



**Arizona Early Childhood Development & Health Board
Central Phoenix Regional Partnership Council**

Meeting Minutes – January 29, 2014

Call to Order

The Regular Meeting of the First Things First, Central Phoenix Regional Partnership Council was held on Wednesday, January 29, 2014 at Carnegie Center, 1101 West Washington, Phoenix, Arizona 85007.

Chair Urvater called the meeting to order at 9:01 a.m.

Members Present

Toby Urvater, Chair
Chris Tompkins
Rev. Jan Flaaten
Jessica Jarvi
Jacqueline Schlosser (Teleconference)
Kimulet Winzer
Karen Stewart

Members Absent

Nicole McNeil
Ginger Ward

Consent Agenda

Chair Urvater called for a motion to approve the Regular Meeting Minutes of November 20, 2013. Member Flaaten moved to approve the meeting minutes as presented. Member Tompkins seconded. Motion carried.

Call to the Public

No Call to Public.

SFY14 Program Implementation

Director Simms reviewed the Central Phoenix Contract Detail with Service Units report for SFY14. She stated that they are viewing the quarter one data showing expenditures up to January 15, 2014 and most of the contracts are on par up to 25%. She then reviewed the Contract Detail report for FY2014. She stated that we are little bit more than half way through the year and expenditures are between 30% to 60% expended and most contracts are on par for this time of the year.

SFY15 Program Implementation

Director Simms reviewed and discussed the process for grant renewals and RFGA's for FY15. She shared information with the Council on the options for grant renewal decisions and reviewed the list of eligible grants for FY15 funding. The Council reviewed the list and directed staff to move forward with renewal application letters to those grantees. The Council will release only one RFGA. Director Simms briefly reviewed the RFGA process and the timeline for this RFGA.

Community Outreach Report

Community Outreach Coordinator Susana Ibarra provided an update to the Council on outreach efforts in the region and efforts to move the revised Statewide Communications Plan.

Director's Report

Director Simms provided the following updates to the council:

- Council member recruitment and appointment for regional council service for July 1, 2014 begins now with first review of applications beginning March 17.
- As part of the ongoing grant program monitoring, in this fiscal year there have been two Quality Assurance site visits. As typical for quality assurance process, each agency was found to have significant strengths and some areas of development. Director Simms met with Chair Urvater and Vice Chair Tompkins to review the information on the programs. Each grantee will now respond to our

required areas of development. Information garnered through quality assurance will be integrated into the ongoing monitoring and updates to the council.

- Director Simms is working with two rural Regional Directors Gila County and Gila River Indian Community in conjunction with the an staff workgroup on health related strategies, providing input on the Care Coordination/Medical Home Strategy Standard of Practice. As part of that effort, she toured programs in central Phoenix and in Pinetop and Holbrook. It was helpful to review the varied, local approaches taken to ensure that families are connected to needed services.

-In her work to make stronger connections with the local faith community, Director Simms had opportunity to attend a presentation on "Safe Families." This model is being introduced as a partnership with the state and child welfare system and faith communities.

Council Member Updates

Chair Urvater updated the Council on the First Things First Board meeting held on January 22, 2014. The FY15 Regional Funding Plans for the Phoenix Regions were presented by the chairs and vice chairs of the councils. The presentation included information on the planning and the cross-regional work to move plans from the current three regional areas into two new regional plans. Funding plans were approved and council members will receive copies of the two plans in the coming week.

Chair Urvater requested that council members email Director Simms with any requests for future agenda items.

Member Jarvi provided an update on the regional process. The cross regional committee has completed their work on determining benchmarks for the available data. There will next be information on those brought forward to council, then an opportunity for community review and input, then back to regional councils for review. The areas of benchmarking at this time include FTF Indicator 2: number of children in quality care; and Indicator 10: number of families competent and confident with their ability to support their child's development.

Member Winzer provided an update on the 2014 Regional Needs and Assets process. She stated that the progress report on data collection and outline was provided and the project timelines are being met. The draft report is on track to be available in April.

Next Meeting

Next meeting to be held: February 26, 2014, Location to be determined

Adjournment

Chair Urvater adjourned the meeting at 11:05 a.m.

Respectfully Submitted,

Dated this 11th day of February, 2014

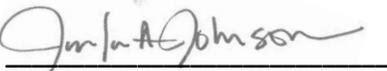
ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

Central Phoenix Regional Partnership Council



Julia Chavez

Administrative Assistant



Jennifer Johnson

Sr. Director, Regional Partnership Councils

Toby Urvater
Chair



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Arizona Early Childhood Development & Health Board

Central Phoenix Regional Partnership Council

MINUTES

1. Call to Order

The Special Meeting of the Central Phoenix Regional Partnership Council was held Monday, February 3, 2014, at 1:00 p.m. The meeting was held at First Things First, 4000 North Central Avenue, Suite 800, Board Room, Phoenix, Arizona 85012.

Council Chair Toby Urvater called the meeting to order at approximately 1:09 p.m. and welcomed public attendees and Council Members. Introductions were held.

Members Present

Toby Urvater, Chair (teleconference)
Chris Tompkins, Vice Chair (teleconference)
Jan Flaaten
Jacque Schlosser
Ginger Ward
Jessica Jarvi (teleconference)
Karen Stewart (teleconference)

Members Absent

Nicole McNeil
Kim Winzer

2. SFY15 Strategy Implementation-Family Support Coordination

Toby Urvater, Chair

Chair Urvater explained to the Council that they are going to review the strategy of the Family Support Coordination. She reminded the Council of previous discussions regarding this contract and service units and in which direction to take in FY15 Implementation.

Director Simms explained to the Council that the Family Support Coordination seven contracts were not included in the list of contracts eligible for renewal that the Council voted on at the January 29, 2014 meeting. Staff has had the opportunity to review the original RFGA that was released for this strategy and these contracts are actually eligible to receive a renewal application in FY15, if the Council chooses to do so.

Council Member Ward declared a conflict of interest with the strategy and did not participate in the discussion.

After council discussion, Chair Urvater directed staff to move forward with the renewal process for the Family Support Coordination grantees.

3. Next Meeting: February 26, 2014
Location: TBD

Rana Simms, Regional Director

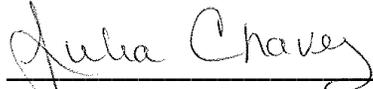
4. Adjournment

Chair Urvater adjourned the meeting at 1:20pm.

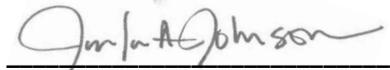
Dated this 18th day of February 2014

ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD

South Phoenix Regional Partnership Council



Julia Chavez, Administrative Assistant



Jennifer Johnson, Sr. Director, Regional Partnership Councils

Toby Urvater, Chair

**Maricopa/Phoenix Cross-Regional Benchmarking Process
and
February 2014 Committee Recommendations to Councils, to move to public vetting**

Summary of Recommendations

Indicator 2 – Children in Quality Early Care and Education

Benchmark A is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in an early care and education program with Quality First rating of 1-5 stars. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in Quality First programs.

