



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

**Meeting Minutes – February 26, 2014**

**Call to Order**

The Regular Meeting of the First Things First, Central Phoenix Regional Partnership Council was held on Wednesday, February 26, 2014 at Southwest Human Development, 2850 North 24<sup>th</sup> Street, Phoenix, Arizona 85008.

Chair Urvater called the meeting to order at 9:02 a.m.

**Members Present**

Toby Urvater, Chair  
Chris Tompkins  
Ginger Ward  
Jessica Jarvi  
Jacqueline Schlosser  
Karen Stewart  
Rev. Jan Flaaten (arrived at 9:30 a.m.)

**Members Absent**

Nicole McNeil  
Kimulet Winzer

**Consent Agenda**

Chair Urvater called for a motion to approve the Regular Meeting Minutes of January 29, 2014. Vice Chair Tompkins moved to approve the meeting minutes as presented. Member Stewart seconded. Motion carried.

**Call to the Public**

No Call to Public.

**Maricopa Benchmark**

Member Jarvi reviewed the Benchmark process and updated the Council on the current actions. She asked the Council on recommendations to proceed to public vetting. The Council agreed to move forward.

***Meeting stopped at 9:20 a.m. due to loss of quorum, meeting reconvened at 9:28 a.m.***

**First Things First Communications Plan Presentation**

Sr. Director of Communications Liz Barker Alvarez and Sr. Director of Community Outreach Angela Mussi gave a presentation on First Things First Communication Plan. Council members requested a copy of the core message, FTF talking points and elevator speeches. Sr. Director Johnson said she will collect the documents and forward to the Council members.

**SFY14 Program Implementation**

Senior Director Johnson reviewed Quarter 2 Narrative Reports with the Council. She went through the report with the Council.

**Review of Strategy Approach for Central Phoenix**

Senior Director Johnson gave an in-depth review on the Regional Priorities and the unique Central Phoenix FY15 strategies. Chair Urvater asked the Council if they wanted to have a special session to discuss the strategies or have as an agenda item on the next few meetings. Council discussed the strategies and decided there is no need for further discussion.

**Director's Report**

Senior Director Johnson discussed upcoming Council meetings and it was decided to cancel the March and June meetings. She informed the Council of the Grantee meeting that is scheduled for March 5, 2014 and reviewed the Regional Council Application process.

**Chair and Council Member Updates**

Chair Urvater reminded the Council of the Board/Council Forum scheduled to meet on March 4, 2014. The Council recognized Rana Simms for her dedication and hard work and wished her well on her new position.

**Next Council Meeting**

**Wednesday, April 30, 2014**

City of Phoenix Burton Barr Library  
4<sup>th</sup> Floor – Lecture Room  
1221 North Central Avenue  
Phoenix, Arizona 85004

**Adjournment**

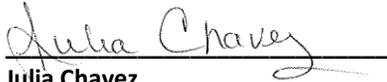
Chair Urvater adjourned the meeting at 11:27 a.m.

Respectfully Submitted,

**Dated this 6<sup>th</sup> day of March, 2014**

**ARIZONA EARLY CHILDHOOD DEVELOPMENT & HEALTH BOARD**

**Central Phoenix Regional Partnership Council**



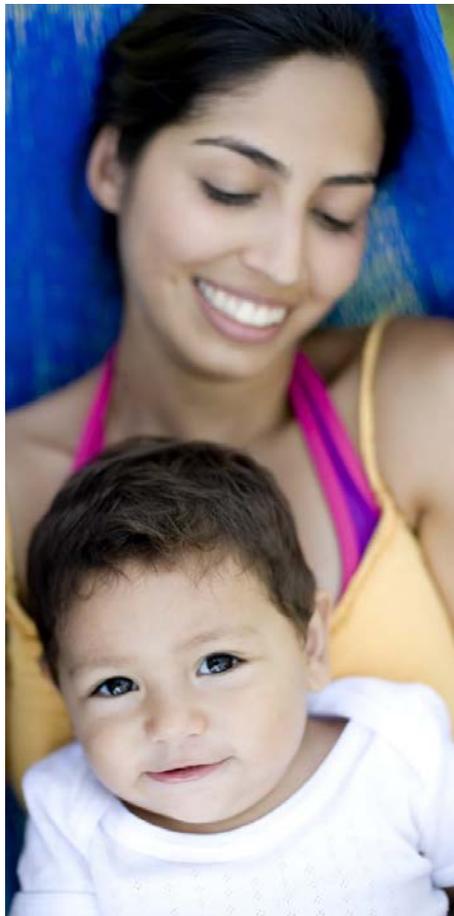
**Julia Chavez**  
**Administrative Assistant**



**Jennifer Johnson**  
**Sr. Director, Regional Partnership Councils**

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**Toby Urvater**  
**Chair**



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

## South Phoenix – Lead Strategies

**Jonathon Gonzales**

South Phoenix Regional Director



# Family Resource Centers – Strategy Description

- **Strengthens families of young children by providing locally-based information**
- **Instruction on health and child development issues**
- **Provides local resource centers that offer training and educational opportunities, resources**
- **Links to other services for healthy child development**





# Family Resource Centers – Lessons Learned

- Need to increase FRC capacity
- Increased Collaboration
- Cross strategy/system level collaboration



# Oral Health - Strategy Description

- **Decreases preventable oral health problems in young children.**
- **Provides oral health screenings and fluoride varnish in a variety of community-based settings;**
- **Provide training to families on the importance of oral health care for their children**





# Oral Health – Strategy Implementation Evaluation

(cont.)

**Main focus of the program is:**

- **build capacity & sustainability**
- **System leveraging of external resources**
- **Expansion to under served populations or working low income populations**



# Oral Health – Lessons Learned

- **Collective impact/system level program and strategy development takes a champion and leader**
- **Success can't be measured in snapshot, over time, consistent data tracking and supplemental evaluation is crucial to have a more comprehensive picture**
- **Achieving a vision must include input from stakeholders and the community to ensure utilization and success**



## Recruitment-Loan and Stipend Forgiveness – Strategy Description

- Improves the quality and range of therapeutic and intervention services in underserved communities
- Offers professionals financial incentives to work in underserved communities.





