



**Arizona Early Childhood Development & Health Board**

**Southwest Maricopa Regional Partnership Council**

**December 17, 2013 – *Draft* Meeting Minutes**

**Call to Order**

The Regular Meeting of the First Things First Southwest Maricopa Regional Partnership Council was held on Tuesday, December 17, 2013 at Avondale City Hall, 11465 West Civic Center, Avondale, Arizona 85323.

Chair Dr. Dawson welcomed everyone and called the meeting to order at approximately 5:35 p.m.

**Members Present:**

Patty Avery-Schuster, Kelli Cordova Wright, Dr. Carlian Dawson, Colleen Day Mach, Kimberly Flack, Wendy Krisik, Amanda Reyes and David Schwake

Please Note: Council Member Avery-Schuster entered the meeting at 5:39 p.m.

**Members Absent:**

Dora Barrio and Marithe Denys Sandoval

**Call to the Public:**

None.

**Review and Approval of October 15, 2013 and November 19, 2013 Meeting Minutes:**

Vice Chair Flack made a motion to approve the October 15, 2013 meeting minutes as written. Motion was seconded by Council Member Schwake and carried out by unanimous vote.

Vice Chair Flack made a motion to approve the November 19, 2013 meeting minutes as written. Motion was seconded by Council Member Reyes and carried out by unanimous vote.

**Directors Updates:**

- Final Proposal regarding Discretionary Funding

Regional Director Santiago updated Council on the Final Proposal regarding Discretionary Funding. First Things First, Chief Regional Officer, Michelle Katona sent out an email regarding reporting the final recommendation from the Discretionary Funding Committee. Regional Director Santiago provided Council with a handout on Discretionary Funding and recommendations. Based upon review of the feedback provided by the Regional Councils the Committee has two considerations for the board as follows: 1.) Regional Councils are in the best position to determine how to address the needs of the regions and build on existing infrastructure and assets in place. To ensure that the regional councils have the most flexibility in making decisions with the funding and allocations the current process for distributing the discretionary funding should be maintained. 2.) Re-examine how the frontier definition is applied, and based upon the updated census data (2010 census), determine if additional regions meet

the definition. The Southwest Region was indicated and will continue to push this agenda and hopefully will be resolved in further allocations for the Southwest Region.

- Final estimates for Quality First Program Budget for SFY2015

When Council approved the funding plan, First Things First was still working on the Quality First estimates. The amounts that were approved were 100,000 less than what the Council anticipated therefore, an additional 100,000 will remain in the carry forward amount. The funding plan will be presented at the January 21 & 22, 2014 Board meeting. The Regional Directors will be presenting funding plans to the Board.

- 1<sup>st</sup> Quarter Data and Narrative Reports Review

Regional Director Santiago was unable to provide Council with the 1<sup>st</sup> Quarter Data Reports. After further review there were some invalid numbers and changes were made to the report as some strategies were added to the secondary data report. Regional Director Santiago will provide reports at the next Council meeting.

Regional Director Santiago provided Council with the First Things First SFY2014 First Quarterly Narrative Report highlighting some of the activities and pointed out collaboration efforts by providers. There is a solid collaboration amongst all the providers within the First Things First group of providers funded by the Southwest Region. Regional Director Santiago met with the New Buckeye Resource Coordinator, Joyce Gross and she will host a meeting with First Things First grantees to familiarize them with the Resource Center. The Grand Opening/Open House date has not yet been determined but a tentative date is the 2<sup>nd</sup> week in February 2014.

Regional Director Santiago informed Council that the Pendergast Resource Center recently had their Open house and they are talking about expanding into smaller/mini centers within the school district.

- Benchmarks Committee Update

The Benchmarks Committee continue to work on Benchmarks. Council Member Day Mach and Vice Chair Flack have been attending the meetings. The next meeting will be held on January 16, 2014. The Committee is getting close to finalizing all the indicators. First Things First, CEO, Sam Leyvas sent out an email regarding the search for the First Things First, CEO. The hope is that the new CEO be hired by June 2014.

#### **Council Member Updates:**

Chair Dr. Dawson – The Southwest Maricopa Regional Partnership Council will not have their Regularly Scheduled meeting in January 2014. The First Things First Board meeting is being held a week after the Council meeting and funding plans will be presented for possible approval.

#### **Adjournment:**

There being no further business, Chair Dr. Dawson adjourned the meeting at 5:55 p.m.

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

**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 Planning: Maricopa/Phoenix Regional Councils**

For the Maricopa and Phoenix Regional Councils<sup>1</sup>, 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 areas<sup>2</sup>. 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.

*<sup>1</sup> 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.)*

*<sup>2</sup> 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 can be found in the Maricopa appendix.

### **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.



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## School Readiness Indicators

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 can be found in the Maricopa appendix.

### **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.**



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## School Readiness Indicators

### **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*<sup>1</sup>. 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.

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<sup>1</sup> 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

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 can be found in the Maricopa appendix.

### **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**

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.**



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## School Readiness Indicators

### **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 can not 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



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## School Readiness Indicators

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.**

# First Things First - Quarterly Narrative Report

Due the 20<sup>th</sup> following the end of each Quarter

## Arizona Learning Institute, Readiness Basket Program / Gila Bend

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
<p><b>Sustainability:</b>  <b>Gila Bend: Group 1</b>  <b>Readiness</b>  <b>Basket/Nurturing</b>  <b>Parenting -</b>  <b>Parent Network,</b>  <b>Support Group Classes</b>  <b>@ Care 1<sup>st</sup> Resource</b>  <b>Center</b></p> <p><b>Out Reach &amp;</b>  <b>Recruitment</b></p> <p><b>Group 2:</b>  <b>Readiness Basket</b>  <b>Parent Education</b>  <b>Training Classes</b></p> <p><b>Outreach &amp; Recruitment</b></p>	<p>Targeted audience is made up of Bilingual &amp; Spanish speaking parents with children birth to 5 in the Gila Bend area.</p> <p>Two groups were started 4 years ago as parents attended the Readiness Basket Training and then graduated to the Readiness Basket Parent Support Network.</p> <ul style="list-style-type: none"> <li>The 2nd targeted group is the Basic Readiness Basket Parent Training in combination with the Nurturing Parenting Program a new partnership program for 2013-14</li> <li>During the 2nd quarter weekly phone calls, contacts and home visitation, referrals were done.</li> </ul> <p>Weekly follow-up phone calls were done throughout the last three months.</p>	<p>During this quarter group 1 and 2 participated together in the following activities:</p> <ul style="list-style-type: none"> <li>The Basic Readiness Basket Parent Training, blended with Nurturing Parenting classes met weekly with 7 sessions during October, November and December.</li> <li>Groups 1 &amp; 2 are planning, coordinated and implemented Family Literacy Night/Fall Festival. 120 people participated between adults and children.</li> <li>Other community activity was a clean up day; organized by the town of Gila Bend. 12 adults and 12 children participated</li> <li>The two groups had a holiday celebration, where the group celebrated the training opportunity, the community events, birthdays and their work for their kids and their town</li> </ul>	<p>Adults attending : 229</p> <p>Children attending: 277</p> <p>Community members contacted: 55</p> <p>Total people contacted: 561</p> <p>Phone Contacts: 440</p> <p>Home visits to outreach: 5</p> <p><b>Resources Distributed:</b>            Fliers distributed: 80</p> <p>Children books distributed: 400</p> <p>Participant's handout materials: 800</p> <p>Play to Learn Learn</p>



# First Things First - Quarterly Narrative Report

Due the 20<sup>th</sup> following the end of each Quarter

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**1. Describe any particular successes with these activities:**

Some of the successful activities during the second quarter have been the Family Literacy Night/Fall Festival. 120 people participated among adults and children. At this three hour event children and adults enjoyed reading stories, playing games, decorating cookies and also enjoyed activities and food prepared by the parents. 220 Children books were distributed, 60 First Thing First tote bags, 40 games' prizes, 30 T-shirts. All the parents who organized the activity were wearing their Readiness Basket (FTF) T-shirts and were very committed to having a successful event. Parents and care givers were happy and excited for the opportunity to organize this event which, after four years, has not become a tradition for children and their families.

Another big success was an activity where a group of 12 parents and 12 children (2-7 years old) participated for their first time "City-Clean-Up-Day organized by the Town of Gila Bend. During three hours parents and children were carrying plastic bags, walked around their designated area in the community collecting trash on the streets and in the empty lots. Several full plastic bags were collected. Children were very proud for their big accomplishment and their care of their community.

**2. Describe current issues related to staffing necessary for program implementation.**

Still it is difficult to coordinate activities with partners to deliver services in rural areas. Especially when they are far away (closest cities are Buckeye and Avondale). Would love to have more partners and administrators come to see what the parents are doing.

**3. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

This semester the Readiness Basket team has been working very close to bring SNACK and First Teeth First to the Town of Gila Bend. SNACK did a car seat presentation to 15 Readiness Basket parents/caregivers and gave away 27 car seats. First Teeth First provided 20 dental screenings to Readiness Basket children 2 months to 5 years old.

In addition, the following former agencies located in or serving families in the Southwest Region of Maricopa, as well as new ones currently collaborating with the Readiness Basket team are:

- a. Care 1<sup>st</sup> -Family Resource Center – Gila Bend ,Gila Bend Elementary School, Paloma School District, Gila Bend Volunteer from the Parents Network Support Group, SNACK Agency, First Teeth First from the Department of Public Health, Gila Bend CAP Office, Town of Gila Bend, "Kids Watch" - Home Visitation Program, Nurturing Parents Program.

# First Things First - Quarterly Narrative Report

Due the 20<sup>th</sup> following the end of each Quarter

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## Program Participants' Comments:

- "I really liked the conversations on each topic. We shared our experiences and our feeling sometimes. We had the opportunity to talk about family rules, discipline and praising our children for their good behavior and efforts. Also it is important to praise ourselves."
- "I have learned how to value my children, my family and myself. I have improved my self-esteem too. I think if I am improving my self-confidence, I can better help my family."
- "Discipline is teaching, not spanking. It is wrong to say to a child, "I am spanking you because I love you".
- "I don't have children, but I am caregiver. I am taking care of my four year-old brother and nephews. Sometime I lost control, but since I have participated in RB parenting classes the last two years, I am communicating better with the children. I stay calm. I have changed a lot."
- "I am not alone now that I have Readiness Basket. I have friends and neighbors who are in the "same bus" with me."
- "I will share my learning with my sisters who are first-time moms. They need this information too."

## Support or Additional Information:

**d. What specific assistance or guidance do you need from FTF staff to ensure the success of your program?**

There is a great desire on the part of Gila Bend parents to see FTF staff come and participate in community activities. There is also a great need to feature the work of the Readiness Basket parents in some of the state FTF publications. Making those of us who have communication skills come to a FTF training in order to get publicity is not efficient. This approach is time consuming and not it budgets. The publicity approach needs to be thought throw and revised.

SOURCE OF ALL REFERRAL INTO PROGRAM		Number
	Readiness Basket/Nurturing Parents Programs	4
	One grandmother from the training was referral to the CAP office and to Arizona Children Association	1
	Referral to Gila Bend school district - preschool office.	1
	Referral to doctors.	1

# First Things First - Quarterly Narrative Report

Due the 20<sup>th</sup> following the end of each Quarter

## Teen Outreach Pregnancy Services

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Outreach visits, calls and written correspondence	Doctors, clinics, hospitals, schools, resource centers, etc.	Monthly – 60 hours	Over 100
Formal Presentations	College America, AZAAP Care Coordination, Glendale Kiwanis Club, Dysart Unified School District Lead Community Liaison, Estrella High School Community Liaison, El Mirage Community Center staff	As requested – 135 hours	Over 25
Health Fairs/Community Events	Home Depot Community Health Fair, Adelante Boo Bash Community Health Fair, CPS Community Partnership Meeting, BOSS Buckeye Health Fair, Getting to Zero Health Fair, AZ Summit on Volunteerism and Learning	As scheduled – 25 hours	Over 750

Describe any particular successes with these activities:

B.O.S.S. Buckeye Health Fair: TOPS provided information about our program and services offered and discussed collaboration with other agencies. TOPS staff had the opportunity to meet with other organizations that offer services specifically to the Buckeye population. We're very much looking forward to developing those relationships with the opening of the resource center. TOPS handed out brochures, flyers, pens, and notepads.

2. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

During the second quarter of Fiscal Year 2014, TOPS enrolled and is currently providing services to 52 additional pregnant and parenting teen parents (32 moms and 8 dads in Northwest Maricopa and 9 moms and 3 dads in Southwest Maricopa).

# First Things First - Quarterly Narrative Report

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Because of the education and supportive services received, teens participating in TOPS in Northwest and Southwest Maricopa now complete our pregnancy and childbirth classes with an average 86% mastery of knowledge concerning the immediate health and safety needs of their unborn baby. TOPS teens also complete our parenting classes with an average of 82% mastery of knowledge concerning the early development of their child, ages 0-5 years.

TOPS babies historically have positive birth and early childhood outcomes. During this quarter, we had 49 births in Northwest and Southwest Maricopa:

- Average gestational age was 38 weeks (37 weeks or greater is considered full term)
- Average birth weight was 6 lbs. 13 oz. (5.5 lbs. is considered full weight)
- Only 5 babies were sent to the NICU
- 78% of the teens reported they delivered vaginally
- 84% of the teens reported they were breastfeeding at the time of their discharge from the hospital

## Collaboration and Communication:

3. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

During the second quarter of Fiscal Year 2014, TOPS brought 23 individuals through the doors of the Care1st Avondale Resource and Housing Center. Again, these individuals not only received services from TOPS but were also introduced to other resources housed at the center.

Chamberlain College of Nursing awarded TOPS with a certificate of appreciate at their annual Chamberlain Partner Summit in October. To date TOPS has hosted 8 nursing student interns for their community health rotation.

Dimitri Reid, Program Lead for Best Care for Kids at the Arizona Chapter American Academy of Pediatrics, presented the AZAAP Care Coordination program to TOPS staff at our monthly staff meeting in October and TOPS presented our program to AZAAP staff in November. We're looking forward to developing this partnership so the families we serve have access to both medical and non-medical resources.

Also in October, one of our Health Educators presented a session titled "Active Fatherhood" at the Terros West Valley office to families who are part of the alcohol-free community Quinceanera program. The program, which ultimately focuses on alcohol and drug abuse prevention, provides life skills education and promotes connection to family and culture. Upon program completion, the girls get to participate in an alcohol-free community Quinceanera. The "Active Fatherhood" presentation engaged families in a discussion about fatherhood and what their relationship with their fathers looked like. The presentation also identified the benefits for both children and fathers who are involved. Families learned different ways to engage with

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their teens and practiced a family dinner game. Each family closed with identifying how they would like to leave a legacy.

In November, the same TOPS Health Educator presented a pregnancy prevention workshop at the Fry's Mercado Community Room to teens who are part of the same Terros' alcohol-free community Quinceanera program. The workshop opened by having the teens put the steps of intimacy in order. The group then talked about what importance the steps of intimacy played in their lives. Next, the teens divided into 3 teams and played a game of jeopardy with categories related to STDs/STIs, Sexual Health, Parenting Costs, Birth Control, and Healthy Relationships. The teens were excited to play the game and were very competitive. The game winner came down to the last question. Terros provided the winning team with movie tickets. The teens commented that they all learned at least one new thing from attending the workshop.