Benchmark B is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in all regulated early care and education. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in regulated child care or preschool settings.

The committee's recommendations to councils and to public vetting.

Benchmark A:

72% of children enrolled in an early care and education program (enrolled in Quality First) with a Quality First rating of 3-5 stars by 2020.

21,500 children enrolled in early care and education program with a Quality First rating of 3-5 stars out of 29,921 participating in Quality First overall.

Benchmark B:

29% of children enrolled in an early care and education program (of all regulated programs) with a Quality First rating of 3-5 stars by 2020.

Indicator 10 – Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being.

The committee's recommendation to councils and to public vetting.

50% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.

Cross-Regional Benchmark Process: Maricopa/Phoenix Regional Councils

For the Maricopa and Phoenix Regional Councils¹, many (4 of 8) councils selected Indicator Number 2: “Children enrolled in an early care and education program with a Quality First rating of 3-5 stars” and all regions have selected Indicator Number 10: “Families competent and confident about their ability to support their child’s safety, health and well-being” as priorities for their regional areas². Because of certain commonalities and the nature of the communities across Maricopa County (i.e. shared/ county-wide data, families who access services across regional areas), cross-regional decision making was determined to be appropriate and is an opportunity for the regions to think and work together toward our common vision.

The work of the Maricopa/Phoenix Cross-Regional Benchmark Committee was to determine recommendations to take back to the Regional Councils on countywide benchmarks that the councils will work collaboratively to achieve by 2020. Each Regional Council will review all benchmarks set by the Committee, but will vote to support or reject only those indicators selected by that individual Council as priorities.

North and South Phoenix, Northeast and Northwest Maricopa have selected Indicator 2. And all Councils (North, South and Central Phoenix; and Central, Northeast, Northwest, Southeast and Southwest Maricopa) have selected Indicator 10.

The South Phoenix Council participated in the joint planning process with the other Maricopa and Phoenix regions. But additionally, South Phoenix will independently set benchmarks for Indicators 6 and 7, as no other councils have prioritized these indicators.

¹ note: For this particular cross-regional work, Salt River Pima Maricopa Indian Community and Gila River Indian Community regions are not included. They will work separately to set benchmarks.)

² note: As the data are made available, the cross-regional committee will make also make recommendations for Indicators 1: Children demonstrating school readiness at kindergarten entry in the developmental domains of social-emotional, language and literacy, cognitive and motor/physical; and 8: Children receiving timely well child visits; and 9: Children age five with untreated tooth decay.

Overview of Benchmarking

The first Maricopa Cross-Regional meeting was an overview of benchmarking. Dr. Amy Kemp reviewed the intent of the School Readiness Indicators and benchmark data sources as well as the approach to setting benchmarks in Maricopa regions. At the conclusion of the meeting, staff and committee members were comfortable with the approach and a goal of making a benchmark recommendation at the next meeting.

Supporting materials are attached.

Indicator 2 – Children in Quality Early Care and Education

The committee met to consider Indicator 2 on 9/9/13. Amy Kemp reviewed the data sources, differences in benchmark A and B, and the baseline data for Maricopa and each council.

Benchmark A is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in an early care and education program with Quality First rating of 1-5 stars. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in Quality First programs.

Benchmark B is the number of children enrolled in an early care and education program with Quality First rating of 3-5 stars divided by the number of children enrolled in all regulated early care and education. This indicates percent (or ratio) of children in Quality First 3-5 star settings, in comparison to the total number of children in regulated child care or preschool settings.

Committee Discussion Points:

The Committee was concerned about measuring the total pool of quality care, without access to data on Accredited and other providers that may be providing quality care, outside of the Quality First enrolled sites. There was also discussion on whether Quality First providers, still at a 2, but on the cusp of 3, are currently providing quality care- and therefore, that the movement from the current rating of 2, to a rating of 3, may not truly reflect a shift of the number of children newly receiving quality care.

The Committee discussed the expected progress of providers in Quality First (1 to 2 star in two years and 2 to 3 star in four years) and upcoming model changes in Quality First such as phasing out of scholarships at the 1 and 2 star levels.

They agreed that Quality First is the primary intervention related to quality early care and education in the region between now and 2020, but also were concerned about increasing the quality of the entire pool of child care - beyond Quality First.

They discussed potential factors that might increase the total pool of providers in Quality First between now and 2020, including filling open slots, potential program adjustments (i.e. options for “rating only” for higher quality programs, thus opening slots for full participation), and efforts to be taken to encourage the filling of the currently underutilized slots for children in current Quality First providers in the region. They agreed that funding considerations make it challenging to anticipate how many additional Quality First slots could be added by 2020.

The Committee agreed to set out the number of children they aspire to be in quality care by 2020, as it offers a concrete record of their discussion, in addition to the percent goal.



For the Maricopa regions, the baseline for A is 22% of children enrolled in Quality First at 3-5 star and baseline for B is 9% of children in regulated care in 3-5 star.

The committee discussed that a benchmark A goal of 72% and a benchmark B goal of 29% by 2020 is similar to the FTF state benchmark.

While these benchmarks are, respectively, 50% and 20% increases, there was discussion and concern that this benchmark left more than a quarter of children in Quality First not in quality care by 2020. The Committee agreed that due to variation between regions within the county, the anticipation of turnover and new enrollees, and the complexity of the Quality First system, 72% is attainable yet aspirational.

Supporting materials are attached.

Recommendations, Indicator 2
Children in Quality Early Care and Education

Below are the committee's recommendations to councils and to public vetting.

Benchmark A:

72% of children enrolled in an early care and education program (enrolled in Quality First) with a Quality First rating of 3-5 stars by 2020.

21,500 children enrolled in early care and education program with a Quality First rating of 3-5 stars out of 29,921 participating in Quality First overall.

Benchmark B:

29% of children enrolled in an early care and education program (of all regulated programs) with a Quality First rating of 3-5 stars by 2020.

Indicator 10 – Families Competent and Confident about Their Ability to Support Their Child’s Safety, Health and Well-Being.

The committee met to consider Indicator 10 on 1/16/14. Amy Kemp reviewed the data source, survey methodology and calculation of the overall indicator from 9 key measures, and the baseline data for Maricopa and each Council.

Indicator 10 is measured by the Family and Community Survey. This survey is conducted every three years by a sub-contractor of First Things First and the survey was designed to provide information for Regional Partnership Councils on parent knowledge, skills, and behaviors related to their young children.

The survey contains over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*¹. Survey items explore multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families.