## Recruitment-Loan and Stipend Forgiveness - Background

- **Series of unsuccessful funding attempts redirects approach**
- **The Regional Council brainstorms a model for recruiting health professionals**
- **ADHS became the administrative partner and fiscal agent for the program**
- **Provides both loan forgiveness and stipend in exchange for 2 year commitment**



## Comprehensive Preventive Health – Strategy Description

- **Decreases preventable and chronic health issues in young children**
- **Builds a coalition of health education programs to establish a comprehensive health education system**
- **Provide community-based health trainings to young children and their families**





## Comprehensive Preventive Health – Lessons Learned

- Lehman&Smith contracted vendor currently conducting evaluation of the PHC and the work of the partners
- Strong evidence and early findings suggest that the PHC is a model for messaging, cross collaboration and system level prevention networks
- Evaluation also providing FTF program and staff tangible means for measuring collective impact work and system level analysis long term



# Focus on Special Populations

- High rates of children of incarcerated parents
- High rates of abuse and or neglect with resulting in higher than average number of children in foster system/rates of removal
- High rates of children in experiencing homelessness





# Focus on Special Populations

- Based on these needs the Regional Council worked to address these special populations of children
- Regional Council convened stakeholders, interviewed shelter directors and staff
- Partnered with external stakeholders and convened workgroup and research sessions





# Focus on Special Populations

Based on cumulative work, the Regional Council funded :

1. **Court Teams Strategy, Best For Babies within Maricopa County**
2. **Family Support Coordination Strategy, for kinship families**





# Director Mentoring

- Provides cohort model for mentoring of child care director, administrators, and licensed family home providers
- Model utilizes the PAS and BAS assessment tool that compliments Quality First coaching
- The protégés have access to individual professional development plan, opportunity to participate in community based training, conferences, workshops and community of practice, 1:1 t/a and peer-to-peer mentor support
- HR Consultant



## South Phoenix Regional Council Intentional System Work

- **South Phoenix Council was intentional about how work was to be fostered in the region based on prior experiences with conflict**
- **The Regional Council expectation was that within every goal area, RFGA releases would require or include demonstration of partnering and leveraging of external resources**
- **Examples of these efforts include linking home visitation services to care coordination and FRC's**
- **Supporting central intake for all home visiting programs, even non-funded resources such as Early Head Start and CPLC**



## South Phoenix Regional Council Intentional System Work

- Oral Health grantees partner within strategy but also partner with FRC's, Phoenix Union High School, and child care centers
- Care coordination grantees collaboratively joined the South Phoenix funded Preventive Health Collaborative
- Prenatal/Internatal/Post Natal grantees cross referring to Parents Partners Plus, working with care coordination grantees for ongoing medical related needs
- FFN co-location at FRC's or school campuses with pre-k

# Questions?



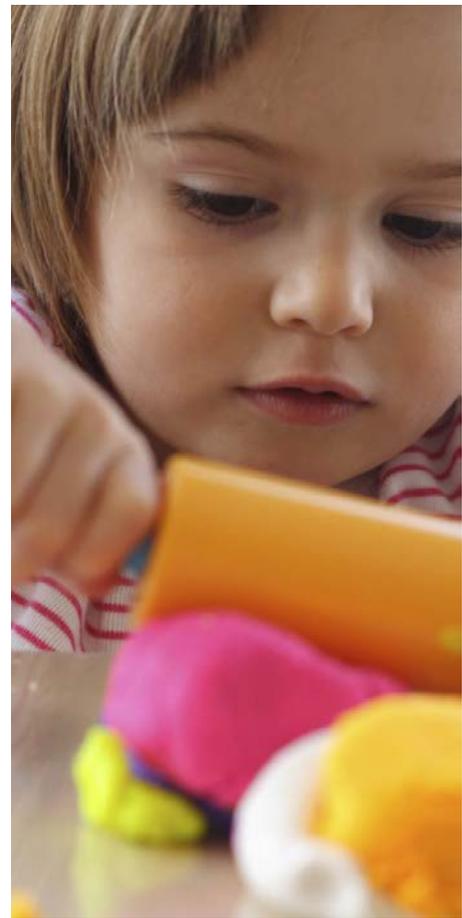


FIRST THINGS FIRST

*Ready for School. Set for Life.*

Jonathon Gonzales

South Phoenix Regional Council  
Director



## Attachment: Grant Renewal, Central Phoenix Region

As the Regional Council moves forward with implementation of the strategies approved in the SFY15 Regional Funding Plan, there are many grantee agreements in place and eligible for renewal. Generally, a one year renewal may be offered for the eligible grants, unless there is appropriate justification for the action to not renew.

Each agreement will be reviewed individually to determine intention of the council regarding possible renewal. If a Regional Council determines that grant performance does not meet the Regional Council's needs based upon factual evidence under the provisions of the grant, the Regional Council may decide to not renew.

If grantee performance is satisfactory under the grant agreement, and if no other changes occur to the scope of work or financial value of the grant that would require rebid or renegotiation, the Regional Council should renew the grant. Regional Councils may also renew programs based on findings that there are reasonable causes for delays in implementation, or other issues that have been or will be overcome by the grantee in the coming year.

All recommendations from the Regional Council will be forwarded for consideration of approval at the First Things First Board meeting June 9, 2014.

Please find attached a Renewal Report Summary document. This document is intended to provide information to the Regional Council for consideration of renewal as a complement to other sources of information, including the full quarterly data reports, narrative reports, and the grant renewal application.

For each grant agreement up for renewal, the Finance Team and I have performed a more thorough review of financial, programmatic and data performance and can provide further information to the Regional Council as needed or as requested. We have provided points for your consideration and a recommendation for each grant agreement.