Also in November, a TOPS staff member was asked to be a Grant Reviewer for the Northwest-Southwest Maricopa FTF Regional Partnership Council's "Care Coordination – Medical Home" grant application (RFGA) process. Our Nurse Educator participated in the initial training as well as the grant review process and enjoyed participating and assisting First Things First.

In December, Terros sponsored its 3<sup>rd</sup> Annual Quinceanera Sin Alcohol. The purpose of the program is to build resiliency through attachment to family, community and culture and to bring youth and families together, providing a fun time in a safe and sober environment. Nine 15 year old girls and their families participated in the program. TOPS helped sponsor the program by presenting two of the nine workshops the families were required to attend (see above). Other sponsors provided the formal wear, flowers, venues, and DJ. Terros invited TOPS to attend the formal event and presented TOPS with a framed photo of all the participants in their special gowns. The special event took place at Salon 2 Hermanos and included dinner, a dancing performance and pictures. Each girl who participated in the program expressed her gratitude for making her Quinceanera a safe event to remember.

4. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

In October we hosted our annual Halloween Party for 68 teens/guests and 35 babies. The event was held in the classroom and front foyer of the TOPS West Valley office. Clients and their babies arrived in a variety of fun costumes. Each client received a goodie bag when they arrived, filled with fun Halloween items and safety information. After signing-in, clients were able to get their picture taken with decorated pumpkins and also had the opportunity to shop Jensen's Corner. Clients and their guests were treated to their choice of pizza, donated by Papa John's Pizza, or a pinwheel sandwich along with a side of salad. Once clients finished eating, their family received a mini-pumpkin to decorate with markers and stickers. Clients and their guests also enjoyed popcorn from a movie theater machine while they socialized. Doreen from

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the Glendale Police Department presented information on how to stay safe during Halloween. Additionally, the Glendale Fire Department drove by the office but was unable to stop as they were called to respond to an emergency. 7 clients won raffle prizes to their choice of Castles 'N Coasters, SkyZone, The Children's Museum, or AMC.



Also in October, we enrolled a client with a mastery knowledge pretest score of 16%. The client worked full time and was not able to attend night classes so she received one on one classes from our Health and Nurse educators, while also trying to complete her GED. Our client expressed how much the classes helped her prepare for the birth and frequently came to class with additional questions and had often gone home to read all the materials she was given. After receiving TOPS pregnancy and childbirth education, the client's mastery knowledge pretest score was 92%.

In November we hosted a Fatherhood Event to kick off our D.A.D! (Developing Awesome Dads) program. The event was open to all dads 21 and younger whether the mother of their child is a TOPS client or not. Everyone who attended was entered into a drawing for gift cards to AMC or SkyZone. Enrolled dads were entered into their own special drawing for an NFL football signed

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by Sam Acho of the Arizona Cardinals. Also, any dad who referred themselves for D.A.D! or was already enrolled received a bundle of 40 diapers. All of the dads were treated to pizza and Dad's Rootbeer. During the event, dads had the opportunity to meet with representatives from WIC, College America, Glendale Community College, West MEC, and Grand Canyon University. After meeting with resources, Conrad Lindo from First Things First, and formerly the Director for the Arizona Center for Responsible Fatherhood, spoke to the dads about the 5 core values of being a father and the importance of being engaged with their children no matter what the relationship with the mother is like.



Also in November, one of our TOPS dads was asked to participate in the New Dad's Boot Camp put on by Del Webb Hospital as a "veteran dad". Our TOPS dad, who shared his experiences with a group of 8 soon-to-be dads, is an 18 year old dad of a 3 month old health baby boy. Our TOPS dad discussed his experience with taking pregnancy and childbirth classes through TOPS and shared what he found the most helpful to prepare for the birth of his son: the information about breastfeeding and how to change diapers and swaddle. Our TOPS dad shared that by paying attention in the TOPS classes, he was able to support the mother of his child during her pregnancy and delivery and now as a co-parent. Our TOPS dad also shared that being able to understand what his child's mother was going through helped him be that support system. The TOPS dad specifically remembered the difficulties the mother had with breastfeeding. He shared that he would tell her to relax and try the different breastfeeding positions and with his support she was able to exclusively breastfeed until she went back to school fulltime. Throughout the presentation, the soon-to-be dads asked questions and everyone enjoyed interacting with his 3 month old baby "talking" and smiling during the boot camp. After the

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presentation our TOPS dad said he was surprised that the oldest soon-to-be dad in the room, who was in his 40's, had some of the same questions and concerns about becoming a dad as he did before the birth of his son.

In December we hosted our annual Holiday Party for 125 clients/guests and 60 babies at the Pendergast Learning Center. Community partners donated food, gifts, space, and time to support with the success of the event. TOPS clients and their guests enjoyed food, ornament making and pictures with Santa & Mrs. Claus. Each client was able to select a developmentally appropriate gift for their child and also received a goodie bag for themselves filled with personal hygiene, party favors, and FTF educational items. The whole group read "Twas the Night Before Christmas" together and at the end of the event, TOPS raffled off 8 larger prizes from a pool of clients who updated their contact information with us. On their way out, all clients were able to pick out a quilt and a children's book to take home as well.

SOURCE OF ALL REFERRAL INTO PROGRAM		NUMBER
1	Early Care and Education (Child Care)	4
10	Hospital	1
13	Legal	1
15	Primary Care Physician	3
16	Prenatal Group	10
21	Government agency (please identify)	3 (WIC & CPS)
22	Other (please identify)	30 (12 friend/TOPS client, 18 TOPS website, phone call/walk in)

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## Nurturing Parents:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
October 2 <sup>nd</sup> – Care1st Avondale Outreach	SWMRPC Grantees	Monthly	30 professionals
November 6 <sup>th</sup> – Care1st Avondale Outreach	SWMRPC Grantees	Monthly	30 professionals
November 13 <sup>th</sup> – Outreach Buckeye Library	Families in City of Buckeye	As needed	N/A
October 16 <sup>th</sup> – Gila Bend NPRGK, KW and ALI Partnership on Literacy Night	Families in Town of Gila Bend	Quarterly	50 adults
October 17 <sup>th</sup> – Goodyear Faith Community Round Table	Faith based/non-profit community leaders	Bi-monthly	20 professionals
October 19 <sup>th</sup> - Goodyear G.A.I.N Event	Families in the City of Goodyear	Annually	300 adults
October 19 <sup>th</sup> - BOSS Health Fair, Buckeye	Families in Buckeye	Annually	50 adults
October 31 <sup>st</sup> - Goodyear Food Bank	Food box referral	As needed	Obtained food box for Avondale family for Christmas
November 6 <sup>th</sup> - Care1st Avondale Family Resource Center Partner Meeting	Service providers in the Southwest region	Monthly	24 professionals
November 13 <sup>th</sup> – Diana Ibarra, Adelante Healthcare, Buckeye	Families in Buckeye	As needed	2 professionals

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December 11 <sup>th</sup> – Lourdes Rood, Pendergast Elementary SD	Families in the Pendergast Elementary SD	As needed	1 administrator
December 17 <sup>th</sup> – Erin McFarland, Goodyear Library	Families in Goodyear	As needed	1 administrator

Describe any particular successes with these activities:

The NPRGK staff participated in 11 outreach and/or professional events seeking individuals in Southwest Maricopa who could register and participate in one of four 12 week parenting class. Over 400 flyers were distributed to parents/families of all types including teen parents, grandparents and foster parents.

**2. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

We completed four 12-week series classes plus a special requested evening series at the New Life Center where childcare wasn't necessary.

To see the elation on the faces of our graduates was very rewarding. While most participants took the parenting skill building class for personal growth, others were court ordered. Their children had been removed by Child Protective Services (CPS) due to inappropriate treatment. These adults didn't understand where they cross the line in discipline or unacceptable language with their children. This reality hit home on graduation day when two of our parents from one of the four classes expressed their excitement over program completion; how they now have a chance to get their children back; and how they now understand why they lost their children to CPS in the first place. They continued by saying that they better understand how to nurture themselves as well as their children and know the importance of nurturing.

Another parent shared that after 15 years of marriage and 4 children, she did NOT know her husband could read English until she heard him reading *Daddy Teller* by Sean Buvala. As she opened their bedroom door he was laying across the bed enjoying "a good book". After dinner, he calls all the children together and told them fables he just read. She was thrilled and told us, had she not had that book she still would not know he was an English reader.

A couple shared how excited they were to have a parenting class in Avondale. They originally signed up to go to a parenting class in Scottsdale where they also had to pay for it. Instead, they learned by calling Care1st Avondale about the FTF sponsored free NPRGK class 5 minutes from their home. Two women enjoyed the class so much they attended twice a week, once during the day and then again in the evening with their respective husbands. The fact childcare was being provided helped.

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December and January are two months of the year where we conduct follow-up home visits to anyone who is registered and attended at least 75% of the class. Our objective is simple, to *assess and facilitate integration of classroom learning* within the home environment. Home visits typically consist of one to three visits; if further support is needed, referrals are initiated to home visitation programs or parents are encouraged to enroll for another series of classes. The visits were completely voluntary. There are fifteen questions asked to address unanswered questions and/or concerns, make clarifications or listen to new issues. Nine participants agreed on having home visits in December.

**3. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

Thank you for looking further into this matter, the unduplicated count vs. duplicated count.

## Collaboration and Communication:

4. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

What a great collaboration we have with the New Life Center – A Refuge from Domestic Violence. This Center provides a temporary safe haven for women and their children fleeing domestic violence. Families can stay up to 120-days. The Center provides necessary living needs - food, clothing and bedding and offers individual and group interventions to address the many needs of residents. Getting out of an abusive relationship is easier said than done. The mothers and their children need a lot of support and education. That's where NPRGK comes in to assist. NPRGK collaborates and helps in two areas 1) offering on-site weekly evening curriculum to the Spanish speaking residents and 2) mothers who speak English attend the weekly day-time Avondale Care1st group sessions provided to the general population as a part of their New Life Center personal growth plan.

In our proposal we stated we would provide four 12 week series twice a year with childcare. We already provide classes in Avondale at the Care1st Resource Center, but due to the critical nature of the population of abused and battered women and the much needed boost in self-esteem and self-worth we will continue to volunteer to work with these mothers.

Gangplank Avondale – This is one of the best kept secret in the Southwest Maricopa Valley and a welcome center of operation for NPRGK. We work and provide free services to families in this community and they provide office space.

Pendergast Elementary School District – Pendergast Elementary School District has schools in 3 FTF Council Regions: Southwest Maricopa, Northwest Maricopa and South Phoenix. Next quarter we will provide parenting skill building classes to families in a school located in northern Avondale.

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5. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

Having an office within the region we serve has netted many benefits for walk-ins. Families call and come by to discuss curriculum or implementing strategies with the two NPRGK Facilitators. Steve Chung, Director for the BlackStar Group walked into the Gangplank facility seeking to find out “what goes on inside the building”. The BlackStar Group offers First Aid, CPR and AED Training which emphasis hands-on learning and offers the skills necessary to save lives to organizations around the nation; and because we are in the same office building the manager agreed to provide these services to the PRF Team at no charge. Our training was an entire day for a 2 year certification and included:

**First Aid:** We learned how to respond to common first aid emergencies including burns; cuts; head, neck and back injuries and more;

**CPR/AED:** We learned how to respond to cardiac and breathing emergencies in adults, children and infants including the use of automated external defibrillator (AED).

## Support or Additional Information:

6. What specific assistance or guidance do you need from FTF staff to ensure the success of your program?

The assistance needed from the FTF staff to ensure program success is in regard to how the adult count will be taken - duplicated vs. unduplicated numbers. We understand this is currently being reviewed and feel confident a realistic decision is to be made.

7. Describe any additional information you would like to share about program implementation.  
During the second quarter the NPRGK staff netted 321 adults, 279 returning adults and 215 children (duplicated) who participated in the first series offered.

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## Grandparents Raising Grandchildren:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
10/17/13	Faith Community Roundtable	1x	25
10/19/14	BOSS Buckeye Health Fair	1x	100+
10/22/13	Gila Bend	1x	2
10/26/13	Arizona Kinship Coalition	1x	6
11/5/13	National Council of Behavioral Ambass	1x	45
11/12/13	Az. Grandparents Ambassadors	1x	40
11/15/13	DES Division of Aging	1x	2
11/19/13	SW Regional Planning Council	1x	25
11/11/13	Central Az. Kinship	1X	10
12/4/13	AZ Comm. Foundation	1X	40
12/4/13	SW Networking Mtg.	1x	35
12/5/13	Worthy Inst.	1x	10
12/9/13	Central Kinship AZ	1x	20
12/10/13	BOSS Buckeye	1x	1
12/10/13	Tolleson School District	1x	1

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## Home Visitation:

Program Implementation:

4. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
<p><b>OUTREACH EFFORTS</b></p>	<p>Community awareness and outreach activities are conducted for a target audience of families who are expecting a baby or those that are parenting a newborn, older infant, or toddler.</p> <p>Building Bright Futures program plans and completes outreach throughout the entire community in the Southwest Maricopa Region, including establishing and maintaining collaborative relationships with other service providers and agencies.</p>	<p>Our Parent Educators and Program Director spent time during the 2<sup>nd</sup> Quarter representing the Building Bright Futures Program during First Things First Events. This included FTF Southwest Regional Partnership Council Meetings, FTF Grantee Meetings, and FTF Summit. The team was also able to connect with the Southwest Maricopa Community Outreach Coordinator and Director when assistance or questions arose.</p> <p>The Parent Educators have continued to communicate and meet with staff and partners at the Care1st Resource Center in Avondale and Gila Bend regarding the program, referrals, and holding our program’s Parent Group Connections at their locations.</p> <p>Participated in and shared program information and referrals in the Regional Networking Meeting held at Care1st in Avondale each month.</p>	<p>5 + Staff</p>

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		<p>Parent Educators have continued contact with key personnel at the following WIC locations: Avondale (Care1st), Maricopa Avondale, Adelante Buckeye, Adelante Gila Bend, and Mountain Park Health Center</p> <p>Staff met with staff and any family that was present at all of the WIC locations, Public Libraries, Resource Centers, and community partners in Avondale, Goodyear, Tolleson, Buckeye, and Gila Bend to give them new program brochures and answer any questions about the program and eligibility requirements.</p>	<p>25 + community partner staff, monthly</p> <p>6+ staff</p> <p>100 + family members</p>
<p><b>REFERRALS, RECRUITMENT, &amp; ENROLLMENT</b></p>	<p>The target audiences during recruitment and enrollment activities are parents who are expecting a new baby or parenting a child birth to 3 years of age in the Southwest Maricopa Region.</p> <p>The Building Bright Futures program focuses on referrals, recruitment, and enrollment throughout the entire Southwest Maricopa Region.</p>	<p>The Building Bright Futures Program has consistently received referrals from previously established collaborations and new relationships with other providers in the Southwest Maricopa community and surrounding areas.</p> <p>The Building Bright Futures Program continues to be present in the Southwest Maricopa Region by collaborating with partners in the region including schools, libraries, medical offices, hospitals, child care centers, preschools, Head Start, and faith based organizations/churches. Building Bright Futures staffs have been present at resource / community fairs to promote awareness of the program and take on site referrals.</p>	<p>In the 2<sup>nd</sup> quarter, Building Bright Futures has received 16 referrals resulting in 6 ongoing families, 2 families in the middle of the enrollment process, 5 referrals that Parent Educators are still trying to contact and set intake appointments, and 3 families that closed at the referral stage. The referrals came from outreach and recruitment or existing collaborations that the program have in the Southwest Maricopa Region.</p>

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			<p>The 16 referrals were from the following sources:</p> <p><b>Parent Partners Plus</b> <b>10</b></p> <p>Nurse Family Partnership: 6 Healthy Families: 2 Birth to 5 Helpline: 1 MIHS: 1</p> <p><b>Friend/Family:</b> <b>2</b></p> <p><b>Care1st:</b> <b>1</b></p> <p><b>First Things First:</b> <b>1</b></p> <p><b>My Child's Ready:</b> <b>1</b></p> <p><b>Self:</b> <b>1</b></p>
<b>RETENTION</b>	<p>The target audience for retention is all enrolled and participating families, from the time of referral to appropriate closure. All efforts are made to retain eligible families in the Building Bright Futures program to provide family support and parent education through home visitation using the Parents as Teachers model.</p>	<p>Building Bright Futures staff retain clients by building rapport with families, by being available to families during regularly scheduled visits, by setting realistic goals with families, and providing quality home visitation service including information, resources, and education for the families enrolled in the program. Group Connections were also held in Avondale at the Care1st Family Resource Center. This was a collaboration with the center and both days were vision and hearing screenings and follow up information was given to families. A Gila Bend group was not offered this quarter because only one of the four Gila Bend families was</p>	<p>Year to date, Building Bright Futures has provided support and parenting education to 70 families in the Southwest Maricopa Region, which is 56% of the targeted number of families to be served this year. All families had at least one child age 3 years or younger at enrollment.</p>

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**Describe any particular successes with these activities:**

Our program and programs in other agencies utilizing the Parents as Teachers curriculum in Maricopa County meet throughout the year to continue collaboration and sharing information on what is working well and what barriers are being faced by Parents as Teachers providers across Maricopa County. Each affiliate has a different amount of experience with the model and other expertise in the field in general to share with each other. The cohort has scheduled a Reflective Supervision training in March to comply with PAT requirements for supervisory practices.