The Family and Community Survey is conducted, for non-tribal Regions, over the phone. Over 3,700 parents with children 0-5 responded to the 2012 Family and Community Survey. In Maricopa County 1,500 parents completed the survey. Parents were reached randomly via land-line as well as cell phone. Interviews began with demographic questions and based on information provided by parents on family income, ethnicity, and geography, the sample of parents was carefully balanced to ensure that the respondents reflected the diversity of Arizona and Maricopa County.

For the purpose of the development of Indicator 10 composite score, a sub-set of nine items was selected. These nine items were selected because they encompass parent knowledge, parent self-report of their own levels of competency and confidence around the parenting of their young children, and parent behaviors, all of which are of key importance to support a young child’s safety, health and well-being. Five of the items selected are knowledge-based questions that directly assess a parent’s level of knowledge of key developmental areas. Two of the items selected specifically ask parents to rate their level of competency and confidence in their ability to support their child’s learning, cognitive development, safety, health and overall well-being. Lastly, two items inquire about parent behaviors around the key early literacy activities of reading, telling stories and singing songs with their children. Six or more responses (out of nine) meeting the cut point was the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. *What Grown-ups Understand About Child Development: A National Benchmark Survey.*

Committee Discussion Points:

The Committee discussed the fact that the Family and Community survey is self-report. They agreed that questions 6 and 7, which ask parents to report their competence and confidence directly, were likely to be positively skewed due to reporting bias. However, they agreed that utilizing a bank of nine survey questions to calculate overall competence and confidence was a good approach to tracking knowledge and skills over time.

The Committee discussed the limitations of indicator 10 for measuring the impact of Council funding and evaluating the outcomes of Council efforts. There was agreement that the School Readiness Indicators are high-level dashboard measurements. They do not provide evaluation or research findings which link funding or specific programmatic efforts to outcomes. The purpose of Indicator 10 is to track overall changes in parent knowledge and behavior in the early childhood system as a whole.

The Committee discussed how the state committee reviewed and recommended the state goal of 52% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020. It was agreed that the approach and considerations were similar for Maricopa County, especially focusing on multiple areas of parent competence and confidence to meet the needs of the whole child and setting an aspirational yet attainable goal which reflects the efforts of all early childhood partners rather than First Things First alone.

The Committee noted the trends across Maricopa County and asked if there is a relationship between poverty and parent knowledge and behavior. Amy noted that the full analysis of the 2012 Family and Community Survey data is anticipated for fall 2014, however, research findings and 2008 Family and Community Survey findings indicate strong differences in knowledge and supports needed as related to income and education. The Committee agreed that communities in Maricopa County have different levels of need for supports and the overall goal for Maricopa County for 2020 should reflect that diversity.

They discussed the estimated number of parents who would need to be supported to attain competence and confidence by 2020 to attain a benchmark of 50%: 23,833. They agreed that the pool of parents in 2020 will be substantially different than in 2012. They agreed that a five percent gain by 2020 would be attainable but not aspirational. They also agreed that change in behaviors and reaching all groups of parents with need for services is challenging, making a 15 or 20 percent gain unattainable. They agreed that these large-scale changes will reflect the work of all early childhood partners, not just First Things First.



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School Readiness Indicators

Attachment 3 -a

The Maricopa baseline is:

40% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being.

The committee discussed a benchmark goal of 50% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being. This 50% goal and 10 percentage point improvement by 2020 is similar to the state benchmark. The Committee agreed that 50% was an attainable and aspirational goal for Maricopa County as a whole.

Supporting materials are attached.

Recommendation, Indicator 10

Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being

Below is the committee's recommendation to councils and to public vetting.

50% of Families Report They are Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.

Indicators 6 and 7

South Phoenix Regional Partnership Council *only*

Overview

The South Phoenix Council participated in the joint planning process with the other Maricopa and Phoenix regions. But additionally, South Phoenix will independently set benchmarks for Indicators 6 and 7, as no other councils have prioritized these indicators.

Indicator 7 – Healthy Weight

The Committee met to discuss School Readiness Indicator 7 – children age 2-4 at a healthy weight on 8/14/13. That day, South Phoenix Committee representatives had already participated in joint planning to overview the benchmarking process. Immediately following that meeting, they came to consensus on a benchmark to recommend to their Council related to children’s healthy weight. Supporting materials can be found in the South Phoenix Appendix.

Committee Discussion Points:

The committee discussed that historical, generational poverty will make changes in healthy weight a challenge; however, the wealth of efforts in the community gave confidence in setting an aspirational goal.

There was also discussion of the potential problems of utilizing the WIC data for population estimates of weight. WIC is not a representative sample and the Council discussed whether they could be sure as to whether WIC is a good estimate and measurement for their entire population.

The committee considered that there are many new and expanding initiatives (from FTF and partners) in the community such as: SNAP education, family resource centers, KidsCafe, and many more, that will likely impact healthy weight through direct funding and collaboration.

The committee also discussed that there may be under-utilization of services in their community. Convening parents to understand their specific needs, to ensure they are aware of services and that services are appropriate to the unique and primarily Hispanic community were seen as important steps.

In setting an aspirational and attainable goal to recommend to the council, the committee decided on 75% by 2020. This is a similar change to the state goal and a 7% increase from the South Phoenix baseline of 68% of children at a healthy weight by 2020.

Recommendation, Indicator 7
Healthy Weight

Below is the committee’s recommendation to councils and to public vetting.

75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020.

Indicator 6 – Children Entering Kindergarten Exiting Preschool Special Education to Regular Education

The Committee met to discuss School Readiness Indicator 6 – children entering kindergarten exiting preschool special education to regular education on 2/10/14. Supporting materials can be found in the South Phoenix Appendix.

This indicator is calculated using data from the Arizona Department of Education, specifically related to IDEA Part B. Data for children with an IEP under IDEA Part B are tracked to see if, in the subsequent school year, they have entered kindergarten without an IEP. The indicator is intended to track progress in the screening, identification and delivery of effective intervention services. The intent is to increase the percent of children transitioning to kindergarten without an identified special need due to timely screening, identification and delivery of services.

Committee Discussion Points:

The committee asked if data were available on anticipated population rates of IEPs and special needs in preschool and early elementary school. Amy Kemp and Chief Program Officer Karen Woodhouse identified that estimates of how many children would be anticipated to have a delay are not available. Other states have differing assessment processes and severity of delay required for an IEP. Also, the focus of this indicator is on preschool services and their effectiveness, rather than services offered in kindergarten and beyond.

The committee discussed the five different delay categories for preschool special education: Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment. There was extensive discussion about what an appropriate benchmark should be. The committee discussed the consideration that some children with early delays - even with excellent screening, identification and services - will have an IEP throughout their educational career and life. It was agreed that 100%, or no children needing special services in kindergarten, is not an attainable or reasonable goal but that South Phoenix's baseline rates are currently too low.