You may find the following highlights helpful as you review the documents and information, and as we review during the meeting.

- Each grant award is individually listed by name and contract number. You will also notice the contract period and number of contract months. This information will be helpful in assessing individual grantee progress this year, as not all agreements started work at the same point.
- **Financial information** is provided and includes the dollar amount of the award, the amount expended to date\*, and percentage expended. You will see that there is a "range of 30-60%" expended to date, indicated by yes or no, and percentage for amounts outside of this range. The range alone does not indicate strong or poor performance, but may be considered in context of the whole of the grantee reporting. The final item in the finance section is the proposed award amount for SFY15 for your consideration.
- **A short program narrative** is provided to describe the work of each grant agreement.
- For each agreement you will see a short representation of the **grantee performance**. The SFY14 contracted service units are followed by the data for quarters one (7/1- 9/30) and two (10/1- 12/31).

The service units presented are the "contract service units" for the strategy. These basic units provide only an indicator of progress and performance. Grantees provide more information in the full data reports and the quarterly narrative reporting.

You will also see a "year-to-date total" of the actual service number presented as a cumulative or duplicative total as appropriate. A targeted range of 30-60% of the contracted number of units is presented with indication on meeting or exceeding that range.

The SFY15 Proposed Contract Units are the closing point of consideration in the data section and this number reflects the organizations renewal service unit proposal.

- We have also provided a short narrative with renewal consideration information. You will see a *yes* or a *no* indicating the staff's recommendation to the Regional Council for renewal and a blank "yes/no" area for the Regional Council recommendation for renewal, once decided. This staff recommendation was made based upon a review of all the information - quarterly reports, financials, and renewal application.

The staff recommendations to the Regional Partnership Council are that 22 of 22 agreements be renewed.

Should you have any questions or need additional information please let me know. As with all business you are asked to consider that Open Meeting Law requires you to conduct any needed discussions during the public meeting and to consider any potential Conflict of Interest on these decisions.

Jennifer Johnson

*\*Please make note that the expenses are current as of date printed on the report (4/29/14), whereas the service units reported are for quarters one (7/1- 9/30) and two (10/1- 12/31). These are not corresponding time periods and therefore must be considered in that perspective.*

## Central Phoenix Grantee Renewal

Family, Friends & Neighbors Strategy													
Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board	
										Renewal Considerations			
FTF-MULTI-13-0407-01-Y2	Association for Supportive Child Care	07/01/2013-06/30/2014	12	\$800,000.00	\$498,857.27	62.4%	No	2.4%	\$800,000.00	Yes			
<p>The Arizona Kith and Kin Project of the Association for Supportive Child Care (ASCC) provides support to family, friend and neighbor caregivers through weekly training/support group meetings. An average of 15 participants, per group, meet weekly for 14 weeks for a series of trainings on child development, health and safety, positive guidance and discipline, nutrition, early brain development, language and literacy, car seat safety and much more. Organized with the help of a community collaborative partner, group meeting locations are selected within the communities where family, friend and neighbor care providers live, work and play. The weekly gatherings are held in a supportive, workshop format where participants gain emotional sustenance from the other participants while learning about early childhood development, school readiness and safety. Providers receive concrete instruction and training, along with the distribution of related safety equipment. Upon completion of a 14 week training-support group session, participants are invited to attend a Health and Safety Conference each summer. Where applicable and as funding permits, transportation and on-site child care is provided, free of charge, to minimize barriers to participation.</p>										<p>ASCC's Arizona Kith and Kin Project propose to continue to provide training and support to unregulated home child care providers. This is a multi-regional contract. In South, North, and Central Phoenix, and Gila River Indian Community the grantee is on track to meet service numbers, programs have been delivered as planned. The grantee does show low expenditures to date in South and Central, but noted that there was a staff vacancy but that adaptations were made so that programming and service expectations will be met.</p>			
				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of home based providers served				520	151	175			175	33.7%	Yes	0.0%	520

## Central Phoenix Grantee Renewal

### Inclusion of Children with Special Needs Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

FTF-RC013-13-0358-02-Y2 Southwest Human Development 07/01/2013-06/30/2014 12 \$899,888.00 \$632,370.35 70.3% No 10.3% \$895,674.00

The Early Care and Education Inclusion program will increase the number of high-quality child care centers and family care homes available to children with special needs ages birth to five by improving the skill level and expertise of the child care staff (including their ability to help families access available community resources). Additionally, it will improve the skill level and expertise of providers of Family, Friends, and Neighbor care.

The program will focus on improving the skill level of child care staff by using a combination of training and onsite coaching assistance designed to address the individual needs of staff. The program will include ongoing planning, outreach and recruitment, classroom visits, training and skill building through targeted coaching assistance.

SFY14 Grantee performance notes: reaching the number of centers to be enrolled has been a challenge, as not all programs show interest in participating in this voluntary program. The limited number of eligible homes in the region has made reaching homes a significant challenge. Grantee has continued to conduct outreach, directly with eligible programs and through meeting with FTF and Quality First staff as well as stakeholders to gain support through increased understanding of opportunity. However, the second part of the goal, increasing the number of children with special needs enrolled in programs and increasing the skills and abilities of enrolled programs to appropriately support children enrolled, has been met.

\* the number of children participating was not a formal CSU in SFY14, but is added to the SFY15 contract and is included below.

The program is implemented through site visits and core training, and targeted skill building and coaching. Specialized staffing (coaches) bring or are trained in an extensive body of knowledge, skills and competencies including reflective supervision and best practices for working with children with diverse needs in a group setting. In SFY15 grantee will implement a "Professional Development Matrix" to track progress and competencies accomplished. Another update for SFY15 is an updated observation checklist for inclusive practice. A self-assessment for teachers is an optional tool for higher level participants.