Our program provides monthly parenting groups for program participants. The parenting groups, in addition to individual home visits, are meant to give the families additional opportunities to bond and learn with their child(ren) as well as meet other families with young children in their area. There were four groups held during the quarter. The two October groups, "Using Your Senses", helped parents understand how to use the different senses to teach and play with your child. The November group, "Is Your Child Bored" helped parents recognize their child's cues and provided ideas for appropriate activities to engage the children. The December group, "Learning Through Play", focused on how to utilize learning through play at various ages. In total there were 23 parents that attended and 27 children. All groups were held at the Care1st Resource Center in Avondale. Typically at least one group connection is held in Gila Bend each month. However the families in Gila Bend were not interested or could not attend the group and it was cancelled.

**5. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

Building Bright Futures provided 318 home visits to families enrolled in the program during the 2<sup>nd</sup> quarter. There are currently 68 children enrolled and being served. All newly enrolled families during this quarter had at least one child three or younger or were currently pregnant.

We held four Group Connections during the second quarter. The parents and children attend these groups together, offering learning and social time for both. These groups are usually scheduled at least once a month to ensure that as many interested program families can attend as possible. Staff offers them in the Avondale area and Gila Bend and is willing to change locations to accommodate the needs of the families in the program. At this point the groups have been offered in the Avondale Care1st Family Resource Center and the Gila Bend Care1st

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Family Resource Center because families have expressed that these locations are convenient and they frequently utilize the other services that the centers provide.

**6. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

The families are sometimes being turned away from their closest food box locations because there are no more food boxes available. When the family goes to the next closest one, they are being turned away because they are out of area. We try to help the family with their food budget, however sometimes that just isn't enough to get them through the month. We attempt to pick up food boxes for them or refer them to local churches or other public food programs that might be able to help them.

Transportation continues to be an issue when a family does not have access to a vehicle. The only public bus systems in the area are in Avondale and there is one in Gila Bend that travels from Gila Bend into the far west valley. Both are quite limited. If a family lives anywhere else their only options are getting a ride from someone or paying for a taxi. The Parent Educators work with the families to utilize the taxi service that AHCCCS provides for doctor visits. This is becoming limited according to the clients.

## Collaboration and Communication:

**7. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

The following organizations collaborate with Child & Family Resources, Inc. and the Building Bright Futures program to include cross referrals to and from our agency, and share clients as well as resources and training opportunities. We all work collaboratively for the benefit of the families.

- Care 1<sup>st</sup> -Family Resource Center – Avondale, Gila Bend, St. Mary's Food Bank
- Department of Economic Security – Division of Developmental Disability
- Goodwill of Central Arizona, South Phoenix Healthy Start
- Adelante – WIC program in Avondale, Buckeye & Gila Bend,
- Teen Outreach Pregnancy Services
- Mountain Park Health Center – WIC Office in Goodyear, New Life Center- Goodyear
- Luke Air Force Base - AZNG Family Programs
- School Districts – Avondale, Tolleson, Litchfield, Buckeye, & Gila Bend
- Southwest Institute, Parenting Arizona , Southwest Human Development

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- Parent Partners Plus, Buckeye, Avondale, and Tolleson Head Start
- Nurse Family Partnership, Civic Center, Buckeye, Sam Garcia, Litchfield Park, Avondale, Gila Bend Public Libraries, SNACK

Child & Family Resources staff attends the First Things First Southwest Maricopa Regional Council meetings and the Grantee Collaboration Meetings to be available for any questions but also to build collaborations with other agencies present at the meetings. We also have found it helpful to hear concerns regarding FTF expectations of grantees. The Building Bright Futures program has initiated meetings with FTF grantees and other family support service providers in the Southwest Maricopa region to tour their facilities, discuss the program, and locate options throughout the region to hold PAT Group Connections that will be convenient to participants to attend.

**8. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

Our enrollment is focused on prenatal families and families with children 3 and younger at the time of enrollment. All families enrolled during the 2<sup>nd</sup> quarter were being served prenatally or had a child 3 or younger. We have assisted the families in understanding the growth and development of their child prior to birth or during the newborn age, encouraging bonding and attachment at the earliest possible time. There is great success with long term retention of families in the program. Of all families currently participating, 70 % have been participating in the program for over a year. Of that total, 8 families have been with the program more than 2 years. The Parents as Teachers curriculum is meant to be used with families in long term home visitation programs. The ability of the Parent Educators working with the families in this program to keep families engaged for more than a year at a 70% rate helps the program to be able to provide best practice in the services we offer families.

A Parent Educator has been working with one family for over a year on various developmental topics with the family. Two of the developmental learning goals the family identified, with the help of the Parent Educator, involved their child learning colors and how to cut. They struggled helping their now 3 year old to identify colors correctly. Through activities provided by the Parent Educator during visits as well as the parents working with their child on their own she is now able to identify 4 colors correctly on a consistent basis. She also just mastered being able to cut simple patterns on her own, after learning how to cut straight lines. The family is grateful to have age-appropriate ways to support their child in achieving important school readiness goals.

A family that has been enrolled since August 2011 has worked on many goals that involved the development of her child. However, one of the family well-being goals, to maintain steady employment to support the family, has been elusive since the family first started working with

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the program. There were many barriers, such as transportation and child care issues and lack of high school diploma or GED. Over the years the Parent Educator has worked with the mother and provided resources and support to help her work on her GED, write her resume, and practice job interviewing skills. She has also provided resources and helped the mother establish a child care plan for her child when the mother was working, and identify ways to overcome her transportation issues. The mother had success with some temporary/seasonal employment but no full time employment. Prior to exiting the program when her child aged out of services, the mother was able to finally obtain a full time position to support her family, using the support and resources provided by her Parent Educator.

## Support or Additional Information:

### 1. Describe any additional information you would like to share about program implementation.

Building Bright Futures is connecting families to resources in their communities. Building Bright Futures referred 14 unique families to 19 different resources within their communities.

We continue to identify high-quality staff training opportunities to maintain the professional development of staff, and assist them in better meeting the needs of families. We also continue to maintain our model certification status as a Parents as Teachers affiliate program, adhering to all program standards set forth by Parents as Teachers.

SOURCE OF ALL REFERRAL INTO PROGRAM		Number
1	Early Care and Education (Child Care)	
2	Community social service provider	<b>Parent Partners Plus 10</b> Nurse Family Partnership: 6 Healthy Families: 2 Birth to 5 Helpline: 1 MIHS: 1  <b>Care1st: 1</b>  <b>First Things First: 1</b>  <b>My Child's Ready: 1</b>
22	Other (please identify)	<b>Friend/Family: 2</b> <b>Self: 1</b>

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## Family Friends & Neighbors: KidsWatchAZ

### Program Implementation:

Activity	Target Audience	Frequency of Activity	Number Reached
9/17/13 Goodyear Library	Parents and Child Care Providers	As scheduled	8 potential referrals
10/2/13 Care1st Avondale Family Resource Center Partner Meeting	Service providers in the Southwest Region	Monthly	22 professionals
10/3/13 Gila Bend Food Bank Distribution	Child care providers	As scheduled	3 referrals
10/3/13 Litchfield Food Bank	Marketed KW program to staff; picked up referral for food box	As scheduled	Received 1 referral
10/3/13 Meeting with Palm Valley Church Foster Program representative	Met with representative to discuss potential referrals to KW	As scheduled	1 professional
10/17/13 Goodyear Faith Roundtable Meeting	Service providers and Community Leaders	As scheduled	16 professionals
10/19/13 Goodyear GAIN Event	Child care providers	As scheduled	22 potential referrals
10/19/13 BOSS Health Fair, Buckeye	Child care providers	As scheduled	10 potential referrals
10/31/13 Goodyear Food Bank	Food box referral	As scheduled	Obtained 2 food boxes and 2 diapers for care providers in Buckeye and Avondale
10/31/13 Litchfield Food Bank	Food box referral	As scheduled	Obtained a food box for care provider in Buckeye
10/31/13 Nurturing Parents class	Child care providers	As scheduled	3 potential referrals

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11/6/13 Care1st Avondale Family Resource Center Partner Meeting	Service providers in the Southwest region	Monthly	24 professionals
11/9/13 KidsWatchAZ Care Provider Get-Together	KW Enrolled Child Care Providers	Quarterly	13 care providers and 20 children
11/25/13 Care1st Avondale Family Resource Center	Child care providers	As scheduled	1 referral
12/3/13 Janeth Lopez	Child care providers	As scheduled	1 referral
12/11/13 Goodyear Food Bank	Picked up referrals for 2 food boxes	As scheduled	N/A
12/11/13 Litchfield Park Library	Met Librarian and obtained permission to introduce program at story time	As scheduled	1 professional
12/18/13 Goodyear Food Bank	Food box referral	As scheduled	Obtained 2 food and 1 diaper boxes for Christmas
Caregiver Halloween and Christmas events	KW Coach attended Caregiver events by invitation; talked about FTF and KW	As scheduled	4 care providers and 23 parents

Staff participated in 7 outreach events, and met 11 times with professionals to network and gain approval for outreach. The Goodyear G.A.I.N. event has been helpful in recruiting new child care providers. This year's event netted 22 referrals. Opportunities for outreach are more frequent due to the opening of school, and with better weather, outdoor Fairs and Health events.

1. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

KidsWatchAZ exceeded its targeted goal of 99 care providers or 90% for this quarter by one care provider! We hope to report a full caseload at the end of the next quarter or 110 care providers. Please note the increase in services provided to care providers and their children:

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End of Quarter:	9/30/13	12/31/13	3/31/14	6/30/14
# Caregivers	84 or 76% (+ 27 – 12 closed)	<b>100 or 91%</b> (+25 – 9 closed)		
# times children in care seen	252	367		
# times own children seen	61	107		
Total # children seen	313	474		
# Home Based Trainings given	97	195		

Please note additional information:

- A community-based get-together attracted 13 caregivers and 20 children.
- Twice as many home visits were made in the second quarter as compared to the first (97 versus 195).
- A total of 19 different curriculum topics were discussed with caregivers this quarter, with written information forwarded to parents.

This data is indicative of the diligence and energy of staff. The two new staff (as of August 2013) are now familiar with the program, learning the curriculum and conducting targeted outreach activities. They have been supported by the two veteran staff and all are committed to reaching the targeted goal of 110 caregivers this next quarter.

## 2. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

Staff participated in several large community events and obtained over 30 referrals. However, from experience not all of these referrals will actually result in registrations. Due to the pattern of continuous closures each quarter, on-going outreach activities are critical to reach and maintain the designated caseload of 110 care providers, i.e., this quarter 25 registrations and 9 closures.

## Collaboration and Communication:

### 3. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

The Care1st Avondale and Gila Bend Family Resource Centers continue to provide opportunities for outreach. Staff attends Care1st Avondale Partner meetings which provide an excellent time to become better acquainted with professionals. As a result, a staff member from Valley of the Sun United Way attended the KidsWatchAZ November 9<sup>th</sup> Get-Together, which facilitated KidsWatchAZ membership with the Alliance for Family, Friend and Neighbor Child Care. Staff will attend the January 2014 meeting and present information about KidsWatchAZ.

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The Care Provider Get-Together was successful in attracting 13 care providers and 20 children. The interactive session facilitated care providers sharing their strategies for implementing daily schedules and activity planning. The intent was to reinforce the strategy of “intentionality” of subject matter and activities.

Staff members have concentrated on outreach to the Buckeye, Goodyear, and Litchfield Park Libraries; Buckeye, Goodyear and Gila Bend Food Banks; Palm Valley Foster Parents; and Buckeye Elementary Schools. Several new registrations are from these communities, and with the opening of the new Buckeye Family Resource Center, KidsWatchAZ looks forward to increased opportunities for marketing in Buckeye. Staff also plans to re-connect with Tonopah’s Ruth Fisher Principal this next quarter.

While attending outreach events, information is provided to participants on the new Nurturing Parents Raise Great Kids parent education program. KidsWatchAZ has obtained 2 registrations from the Nurturing Parents program.

KidsWatchAZ staff support the Valley of the Sun United Way and Care1st Avondale Resource and Housing Center’s VITA program by distributing the VITA flyer to all of our care givers and parents who may need free tax filing assistance.

**4. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

In October and December, a KidsWatchAZ Coach was invited to two Holiday events for the families of the children in their care. While attending the two (holiday) events, the Coach was introduced to the parents and given the opportunity to further explain the KidsWatchAZ Program and First Things First. Both of the Care providers spoke highly of First Things First and how it enables KidsWatchAZ to come into their child care home and provide educational training and materials (books and toys) for their children. The Coach was able to speak one-on-one with the parents and answer questions about our program. Many parents commented or expressed appreciation for the Parent Pages pertaining to the topic we are covering that month which are sent home with the child. It was a very rewarding experience for the Coach to be able to attend these events.

Staff participated in an Adult, Child and Infant CPR/First Aid training provided free of charge by Black Star Group. KidsWatchAZ plans to offer this course to care providers and parents they serve in the near future.