There was extensive discussion about the current trend in Arizona and South Phoenix of declining rates of entry into kindergarten without an IEP after preschool special education - the opposite of the intended trend. The committee reviewed trends for Developmental Delay, Speech-Language Impairment, Preschool Severe Delay, Hearing Impairment, and Visual Impairment and noted that Speech Language Impairment rates have decreased dramatically in the South Phoenix trend data available.

CPO Woodhouse noted a reported trend of school districts waiting to re-assess children for an IEP after the transition from preschool special education. She noted that we do not know how widespread this trend is but it could affect (increase) how many children have an IEP in kindergarten.

The committee had extensive discussion about the complexity of this situation and indicator. Overall, they aspire to increased levels of awareness and screening on the part of all who support young children, especially parents. They also want assessment to lead to quality identification and timely and optimal services. They noted that each of these steps is a complex calculation of its own and must all be taken into account in setting a benchmark goal.

The committee noted that improvement in this indicator cannot be the work of First Things First or the South Phoenix Council alone. They noted South Phoenix efforts, including: supporting speech



language pathologist education, care coordination, family resource centers, Quality First, and home visitation. However, even with these notable efforts, they agreed that system-level and overall coordination efforts will lead to real changes for children.

In setting an aspirational and attainable goal to recommend to the council, the committee decided on 27% by 2020. This is a similar change to the state goal and a 7.4% increase from the South Phoenix baseline of 19.6% of children entering kindergarten exiting preschool special education to regular education by 2020.

Recommendation, Indicator 6

Children entering kindergarten exiting preschool special education to regular education

Below is the committee's recommendation to the South Phoenix Council and to public vetting.

27% of children entering kindergarten exiting preschool special education to regular education by 2020.

Indicator 2	Number/Percentage of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
Intent:	Increase the number of children with access to affordable high quality early learning programs

Key Definitions:

Quality First Star Rating 1- 5 stars (see attachment- QF Rating Scale)

Quality First Child Enrollment: Number of children birth to age 5 enrolled in Quality First programs. Includes part time, and full time children

Benchmark Data Source:

Data sources considered for this indicator include:

- First Things First Quality First Rating data
- Child Care Resource and Referral (CCR&R) database
- Head Start – Program Information Report
- Market Rate Survey 2012 (Department of Economic Security)

Data source selected:

- First Things First Quality First Rating data is collected annually. This data was identified as the best data source for this indicator because consistent data are available for all regions.
 - Market Rate Survey 2012 (Department of Economic Security)
- **Numerator:** Number of children enrolled in an early care and education program (centers and homes) with a Quality First rating of 3-5 Stars
 - **Denominator A:** Number of children enrolled in an early care and education program (centers and homes) with a Quality First rating of 1-5 stars
 - **Denominator B:** Number of Arizona children in regulated early care and education centers and homes

Baseline (State and Region):**Baseline A (based on Denominator A)**

- **2013:** In Arizona, **23% (10,559)** of all children (birth-5 years) enrolled in Quality First ($N = 45,967$) are in an early care and education program with a Quality First rating of 3-5 stars
- **2013:** In Phoenix/Maricopa County-based regions, **22% (6,668)** of all children (birth-5 years) enrolled in Quality First are in an early care and education program with a Quality First rating of 3-5 stars

Baseline B (based on Denominator B)

- **2013:** In Arizona, **9% (10,559)** of all children (birth-5 years) enrolled in a regulated early care and education program are in a Quality First program with rating of 3-5 stars
- **2013:** In Phoenix/Maricopa County-based regions, **9% (6,668)** of all children (birth-5 years) enrolled in a regulated early care and education program are in a Quality First program with rating of 3-5 stars

Benchmark 2020 (State and Region):**Benchmark A (based on Denominator A)**

- **State Year 2020:** *In progress*

Region Benchmark A for 2020: Increase by [] % over baseline

- **Region Year 2020:** In Phoenix/Maricopa County-based regions, **XX% (XX)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Benchmark B (based on Denominator B)**State Benchmark B for 2020: Increase by 20% over baseline**

- **State Year 2020:** In Arizona, **29% (33,462)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Region Benchmark for 2020: Increase by [] % over baseline

- **Region Year 2020:** In Phoenix/Maricopa County-based regions, **XX% (XX)** children will be enrolled in an early care and education program with a Quality First rating of 3-5 stars

Key Measures to Monitor (sub-measures):

Recommended:

1. Number of regulated homes/centers at each rating level
2. Number of programs enrolled in Quality First
3. Number of children in regulated homes/centers at each rating level
4. Number of slots in Quality First homes/centers

Phoenix/Maricopa Regions (excluding tribal regions)	2013
Percentage in relation to QF child enrollment (Baseline A)	
Number of children (0-5yrs) enrolled in 3-5 star rated Quality First providers	6668 (123 providers)
Number of children (0-5yrs) enrolled in 1-5 star rated Quality First providers	29921(459 providers)
Percentage of children in 3-5 star rated Quality First providers against all Quality First provider 1-5 star rating	22%
Number of children in 1-2 star rated Quality First Providers	23253 (336 providers- 18 at 1 star and 318 at 2 star)
Percentage in relation to children in regulated early care and education programs (Baseline B)	
Number of children (0-5yrs) in regulated care (DES Market Rate Survey 2012)	75,628
Number of children (0-5yrs) enrolled in 3-5 star rated Quality First providers	6668
Percentage of children in 3-5 star rated Quality First providers against children in regulated care	9%

Indicator #10:	Percentage of families who report they are competent and confident about their ability to support their child's safety, health and well-being.
Intent:	Increase the number of families who report they are competent and confident to support their child's safety, health and well-being.

Data sources considered:

First Things First 2012 Family and Community Survey

Data sources recommended for Benchmark:

First Things First Family and Community Survey data is collected every three years. The Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contains over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*¹. Survey items explore multiple facets of parenting. There are questions on overall knowledge of the importance of early childhood, questions which gauge parent knowledge of specific ages and stages, parent behaviors with their children, as well as parent practices related to utilization of services for their families.

For the purpose of the development of Indicator 10 composite score, a sub-set of nine items was selected (see table 1 below for Indicator 10 measure). These nine items were selected because they encompass parent knowledge, parent self-report of their own levels of competency and confidence around the parenting of their young children, and parent behaviors, all of which are of key importance to support a young child's safety, health and well-being. Five of the items selected are *knowledge-based questions* that directly assess a parent's level of knowledge of key developmental areas. Two of the items selected specifically ask parents *to rate their level of competency and confidence* in their ability to support their child's learning, cognitive development, safety, health and overall well-being. Lastly, two items inquire about *parent behaviors* around the key early literacy activities of reading, telling stories and singing songs with their children. The table below (2) presents the cut points used for each of the 9 items. Six or more responses (out of nine) meeting the cut point was the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

Table 1: Indicator 10 Measure		
Knowledge-based questions	Parent's self-rating of competency and confidence	Parent behaviors

¹ CIVITAS Initiative, ZERO TO THREE, and BRIO Corporation, Researched by DYG, Inc. 2000. What Grown-ups Understand About Child Development: A National Benchmark Survey.