Current connections (to continue in SFY15) include strong collaborations with QF, Mental Health Consultation, CCHC, and in SFY15 will align goal setting across these consultative programs for the child care centers in Central Phoenix (reducing confusion and duplication; improving systematic service coordination).

Quality and Access

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of center based providers served	70	48	49			49	70.0%	No	10.0%	70
Number of home based providers served	7	0	0			0	0.0%	No	-30.0%	7
Number of participating children with special needs	152									152

## Central Phoenix Grantee Renewal

**Care Coordination/Medical Home Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

FTF-MULTI-14-0461-03 Phoenix Children's Hospital 07/01/2013-06/30/2014 12 \$319,061.00 \$206,929.42 64.9% No 4.9% \$319,014.00

Phoenix Children's Hospital General Pediatric Division will implement a comprehensive program called the Screenings with Care for Outcomes and connections to Referrals and Education (SCORE) Clinic. The SCORE Clinic will provide comprehensive screening to children ages birth through five living in the Central Phoenix area to identify medical, developmental, and social service needs. In addition to the screenings, the clinic will provide care coordination services, developmental education, family support services, and collaboration with primary care physicians and specialists both within Phoenix Children's Hospital and out in the community.

Staff Recommendation to Council: Yes

SFY14 performance:  
Grantee has worked to address barriers to full implementation at one site (physical space, wireless or other reliable connections to online systems, space/construction at UMOM site). Recently resolution was identified for the remaining part of the year. Wireless router system will be installed, to allow access the electronic medical record system, and full launch of S.C.O.R.E. (Screenings with Care for Outcomes and connections to Referrals and Education) clinic services at the UMOM site are slated for end of April 2014. Service will include 5 half day clinics each week, serving the children that reside at UMOM New Day Center. Future goals of this space include extending services to the community and local agencies.

\*note- for all FTF Care Coordination grants, SFY15 contract service units include an expanded list including screenings and health insurance.

SFY15 proposal: Additional screening cart to be purchased and utilized in the General Pediatric department at PCH. The PCH pediatric division will continue to provide SCORE Clinic as part of the integrated mode of care embraced by the hospital. SCORE clinic will provide comprehensive assessment (medical, developmental, social service needs, family support services) and collaborate with primary care physicians and specialists. Screenings include developmental, vision, hearing, BMI, immunization, and insurance eligibility.

A newly expanded and remodeled site at UMOM New Day Center will be fully operational May 2014, allowing consistent location and times for program service.

With these changes, the grantee proposes increases for the new grant year, from 1,000 to 1,200 children, through 40 half day clinics each month.

Health

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										1,200
Number of children served	1,000	85	337			337	33.7%	Yes	0.0%	1,200
Number of developmental screenings conducted										1,000
Number of vision screenings conducted										1,200
Number of hearing screenings conducted										1,200
Number of families served (HIE Assistance)										400

## Central Phoenix Grantee Renewal

FTF-MULTI-14-0461-06    International Rescue Committee    07/01/2013-06/30/2014    12    \$136,764.00    \$56,385.94    41.2%    Yes    0.0%    \$173,176.00

The Healthy Steps Care Coordination program will provide early childhood care coordination to 188 refugee children from Central and South Phoenix regional councils. The program will focus on reducing barriers to accessing medical care faced by refugee families, including lack of understanding of the United States' medical and insurance system, mainstream providers' poor or inadequate interpretation services, and cultural barriers.

Yes

This is a multi-regional agreement. Grantee is successfully providing care coordination services utilizing the Healthy Steps model to 35 families in South Phoenix and 122/150 in Central Phoenix.

\*For South Phoenix the current data report does not accurately reflect families being served from the region--and the Regional Director has contacted the grantee re-submit their data reporting. The narrative report does accurately reflect the delivery of services that also includes other wrap around supports through IRC such as home visits, specialty intervention and community referrals, parenting education, and HIE/A for those families needing medical coverage etc.

Overall, IRC compliments other Care Coordination in the regions with service to specialized populations in the Phoenix refugee community. The program proposed is to continue with the current Healthy Steps model which includes intake assessments, coordination of well child/preventative care, documentation of medical, health and developmental history, screenings, home visitation to enhance assessment and supportive relationships with parents, parent support groups, and parent education.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										188
Number of children served	150	99	122			122	81.3%	No	21.3%	150
Number of developmental screenings conducted										188
Number of vision screenings conducted										188
Number of hearing screenings conducted										188
Number of families served (HIE Assistance)										38

## Central Phoenix Grantee Renewal

FTF-RC013-13-0424-01-Y2 Maricopa Integrated Health System 07/01/2013-06/30/2014 12 \$403,821.00 \$241,508.97 59.8% Yes 0.0% \$403,821.00

Focusing on the Pediatric Clinic in the Comprehensive Healthcare Center, located on the main campus of Maricopa Integrated Health System (MIHS) and in the heart of the Central Phoenix Regional Council, the goals of the Care Coordination/Medical Home project are to: 1) hire three Care Coordinators and four Cultural Health Navigator Interpreter assistants; 2) provide care coordination services to children including those with special healthcare needs, refugee children, children with developmental delay and follow-up for children receiving services in the Pediatric Emergency Department (Peds ED); 3) adhere to the Pediatric Alliance for Coordinated Care evidence-based model that will lead to improved coordination of health services for children birth to age five; 4) expand the MIHS Pediatric Patient-Centered Medical Home model that leads to more children age birth to five having a medical home; and 5) adhere to the First Things First Standards of Practice for Care Coordination /Medical Home. The project will collaborate with health care providers and FTF Family Support grantees in the Central Phoenix Regional Council to be responsive to the needs of children and families.