## Support or Additional Information:

**5. What specific assistance or guidance do you need from FTF staff to ensure the success of your program?**

First Things First facilitated the first Site Review for KidsWatchAZ on October 21, 23, 24, and 28. The Quality Assurance Specialist, Mona Qafisheh, was most accommodating in attending two

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Coach home visits to care providers in order to observe both large and small settings which necessitate different approaches. She facilitated the gathering of assessment information in a comfortable and professional manner. The majority of the review standards were easily recognizable and already incorporated into KidsWatchAZ Implementation procedures, three items surfaced that were unanticipated, these will be reported to the council at a later date after discussing the reporting format with FTF staff.

**6. Describe any additional information you would like to share about program implementation.**

Two KidsWatchAZ staff has been trained on the new AZ Early Learning Standards and the AZ Infant/ Toddler Guidelines. Staff is working on ways to inform caregivers and parents about the guidelines and standards as a special supplement to the PAT curriculum.

Another KidsWatchAZ staff has been certified through the National CPS Certification on the 32 hr. car seat safety installation provided by S.N.A.C.K. Our collaboration is to assist in neighborhood car seat installations throughout the year. KidsWatchAZ has referenced a care provider Survey in previous reports but has not implemented it yet. It, too, was discussed during the Site Review. Ms. Qafisheh provided feedback on the Survey format, and it was given approval for disbursement. Staff is planning its first distribution to care providers who have had seven home visits, and will report on the results by the end of the Fiscal Year. Helpful feedback will be incorporated into the program as soon as feasible.

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## Pendergast Family Resource Center:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Resource and Referral	Families with children birth to 5	daily	608 (Northwest, Southwest and South combined for the quarter)
Parent Education	Families with children birth to 5	Twice per week	181 (Northwest and South combined)

#### **Describe any particular successes with these activities:**

In September we launched both Kith and Kin classes as well as the Readiness Baskets and continued them through December when both sessions were completed. Both parent education sessions have been well attended. We made several publicity announcements to each school in the district, including administrative teams and school counselors as well as entire school faculty.

#### **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

We are continuing the process of hiring instructors and scheduling parent education classes geared toward families who have children with special needs. We are starting another series of Mommy and Me classes for parents and children to attend together.

The discipline and guidance curriculum Common Sense Parenting that is geared toward toddlers and preschool aged children will begin at the end of January. Our district already offers the Common Sense Parenting to families with older children and this curriculum supports the social skills curriculum taught district wide.

We are bringing in the Nurturing Parents Raise Great Kids to begin in February. It will be in both English and Spanish and will be offered at a new "mini" FRC at our Garden Lakes School in the Northwest region.

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We are offering a parent education program for parents of preschool students to introduce them to the Early Learning Standards.

**2. Describe current issues related to staffing necessary for program implementation.**

We experienced three resignations during the reporting time period. This obviously created a shortage of staff. We realized that the work of the FRC was not being done as expected and this necessitated a thorough review of all our procedures as well as reporting documents. Many documents were missing. We have revamped the process for all individuals within the FRC and have assigned tasks to each role as well as clarified our training and professional development for new staff.

**3. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

We have negotiated with school administration to create a “mini resource center” for our Garden Lakes School to offer Parent Education in the Southwest region. Parent Education classes will begin there in February. We have also consciously spread our Parent Education options around the district so that all regions have something to offer parents.

**4. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

We are still in the process of partnering with Maricopa Integrated Health to provide health care and pediatric dental services in the near future at the Hope Center which is located within close proximity to all three FTF regions supported by this grant.

We continue to partner with Phoenix Greater Urban League Head Start to provide special education supports and Parenting Education. We collaborated with them to bring the Kith and Kin program to the Family Resource Center.

We continue to work with Child Help Cummings Community Center to provide services to families with a focus birth to five and are having monthly meetings to collaborate and share our projects. They will be holding Group Connection Parent Education classes at our Pendergast Family Resource Center in January.

We will continue collaborations with Benevilla to provide space for them to facilitate parenting education, especially grandparents as parents support groups in the Northwest FRC.

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5. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

We held our Open House on December 10<sup>th</sup> and it was well attended. We celebrated the graduation of the parents in the first Readiness Basket classes.

## Support or Additional Information:

6. **Describe any additional information you would like to share about program implementation.**

This is a work in progress and is constantly being monitored and adjusted according to the needs of the parents we serve. Staff development will take a front row seat this next quarter as we refine and develop checks and balances within our system to offer our staff the best support.

7. **Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).**

We continue to partner with Phoenix Greater Urban League Head Start to provide special education supports and Parenting Education. We have begun sharing a campus and meet monthly. Professional Development has been given to the Head Start staff by the Coordinator for Early Childhood Education with regard to Response to Intervention and Special Education.

We continue to work with Child Help Cumming Community Center to provide services to families with a focus birth to five and are having monthly meetings to collaborate and share our projects.

We began a working relationship with Partners in Participation, LLC to provide the Readiness Basket parent education program at our Family Resource Center. They will provide a total of 22 Parent Education topics during the 2013-2014 academic year. We will provide a certified teacher to talk about kindergarten transition and readiness.

We have begun collaborations with Benevilla to provide space for them to facilitate parenting education, especially grandparents as parents support groups. They will use our Family Resource Center in the Northwest.

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## Avondale Family Resource Center:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Catholic Charities Westside Head Start Policy Committee	Westside Head Start parents and staff	Monthly	30
Board Meeting	Board & Staff from SVLA	Monthly	15
Play & Learn Playgroups	Parents/caregivers and children 0-5 years old	3 times a month	114
SNACK Car Seat education class	Parents/caregivers of children 0-8 years old attending class	monthly	33
New Directions Infant Brain Development Workshops	Parents/caregivers of children 0-5 years old	Monthly	114
Tour/Meeting	Partner Agency: Mission of Mercy	Once	20
West Valley View articles on Resource Center events	Southwest Valley Residents	Monthly	77,000
Father Matters	Staff	Once	5
Eve's Place	Staff	Once	2
Southwest Family Advocacy Center	Prevention Specialist	Twice	1
Pure Heart Christian Fellowship	Staff	Once	2
All Faith Community Services	Staff	Once	3
City of Goodyear	Neighborhood Services Staff	Once	1
City of Peoria	Human Services &	Once	3

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	Neighborhood Revitalization Staff		
U of A student	Student	Once	1
United Way, Readiness Basket	Staff	Once	2
United Way, Success by six	Staff	Twice	4

**Describe any particular successes with these activities:**

- a. Father Matters, Inc. was founded in 1997 by Vance Simms- a father who saw a tremendous need to support fathers and help build individual capacity one father at a time through strong, positive mentoring among fathers. Today, the agency is a leader in promoting growth in socially and economically deprived communities, providing a full continuum of services aimed at breaking the cycle of abuse and fatherless families; such services that are desperately sought out and limited. Father Matters started offering services at the Resource Center every Monday, 9-4PM. **Our partnership saw 16 participants in the first month of working together.**
- b. Eve’s Place, Inc. a 501(c)3 Non-Profit provides Safety and Empowerment Based-Programs to Victims of Domestic Violence. Domestic violence affects 1 of every 4 Arizona residents. Services include: individual support with a Domestic Violence Advocate, assistance with navigating the court process (divorce and child custody), resources and referrals for individual needs, assistance with relocation, and Domestic Violence Support Group. **Clients are able to meet with an Advocate on a weekly basis through our partnership.**
- c. Valley of the Sun United Way provided an English and Spanish workshop for families on school readiness at the Resource Center in November. To assist families in preparing their children for school, each family was provided a School Readiness Kit with more than 80 activities to engage their children at home. Each kit contained helpful tips on how their children learn, many activities, books, music, crayons, and scissors.

**9. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

**Bountiful Blessings – 100 Families Fed at Thanksgiving**

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Care1st Avondale Resource and Housing Center partnered with First Southern Baptist Church of Avondale and First Baptist Church Garden Lakes to make Thanksgiving happy for 100 families. Staff and members from both churches pledged to support families needing a little assistance to enjoy a hearty Thanksgiving meal. With the help of Albertson's, Dinner Boxes containing a turkey, mashed potatoes, gravy, stuffing, green beans and dinner rolls made their way into 100 homes. Partnering agencies assisted in identifying families in need.

## Hometown Holidays

Mr. & Mrs. Claus arrived at the Care1st Avondale Resource and Housing Center in December. Over 200 people, most were children 0-5 years of age, enjoyed making holiday crafts and cookies and milk. Each child received a new book of their choice and each family had pictures taken with Mr. & Mrs. Claus.

## Collaboration and Communication:

- 10. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

Helping Families In Need assists families in completing the Health-E-Arizona applications and renewals for AHCCCS, Food Stamps, and Cash Assistance at the Resource Center. They are also providing assistance to families in completing the Affordable Care Act applications. Two Helping Families In Need staff are now available Monday-Friday, full time at the Resource Center to assist families with these services.

- 11. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

- a. The S.N.A.C.K. program offers a car seat education class monthly at the Resource Center. This class is in high demand for the community and registration is full within a week of opening up registration. During the months of October and November, registration was full within 23 minutes. S.N.A.C.K. and Resource Center staff work well together in letting families know where other S.N.A.C.K. events and resources are located to ensure families receive this valuable education.

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## Support or Additional Information:

### 12. Describe any additional information you would like to share about program implementation.

Care1st Avondale Resource and Housing Center facilitates and provides space for agencies providing services to families in the Southwest Valley to network and share information about their services at the quarterly Networking Meeting. Those in attendance at the October meeting decided to move to monthly meetings in hopes of sharing more information and better serving clients together. This Networking Meeting takes place the first Wednesday of the month from 1-2pm. Group attendance continues to grow in numbers.

### 13. Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).

Helping Families In Need (HFIN), DUET, Benevilla, Avondale Family Education & Resource Program (AFERP), Teenage Outreach & Pregnancy Services, Valley of the Sun United Way, Building Bright Futures, Nurturing Parents Raise Great Kids, KidsWatchAZ, Maricopa County Public Health, Adelante Healthcare (WIC), Area Agency on Aging, Southwest Valley Literacy Association (SVLA), Maricopa Workforce Connections, Depression & Support Alliance, Housing Authority of Maricopa County, Congressman Raúl Grijalva AZ District 7, Arizona Priority Education and Counseling, Salvation Army (SHARE Program), Valle del Sol, US Department of Veterans Affairs, Maricopa County Adult Probation, Communities in Schools, Luke Air Force Base, Avondale Community Action Program, A New Leaf, Community Bridges, Raising Special Kids,

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Eve's Place, Father Matters.

## Gila Bend Family Resource Center:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Outreach for southwest behavioral Counseling	Parents with children 0-5	Twice for the month of November	10
Readiness Basket	Parents with children 0-5	Referred 3 families to the upcoming 2014 classes	3

#### **Describe any particular successes with these activities:**

One success during this quarter has been the impact southwest behavioral has had on the Gila Bend Community. One family was in need of some counseling services for their young children, due to the mother being concerned about their violent behavior. The Resource Coordinator referred them to southwest behavioral and by the following week they scheduled a session at home with one of the counselors. The mother was very pleased with the great resources and help that she was provided, that she also referred a close friend who was also going through some troubles of her own. Since then the mother has seen positive changes in her children's behavior and has learned some new tips on how to work with her children's behavior.

2. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

Care 1<sup>st</sup> has provided the Resource Center with a new part-time receptionist. She is bi-lingual and a Gila Bend native. She brings a great deal of help and ideas to the resource center as she is very familiar with the community and its needs. By having the new receptionist the coordinator now has more time to do outreach, attend meetings, and plan events for the year.

3. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

The Resource Center is in need of volunteers for English Classes, Vita income tax preparations, along with other programs we want to bring to the community. By having dedicated volunteers

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we can have daily helpful activities to bring to our community. We have been letting our community know about these needs and are currently waiting for a response.

## Collaboration and Communication:

- 4. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

The Resource Center collaborates with the Senior Center to refer people for any services they need such as clothing, hygiene bags, and kitchen supplies. We also receive help from the Senior Center when one of our clients has transportation issues. The Senior Center has a van that they can provide to take the client home.

The Gila Bend Church helps us with funding when an individual is in need of gas money or any other expenses such as a bus ticket. Many of the clients we get are from out of town and are left stranded here in Gila Bend without transportation or any money. The Gila bend Church has helped individuals many times with transportation issues.

Southwest behavioral also has a staff member stop by every month with hygiene bags, blankets, water, and clothing to provide to the homeless in our town.

Care 1<sup>st</sup> is also working on collaboration with the Gila Bend School to bring helpful resources to the students such as: Laptops to use to complete college homework or GED online classes. For those students who have their own laptop we offer them cubicle space to have access to our Wi-Fi.

- 5. Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

For this quarter the Gila Bend church and the police department brought the resource center many donations. The Gila Bend church brought 20 large bags full of clothes for different ages and sizes. A police officer also brought five large bags full of fresh food such as: steaks, tomatoes, onions, and jalapenos, among other necessities to cook. We were able to hand this out to the needy families and save them some money for the holidays.

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The resource center also provided assistance to three individuals who were out of town and were in need of food and a place to stay. The Resource Center provided food bags and hygiene care bags, while the Gila Bend church provided a hotel room for one night.

## Support or Additional Information:

**6. What specific assistance or guidance do you need from FTF staff to ensure the success of your program?**

-The Care 1<sup>st</sup> Resource Center requires more collaboration with different FTF agencies to bring their services to the Gila Bend community. We would like to provide more seminars about child development or health related issues.

**7. Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).**

The Town of Gila Bend has a contract (IGA) with First Things First and a ( MOU) with Care 1<sup>st</sup>, and subcontractors—H-FIN, and the Readiness Basket.

## Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable. Describe any particular successes with these activities.

Activity	Target Audience	Frequency of Activity	Number Reached
Primary contact/Introductions, consent letters sent out, follow up services.	Preschool/Childcare Center Directors. Teachers Event Organizers Meet with parents	10-15 calls  Meetings with Directors	3 NE Community Events (Stay and Play: Paiute Neighborhood Center, Civic Center Library, and Mustang Library. 1 CCC NE YMCA Daycare  1 C Phx CCC (reschedule)
Paiute Neighborhood Center Early Childhood Mtg	Early Childhood Programs partners	1/month	6-10 participants
Opened New Site at Immunization Clinic—Roosevelt St	Immunization Clients	1 time	Opening day: 15

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NW Grantee Mtg	NW Grantees	1/month	20-30 people
Primary contact/Introductions, consent letters sent out, follow up services.	Preschool/Childcare Center Directors.  Teachers  Event Organizers  Meet with parents	10-15 calls  Meetings with Directors	2 NE Community Events (Stay and Play: Appaloosa Library, Desert Foothills Library. 3 CCC NE (Children's Choice Learning Center, First Steps, First Impressions,  2 NW CCC (Karousel Kids, Kiddie Kampus)  2 SW Community Events (Gila Bend Care1st Resource Center and Kaiser Elementary)
Opened New Site at St. Mary's WIC	WIC Clients	1 time	Opening day.
SW Grantee Mtg	NW Grantees	1/month	20-30 people
NE Council Mtg	Council Members	1/month	15-20 people
NW Council mtg	Council Members	1/month	15-20 people
First Things First workshop: The Write Way	First Teeth First Staff	1 time	6 staff members attended workshop given by Tina Oluyi
NE Collaboration Mtg	NE Grantees/community partners	1/month	5-15 people
Central Council Mtg	Council Members	1/month	15-20 people
Primary contact/Introductions, consent letters sent out, follow up services.	Preschool/Childcare Center Directors.  Teachers	5 calls/ 5 e-mails  Meetings with Directors/teachers	NW: 1 CCC (Tots Unlimited)

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	Event Organizers Meet with parents		
Opening of Pendergast Family Resource Center	Leave flyers/support FTF outreach efforts	1 time	None reported.
Contact AHCCCS Health Plans	AHCCCS health plans care coordination/EPSTD Coordinator/Manger of Dental Operations.	10 calls/3 e-mails	18 confirmed referrals/assigned care coordinator.
Presented program information to Best Care for Kids with AzAAP	Provided program and oral health information including handouts and program items	1 time	9 case coordinators

**2. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

**All Regions:**

The First Teeth First program has been expanded the maternal oral health portion into all the permanent WIC locations in each of the regions. We continue to grow with this program and have found that OB/GYN offices are contacting us to send their patients to our sites to perform the basic oral screening. It is a great way that we are working with private providers to get much needed services to pregnant women in the community.

