this strategy will coordinate with the Care Coordination/Medical Home Strategy through both the clinic-based and community-based Healthy Steps programs, so the effective reach of this strategy is potentially much greater than the target number that has been set for fiscal year 2013.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of parents participating	180	0	0
Number of children participating	N/A	N/A	N/A
Number of books provided	N/A	N/A	N/A
Number of workshops held	N/A	N/A	N/A
Number of resources distributed	N/A	N/A	N/A
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Parent Outreach and Awareness	\$60,000	0	0

**Strategy: Nutrition/Obesity/Physical Activity**

<p><b>Strategy Description</b> Provides health education focused on obesity prevention to children, families and early care and education professionals.</p>			
<p><b>Strategy Narrative</b> Changing parental knowledge and behaviors is the desired outcome of this strategy. This strategy has been in place since fiscal year 2011 and is providing community-based sessions to parents, grandparents and other child care providers, related to healthy nutrition and eating habits.</p> <p>In both Apache and Navajo Counties, the obesity rate is high among the population as a whole. The Regional Council has chosen to address this by expanding its Care Coordination/Medical Home strategy to reach more children through regularly scheduled well-child visits. A well conducted well-child exam should focus on the child’s overall growth and development, which includes height and weight. However, many parents do not have the skills or knowledge to support healthy eating habits in their children, because they themselves do not practice them.</p> <p>This strategy is intended to change parental behaviors in an effort to establish healthy eating, shopping, and cooking habits in their children. While the strategy will be maintained for fiscal year 2013, the Regional Council will re-evaluate its implementation over the next several months to determine inclusion in the funding plan after fiscal year 2013. Information that is provided to parents under this strategy will include the latest My Plate logo and information for identifying appropriate portion sizes for children, as well as information related to the developmental stages that children move through and how those emerging and developing skills impact the foods they are able to eat.</p> <p>Schedules for these sessions will be made available through regional pediatric offices, schools, Head Starts, and other community sites in an effort to reach as many parents as possible, with useful and relevant information that will help them support their child to be ready for school. The FTF School Readiness indicator that will be impacted is:</p> <ul style="list-style-type: none"> <li>• #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</li> </ul>			
<p><b>Target Population Description</b> Programming under this strategy is universally available to parents. Factors that will limit participation are the locations where sessions can be held because kitchen facilities are required, and this creates a limited set of locations for sessions, some with restriction on hours, attendance of children, and the number of participants.</p> <p>Partnerships with North Country HealthCare clinics are underway for fiscal year 2012 which may result in greater participation from parents who are familiar with the clinics. Partnered programming is also underway with the Navajo County Library Early Literacy program to incorporate topic-related developmentally appropriate books and early literacy materials into those sessions.</p> <p>Funding for this strategy is in place for fiscal year 2013 at a level-funded rate, and inclusion of this strategy beyond fiscal year 2013 will be dependent on the Regional Council seeing sufficient outcomes related to parental behavior. An estimated number of parents with children aged birth to age five is 3000; the target service unit number has been set at 200 participating adults, reaching just under 1% of parents.</p> <p>Recognizing that these kinds of behavioral shifts take many years to achieve at the community level, the Regional Council may explore other options for program implementation under this strategy in future years, if funds are available.</p>			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>

Number of children served	0	-	-
Number of participating adults	200	-	-
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Nutrition/Obesity/Physical Activity	\$95,000	0	0

**Strategy: Community Awareness**

**Strategy Description**  
 Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

**Strategy Narrative**  
 The Regional Council will continue its efforts to increase the over-all community awareness of the importance of early childhood. Educational reinforcement items, including children’s books from Scholastic Books, will be utilized in coordination with FTF-fact sheets, presentations, article submissions, and participation in, and sponsorship of, a variety of community events that are focused on early childhood, or are otherwise appropriate venues to reach our audiences.

Distribution of the educational reinforcement items will be coordinated with our regionally funded grantees so that they are distributed appropriately, and we are not duplicating efforts. Regional grantees will be asked to include FTF fact sheets, contact information for the Regional Director, information related to the Regional Council, as well as include the FTF logo and web-site information on all materials that they create and use within their programs.

Presentations will be scheduled to be conducted by either Regional Director, or the Parent Education and Awareness Coordinator, to best meet the needs of the community partner requesting the presentation. Whenever possible, if a Regional Partnership Council Member would be more effective, or could help facilitate the presentation, their assistance will be requested.

**Target Population Description**  
 This is a universal strategy for this region, with the intent to reach beyond the set of existing partners and supporters. In fiscal year 2013, work will be done to maintain and strengthen the existing relationships with K-12 school districts, the community college, and the pediatric medical community, while working to build stronger relationships within the business and faith-based communities.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
There are no target service units	N/A	N/A	N/A
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Community Awareness	\$30,000	\$10,000	\$30,000

**Strategy: Community Outreach**

<b>Strategy Description</b>			
Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
<b>Strategy Narrative</b>			
A Parent Education and Community Awareness Coordinator has been identified as the mechanism to implement this strategy, and the position will be continued over the next three years at .75 FTE. This position will work in concert with the Regional Council, and the Regional Director, to work in the region to build awareness of the importance of early childhood and a general community awareness of FTF, and the work of the Regional Council. This position will participate in community events, host FTF information tables, give presentations, attend community meetings related to early childhood, and will partner with other regionally-funded grantees and programs to increase awareness of FTF.			
The Regional Council recognizes the continued need to expand the community’s awareness of early childhood development and health, and its vital importance to the economic, social, and physical wellness of our communities. Great strides have been made in the overall recognition FTF by community partners as evidenced by their greater attendance at Regional Partnership Council meetings, as well as the marked increase in the number of invitations and requests that we receive to conduct presentations and participate in community events. Additionally, staff has been invited to join a variety of Advisory Councils, Community Coalitions, and other groups to represent FTF and early childhood. There is also increased desire to partner with FTF funded programs, and with the Regional Council, to create community-level partnerships that can serve greater numbers of children and families with a wider array of services.			
<b>Target Population Description</b>			
This is a universal strategy for this region, with the intent to reach beyond the set of existing partners and supporters. In fiscal year 2013, work will be done to maintain and strengthen the existing relationships with K-12 school districts, the community college, and the pediatric medical community, while working to build stronger relationships within the business and faith-based communities.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
There are no target service units	N/A	N/A	N/A
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Community Outreach	\$63,000	\$63,000	\$63,000