(01) When do you think a parent can begin to significantly impact a child's brain development?	(06) I am competent and confident about my ability to support my child's safety, health, and well-being.	(08) During the past week, how many days did you or other family members read stories to your child/children?
(02) At what age do you think an infant or young child begins to really take in and react to the world around them?	(07) I am competent and confident about my ability to support my child's learning and cognitive development.	(09) During the past week, how many days did you or other family members tell stories or sing songs to your child/children?
(03) At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parent's mood?		
(04) Children's capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how the parents interact with them.		
(05) In terms of learning about language, children get an equal benefit from hearing someone talk on TV versus hearing a person in the same room talking to them.		

Table 2: Data Summary											
		Knowledge-based questions					Parent's self-rating of competency and confidence		Parent behaviors		
	Sample size	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Baseline: Percentage competent and confident
Cut Points		Prenatal	Right from birth	Up to 1 month	Definitely False	Definitely False	Strongly agree	Strongly agree	6 or 7 days	6 or 7 days	6 of 9 met
Statewide	3707	32%	35%	51%	63%	44%	93%	90%	51%	51%	42%
Maricopa County*	1500	31%	32%	50%	64%	41%	92%	88%	47%	52%	40%
Central Maricopa	200	30%	34%	59%	77%	59%	89%	86%	50%	61%	44%
Northeast Maricopa	151	35%	30%	38%	84%	59%	94%	85%	67%	59%	52%
Northwest Maricopa	197	27%	32%	56%	68%	45%	90%	79%	54%	53%	44%
Southeast Maricopa	200	34%	45%	49%	67%	50%	95%	87%	57%	57%	49%
Southwest Maricopa	150	31%	36%	46%	50%	28%	99%	85%	44%	47%	31%
Central Phoenix	202	32%	30%	46%	53%	30%	91%	92%	42%	52%	30%
North Phoenix	200	26%	30%	59%	64%	42%	94%	91%	39%	43%	34%
South Phoenix	200	35%	29%	42%	45%	17%	90%	89%	28%	42%	28%

Baseline (2012 Family and Community Survey):

State: 42%² of families report they are competent and confident about their ability to support their child’s safety, health and well-being.

Maricopa County*: 40% of families report they are competent and confident about their ability to support their child’s safety, health and well-being.

Benchmark 2020:

State: 52%² of families report they are competent and confident about their ability to support their child’s safety, health and well- being. (A 10% increase from statewide baseline of 42%).

Maricopa County*: XX% of families’ report they are competent and confident about their ability to support their child’s safety, health and well- being. Specifically, a XX% increase across Maricopa County, moving from the baseline of 40% of families in (2012) to YY% of families in 2020 across Maricopa County report they are competent and confident about their ability to support their child’s safety, health and well-being.

*** Maricopa/Phoenix Data and Benchmarking is for the areas represented by the FTF regions listed, and does not include data for Gila River Indian Community or Salt River Pima Maricopa Indian Community.**

² State baseline for Indicator 10 was 63% and benchmark was set at 73% (10 % increase) initially; however after correcting for data skewness (including weighting) the new baseline for state is 42%. We are in the process of working with state advisory committee and FTF board to reset the benchmark. The 52% state benchmark presented here is based on the 10% increase that was set as target.

Targeted Date/Deadline	Action	Responsible Party
August 14, 2013 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Overview of Process Cross Regional Approach	Committee Dr. Kemp
September 9, 2013 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Set Benchmark for Indicator #2	Committee Dr. Kemp
January 16, 2014 8:30 – 10:30 am – Cross-Regional	COMMITTEE MEETING Rio Salado Community College, Conference Center Set Benchmark for Indicator #10	Committee Dr. Kemp
February 10th	South Phoenix Benchmark Committee Set Benchmark for Indicator #6	Dr. Kemp, Jennifer Johnson, Jonathon Gonzales
February -March	Councils review/approve recommendations on Benchmarks	Regional Directors/ Regional Council Member Representative from Committee
March 13th – 28th	Community Comment Opportunity On-line Survey regarding Benchmarks	FTF Staff
March 19th	Community Forum – Evening	Dr. Amy Kemp, Jennifer Johnson, Wendy Sabatini
March 20th	Community Forum – Day	Dr. Amy Kemp, Jennifer Johnson, Wendy Sabatini
April 9th 8:30 – 10:30 am – Cross-Regional 10:30 am – 12:30 am – SPhx	COMMITTEE MEETING - Review Public Feedback/Input	Committee Dr. Kemp
April - May	Council Review Committee Report including considerations of Public Feedback	Regional Directors/ Regional Council Member Representative from Committee
June 2014	FTF State Board Reviews/ possible approval of Regional Benchmarks	Michelle Katona, FTF Chief Regional Officer



Central Phoenix Regional Partnership Council

Data Narrative Report Summary Sheet

Information Item: 2nd Quarter Data Narrative Report Summary SFY14

Background:

First Things First grantees submit reports on a quarterly basis specific to implementation of the granted program. Grantee narrative reports supplement the data reports and provide the opportunity to report on success or challenges for the quarter. Grantees also use the narrative to provide information on coordination and collaboration activities with FTF and non-FTF community partners. Below are highlights from the Quarter 2 narrative reports submitted by grant partners.

FTF Goal Area: Health

Strategy: Care Coordination/Medical Home:

Grantee: Phoenix Children's Hospital (PCH). PCH implements the Healthy Steps model for care coordination at the UMOM New Day Center Health and Wellness Center and the General Pediatric clinic at PCH.

This quarter PCH reported the following success: A young Native American mother and her four year old son recently came to the SCORE clinic during a well-child check at Phoenix Children's Hospital General Pediatrics. The family lives in a small town outside of Phoenix, and travels over two hours to get to Phoenix Children's Hospital. Without transportation of her own, the mother and her son rely on other family members and

friends for rides to and from medical appointments at PCH. Without a telephone, the mother faced a huge barrier that also kept the referral specialists from being able to schedule appointments, and left the child untreated for several conditions including a severe speech development delay and sleep apnea. In order to overcome this barrier the S.C.O.R.E. team provided the mother with several resources including a program that qualifies low income families to receive a cell phone with 500 minutes per month. With the amount of referrals continuing to rise, the mother became overwhelmed and confused on the next steps to take. Thanks to the help of the referral specialist at General Pediatrics, the determined work of the S.C.O.R.E. staff, and the quick approval to see the specialists from Indian Health Services, the mother and boy were able to leave PCH with a list of all of the upcoming appointments in chronological order.

Grantee: International Rescue Committee uses the Healthy Steps model for care coordination. The care coordinators are housed at IRC. IRC has partnerships with multiple local clinics.