**Southwest**

In the 2<sup>nd</sup> quarter of 2013-2014, we were able to provide basic oral screenings to 510 children in the Southwest region, 429 children were given fluoride varnish application and we provided 392 1:1 educational sessions with parents during services. The 1:1 educational sessions were provided to the parent during the time of service and the program finds this to be the most effect form of education to parents regarding their children’s oral health since we can actually show the parent the issues we see in the mouth.

During the 2<sup>nd</sup> Quarter, we found 18 children with urgent dental needs who we recommend they are seen by a dentist within 24-48 hours. We utilized our referral resources and work towards getting treatment for all of these children. Time spent on urgent follow up has been a very important piece to outreach and reaching good overall health.

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For the maternal oral health portion of our program, we provided 42 basic oral health screenings to pregnant women in the 2<sup>nd</sup> quarter. Of those screened 39 of them were determined to have an urgent dental need, which was referred to our partner MIHS for services.

**3. Describe current issues related to staffing necessary for program implementation.**

We had lost a health educator so we were short staffed in our outreach efforts, but a new health educator/outreach specialist was hired in Oct. There are no current staffing issues at this time now.

**4. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

A recurring barrier is providing referrals to our children with identified urgent needs, including deep decay, pain and infection due to abscess. Many children that require an urgent referral have disconnected phone numbers, sometimes even only within one week after their visit to our sites. We do follow up with our sites on whether they have working phone numbers for these referrals. Another challenge is the number of phone calls/messages often required before making successful contact with the parents. We work through this challenge by following through until we confirm there is no viable contact phone number or until we reach a parent and confirm the child has started and/or completed dental treatment. We also obtain their physical address and follow up with a certified letter if necessary.

Another issue that also arises regardless of region is transportation. When we find an urgent needs child and get them into one of our partners for services most of the time they parent will no show or cancel due to lack of transportation to the site. We work with those parents that have AHCCCS to inform them of the free transportation option that is provided by AHCCCS for them, many do not know about this and appreciative when we assist.

An issue that we have come to find within all the regions we provide a service is patient advocacy. We find that the main issue that is affecting these children is not that they have poor oral health, which they do, but the social determinants they are facing. Some examples we find that highlight the issue is we see a child who has a parent incarcerated or is being raised by a grandparent, they struggle to put food on the table let alone nutritional food, they don't have the tools they need to take care of the children.

An example of this within our program is we had a grandmother who is raising her four grandchildren because her daughter was incarcerated. They had a grandchild that had urgent dental needs but they were having to work with AHCCCS to get the child coverage and didn't know the severity of the dental need. In addition to this issue, they did not have a car and would need to take a taxi to receive dental services once approved by AHCCCS but they didn't have car seats for the children. Fortunately, our program was able to connect them to our car

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seat program with the county and they were able to get the necessary items to take the child to the dentist. This process took a large amount of time on our staff's part to get the necessary items needed to get this child to the dentist.

First Things First needs to make patient advocacy a strategy so that a family can be given the proper education and understanding that is needed to ensure that the youngest children arrive to kindergarten prepared for success.

## Collaboration and Communication:

5. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

### All Regions

We continue our wonderful partnership with the Maricopa County Women, Infant and Children (WIC) clinics and Immunization clinic has permitted us to see a large number of children in the Central Phoenix region. This collaboration has promoted strong numbers of children receiving care and provides the opportunity for us to see the children on a continuous basis.

Our AHCCCS partnership has become more consistent regarding communication with AHCCCS and the respectively health plans. Our program is making bi-monthly request from each AHCCCS health plan to provide any follow up on urgent dental children. Although this takes extra time and coordination on both our program and health plans, it plays a very important piece to ensure children are seen by a dentist for treatment.

Our program coordinator and health educator/outreach specialist visited the Pendergast Resource Center and spoke to the LuLu at the location to discuss providing services at this location. The Pendergast Resource Center is housed in the S. Phoenix region but is utilized by families from Northwest and Southwest regions.

Our First Teeth First Staff are very always willing to collaborate with other First Things First Grantees. We are making an extra effort to reach as many collaboration meetings, council meeting, and other event planning meetings.

### Southwest

In October, the program coordinator presented to the Faith Leadership Group in Goodyear. This presentation discussed the First Teeth First program, what we do and where we do it. It was a great opportunity to work with leaders in the faith-based community to see how we may expand our services to those entities in the Southwest region.

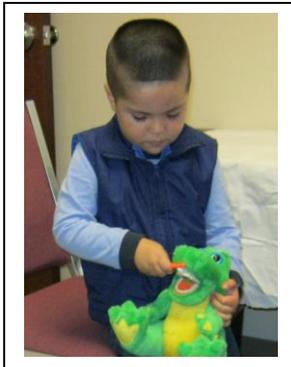
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The month of November marked the 6 month follow up in the Gila Bend/Paloma region. We partnered with The Readiness Basket (Parent Program) and SNACK to bring as many services to this region as possible. We would love to get the children in the Sentinel area however the travel to get to that site is difficult for the small number of children at the location. We would love to be able to get those children bused to one of our other locations we provide services at when we are there in the future.

At the Gila Bend Care1st Resource Center-Gerardo 4 yrs. old showing us how he brushes his teeth.



Alexa, age 2 and Perla, age 4 at the Gila Bend Resource Center brushing Gary the Gators teeth.

6. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

## Southwest

Xavier's aunt was very concerned with his oral health. Due to the mother's working hours, from 7am to 7pm, Xavier's primary care taker was his aunt. Xavier had deep decay in 5 of his teeth with no dental insurance. Sometimes it takes a village to raise a child; due to Xavier's aunt persistence, this child went to Kidz Connection and found treatment. This family was resourceful and persistent in caring for oral health and overall health.

This is a great email from a parent that sees a difference in what our services do for her daughter. We look forward to seeing Gabrielle again in the future when we provide services at the site.

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## Support or Additional Information:

7. Describe any additional information you would like to share about program implementation.

### All Regions

The program coordinator had the opportunity to present to the Best Care for Kids program that is managed out of the American Academy of Pediatrics Arizona Chapter. She was able to provide information regarding why children's teeth are important, what the First Teeth First program is all about, and ways that we can partner in the future. It was a great opportunity to introduce and inform a team that did not know about our program and what we do in the community.

We continue to hold quarterly contractor meeting to continue to keep a high level of service and performance at each site. At our December Contractor meeting, we discussed the importance of what the program is doing in the community and celebrated our successful expansion into the Central Phoenix region.

The First Teeth First internal staff attended Public Health Essentials in October in order to have a better understanding of what is public health compared to just health. It was a great learning experience for the whole staff on why we do what we do in the community.

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## SNACK:

### Program Implementation:

1. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Website Postings: ADHS Empower Pack page, SNACK website on MCDPH website	Child Care staff, residents of Arizona	Ongoing	5,000 Adults
St Luke's Health Initiatives Garden Network	Community Health Professionals	Quarterly	25 Adults
Catholic Charities West Head Start Advisory Meeting	Head start professionals	Quarterly	25 adults
Feature article in Early Childhood Quarterly	Child Care staff	Quarterly	15,000+ Adults
Maricopa County Child Care Health Consultants – CCHCs provide SNACK marketing materials in visits	Child Care Providers in NW Valley	Ongoing	30 Adults
CPST 8 hour Renewal Class	Non-profits, EMS, Hospitals, Child Cares, Government, etc.	Annually	12 Adults
John F Long Coalition Meeting – resource meeting	Mental Health and Social Service Care Providers	Quarterly	55 Adults
West Valley Human Services Alliance	Social Workers and agency staff – west valley	Quarterly	35 Adults
Color Me Healthy Parent Newsletter and Info Mailings	Child care providers	Ongoing	350 adults
Partnership with Sands Chevrolet - Car Seat Clinic	Families with Children 0-5 in West Valley	Monthly	79 Adults/ 51 car seats
Partnership with Care 1 <sup>st</sup> Avondale Resource and Housing Center	Families with children 0-5 in West Valley	Monthly	43 Adults/49 car seats
Color Me Healthy Trainings of Child	Child Care staff and directors	Ongoing	26 Trainings

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Care Providers			213 Adults
Color Me Healthy Trainings for Family, Friend & Neighbors	Child Care In Home Providers	Ongoing	3 Trainings 5 Adults
Gardening Component: Soil to Fork: Community Gardens	Child care staff, directors, community members	Ongoing	2 trainings 23 Adults/42 Children
Child Passenger Safety Parent Education Classes and car seat checks	Parents of small children	Ongoing, as requested	276 Adults/ 273 car seats
Child Passenger Safety seats distributed directly to agencies to serve their families	Agencies that work with children 0-5 that SNACK has certified	Ongoing, as requested	153 Adults/ 153 car seats
E-blasts and Flyer Distributions of car seat check events	CPSTs	As needed	2,030 Adults
Featured article in The Avondale Rave (community magazine) and the about.com website	The community of Avondale	ongoing	5,000 people
FindHelpPhx presentations	Agencies that work with families in need and children 0-5	ongoing	756 people
Hispanic Outreach Alliance Meeting	Non-profit organizations	monthly	15 people

Describe any particular successes with these activities:

## ACCESS TO HEALTHCARE

In December, Jennifer Gibbs joined the FindHelpPhx team as an intern. Jennifer is a Master's student (Public Health) at Walden University. She has a wealth of knowledge in kinesiology, health promotion, program designing and implementation. She will be interning with the SNACK program until Spring.

In October, FindHelpPhx celebrated its one-year anniversary! To date, the site has had over **51,000 map hits!!!** The healthcare and social service database continues to grow to over **1,500 resources in Maricopa County**. Staff began vetting and translating the resources to capture any program changes not already reported.

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Also in October, FindHelpPhx was broadcasted on Univision during a three minute interview with Jhoana Molina, Public Information Officer for Public Health. The following week, there was a 450% increase in hits to the Spanish site!!! Below is the link to the interview.

<http://univisionarizona.univision.com/noticias/local/videos-de-local/video/2013-10-22/mayores-recursos-al-alcance-de-un-click>

SNACK staff, Alejandra Kisebach, attended the fair for Binational Health Week at the Mexican Consulate with approximately 450 people in attendance!!!

The FindHelpPhx link recently appeared on the homepage of The Arizona Chapter of the American Academy of Pediatrics (Azaap).

The screenshot shows the homepage of the Arizona Pediatric Resources website. The browser address bar displays "http://www.azaap.org/Arizona\_Pediatric\_Resources". The website has a purple header with navigation tabs: HOME, ABOUT US, MEMBERS, ADVOCACY, COMMITTEES, PROGRAMS, and RESOURCES. Below the header is a secondary navigation bar with links: Pediatric Resources, HealthyChildren, Career Center, Pediatric Societies, AZ CATCH, and Health Alerts. The main content area features the "Arizona Pediatric Resources" logo and a description of AzAAP's mission. A "FindHelpPhx.org" logo is prominently displayed. The right sidebar includes social media links for Facebook (543 likes), Twitter (@AZAAP), and a "MEMBERSpotlight" section featuring a photo of Mary Ellen Rimsza, MD, FAAP. The bottom of the page has a "HEALTHnews" section.

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**“Patrick Shockley, ER social worker at Good Samaritan, said that using the site has helped him in both saving time and providing a wide variety of resources to patients he works with. He uses the site 3-4 times a week.”**

In December, Adrienne Decker Delgado was on the spotlight and appeared on the Maricopa County's Advantage Magazine in a 6-page article. She was interviewed for receiving the National Social Worker of the Year award! For a closer look, click here... <http://www.maricopa.gov/dcm/advantage/main.swf>

## Advantage Magazine



### Finding Help Public Health Employee Honored for Work

Adrienne Decker-Delgado, a social worker in Public Health, recently was named Social Worker of the Year by the National Association of Social Workers for her work conceptualizing and developing FindHelpPhoenix.org. We recently sat down with Adrienne to talk about the award, her career in social work, and why she developed FindHelpPhoenix.org.

**First of all, Adrienne, congratulations. But let's start at the beginning, how long have you been in social work and what brought you to this challenging field?**

Thank you. This award is quite an honor. I have been a social worker for 27 years. The hardest time is fairly quick, and I've come close but luckily I'm still here. I selected social work as a career because of seeing how hard my younger brother struggled due to various disabilities.

**Can you provide a few highlights from your last 27 years in social work?**

When working as a crisis therapist on a mobile team with people in crisis, I was amazed at how strong people are, even when actively considering suicide. These people, when given compassion and confidence in their ability to work through difficult times, so often decide against self-harm and I was always impressed by that.

Several years ago, I was privileged to work with adolescents (primarily from Guatemala) who were apprehended in Southern Arizona after crossing the border from Mexico (legally). These kids, mostly from rural farming communities in Guatemala, wanted only to help support their families with the most basic needs, such as food, medicine, and clothing. They didn't come to be Americans, as many people think. Their homes and very dangerous crossing through Guatemala, Mexico, and into Arizona was something I was always in awe of. They showed me what a child will do to keep their family alive.

The biggest highlight in my career has been performing service work in Central and South America. I went initially because I was going through burnout at a job and wanted to get away and do something new.

The first job was at an orphanage in Bolivia that had about 90 children from birth to six years old. There were only five elderly nuns and few volunteers running the place. I was assigned to about a dozen two-year-olds. I remember how quiet the room was because the kids had been exposed to limited communication. In international social work, you see and live a life you'd never be exposed to here. People really appreciate the help.

**I am sure you have had many different jobs in your 27 years. What was one of your favorites (other than Maricopa County, of course)?**

This is an easy question - all the work I've done in Central and South America. Most recently, I was teaching photography classes to youth in a barrio of Northern Argentina. It was so much fun to see the kids hold a camera for the first time. They learned how to take portraits, action photos, and nature pictures. After eight weeks, a few photos from each child were selected, framed, and displayed at a public exhibition, and later given to the children for their homes. The relationship formed and the positive energy I believed that was created in showing the boys that the children could create wonderful gifts I've been given. I thank them for accepting and trusting me.