Yes

Grantee is successfully implementing care coordination following the Pediatric Alliance for Coordinated Care evidence based model. The FTF Central Phoenix Care Coordination program in FY15 will continue to be implemented based on the PACC model. This has facilitated MIHS to focus on a team approach between providers and families while addressing the physical, emotional and developmental growth of children birth to age five. In addition to children receiving services at the MIHS Arizona Children's Center (AzCC), additional children for the project have been identified by providers, those receiving services in the MIHS Pediatric Emergency Department (ED) and referrals from community-based organizations including FTF Family Support grantees. In addition to the FTF performance measures of number of: care plans written, families receiving referrals for health insurance enrollment, and referrals for health and human service provides, the Care Coordination team continues to focus on several areas of patient vulnerability. The Care Coordination team believes that communication among the patients care team is essential. They designate the patient's Primary Care Provider, Care Coordinator, Family Health Coordinator, Case Manager, and/or Social Worker as part of the Patient Care Team. MIHS does not anticipate making any program modifications for SFY15. The program is focused on four primary activities: 1) provision of care coordination services; 2) access to care to ensure eligible children have access to health coverage; 3) training; and 4) data collection and reporting.

Note: all FTF Care Coordination grants will have additional Contract Service Units in SFY15 including screening and health insurance.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										340
Number of children served	400	2,661	2,848			2,848	712.0%	No	652.0%	400
Number of developmental screenings conducted										340
Number of vision screenings conducted										340
Number of hearing screenings conducted										340
Number of families served (HIE Assistance)										340

## Central Phoenix Grantee Renewal

### Developmental and Sensory Screening Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

FTF-RC013-14-0469-02    EAR Foundation of Arizona    07/01/2013-06/30/2014    12    \$400,000.00    \$288,763.75    72.2%    No    12.2%    \$400,000.00

Developmental & Sensory Screening Services

SFY14 successes: Grantee has established system of Faxing hearing and vision reports to medical homes. This activity has increased the awareness among physicians and parents about the importance of periodic screening during early childhood as well as reinforce best practices for utilizing specialty services, and streamlined communications to physicians. Beyond the direct screening services, the grant includes training and equipment loan program. The provider curriculum will be field tested and revised based on feedback from the providers for implementation among potential screening/equipment distribution sites in SFY14 and into the next grant cycle. One physician office in-service will pilot the curriculum developed and establish expectations for participating location. Equipment has been loaned to midwives, several school districts, CPLC and COP Early Head Start. Technical assistance and training has included Arizona Head Start Association, CPLC, COP Early Head Start, Native Health, and over 158 individual screeners. Grantee will continue to develop this component of the project keeping in mind that the issues consistency and quality, data sharing, and the necessity for ongoing technical assistance and monitoring of their screening practices. Partnerships are in development with five physician offices and two community health centers. The proposal SFY15 implementation includes budget for new equipment vision and hearing screening equipment for the loan program. The physician training, equipment loan and train the trainer components will be fully implemented during this second year.

Health

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening	2,100	177	348			525	25.0%	No	-5.0%	2,100
Number of developmental screenings conducted	0	0	0			0				NA
Number of vision screenings conducted	1,800	163	309			472	26.2%	No	-3.8%	1,800
Number of hearing screenings conducted	2,436	177	383			560	23.0%	No	-7.0%	2,432

## Central Phoenix Grantee Renewal

**Family Support – Children with Special Needs Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

FTF-RC013-13-0425-02-Y2 Southwest Human Development 07/01/2013-06/30/2014 12 \$364,900.00 \$201,702.23 55.3% Yes 0.0% \$350,243.00

Yes

The Southwest Human Development Parent Coaching and Support Services Program will provide support to a minimum of 150 families who have concerns about their young child's development, but who are not eligible for special needs services through the Arizona Early Intervention Program, the Arizona Division of Developmental Disabilities, or their local school district. Parent coaches will help parents learn how to 1) observe and understand their child's behavior and development, 2) promote the best possible developmental outcomes for their child, 3) network with other families and access community resources, and 4) learn about child development topics of special interest to them.

Program performance has been reviewed, including narrative and data reports. Recruitment of families has been a substantial challenge. Relationships have been established with school districts, AzEIP, child care, community programs, medical providers. A recent clarification on eligibility of children (clarified with FTF program and regional staff) will allow some widening of outreach and enrollments to include families not yet screened by schools or AZEIP, but where a concern has been indicated for development by professional referral. Grantee believes this will allow for full implementation of the strategy and ability to 150 families before year end. The strategy has included screenings, but in SFY15 the target number of screenings to be conducted is added as a "contract server number" for the agreement.

**Health**

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										150
Number of families served	150	31	49			49	32.7%	Yes	0.0%	150
Number of developmental screenings conducted										150
Number of vision screenings conducted										150
Number of hearing screenings conducted										150

## Central Phoenix Grantee Renewal

Health Insurance Enrollment Strategy													
Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board	
										Renewal Considerations			
FTF-RC013-13-0405-01-Y2	Children's Action Alliance	07/01/2013-06/30/2014	12	\$400,000.00	\$302,543.15	75.6%	No	15.6%	\$400,000.00	Yes			
<p>Children's Action Alliance will provide public health insurance outreach and enrollment assistance in Central Phoenix. Through a coalition of eight community organizations, known as Kids Health Link, advertising through television, billboards, newsletters, and media efforts will target specific ethnic and low income communities to raise awareness about public health insurance and enrollment assistance.</p>										<p>Through this grant, Children's Action Alliance provides public health insurance outreach and enrollment assistance in Central Phoenix. This is accomplished through a coalition of community organizations branded as Kids Health Link. Grantee proposes continuation of program which includes eight organizations. Outreach is accomplished through television, billboards, organizational newsletters and media targeting specific ethnic and low income communities- all in effort to find families and connect them to health coverage. Grantee emphasizes cultural competency and trusted application assistance to help families navigate the complicated systems and options. The program offers knowledgeable, multilingual assisters who can meet the consumer at their location. Strong partnerships have been developed in order to address and navigate the changing health insurance environment-- including the ACA and recent changes to KidsCare which left many children without coverage. It is anticipated that contract service numbers will be met this year. This grant is recommended by staff for renewal.</p>			
Service Unit				2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served				2,500	808	774			1,582	63.3%	No	3.3%	2,500

## Central Phoenix Grantee Renewal

**Oral Health Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
Renewal Considerations												

GRA-RC013-14-0627-01 Maricopa County Department of Public Health 07/01/2013-06/30/2014 12 \$400,000.00 \$175,105.40 43.8% Yes 0.0% \$400,000.00

Oral health screening and fluoride varnishing will be conducted on children ages 0-5 years old, with an emphasis on providing oral health education and awareness to parents. Additionally, outreach to dentists to serve children beginning at age one is a priority of the Central Phoenix Regional Partnership Council to increase awareness of the necessity to provide services to young children and, ultimately increase access to pediatric providers across the Central Phoenix region.