IRC reports that partnerships have reduced the socio-cultural barriers to care refugees by adopting best practice recommendations that include: ensuring clinics have translated health education materials, interpretation services and presentations on cross-cultural competency. For FY14, IRC was awarded to serve children in the Central and South Phoenix regions.

Grantee: Maricopa Integrated Health Services (MIHS)- uses the Pediatric Alliance for Coordinated Care model for care coordination.

MIHS has received Level III certification (the highest level of for the Patient –Centered Medical Home (PCMH) from the National Committee on Quality Assurance (NCQA). MIHS has cultural health navigators on this program and report, as a success, being able to assist families by finding literature on the Affordable Care Act in several languages and have been disseminating the information to families they see in the Pediatric Clinic.

- **Developmental and Sensory Screening:**

Ear Foundation implements the BASICS (Building a Screening Infrastructure for Children) program in the region. Ear Foundation performs hearing screenings on children 6 weeks- 5 years and vision screenings on children 18 months- 5 years. FY14 contract emphasizes the council's intent to ensure parent engagement and follow up, as well as increase capacity within the region to offer screening and follow up/referral. The Ear Foundation will in this contract, purchase loaner equipment, train providers on: the hearing and vision equipment, screening observation, standardized screening protocols, BASICS program protocols and community resources and partnerships. Additionally, the Ear Foundation has a separate implementation plan for parent follow up to ensure parents are not only aware of the screening and results, but have support to

understand the results and support in referral and ongoing treatment, if needed. One success story this quarter was shared: one child failed the vision screen last year and was seen by an optometrist. No treatment was diagnosed, but the family was advised to follow up in one year. The child failed the vision screen again this year and staff is following up with the parent to support and recommend follow up with a vision care specialist.

- **Prenatal Outreach:**

Maricopa County Dept of Public Health, South Phoenix Healthy Start provides prenatal outreach, trainings for men and women and pre/postnatal home visits. Additional components of this program include: doula, promotoras, “the Stork’s Nest and Baby Bucks” both participant incentive and retention programs that allow women to “shop” for baby items using the dollars gained by participating in various workshops and classes, attending prenatal appointments, developing specific postnatal well woman and infant health and safety goals and objectives and fulfilling their individual health education schedule. This quarter, a total of 210 prenatal/postnatal families living in the region received a full range of home visitation and education services. There were also 359 individual health education activities that were delivered by community health worker within the home visits during this quarter.

- **Health Insurance Enrollment-**

Children’s Action Alliance partners with Asian Pacific Community in Action, Desert Mission, Empowerment Systems, Keogh Health Connections, Mountain Park Health Center, Phoenix Day, Women’s Health Coalition to provide health insurance enrollment assistance in the region to families with children birth through five years old. This quarter, CAA has been able to work with AHCCCS and DES on troubleshooting and addressing some of the issues our partners were facing using the HEA+ platform (the state Medicaid application system) and the associated partner hotline. Using the Kids Health Link meetings, CAA was able to collect feedback on the system and invite AHCCCS and DES to discuss ongoing efforts to maintain and improve the application system.

- **Mental Health Consultation:**

Southwest Human Development provides mental health consultation in Central Phoenix. MHC requires a collaborative relationship between a professional consultant who has mental health expertise and an early care and education professional. In program-focused mental health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address problem behaviors or organizational problems. MHC actively meets with other Quality Improvement partners

including- Inclusion Coaches, QF Coaches and Health Care Nurses to deliver joint trainings and find ways to best serve the providers they jointly serve.

- **Child Care Health Consultation:**

Maricopa County Dept of Public Health provides child care health consultation to center and home based QF providers regarding health, safety, wellbeing and development of children in the provider's care. CCHC uses the California Assessment tool to evaluate the Health and safety of the site. This tool is based on the same Standards as ERS- Caring for our Children. This tool provides a greater depth into all Health and safety items. CCHCs work to reduce hazards and risky practices in child care settings related to: Safe active play, Emergency preparedness, Nutrition and food safety, Utilization of safe sleep practices and SIDS risk reduction, Reduction of infectious disease outbreaks, Reduction of lost work time for parents and Improved written health policies. CCHC services are available in a flexible 3 tiered model of consultation; the provider and coach decide what tier level meets their needs. Tier 1 lower intensity provided by phone, Tiers 2 & 3 have consultation on site. In quarter 1, 43% of programs received Tier 3 services.

Recent success story from Central Phoenix:

During recent observation the caregiver finished diapering and asked her child care health consultant how she did. "She actually did a perfect diaper change incorporating all the steps in the right order. This is much improved since the first time I observed her, noted the consultant. I told her she should be the team leader for diapering in this center and she gave me a great big smile. I think we have to remember that all the small seemingly insignificant improvements are so important!"

- **Oral Health-**

Maricopa County Dept of Public Health implements the *First Teeth First* program. The program was fully staffed at the beginning of quarter 2 of FY14. In quarter 2, the program provided basic oral health screenings to 1628 children in the region, 1465 were given fluoride varnish applications and there were 1600 1:1 educational sessions with parents. Additionally, this quarter, the program found 64 children with urgent dental needs who were recommended to be seen by a dentist within 24-48 hours. Staff utilized their referral sources and worked to get treatment for all of those children. First Teeth First was also able to connect with the regional Outreach Coordinator Susana Ibarra, to promote the importance of oral health during Halloween. Susana spoke about the importance of oral health in the early years on a Spanish radio station. This was also an opportunity to highlight the First Teeth First program.

- **Quality and Access Strategies:**

Quality Coaching and Incentives- Valley of the Sun United Way (VSUW) oversees the coaching piece of QF, SWHD oversees the assessment piece.

Quality First Scholarships: VSUW administers scholarships to child care centers throughout the region.

Warm lines- the Birth to Five Technical Assistance Warm line links callers to experts who provide telephone consultation in three main areas: child care health, early childhood mental health and inclusion of children with special needs. These professionals answer questions, engage in conversations, problem-solve and provide support, resources and referrals to child care providers, preschool providers and quality improvement professionals statewide, including Smart Support, Quality First, Child Care Health Consultation and Inclusion. This quarter the TA specialists have translated the flyer for the Warmlines into Spanish and summarize all of the TA services. this is available electronically and was included in multiple electronic mailings.

Quality First Academy- This is a new statewide contract that will provide specific professional development opportunities to the coaches and consultants providing service to early care and education programs enrolled in Quality First, including Quality First Coaches and Coaching Supervisors, Assessors and Assessor Supervisors, and other consultants and their supervisors that provide services to providers in the Quality First system such as Mental Health Consultants, Child Care Health Consultants, Inclusion Coaches and Arizona Department of Education Mentors. This strategy is included in the QF package as well as associated costs when determining the overall cost of implementing QF.