**What do you consider your biggest achievements and your biggest challenges?**

The achievement for me was learning how to speak Spanish. That was hard! Being able to communicate with Spanish speakers here in the Valley have really helped me to understand the health disparities we have in populations that don't speak English. The biggest challenge I had was trying to please so many people and volunteer for so many activities. Health issues intervened, and I started saying to myself, "Is it worth getting sick over?"



## Advantage Magazine



**How has the field changed since you began?**

The emphasis in service delivery is more on client empowerment and client responsibility than when I first entered the field. I love that. More often, we are teaching the clients skills that they will then use when we are no longer working with them. In addition, more programs are using former clients to run aspects of the service, such as Peer-run mental health support groups. This is an extremely positive development, because given high-quality peer training, the peers often do a better job than a mental health professional does.

**If you had a crystal ball, where do you see the field of social work in the future?**

Social workers will continue to be in demand for all different settings, such as prisons, schools, and senior centers. What I would love to see is a large group of social services under one roof and in every city. CareNet Avondale has a wonderful center where over 25 services are offered. Most people have more than one service need, and it makes sense for there to be a location where

**What has been the reaction to Find Help Phoenix?**

We've been happy with the amount of positive feedback and site usage. Users report that it is easy to use and are surprised at how many free and low-cost programs are out there. Our page views since the beginning of the year have grown by over 150% in 2013, to just over 40,000. People here that they can find services for themselves. Encourage all of our employees to visit the site and to pass it along to their clients, friends and family.

**What does this award mean to you?**

The award acknowledges FindHelpPhoenix.org as a service that is needed all over the country, because so many people with medical, mental health, or other needs don't know an easy way to find free or low-cost services. Consequently, they suffer and some end up dying prematurely.

**What one thing would you share about your job to all Maricopa County employees?**

It's really challenging. I'm lucky because I work with a great team in Public Health's Office of Health Promotion and Education. We have fun while we work and support each other when one of us is dealing with something difficult personally. I really haven't found a more healthy work environment in my career, and no one is paying me to say that!

**Thank you Adrienne and congratulations on a well-deserved award. Residents are lucky to have you here in Maricopa County and we at Public Health are proud to have you on our team!**

For information about FindHelpPhoenix.org or for resource cards, please email Adrienne Decker-Delgado

## Advantage Magazine



**Looking for Resources? Here's Where to Find Help**

guide to health and human services agencies. Still, the information wasn't accessible to a large number of people.

A colleague of Adrienne's suggested that she put the resource information on a community mapping site so that it would be accessible to all who have an internet connection (an estimated 80% of Maricopa County residents). Adrienne had already developed the database, but a website would need to be built. After pricing various website development, it was clear that it wouldn't be possible within the budget. Adrienne's husband, however, decided to volunteer and the site was built in the summer of 2012.

The English website (<http://findhelp.org>) and the Spanish site (<http://www.encontramosayuda.org>) went live on October 1, 2012. This easy-to-navigate website has over 1,000 resources that empower residents of Maricopa County to find free and low-cost healthcare and social services. There are twenty categories of services to choose from, such as Mental Health, Family Violence, and Housing. The website allows for community

members to add new services or make changes to existing services, and all information on the site is verified for accuracy. Since January 2013, the sites have seen a 151% increase in map use this year, and there have been 49,000 views to map pages.

The best thing about the site is that each of these agencies has been contacted by Adrienne or one of her Maricopa County employees to take a look at the FindHelpPhoenix.org website and assist in getting the word out to your clients. If your department or program would like the most information about Find Help or a presentation by Adrienne, please email her at [AdrienneDecker-Delgado@maricopa.gov](mailto:AdrienneDecker-Delgado@maricopa.gov).



Adrienne at CMOP's Health Fair in 2012.

There are many social services and health programs for Maricopa County residents in need, but many residents, especially our vulnerable, low-income and those with special health conditions, have a hard time locating services. Adrienne Decker Delgado, a social worker in Public Health, recognized the need for developing a community resource website that would help people get to the services they needed in just 2 clicks. Late last year, FindHelpPhoenix.org and EncuentroAyuda.org were launched and are for visitors and all of her hard work. Adrienne is being honored this year as the National Social Worker of the Year.

The vision for Find Help Phoenix began back in late 2000. Adrienne, a social worker for the SNACC Program (Society, Nutrition, Activity,

and Care) for Kids) at Public Health, was attending child passenger safety seat events and received question after question from members of the community looking for resources. The great majority were asking for help finding such services as dental and medical assistance, legal services, and programs for veterans. Adrienne found herself giving out the same information over and over again. Most people had no idea there were so many resources available to them.

Adrienne then took it upon herself to put together a hard-copy resource directory in 2010 and 2011. The directory included a listing of these social services that she was offering people to work after work. She distributed hundreds of this relatively small resource

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Showing site at the Strong Families Conference in 9/13

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Alejandra and Adrienne continue to do community outreach to non-profit entities, such as libraries and schools, as an essential way of marketing FindHelpPhx. Together they spoke at 20 locations this quarter with a total audience of **756 people**. The locations include: Landmark School, the Mexican Consulate, Arizona Children's Association, Rehoboth, Arizona Child Health Day, Boys and Girls Club, City of Phoenix Prosecutor's Office, Mesa Fire Department, Chicanos Por La Causa, MIHS El Mirage Health Fair, Christ Evangelical Lutheran Church, Sevilla West School 3851, conference call for Hard to Reach Population, ASU School of Social Work class, ASU Nurse Practitioner Class, East Valley Coalition on Aging, Child Crisis Center Family Resource Center, The Network, and the Palm Aire Apartments.

Also in December, FindHelpPhx staff met with representatives from Child Protective Services and Parenting Arizona. Both organizations are very interested in organizing FindHelpPhx presentations on a monthly basis. Child Protective Services would like to offer one monthly training to current staff to count towards CEU's and a separate training for new case managers. Parenting Arizona requested six trainings per month for its families who receive parenting skills education. Trainings have been scheduled to begin in January, 2014. Many of these families are at high risk of abuse or re-abuse of their children and are in great need of resources that will reduce stress in the home and increase healthy family functioning.

Adrienne, Alejandra, and Jennifer spoke with many residents at health fairs and over the phone, who need help in locating community resources. Together they assisted 42 people, with the breakdown of the most frequently requested service categories: **39 families were referred to AHCCCS or other free/discount services for health care enrollment; 10 family members were referred to mental health provider; 7 families referred to dental services; 5 families referred to food and clothing; 1 family referred to financial assistance, 3 families referred to childcare services; 2 families referred to legal resources; 4 families referred to transportation services.**

## INJURY PREVENTION

In November, Care 1<sup>st</sup> Avondale and the SNACK injury prevention program reached their one-year anniversary of partnership! We educated a grand total of **246** parents and distributed **258** brand new car seats from November 2012-December 2013. The injury prevention program is very excited to have partnered with such a wonderful resource center! We are pleased with the helpfulness and friendliness that Care 1<sup>st</sup> staff expresses. **Together we work hard to promote child safety and since September 2013, the education class sign-up sheet fills up in only 23 minutes!!!!** In the October class, there was a foster mom along with her family members and neighbors; who learned how to install 7 different car seats in her vehicle!!! We are also pleased to announce that Jennifer Griffin from Care 1<sup>st</sup> Avondale will become a certified CPST in February!

During this 2<sup>nd</sup> quarter, in the Southwest Valley, the injury prevention team delivered **6 parent education classes, in English and Spanish at Care 1<sup>st</sup> Avondale, 1 class at Estrella High School to a group of teen and adult moms, 1 class at Rio Vista Elementary School, and 1 class in collaboration with The Readiness Basket and First Teeth First at Care 1<sup>st</sup> Gila Bend.**

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In total for the SW Region, 118 adults received intensive education and 140 car seats were distributed to families in need. In the Northwest Region, 311 adults received education and 286 seats were distributed to families in need. Parents that complete the education class receive a certificate they can apply towards training credits.

As always, the SNACK team continues to provide technicians in the area with a comprehensive toolkit developed in-house for holding car seat check and distribution events and staying current in child safety issues. SNACK will follow up with and maintain relationships with each of the technicians in the region in order to build the capacity of their agencies and to provide quality child passenger safety services. They can also receive free car seats from the SNACK program to distribute through their technician. **In continuation of our capacity building efforts already underway, 105 car seats were given to Northwest agencies and 48 car seats to Southwest agencies that have SNACK certified technicians on staff and now distribute car seats and provide education to their clients independently.** The team consistently checks in with their partnering agencies to ensure they have sufficient car seats on hand.

In December, the Safe Kids Coalition of Maricopa County hosted their annual holiday meeting. Representatives from many diverse injury prevention programs had the opportunity to network and share their achievements for the year. SNACK staff, Blanca Barrera, recognized two of our outstanding contacts in the community; Sue Pistoia from Avondale Fire Department and Rhonda Tyler from Sands Chevrolet. Both Sue and Rhonda have gone above and beyond by taking individual appointments at their office; on top of their regular job duties. Sands Chevrolet was recently added to the Safe Kids Maricopa County resource list as an active site that can provide free car seat checks/installations to anyone in the West Valley. We appreciate these ladies so much for all their hard work!!



*Rhonda Tyler from Sands Chevrolet  
Sue Pistoia from Avondale Fire Department*

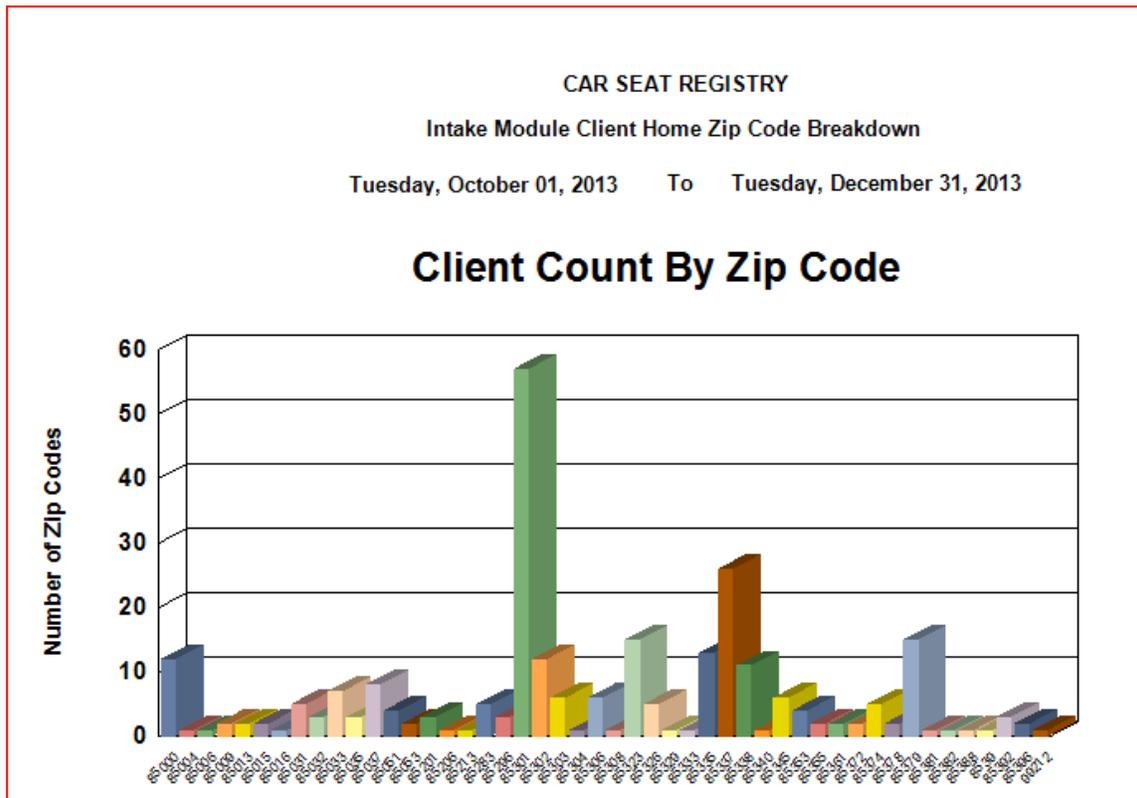
free car seats to families in need.

According to recent reports from the Arizona's Governor's Office of Highway Safety (GOHS), car seat usage in Maricopa County has decreased the last 3 years. Seatbelt usage increased but car seat education is still a high need in the valley. The SNACK Program is one of the few programs in the valley that provides free car seat education and

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Injury Prevention continues to report on the zip codes of the cities that have received car seats by the SNACK program and/or their partnering agencies. This graph aides the program by ensuring that we are providing services to all designated cities in the Northwest and Southwest Region according to population and need. **The graph below demonstrates that the zip codes: 85301 (Glendale), 85337 (Gila Bend), and 85379 (Surprise) received the most car seats this second quarter.**



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## Color Me Healthy

The Color Me Healthy (CMH) team had continued success training child caregivers, parents, and educators on the Color Me Healthy curriculum. The training is an evidence based curriculum developed at the University of North Carolina. Early childhood educators participate in the 2 ½ hour training and receive training credits. **During the second quarter the Color Me Healthy staff trained 117 providers in the Northwest and Southwest regions which will reach 537 children (birth to 5 years of age); year to date 218 trained in the Northwest and Southwest regions reaching 1475 children.** Staff will continue to offer refresher courses to trainees and assistance with implementation strategy and/or support. The SNACK staff has received an increase in requests for the Color Me Healthy trainings for the following grant year. Agencies have been pleased with the flexibility of the staff and appreciate that trainings are conducted at their facilities.

The SNACK team conducted three family events held at Arrowhead Kindercare, Kindercare on Union Hills, and Tolleson Headstart. The event allows parents to gain knowledge on the importance of nutrition, physical activity, child passenger safety and accessing community resources. The SNACK team created several different workshops and activities throughout the center for participants. SNACK reached out to other programs that are funded through First Things First to participate in the event. **The following programs participated in the event and provided information on their programs and set up interactive activities for parents and children: Kidz Watch AZ, Benevilla, Southwest Institute, First Things First outreach coordinators, WIC, Headstart and Kindercare staff.**

In the southwest region, the Color Me Healthy team has continued the partnership and collaboration with the Gila Bend and Avondale Care 1<sup>st</sup> Resource centers. Program flyers have continuously been distributed to the resource center to share with their clients; in addition, Family Friend and Neighbor (FFN) flyers have been distributed at the onsite WIC clinic. The family friend and neighbor flyers consist of all of the information about our program. This quarter we have seen an increase in FFN seeking information and participating in trainings.

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## Tolleson Headstart Family Event



The team continues to publicize the USDA's 2010 Dietary Guideline Messages by including digital informational videos on the website [www.maricopa.gov/publichealth/Programs/SNACK/videos.aspx](http://www.maricopa.gov/publichealth/Programs/SNACK/videos.aspx) (*select nutrition tips*). These brief yet information clips can be used in the classroom as well as help inform teachers how to be good role models for the children in their care.

Additionally, the CMH team specified outreach efforts to the Family, Friend and Neighbor providers. With the weakened economy, many families are utilizing either friends or family for child care services and SNACK is concentrating efforts to reach this population. Over 600 Family, Friend and Neighbor outreach materials were distributed this quarter.