Staff recommends contract renewal, based on data and narrative reports submitted for two quarters so far, Maricopa County Department of Public Health (Office of Oral Health) is compliant with all grant obligations/requirements. "First Teeth First" serves children to age 5 at WIC clinics, County Immunization Clinic, child care centers in the Central Phoenix Region. The program provides basic oral screening to the child, and provides 1-1 training to parents at time of service. Parents are encouraged to return every 6 months. Pregnant women are also screened and provided with education on importance of their oral health. Referrals are made when urgent need is determined. Data is recorded and maintained on children served. The grantee is expected to meet contracted service levels by year end.

Health

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of fluoride varnishes applied	4,000	72	1,465			1,537	38.4%	Yes	0.0%	4,800
Number of participating adults	3,250	92	32			124	3.8%	No	-26.2%	3,540
Number of participating professionals	15									15
Number of children receiving oral health screenings	4,000	81	1,628			1,709	42.7%	Yes	0.0%	5,020
Number of prenatal women receiving oral health screenings	500	3	63			66	13.2%	No	-16.8%	220

## Central Phoenix Grantee Renewal

**Prenatal Outreach Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

GRA-RC013-14-0628-01    Maricopa County Department of Public Health    07/01/2013-06/30/2014    12    \$399,994.00    \$203,870.94    51.0%    Yes    0.0%    \$399,996.00

Yes

The Healthy Start program serves high risk expectant mothers, including teen parents and those most at risk of poor birth outcomes or infant morbidity and mortality living in Central Phoenix. Healthy Start works with families by connecting prenatal families with local health care providers and helping to identify plans to overcome barriers to accessing care.

The program proposes to continue focus on delivery of prenatal outreach services to families at risk for poor or compromised birth outcomes. The program coordinates and collaborates to conduct outreach, identify specific neighborhood and individual needs around perinatal health, conduct health promotion and messaging. Staff will continue to assist with health insurance enrollment and provide direct links to early prenatal care, establish medical homes, and connect families to immunization and oral health resources. The program will maintain and grow the strategy of co-locating Healthy Start team members at community based locations such as hospitals and health clinics. Core services will continue through individual home visitation and case management. Service numbers have been exceeded this grant year. Staff recommends renewal of this agreement.

**Health**

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of adults attending training sessions	600	358	364			722	120.3%	No	60.3%	600
Number of adults receiving home visitation	400	125	192			192	48.0%	Yes	0.0%	400
Number of children receiving screening										190
Number of developmental screenings conducted										190

## Central Phoenix Grantee Renewal

### Family Support Coordination Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
										Renewal Considerations		

FTF-RC013-12-0343-01-Y3 Southwest Human Development 07/01/2013-06/30/2014 12 \$163,348.00 \$117,276.23 71.8% No 11.8% \$163,348.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

The Central Phoenix Family Support Coordination program is a coordinated effort designed to increase the ability for families with complex and multiple needs to access needed services and supports. Families served may have experienced challenges and may be experiencing family crisis. Families have at least one child under age six and reside in central Phoenix. The service includes assessment, supports designed to address the needs of the entire family and focus on assisting family in creating a stable and healthy environment for their child/ren. Seven agencies partner to work directly with families to ensure connections in a timely manner to appropriate services. Together, the program improves coordination of, and access to family support services by direct service, streamlining access and simplifying application procedures. Each agency has a defined roles and responsibilities in the partnership. Decisions are made as a collaborative team (learning community meetings and leadership meetings). Ongoing support for success is provided by each agency. The structure requires accountability among the agencies and to First Things First. The learning community monitors the service delivery and makes adjustments as needed to ensure that each partner agency is omitted to the vision, consensus decision making and quality implementation of the model. Families are assigned to each agency base on the CSU per individual contracts with FTF. Family Support Coordinators will serve between 50 – 85 (varies among the grants) families each, per year, with an average length of service of 60 days. Caseloads vary from 8-15 families at any one time. SWHD is the managing partner for Professional Development. Responsibilities include: curriculum for Family Support Coordinators, development and securing of trainings, and tracking of training participation. A manager ensures FSC program services are implemented in compliance with the framework and Standards of Practice. There is a strategic approach to services to align with goals and assure that services do not overlap with other existing services within the region.

Family Support

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	114	64	98			98	86.0%	No	26.0%	114

## Central Phoenix Grantee Renewal

FTF-RC013-12-0343-02-Y3 TERROS 07/01/2013-06/30/2014 12 \$150,205.00 \$73,263.91 48.8% Yes 0.0% \$150,205.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
TERROS serves in the managing partner role of Outreach, which includes serving as liaison between partner group and the contracted marketing company; presenting marketing/outreach opportunities; maintaining the website [www.family-supportphx.org](http://www.family-supportphx.org); keeping inventory and distribution of literature throughout the community- in collaboration with partners; tracking outreach.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	114	38	54			54	47.4%	Yes	0.0%	114

FTF-RC013-12-0343-04-Y3 Phoenix Children's Hospital 07/01/2013-06/30/2014 12 \$161,936.27 \$113,645.70 70.2% No 10.2% \$161,934.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
PCH is responsible for data analysis and reporting support which includes analyzing and reporting program inputs and outcomes and organizing communication among grantee partners related to data.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	85	106	138			138	162.4%	No	102.4%	85