The Leadership Team of the QF Academy analyzed data gathered from an online survey conducted in the first quarter and then used that to formulate questions for focus groups (conducted this quarter); with the intent of gathering additional information on background and needs related to professional development of technical assistance providers in the QF system. The focus groups were held in the month of October and included fellow grantees, CCHC, Inclusion, Pre-Kindergarten Mentoring, QF Coaching and Assessors, DES and DHS. The primary task this period was to finish gathering data to inform the QFA curriculum recommendations.

- **Family, Friends and Neighbors:**

Association for Supportive Childcare (ASCC) implements the Arizona Kith and Kin Project, providing the 14 week training sessions for family, friend and neighbor providers. The Arizona Kith and Kin Project implemented 12 training support groups in the region this quarter. Community partners provide the program with space for the weekly meetings, space for onsite child care and assistance with outreach efforts. In addition, locations often provide the program with a co-facilitator that will assist during the weekly training delivery. **Arizona Kith and Kin Project has continued the phase of evaluation that involves assessing children in the on-site child care environments. Assessments are being conducted with a number of the children in care. Assessments are conducted by the Indigo Cultural Center, the program's external evaluator and are conducted during the child's first and last week in the program's on-site child care environment. The assessment measures factors that are related to kindergarten readiness prior to and after being involved in the program's Leaps and Bounds Kindergarten Readiness Curriculum.

- **Inclusion of Children with Special Needs:**

Southwest Human Development continues to provide consultation, training and technical assistance to support inclusion of children with special needs in center or home based environments through the Early Care and Education Inclusion program. All services are voluntary and offered to all home and center based providers enrolled in Quality First. In this quarter 30 new children with identified with special needs were enrolled in participating sites and another 22 children already enrolled at centers began receiving services. Additionally, 902 children this quarter were screened and providers referred the parents of 44 children to AzEIP or the local school district for special services.

Professional Development

- **TEACH:**

Association for Supportive Child Care (ASCC) distributes scholarships to early childcare providers that offer the early childhood workforce with access to educational opportunities. (CDA or AA in Early Childhood Development). These scholarships are funded through state dollars. Each QF center and home has access to TEACH scholarships- scholarships are prioritized and distributed through a "pool" of scholarships with statewide funding to increase utilization and expenditures.

- **REWARD\$:**

Valley of the Sun United Way manages the Professional REWARD\$ program. REWARD\$ provides incentives to early care providers for educational attainment, progressive educational attainment and continuous employment on early child care settings. REWARD\$ continues to be a highly sought after incentive based program. Grantee reported in this narrative an ongoing collaborative effort with the T.E.A.C.H. program. The REWARD\$ application is being updated to include a question regarding sharing application information with T.E.A.C.H. If the REWARD\$ applicant is not participating in T.E.A.C.H., staff will pass along the contact information to T.E.A.C.H. staff. T.E.A.C.H. staff will then reach out to the REWARD\$ applicant to offer this comprehensive scholarship program.

Family Support

- **Family Support-Children with Special Needs:**

Southwest Human Development will provide support for families who have concerns about their child's development but are not eligible for early intervention services through AZEIP or the school district. Parent coaches will help parents learn how to 1) observe and understand their child's behavior and development, 2) promote the best possible developmental outcomes for their child, 3) network with other families and access community resources, and 4) learn about child development topics of special interest to them. Collaborations have been established with multiple school districts, child care centers and community programs. These programs are using PCSS as a referral source for coaching services for families that have concerns regarding their child's development, but are not eligible for early intervention services.

- **Family Support Coordination-**

Seven agencies formed a comprehensive coordinated approach to assist families in crises or handling complex issues ; *IRC, TERROS, Phoenix Children's Hospital, AZ Partnership for Children , Crisis Nursery, Southwest Human Development, and United Cerebral Palsy*. The relationships between the seven agencies continue to strengthen. In this past quarter, the seven agencies have continued to outreach to other agencies as well as the broader community. Through these efforts, the group is building a shared understanding of resources accessible for families in the region and are seeing the community become more aware and welcoming of the FSC program.

- **Home Visitation-**

Central Phoenix funds *Healthy Families* home visitation program, a program that works with families to promote positive parenting, enhance childhood health and development, prevent child abuse and neglect and promote school readiness. Family support specialists promote health, safety and self-sufficiency through: educating families on importance of medical home, proper nutrition and exercise; doing safety checks of the home environment with family; resource and referral to community services, promotion of education and employment and setting/obtaining family goals. Healthy Families program recently completed a one year long collaboration with Delta Dental of Arizona Foundation to provide oral health training to all home visiting staff and education to all participating families. According to a home visitor survey of currently enrolled families, staff reports 100% of families have actively incorporated the Oral Health information into their daily routines. The Oral Health training is now a part of the Healthy Families curriculum which means all new staff will receive this training and will have on-going discussions with families regarding oral health during their home visits.

- **Parent Education Community-Based Training-**

Three grantees are funded under this strategy: *Southwest Human Development-* provides parent education through Raising a Reader and Common Sense Parenting. Raising a Reader hold sessions in apartment communities and promotes literacy. Common Sense Parenting holds English and Spanish sessions at two locations and reported great successes with both. Raising a Reader this quarter shares this success story from one participant: “I loved that you lent us books so I had the privilege pf reading with my children... this program helped me develop a better relationship with my kids. ...Every moment is a good opportunity to read and let our imaginations fly.”

CPLC Parenting Arizona educates families through the Nurturing Families curriculum, a curriculum designed to promote healthy parenting styles and prevent child abuse and neglect. CPLC reports this quarter that utilizing the highly skilled volunteers to serve as both instructors and resource coordinators to families in the region allows the program to provide superior customer service to the participants.

Raising Special Kids also utilizes the Nurturing Parenting Program at UMOM shelter and the UMOM transitional housing location referred to as the “UMOM Fillmore location”. Raising Special Kid reports in quarter 2 that adding the Fillmore location in addition to the UMOM New Day center as an option for parents to attend parenting classes has increased attendance by 64%.

- **Reach Out and Read**

The *Arizona Chapter American Academy of Pediatrics* works with 15 sites in the Central Phoenix region. Doctors, nurse practitioners, and other pediatric healthcare professionals, trained in Reach Out and Read's evidence-based model, incorporate the intervention into well child visits, by advising parents about the importance of reading aloud, educating parents about early literacy developmental milestones, and giving developmentally appropriate books to children to take home.