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## KINDERCARE GARDEN



1. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

*Please see the answer to question number one above.*

### Collaboration and Communication:

2. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

In the Southwest, SNACK has created partnerships with the Care 1<sup>st</sup> Resource Centers in Avondale and Gila Bend, Town of Buckeye, Kidz Watch AZ, Southwest Institute, Litchfield School District, Dysart School District, Gila Bend Unified School District, Paloma Preschool, Tolleson Headstart, Avondale and Tonopah Fire, Dr. Sade Recreational Center, and Goddard School.

***For Injury Prevention collaboration please see question one, Injury Prevention for strong collaborations with many agencies this last quarter including Care1st Avondale.***

# First Things First - Quarterly Narrative Report

Due the 20<sup>th</sup> following the end of each Quarter

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**SNACK has maintained a strong partnership with the Child Care Healthcare consultants;** we receive quarterly updated lists of assigned lead CCHC's to childcare centers in the NW and SW regions. We then contact the assigned CCHC when we visit any of their assigned sites. CCHC's have been invited to attend the child care center trainings. Additionally, SNACK CMH team has actively trained all of the CCHC's with the Color Me Healthy trainings and one of our Registered Dietitians has trained their staff through nutrition trainings.

**SNACK has maintained a strong partnership with the Avondale Care 1<sup>st</sup> Resource center.** The Color Me Healthy team is collaborated with Jennifer Griffin to coordinate a family fun event which took place in September; the center would like to coordinate another family event in the spring as well. The center has continued to make the training center available for upcoming trainings to all community partners. Marketing materials have been distributed to the resource center to share with their clients as well as SNACK information on their monitors in the family waiting room area and through the onsite WIC clinic.

**SNACK has created a strong partnership with Southwest Institute 21<sup>st</sup> Century Parent and Coordination.** Both SNACK and Southwest Institute had the opportunity to collaborate and partner at community events; which allowed parents in the communities to learn about both programs and receive education on the importance of literacy, stimulating all the senses (touch, sight, smell, sound, taste) and living healthy lifestyles. The collaboration between SNACK and Southwest Institute has made this education for the family's fun.



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

**First Things First Strategic Direction  
Systems Approach Framework for Programmatic Priorities  
January 2014**

**Introduction**

First Things First's planning and work toward our mission of ensuring a child enters school healthy and ready to succeed typically occurs in three fiscal years at the same time. Currently, FY 2014 implementation of strategies and programs and accompanying data collection is in progress. The Board is also reviewing FY 2015 funding plan recommendations forwarded by Regional Partnership Councils and subsequent grant applications and agreements will be completed in the next six months. Preparation for FY 2016 planning is also beginning with the review of strategy standards of practice, compliance and performance data, evaluation study results, and grantee and partner feedback.

Over the past four years, the work of the First Things First Board, Regional Councils and staff has been strategically guided by recommendations from the Arizona Early Childhood Taskforce, whose members were appointed in January 2010 by Board Chair, Steve Lynn. The Taskforce developed the vision for and elements of a comprehensive early childhood model system, and identified nine priority roles for First Things First, with the explicit understanding that First Things First is only one of many key partners that have an important role in building and sustaining the early childhood system. The nine priority roles include:

1. Quality, access and affordability of regulated early care and education settings
2. Family support and services
3. Professional development system
4. Quality health care and coverage
5. Quality standards, curriculum and assessments
6. Nutrition, physical activity and obesity prevention
7. Comprehensive, aligned and accountable system
8. Adequate and sustainable funding
9. Public awareness and support



**The Early Childhood Taskforce recommendations have guided First Things First’s strategic direction**

The first seven priority roles have a programmatic focus and were the basis of the 10 School Readiness Indicators recommended by the members of the Board’s Policy and Program Committee, and the Committee’s three Advisory Committees for Early Learning, Children’s Health and Family Support and Literacy. The Board approved the 10 recommended indicators In August 2011. The School Readiness Indicators provide a comprehensive composite measure of system progress for young children and were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children in Arizona and improve their readiness for entering school and subsequently their life long success. They are intended to guide Regional Councils and the Board in making informed priority decisions. (Also see Attachment A).



In October 2012, the board approved the Policy and Program Committee’s recommended state level benchmarks for individual School Readiness Indicators for the year 2020. These benchmarks provide First Things First with aspirational, yet achievable targets and will be monitored over time in order to determine progress in reaching systemic improvements for children and families. Regional Councils are now identifying regional level benchmarks for their priority indicators for the year 2020, and these recommendations will be forwarded to the Board in June 2014.

## Systems Approach Framework for Priority Roles

As the Early Childhood Task Force identified priority roles for First Things First in 2010, this is also the same year that First Things First funding was invested statewide through Regional Partnership Councils and community grantees. Each year since then, increased capacity and continuous development among all partners has led to improvement and outcomes within Arizona’s early childhood system. As strategic planning begins for FY 2016 and beyond, First Things First’s focus is on achieving the 2020 benchmarks set for the School Readiness Indicators which will indicate a shift in system behaviors and progress in the priority roles and toward positive outcomes for children and families.

Toward this goal, the Advisory Committees of the Policy and Program Committee, Regional Councils, and First Things First staff have initiated planning discussions using a framework developed by the national BUILD Initiative to evaluate early childhood systems initiatives (Coffman 2007). The framework identifies five connected early childhood system levers: Context, Components, Connections, Infrastructure and Scale. The bullet points for each of the levers are adapted from Coffman’s work.



Changing the political environment that surrounds system and affects its success	Establishing high-performing quality programs and services	Creating strong and effective linkage across the system	Developing the supports the system needs to function effectively and with quality	Ensuring the system is comprehensive and works for all children
<ul style="list-style-type: none"> <li>• Policy changes that expand or enhance systems, strategies and programs</li> <li>• New knowledge and perspectives</li> <li>• Funding streams that are more flexible across systems and programs</li> <li>• Public engagement or mobilization</li> <li>• New advocates or champions</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded program reach or coverage</li> <li>• Continuous improved program quality</li> <li>• Increased operational efficiency</li> <li>• Eliminate duplication and redundancies</li> <li>• New programs or services as needed and only if needed</li> <li>• Maximize use of technology and social media</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated approach across goal areas and strategies</li> <li>• Collaborative approach among and between partners, agencies, regions, and grantees</li> <li>• Coordinated eligibility assessments and applications</li> <li>• Referrals occurring from one program to another</li> <li>• Joint planning across system components</li> <li>• Shared data systems for tracking progress</li> <li>• Outcome data used to drive decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent and expected standards of quality across the system</li> <li>• Education and training to ensure an appropriately skilled systems workforce</li> <li>• Technical assistance to support systems development</li> <li>• Defined roles and mechanisms for accountability</li> <li>• Infrastructure needed for sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Employing social innovation and adaptation at regional and statewide levels</li> <li>• Availability of programs and services throughout a geographic region</li> <li>• A comprehensive array of programs and services for system beneficiaries</li> <li>• Long-term financial security to maintain the system over time</li> <li>• Shifts in system ownership, meaning that a broad array of people involved in the system, especially those on the frontlines, assume collective responsibility for maintaining the system</li> </ul>

Adapted from: Coffman, Julia. 2007. *A Framework for Evaluating Systems Initiatives*. BUILD Initiative.

This systems framework has been valuable in identifying assets and gaps, guiding discussion, and organizing recommendations across First Things First. At first glance, it is not so different from the approach that First Things First has used in the past; however, application of the framework has caused a shift in intentional, focused thinking and planning about how progress can be made in the priority roles as measured by the School Readiness Indicators. It is intended to impact execution of First Things First system work in the same way.

The Program and Policy Committee and Advisory Committees for Early Learning, Children’s Health and Family Support and Literacy have focused on seven powerful initiative areas listed below that align with the priority roles. We propose that the systems framework be used in these initiative areas to inform strategic planning at state and regional levels beginning with FY 2016. As well, our system partners in state agencies, BUILD Arizona, and local community organizations are focused in many of these same areas and First Things First will continue collaborating and coordinating with them to identify the assets, gaps and levers to move forward.

1. Saturate families and communities with information, resources and supports, at the right time along the developmental continuum (including pre-natal), to benefit children. Families are their child’s first and most important teacher across all domains of development and school readiness and they are most powerful when they are knowledgeable about how best to support their child’s development and health.
2. Build families’ capacity to support their child’s physical, oral and mental health through a preventative approach.
3. Infuse early literacy throughout all system work, strategies and programs by integrating and leveraging the efforts and resources of Read On Arizona (First Things First is a founding partner) for families, educators, caregivers and decision makers.
4. Expand access to high quality early learning programs and study, refine and expand the Quality First Initiative to efficiently and effectively benefit families, children, and early childhood professionals.
5. Develop and connect components of a comprehensive assessment system that includes universal screening and referral resources, developmental progress assessment, early learning progress assessment and the Kindergarten Developmental Inventory at kindergarten entry.
6. Complete implementation and operation of the early childhood professional development system infrastructure, inclusive of compensation to match degree progression.
7. Collect, utilize and communicate outcome data results to inform transparent and accountable data-driven decisions.

The timeline for FY 2016 strategic planning includes:

January 2014:

- System approach framework presentation and discussion with Board members

February 2014:

- Begin discussions on framework and focused initiatives with regional staff and prepare communication to regional councils
- Begin discussions on improving effectiveness and efficiencies, as well as duplications and redundancies of strategies and programs; begin revisions on Standards of Practice

March 2014:

- Continue staff discussions related to systems approach and strategic planning
- Begin development of First Things First operational strategic plan for FY 2015-2016 (implementation strategies and tactics)

April 2014:

- Continue staff discussions related to systems approach and strategic planning
- Continue development of First Things First operational strategic plan for FY 2015-2016

June 2014:

- Finalize FTF Strategy Toolkit with revised strategy and program information and costs
- Finalize First Things First operational strategic plan for FY 2015-2016
- Preparation for FY 2016 funding planning and financing discussions

July 2014:

- Begin FY 2016 funding plan development

November 2014:

- FY 2016 funding plans completed

January 2015:

- Board approves FY 2016 funding plans and implementation begins

## KEY DATES FOR SFY15 RENEWALS

A complete timeline for the SFY15 renewal is available on the FY2015 Funding Plans page on the Intranet. That should be reviewed carefully for planning purposes but these dates are also important to remember as you prepare for the entire renewal process.

### February 2014

- By February 14<sup>th</sup>, have eligible grantees identified and list given to Finance. This should be discussed with Finance and during RAT meetings.
- By February 21<sup>st</sup>, notification letters sent to grantees for non-renewals.
- February 18<sup>th</sup> – March 5<sup>th</sup> Renewal packets prepared by Finance.

### March 2014

- March 6<sup>th</sup>, Renewal packets sent to grantees.

### April 2014

- April 1<sup>st</sup>, Renewal packets due.
- Regions and Finance review renewal packets and present to Regional Partnership Councils thru May 16<sup>th</sup>

### May 2014

- By May 17<sup>th</sup>, renewal recommendations by Regional Partnership Councils to Michelle Katona.
- By May 23<sup>rd</sup>, ALL Board Materials due to CEO.

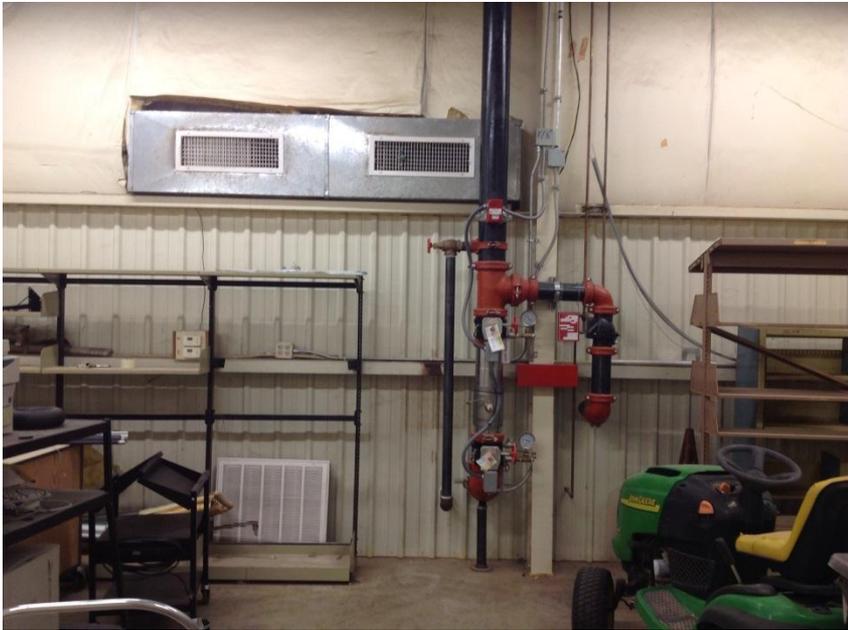
# Roll up door to an entrance!



# Surplus to Resource Center



# Exposed fire riser into a closet!



# Lobby and Receptionist Areas



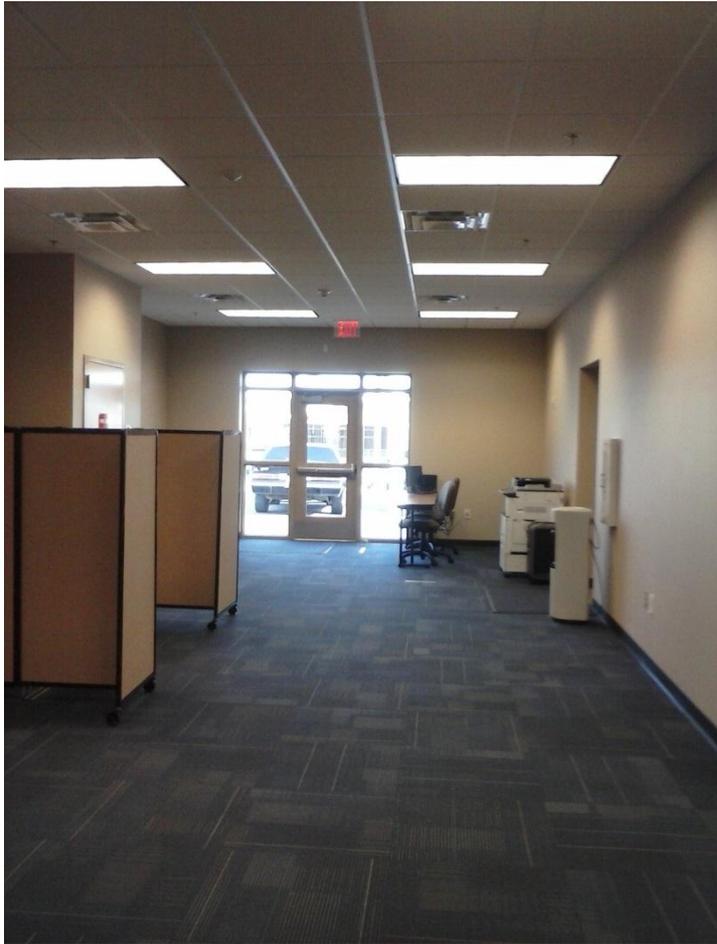
# Small Classroom



# Large Classroom and Cubicles



# The New Resource Center



# New Reception Desk





## FIRST THINGS FIRST

*Ready for School. Set for Life.*

**AGENDA ITEM:** Discretionary Funding

**BACKGROUND:** In 2012 the Board commissioned an analysis of the tobacco tax revenue to assess future revenue estimates. This analysis was used to revise the sustainability model established by the Board which is utilized when setting the annual budget including the draw on the fund balance. In addition, the Board reviewed an analysis of the regional carry forward balance. During this financial review the Board determined that they also wanted to have a discussion on how discretionary funding is currently allocated. It was determined that this discussion would occur after the regional council chairs and vice chairs had the opportunity to review and discuss how discretionary funding was allocated. In October 2012, the chairs and vice chairs took up this topic at their leadership forum and also held discussions with their regional councils. Feedback was compiled across the 31 regional councils and reviewed at the February 2013 leadership forum. An *ad hoc* committee was convened to review the feedback and develop a set of considerations to present to the Board.