FTF-RC013-12-0343-06-Y3 Arizona Partnership for Children, L.L.P. 07/01/2013-06/30/2014 12 \$167,564.91 \$96,319.03 57.5% Yes 0.0% \$167,439.13

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
Arizona Partnership for Children (AzPaC) is responsible for the Resource Database and Knowledge management. Through coordination with FindHelpPhx.org, AzPac assists in maintaining and updating the comprehensive database of information, detailing available resource and serviced to meet the needs of families served through the FSC program. AzPaC leverages resource with other community organizations for knowledge of resources and to minimize duplication of resources and efforts. In this role, AzPaC also uses the FSC web based communication tool and maintains a quick reference guide of the most common resources for families involved with FSC program.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	114	40	65			65	57.0%	Yes	0.0%	114

## Central Phoenix Grantee Renewal

FTF-RC013-12-0343-08-Y3 United Cerebral Palsy of Central Arizona 07/01/2013-06/30/2014 12 \$162,300.00 \$105,162.97 64.8% No 4.8% \$162,300.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
UCP's managing partner role is in maintaining the policies and procedures for the FSC group.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	140	57	88			88	62.9%	No	2.9%	140

FTF-RC013-12-0343-10-Y3 International Rescue Committee 07/01/2013-06/30/2014 12 \$175,202.00 \$141,861.07 81.0% No 21.0% \$175,202.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
IRC is the managing partner for data management. Responsibilities include: data collection, database management, and reporting management. This supports consistent and coordinated information across the 7 partnering agencies. IRC provides ongoing assistance to FSC supervisors, and creates reports for all partners.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	102	35	61			61	59.8%	Yes	0.0%	102

FTF-RC013-12-0343-12-Y3 Crisis Nursery, Inc. 07/01/2013-06/30/2014 12 \$169,408.82 \$106,428.00 62.8% No 2.8% \$169,409.00

The Family Support Coordination Program (FSC Program) is a comprehensive, coordinated effort designed to increase the ability of families with complex and multiple needs to access needed services and supports. Families served through Family Support Coordination may have experienced challenges to addressing services and may be experiencing a family crisis. Family Support Coordination serves families with at least one child under the age of six (or not yet in kindergarten) residing in the Central Phoenix region. Services include an assessment, services, and supports designed to build on family strengths and address the desires and needs of the entire family. Services focus on assisting and empowering the family to navigate the service delivery system and creating a stable and healthy environment for their children.

(Please see FSC strategy description above.)  
Crisis Nursery is the managing partner for coordination of the Learning Community (the 7 agency co-management group). Responsibilities include: maintaining an on-line forum for communications, planning and facilitating of regular meetings for the agencies, the supervisors and the coordinators, coordination of activities for management roles.

This program is administered collaboratively by seven managing partner agencies who provide family support services throughout the Central Phoenix region.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of families served	130	50	69			69	53.1%	Yes	0.0%	130

## Central Phoenix Grantee Renewal

**Home Visitation Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

FTF-RC013-13-0381-01-Y2 Southwest Human Development 07/01/2013-06/30/2014 12 \$1,268,377.00 \$977,255.98 77.0% No 17.0% \$1,320,000.00

Healthy Families in an evidenced-based home visitation strategy that enhances positive parent-child relationships, promotes child health and development, improves literacy and school readiness, and increases family self-sufficiency. All of these build the foundation for strong family functioning, thereby preventing child abuse and neglect. Degreed staff work with parents to promote attachment and bonding and to build a healthy, nurturing, and safe relationships with their children. All children 0-5 receive regular physical and social emotional development screenings. All family members are linked with medical providers and parents are encouraged to complete their education and secure employment. A standardized assessment tool is used to identify families most in need of services and to enroll them prenatally or at the birth of their child. Upon enrollment, visits are made at least weekly and families may receive services for the first several years of the child's life. As the family achieves greater self-sufficiency, the frequency of visits is decreased.

SWHD delivers the evidence based Healthy Families home visitation model for high risk expectant and new parents. An intensive home visiting-parent coaching program, services include child development education, parenting skills training, informal counseling, nutrition and preventative health care education, developmental and health assessments, and early literacy services. Program is expected to exceed contracted service number expectations and reports show exceptional services are being provided.

All Healthy Families grants are supported by Arizona Department of Economic Security who serves as the lead agency for Healthy Families, and is responsible for accreditation and evaluation of the programming. Costs for that service will be determined following this award, and moved into a separate contract for that service. That amount of that award in SFY14, for this Central Phoenix program, was \$51,623.00.

FTF has made a change to the Contract Service Units included in this strategy. Developmental, hearing, and vision screening (which has been part of the program delivery in prior years) have now been added to the contracting numbers for all Home Visitation contracting beginning in SFY15.

**Family Support**

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of children receiving screening										350
Number of families served	350	243	282			282	80.6%	No	20.6%	350
Number of developmental screenings conducted										350
Number of vision screenings conducted										350
Number of hearing screenings conducted										350

## Central Phoenix Grantee Renewal

### Parent Education Community-Based Training Strategy

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

FTF-RC013-13-0402-01-Y2 Chicanos Por La Causa, Inc., dba Parenting Arizona 07/01/2013-06/30/2014 12 \$154,419.00 \$87,815.33 56.9% Yes 0.0% \$154,419.00

CPLC Parenting Arizona will implement an evidenced-based program, Community Based Education in Nurturing Parenting, with families with children birth through five in Central Phoenix Regional Partnership Council area. This program is proven effective in increasing parental competency and confidence about their ability to support their child's safety, health and well-being. The 10-week Nurturing Parenting series will reach over 1200 participating adults in Central Phoenix, offering varying class times and locations across the region that are accessible and convenient to families. Parenting Arizona will target recruitment efforts to engage at risk families including teen parents/pregnant teens, families in poverty, and grandparent raising grandchildren.