SFY14 Funding Plan *(December 2012)*

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

Regional Priorities to be addressed	School Readiness Indicators	FTF Priority Roles in the Early Childhood System	SFY13-15 Strategies
<p>Health Care-Every child will have access to high quality care with insurance or other coverage.</p> <p>Children with Special Needs- Every child with special needs has total and equal access to health care and early care and education.</p> <p>Every child has access, including affordability, to high quality early care and education.</p> <p>All parents, including new parents, of young children have access to information and support as needed.</p>	<p>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical.</p> <p>8. #/% of children receiving timely well child visits.</p> <p>10. % of families who report they are competent and confident about their ability to support their child’s safety, health and well-being.</p>	<p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system.</p> <p>Quality Early Care and Education Standards, Curriculum and Assessment – Convene partners, provide leadership, and provide funding for the development and implementation of quality standards.</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.</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.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p> <p>Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p>	<ul style="list-style-type: none"> • Care Coordination/Medical Home • Comprehensive Preventative Health • Developmental and Sensory Screening (SFY13 only) • Health Insurance Enrollment • Injury Prevention (SFY13 only) • Prenatal Outreach (SFY13 only) • Mental Health Consultation <i>(currently on hold- oral health, nutrition/obesity, health)</i> <hr/> <ul style="list-style-type: none"> • Quality First (includes CCHC, CC Scholarships, TEACH) <ul style="list-style-type: none"> • Additional CC Scholarships (SFY13 only) • Additional TEACH (SFY13 only) • Family, Friends & Neighbors • FTF Professional REWARD\$ • Inclusion of Children with Special Needs <hr/> <ul style="list-style-type: none"> • Family Support – Children with Special Needs • Family Support Coordination • Food Security (SFY13 only) • Home Visitation • Parent Education Community-Based Training • Reach Out and Read • Service Coordination <hr/> <ul style="list-style-type: none"> • Community Awareness, Community Outreach, Media • Needs and Assets (SFY14 only) • Statewide Evaluation

*NOTES: in April 2013, following a health assessment study and subcommittee work to identify appropriate strategy recommendations, the Council added an **Oral Health** strategy, a **Screening (vision and hearing)** strategy, and a **Prenatal Outreach** strategy to the SFY14 plan. In SFY15 the Council was able to fund “additional CC/QF Scholarships” within the planned budget line for Quality First/Quality First Scholarships.*

Phoenix Regions - Strategies and Grants

Goal Area	Strategy	North	Central	South	Strategy Description
Quality & Access	Quality First	√	√	√ (+2 to GRIC)	Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers. 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.
	Quality First Child Care Scholarships-w/QF package	√	√	√	Helps low-income families afford a better educational beginning for their children. Provides scholarships to children to attend quality early care and education programs.
	Additional QF CC Scholarships/Pre-K Scholarships	√ (teens)	√	√ (prek)	Provides scholarships to quality programs in a variety of settings to allow programs to serve low income children.
	Family, Friend & Neighbor	√	√	√	Improves the quality of care and education that children receive in unregulated child care homes. The supports provided to family, friend and neighbor caregivers include training, materials and equipment for appropriate and healthy care and education.
	Inclusion of Children with Special Needs		√		Promotes the inclusion of special needs children in early education activities. Provides consultation and training to child care providers about how to best meet the needs of children with special needs in their early care and education settings.
Professional Development	TEACH Scholarships- w/QF package	√	√	√ (+to GRIC)	Improves the professional skills of those providing care and education to children 5 and younger. Provides scholarships for higher education and credentialing to early care and education teachers.
	FTF Professional REWARD\$	√	√	√	Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills. Improves retention of early care and education teachers through financial incentives.
	Director Mentoring			√	Increases the efficiency of the early care and education system by building the leadership and business skills of its administrators. Provides education, mentoring and training to early care and education directors.
	Community Based ECE Training	√			Improves the professional skills of those providing care and education to children 5 and younger. Provides quality education and training in community settings to early care and education professionals.
Health	Child Care Health Consultation- w/QF package	√	√	√ (+to GRIC)	Improves the health and safety of children in a variety of child care settings. Provides access to qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care.
	Care Coordination/Medical Home		√	√	Improves children's health care and future development by ensuring they have a regular source of care. Provides children and their families with effective case management, connecting them to appropriate, coordinated, health care.
	Developmental and Sensory Screening	√	√	√	Increases children's access to preventive health care and helps to identify potential learning problems early on. Provides children with developmental, oral, vision, and/or hearing screening and referrals for follow-up services. NOTE: Currently in Phoenix Regions, only Vision and Hearing Screenings are targeted and contracted under this strategy.
	Health Insurance Enrollment	√	√		Increases children's access to preventive health care and builds community awareness of the availability of public health insurance options. Assists families in application for, or renewal of, public health insurance.
	Mental Health Consultation	√	√	√	Helps child care staff and early childhood programs to support the social-emotional development of young children. Provides mental health consultation to teachers and caregivers.
	Oral Health		√	√	Decreases preventable oral health problems in young children. Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides trainings to families on the importance of oral health care for their children; and provides outreach to dentists to encourage service to children for a first dental visit by age one.
	Comprehensive Preventative Health			√	Decreases preventable and chronic health issues in young children. Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families.
Recruitment - Stipends/Loan Forgiveness			√	Improves the quality and range of therapeutic and intervention services in underserved communities. Offers professionals financial incentives to work in underserved communities.	

Goal Area	Strategy	North	Central	South	Strategy Description
	Prenatal Outreach		√	√	Increases healthy pregnancies and good birth outcomes. Provides outreach and education to pregnant women and their families and links pregnant women to sources of prenatal care.
Family Support	Family Resource Centers	√		√	Strengthens families of young children by providing locally-based information and instruction on health and child development issues. Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development.
	Family Support Coordination		√	√	Improves service delivery to families with young children by streamlining the system and simplifying application procedures. Improves the coordination of, and access to, family support services and programs.
	Family Support-Children with Special Needs		√		Improves the education and health of children with special needs who don't qualify for publicly funded early intervention programs. Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.
	Home Visitation	√	√	√	Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. 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.
	Parent Education Community-Based Training	√	√		Provides classes on parenting, child development and problem-solving skills. Strengthens families with young children by providing voluntary classes in community-based settings. (In North Phoenix, this strategy provides parent education and case management to teen parents. Teens are also able to access child care scholarships for their young children.)
	Reach Out and Read	√	√		Expands children's access to reading by promoting child literacy as a part of pediatric primary care. Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children.
	Parent Outreach and Awareness	√			Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness. Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.
Coordination	Service Coordination	√	√	√	In the three Phoenix Regions, this strategy is supporting the Maricopa-Phoenix coordination of Family Resource Centers and Family Support Coordination grantees. "Family Resource Collaborative Network".
	Court Teams	√		√	Promotes children's wellbeing and reduces recurrence of abuse and neglect. Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system.
Community Awareness	Community Awareness	√	√	√	Provides support to parent, family and early childhood events throughout the region; as well as materials to support community outreach and engagement efforts.
	Community Outreach	√	√	√	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Media	√	√	√	Increases public awareness of the importance of early childhood development and health via a strategic media campaign.
Evaluation	Statewide Evaluation	√	√	√	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
	Regional Family Support Strategies (Study)			√	Evaluation study conducted to determine the effectiveness, impact, and relative merits of regional family support strategies.
Total number of strategies:		22	23	25	

SFY15	
Total # of strategies, new regions	
Phoenix NORTH	28
Phoenix SOUTH	30