<b>Strategy: Media</b>
<b>Strategy Description</b>
Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
<b>Strategy Narrative</b>
In the Navajo/Apache region, cinema and radio are the primary media that will be used for our paid media efforts, with additional earned media received from the <i>White Mountain Independent</i> , the <i>Maverick Magazine</i> , and a substantial list of Champions who are willing to spread messages and information.
The Regional Council has given approval to utilize up to 10% of the approved funding allotment for this strategy to be used for social media efforts over the next fiscal year.
<b>Target Population Description</b>
This is a universal strategy intending to reach the community in general, and parents, child care providers, members of the business, faith-based, and education communities specifically.

Target Service Units	FY 13	FY 14	FY 15
There are no target service units	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Media	\$10,000	\$10,000	\$10,000

Strategy: Needs and Assets			
<b>Strategy Description</b> Biennial, overall assessment of data on opportunities and challenges for children zero through five and their families undertaken to inform regional strategic planning. This is additional funding for specific enhancements to the baseline regional report.			
<b>Strategy Narrative</b> The Regional Council has identified the need to obtain additional, primary-level data about the communities in the region. For the next Needs and Assets cycle, funds are allotted for fiscal year 2014, and will be utilized to conduct a community survey of parents. Analysis of the survey data, and related recommendations, will be requested as well so that the Regional Council will be able to utilize the information gathered in their decision making process for fiscal year 2016.			
<b>Target Population Description</b> Data collection efforts will be region-wide to gain a better understanding of the region as a whole, as well as understanding difference at the community level.			
Target Service Units	FY 13	FY 14	FY 15
There are no target service units	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Needs and Assets	0	\$25,000	0

Strategy: Statewide Evaluation			
<b>Strategy Description</b> Statewide Evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples include: the baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			
<b>Strategy Narrative</b> First Things First has, and is growing, a multi-level system of research and evaluation strategies designed to be responsive to the informational needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Councils, and Arizona citizens. The research and evaluation system is designed to provide both depth and breadth of high quality information, from collecting programmatic data to evaluating the overall impact of the First Things First Early Childhood System model. The system provides a framework for conducting statewide and regional studies centered on identifying current and changing needs of families and children birth to five, and the impact of programs and strategies across all First Things First priority areas. The First Things First research and evaluation system is a knowledge building system, designed to advance the understanding of needs, activities, and effectiveness. Individually and collectively, research and evaluation strategies generate data and findings which can be used to identify trends and changes in school readiness indicators and therefore to support strategic planning and decision-making			

which promotes the health and well-being of young children.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
No target service units identified for this strategy			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
Statewide Evaluation	\$34,346	\$34,346	\$34,346

**Section III D. Proposed Funding Summary**

SFY 2013 - 2015 Regional Partnership Council Budget

<b>FY 2013 - 2015</b>			
 <b>FIRST THINGS FIRST</b> <i>Ready for School. Set for Life.</i>	<b>Navajo/Apache</b>		
	<b>Funding Plan Summary</b>		
	Allocations and Funding Sources	2013	2014
<b>FY Allocation</b>	<b>\$1,260,632</b>	<b>\$1,263,154</b>	<b>\$1,267,891</b>
Population Based Allocation	\$687,545		
Discretionary Allocation	\$417,706		
Other (FTF Fund balance addition)	\$155,381	\$1,263,154	\$1,267,891
<b>Carry Forward From Previous Year</b>	<b>\$650,973</b>	<b>\$123,930</b>	<b>\$3,409</b>
<b>Total Regional Council Funds Available</b>	<b>\$1,911,605</b>	<b>\$1,387,084</b>	<b>\$1,271,300</b>
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Learning Labs	\$300,000	\$155,000	\$100,000
Recruitment into Field	\$90,000	\$90,000	\$75,000
Scholarships non-TEACH	\$15,000	\$15,000	\$9,000
Quality First	\$49,693	\$49,693	\$49,693
Child Care Health Consultation	\$7,560	\$7,560	\$7,560
Scholarships TEACH	\$6,600	\$6,600	0
Quality First Child Care Scholarships	\$182,976	\$142,976	\$92,976
FTF Professional REWARD\$	\$13,500	\$13,500	\$13,500
Care Coordination/Medical Home	\$600,000	\$525,000	\$550,000
Home Visitation	\$100,000	\$100,000	\$100,000
Oral Health	\$130,000	\$136,000	\$136,000
Parent Outreach and Awareness	\$60,000	0	0
Nutrition/Obesity/Physical Activity	\$95,000	0	0
Community Awareness	\$30,000	\$10,000	\$30,000
Community Outreach	\$63,000	\$63,000	\$63,000
Media	\$10,000	\$10,000	\$10,000
Needs and Assets	-	\$25,000	-
Statewide Evaluation	\$34,346	\$34,346	\$34,346
<b>Proposed Allotment Total:</b>	<b>\$1,787,675</b>	<b>\$1,383,675</b>	<b>\$1,271,075</b>
<b>Total Unallotted</b>	<b>\$123,930</b>	<b>\$3,409</b>	<b>\$225</b>