The report that follows includes the set of considerations from the *ad hoc* committee.

**RECOMMENDATION:** This is a discussion item only.

**Regional Council Discretionary Ad Hoc Committee  
Report to the Board  
December 10, 2013**

**Background and Purpose**

In 2012 the Board commissioned an analysis of the tobacco tax revenue to assess future revenue estimates. This analysis was used to revise the sustainability model established by the Board which is utilized when setting the annual budget including the draw on the fund balance. In addition, the Board reviewed an analysis of the regional carry forward balance. During this financial review the Board determined that they also wanted to have a discussion on how discretionary funding is currently allocated. It was determined that this discussion would occur after the regional council chairs and vice chairs had the opportunity to review and discuss how discretionary funding was allocated. In October 2012, the chairs and vice chairs took up this topic at their leadership forum and also held discussions with their regional councils. Feedback was compiled across the 31 regional councils and reviewed at the February 2013 leadership forum. The feedback document is included at the end of this report. It was determined that an Ad Hoc Committee be convened to review the feedback from the regional councils and develop a set of considerations to present to the Board at their December 2013 meeting.

Since SFY11 the Board has allocated discretionary funding in three ways:

1. Ensuring every regional council could implement at least one strategy, and for some very small tribal regions they allocated discretionary funding so that this was possible.
2. Using the frontier definition from the federal government to provide additional discretionary funding to assist rural and large geographic regions with implementing strategies.
3. Continuing the formula allocation based upon the number of children 0 through 5 in poverty. Every Regional Council receives an allocation based upon this formula.

**Committee Members**

The following regional council members served on the Ad Hoc Committee.

- |                         |                    |
|-------------------------|--------------------|
| 1. Harry Martin         | Navajo Nation      |
| 2. Kathy Watson         | Yavapai            |
| 3. Dr. Michael Reed     | Cocopah Tribe      |
| 4. Nancy Mongeau        | La Paz/Mohave      |
| 5. Tony Bruno           | South Pima         |
| 6. Shanna Tautolo       | Pascua Yaqui Tribe |
| 7. Toby Urvater         | Central Phoenix    |
| 8. Rev. Shawn Buckhanan | Cochise            |
| 9. David Schwake        | Southwest Maricopa |

**Considerations for the Board**

The Discretionary Ad Hoc Committee met three times to review the feedback from the regional councils and determine the considerations to the present to the Board. Before finalizing the report for the Board the considerations were reviewed with the regional council chairs and vice chairs at their October 2013 leadership forum in which there was consensus for the Ad Hoc Committee to proceed with the identified considerations.

Based upon review of the feedback provided by the Regional Councils the Committee has two considerations for the Board which are as follows:

1. Regional councils are in the best position to determine how to address the needs of the regions and build on existing infrastructure and assets in place. To ensure that the regional councils have the most flexibility in making decisions with the funding allocations the current process for distributing the discretionary funding should be maintained.
2. Re-examine how the frontier definition is applied, and based upon the updated census data (2010 census), determine if additional regions meet the definition.

Should the board change how the discretionary funding is allocated the Board should consider the following:

1. The distribution of the discretionary funding should not be a competitive process for regions
2. Any changes should be in alignment with 3 year funding plan cycles

The table below illustrates the percentage of funding that is discretionary for each regional council.

	FY15 Allocations					Total Allocation	Discretionary as % of Allocation
	Formula Driven Total	Discretionary Total	Receives Supplemental Discretionary	Receives Frontier Discretionary	Discretionary as % of Formula		
<b>Cochise</b>				x	54%		35%
	1,653,917	900,460				2,554,377	
<b>Coconino</b>				x	55%		35%
	1,534,246	837,777				2,372,024	
<b>Cocopah</b>			x	x	351%		78%
	16,035	56,338				72,373	
<b>Colorado River Indian Tribes</b>				x	52%		34%
	182,692	94,983				277,675	
<b>East Maricopa</b>					22%		18%
	6,926,668	1,489,391				8,416,059	
<b>Gila</b>				x	54%		35%
	464,097	250,721				714,818	
<b>Gila River Indian Community</b>					35%		26%
	406,731	142,367				549,098	
<b>Graham/Greenlee</b>				x	55%		36%
	562,831	311,546				874,377	
<b>Hualapai Tribe</b>			x	x	246%		71%
	32,309	79,535				111,844	
<b>La Paz/Mohave</b>				x	54%		35%
	2,428,786	1,305,187				3,733,973	
<b>Navajo Nation</b>				x	52%		34%
	2,492,177	1,305,146				3,797,324	
<b>Navajo/Apache</b>				x	55%		35%
	974,581	532,570				1,507,152	
<b>Northwest Maricopa</b>					26%		20%
	8,360,687	2,155,130				10,515,817	
<b>Pascua Yaqui Tribe</b>				x	51%		34%
	141,227	72,246				213,473	
<b>Phoenix North</b>					29%		22%
	11,672,683	3,353,583				15,026,267	
<b>Phoenix South</b>					32%		24%
	13,493,826	4,257,634				17,751,460	
<b>Pima North</b>					27%		21%
	7,882,626	2,158,064				10,040,690	
<b>Pinal</b>					23%		18%
	4,619,838	1,042,325				5,662,164	
<b>Salt River Pima-Maricopa Indian Community</b>					26%		21%
	95,920	24,917				120,837	
<b>San Carlos Apache</b>				x	51%		34%
	426,267	218,252				644,519	
<b>Santa Cruz</b>				x	53%		35%
	840,828	448,961				1,289,789	
<b>South Pima</b>				x	54%		35%
	4,062,971	2,214,030				6,277,001	
<b>Southeast Maricopa</b>					22%		18%
	8,692,898	1,874,988				10,567,887	
<b>Southwest Maricopa</b>					23%		19%
	3,819,028	873,132				4,692,160	
<b>Tohono O'odham Nation</b>				x	51%		34%
	334,342	171,354				505,695	
<b>White Mountain Apache Tribe</b>				x	52%		34%
	518,479	268,463				786,942	
<b>Yavapai</b>				x	54%		35%
	2,078,846	1,130,287				3,209,133	
<b>Yuma</b>				x	54%		35%
	3,296,431	1,767,934				5,064,366	
<b>Regional Total</b>	88,011,968	29,337,323			33%	117,349,290	25%

## Summary of Feedback from Regional Councils on Discretionary Funding February 2013

*Questions presented to the regional councils for further discussion and feedback: If discretionary funding or a percentage of discretionary funding were set aside for regional councils to submit proposals as part of their funding plans for consideration by the Board for areas such as capacity building, research, and innovation, cross regional coordination, public/private partnerships, taking a strategy or set of strategies to scale, what are your reactions to this? What are the considerations and implications of this? What other considerations do you want to put on the table for discussion around discretionary funding?*

Below is a summary of the feedback compiled by the regional councils regarding the discretionary funding. Overall, the feedback reflects that the regional councils prefer that the methods currently used to allocate the discretionary funding remain in place at this time. Regional Councils did identify ideas for how the discretionary funding could be allocated differently and provided criteria and considerations for those ideas. In addition, there is support for an ad hoc committee to be convened to further review and provide recommendations to the Board.

### **Major reasons identified for not changing the way discretionary funding is allocated**

- It is too soon to determine how best to allocate discretionary funding:
  - Need much more information about the ramifications of each possible option and how that would impact the regions;
  - A few more years would give regional councils the ability to determine which strategies and/or approaches best fit with this type of funding.
  
- Current method of allocating the discretionary funding is fair, equitable and working:
  - Comfortable with the way they are currently allocated;
  - Overall, the consensus was to keep it equitable and “as is”;
  - The current formula works well and equally distributes funds to regions;
  - Likes the idea of using some of the discretionary funds for Capacity building, research and innovation, cross regional coordination, public/private partnerships and/or taking strategies to scale, however the discretionary funds used for these ideas should remain at the current regional level (calculated at the regional level using population and poverty data);
  - Appreciate the spirit of collaboration and coordination that is occurring cross-regionally and is helping to maximize funds and support neighboring regional councils that may not have the funds.
  
- A change to the discretionary funding would be a significant concern to the rural regions:
  - Rural Regions need to have the Frontier Adjustment as the funds are built into the funding plan to sustain strategies;
  - The Frontier Adjustment allows rural regions to address the higher cost associated with hiring and retaining qualified staff, the cost of travel necessary to implement work in the region, and be able to have the funding necessary to support the capacity building and infrastructure development needs that exist;
  - Rural regions face many challenges in implementing strategies such as geographic challenges of remoteness, transportation, and the great need that children and families have for support and resources across large geographic areas;

- Discretionary funding has supported rural areas in building capacity and bringing programs to scale. Discretionary funds constitute a third of the allotment and the loss of these funds could impact the ability to build capacity and to bring programs to scale in rural areas.
- A change in the discretionary funding could significantly impact a region's allocation and ability to address needs of the region:
  - The Council is very concerned that if our funding amounts go down in any way we will have extreme problems in maintaining any type of a system in the area;
  - If our discretionary funding is no longer provided to the regional council, it will reduce the size of our budget tremendously, by about one third;
  - This will impact the number of children we will be able to serve;
  - Rural regions require more funds to effectively build capacity and provide services to rural children;
  - Concerned about a reduction or complete removal of discretionary funding from the allotment. Discretionary funding comprises about a third of the base allocation and they feel that the potential loss of a third of the annual budget would have a negative effect on their ability to provide services and resources to children and families as they move forward.
- There is a concern about putting in place a competitive process:
  - A competitive process will favor regions with more capacity and perpetuate a "haves" and "have-nots" situation;
  - Competitive grants would place smaller regions at a disadvantage. These regions don't have the capacity that larger regions do to write grants and to use existing regional capacity for new projects;
  - Unintended consequences may arise with the approval of a proposal/application process, such as:
    - Other regional councils that have proposals that are unfunded feeling animosity towards those that have proposals approved;
    - Capacity of regional councils may vary in the area of developing proposals.
- Some level of concern that this is a punitive action for regional council's that have not spent funds:
  - There was an analogy about "discretionary funding" is a reward for those regions that are able to spend funds more easily because they don't have capacity or scalability issues;
  - It was acknowledged that if there are regions that continue to maintain large carry forward balances that it does present challenges, especially as there are most likely other regions that do have the ability to more fully utilize funding. So while there is an understanding for the need and desire to utilize funds to the fullest and most efficient and effective extent possible, there are concerns about the potential loss of funds in their region;
  - There is a feeling that "if we don't spend it, we won't get it" .....this may lead to unwise planning decisions on the part of regional councils so that they can maintain their overall budgets.
- Additional comments:
  - There is no fair way to rework the distribution of discretionary funds that could not be challenged;
  - Though the regional council was not loudly in favor, they are willing to entertain a shift in the way these funds are distributed, bearing in mind there is always initial resistance to change, even if the change produces an improved outcome.

## Concepts on how discretionary funding could be re-allocated

- Continue to use the current funding formula but for the Board to consider establishing categories or themes for how discretionary monies can be used. The amount that needs to be allocated to a category or theme should increase gradually. If a region includes one or more of the themes in their funding plan then the region receives the funding.  
Examples:
  - Funds used for specific goal areas such as Quality First; To develop/improve the services for children with identified special needs who don't qualify for AzEIP;
  - Evaluation;
  - Funds for regional council's benchmarks being evaluated;
  - Taking priority strategies to scale.
- Consider discretionary dollars to be used to promote coordination within regions, cross regionally and for neighboring tribes to develop strategies together. The structure/process would be governed by all the chairs of First Things First regions included in the collaborative effort and decisions would be based on what is in the best interest of the entire cross regional area rather than a single region.
- Invest in Public Private Partnerships: Consider using the discretionary money for matching funding as various grants require some sort of matching of funds which would be a great use for discretionary dollars; FTF funds could be used to leverage other public private partnerships.
- Consider Funding Innovation and Research at a local level. There are various examples of that include professional development, dual language learners, etc.
- Using discretionary funding for one time needs or short term needs. Use as part of a systems building mechanism as long as it is going to achieve what is sustainable and systematic. If one time funding for a project becomes an option, what has to be looked at is the future impact and how this will advance the system; Setting aside a lesser amount of discretionary dollars for working on systems-building may be favorable option though a small pot of funds should be considered.
- Takes a small portion of the pot and makes it competitive:
  - Reluctant to see competition between regional councils because there can be winners and losers which can cause animosity between the regional councils;
  - Consider having rural regions earn extra 'points' or somehow be given additional weight so that the field is still somewhat level when proposals are reviewed for funding decisions. There is concern that proposals from rural regions would not be viewed in the same light as proposals from larger urban regions as a function of the overall cost to conduct the work – the more children there are, the more the work would likely cost, and with limited funding to go around, the fear is that rural regions would lose out because the numbers that might be impacted would likely be smaller;
  - Criteria identified:
    - Consideration should be given to who will carry out work and how a proposed program will be implemented if regional council drafts a proposal to be awarded funds;
    - Ensure that a sufficient amount of financial resources are distributed to see impact;
    - Equitable practices in how funding is issued need to be put in place;
    - Continue this approach for at least three years.

- Expand Frontier Adjustment
  - Consider using discretionary funds primarily in rural areas (due to considerations about urban areas having more funds for strategies);
  - Allocate funds to tribal regions to counter-balance the low census counts;
  - Consider adding to the “Frontier” formula the extended rural areas of Southwest Maricopa, for example Gila Bend. Towns in Southwest Maricopa do receive extra federal funding considerations for their location and the fact that other adjacent rural areas are being served by these center towns, i.e. Sentinel, Paloma, Dateland.
- Allocate funds to build capacity in rural areas, for prioritized goal areas, to address barriers that are impeding the implementation of new programs.
- Develop guidelines on how discretionary funding can be most effectively utilized, i.e., provide a distinction between “long-term” base funding and more “temporary funding”.

#### **Forming an ad hoc committee**

- There is broad support to form an ad hoc committee to review the feedback from regional councils on discretionary funding and provide a recommendation on how to proceed, taking into account the various perspectives from all of the regional councils, to the Board.
  - Would like to see a group of representatives from regional councils across the state that is representatives of urban, rural and tribal regions and the flexibility to participate via live meeting or conference calls.

#### **Should changes be made, considerations for how to roll this out**

- Any changes to current the funding formula should be presented to regional councils well before any changes are made.
- If the Board does change the funding formula – please do not do it all at once - don’t take discretionary dollars all at one time.
- Board needs to phase in whatever process it decides.
- If changes that could have significant impact on regional funding should be made in the future, it would be important that they be made in alignment with the three year funding plan cycle.

#### **Questions Raised**

- Have we explored what other states have done?