Grantee (Chicanos por la Causa/ Parenting Arizona) is implementing the Nurturing Parent Curriculum for infants, toddlers, and preschoolers. In SFY14 and continuing in SFY15, grantee will focus on parent-child interactive classes with a focus on delivering quality programming. In SFY14 grantee was included in the FTF on-site Quality Assurance visit which resulted in several development goals for program delivery in accordance with FTF and Nurturing Parenting standards. Areas identified to be addressed including outreach and engagement of eligible families, creating appropriate environments for classes involving young children and parents, and increased training for parent educators. Grantee successfully completed a revised implementation plan (with consultation from FTF program and regional staff) to address areas for improvement. To date, staff has completed training in the Arizona Infant Toddler Developmental Guidelines, Program Guidelines for High Quality Early Education and Early Learning Standards (through Arizona Department of Education). Staff propose to attend the Nurturing Parenting Curriculum training in December.

Adult classes with child socialization groups will run for 10 week sessions, 60 minutes per class. Participants will be provided with group activities, motivational tools, and opportunities to apply their knowledge and experience to the materials. Child socialization groups will run concurrent to adult sessions- geared for the ages attending (0-5 years) with lessons and curriculum in accordance with Nurturing Parenting curriculum.

FTF has asked all Parent Ed grantees to focus on the number of adults completing the educational series. This is a move to an unduplicated count of adults successfully completing the curriculum series (in this case, completing 80% of the 10 week session is successful completion). CSU in SFY14 was a duplicated count of each adult, in each session (1,200). In SFY15 this grantee proposes 120 adults will complete the series (at least 8/10 classes).

FTF staff support renewal of this agreement for SFY15.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating adults	1,200	549	586			1,135	94.6%	No	34.6%	
Number of adults completing a series										120

Family Support

## Central Phoenix Grantee Renewal

FTF-RC013-13-0402-07-Y2 Southwest Human Development 07/01/2013-06/30/2014 12 \$247,638.00 \$164,705.75 66.5% No 6.5% \$247,638.00

To continue expanding the national, evidence-based Raising a Reader program and introduce the evidence-based, practical training program Common Sense Parenting of Toddlers and Preschoolers. Together these evidence-based parenting programs will provide parents with skills and confidence to serve as their child's first and best teacher.

Raising A Reader is a national, evidence-based program designed to educate parents about the importance of early literacy and how they can build these skills in their young children and help them enter school ready to learn. Through its focus on integrating books and stories into the family routine, Raising A Reader introduces parents to important parenting strategies, developmental milestones, and concepts of infant brain development. Raising A Reader goes beyond the well-known message that parents should read to their children by using books as a vehicle to strengthen the parent-child relationship.

Common Sense Parenting of Toddlers and Preschoolers is an evidence-based, practical training program that gives parents effective discipline skills and helps them be more positive with their young children.

Yes

Proposed for SFY15 is to continue the Raising a Reader (through 52 separate opportunities; each an 8 week series of two hour classes)an early literacy focused program for parents and their children. This program is delivered where low-income/ difficult to reach families live or spend time: primarily in affordable housing apartment communities, schools, community centers, and other locations. Sites will include new locations as well as sites which were successful in SFY14 but where more (new) parents have shown interest.

Also under this grant is delivery of 5 eight week sessions of the Common Sense Parenting program, which is focused on effective parenting skills.

FTF has asked all Parent Ed grantees to focus on the number of adults completing the educational series. This is a move to an unduplicated count of adults successfully completing the curriculum series. CSU in SFY14 was a duplicated count of each adult, in each session (a total of 4,560 in this grant). In SFY15 this grantee proposes 575 adults will successfully complete the Raising a Reader or Common Sense Parenting course offered. Grant is recommended by staff for renewal.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating adults	4,560	921	1,158			2,079	45.6%	Yes	0.0%	
Number of adults completing a series										575

FTF-RC013-13-0402-11-Y2 Raising Special Kids 07/01/2013-06/30/2014 12 \$71,133.00 \$46,653.69 65.6% No 5.6% \$70,897.00

A series of community-based parenting education classes will be provided to address issues of early language and literacy, parenting skills, and information and resources for families of children with special healthcare needs. The project builds on an existing relationship with UMOM New Day Centers, the largest homeless shelter in Arizona. The population is homeless families with children ages birth to five, who show evidence of developmental delays.

Yes

Offered 2 times per month at UMOM homeless shelter and UMOMs transitional housing site, Next Step on Fillmore, program participants are provided with the Nurturing Parenting series to support literacy and parenting skills. Delivery includes specialized curriculum focused on dangers of alcohol, anger, abuse, and parenting children with developmental delays. Reading Rockets is included in each class.

Grantee has acknowledged that completion of the series is a challenge for this particular grant. Reaching parents at UMOM has been successful, however families graduate or exit the facility and are no longer able to attend the parent education on site. The program expanded to the Next Step facility and is finding great demand and increased success in completion of a series at that location.

FTF has asked all Parent Ed grantees to focus on the number of adults completing the educational series. This is a move to an unduplicated count of adults successfully completing the curriculum series. CSU in SFY14 was a duplicated count of each adult, in each session (360). In SFY15 this grantee proposes 62 adults will complete the series.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating adults	360	50	85			135	37.5%	Yes	0.0%	
Number of adults completing a series										62

## Central Phoenix Grantee Renewal

**Reach Out and Read Strategy**

Contract Number	Grantee	Contract Period	Number of Contract Months	FY 2014 Award	FY 2014 Expenditures YTD	FY 2014 Expenditures as % of Award	Within 30-60% Range (Yes/No)	Out of Range Percentage	FY 2015 Proposed Renewal Amount	Staff Recommendation to Council	Council Recommendation	Recommendation to Board
											Renewal Considerations	

FTF-MULTI-13-0401-01-Y2 American Academy of Pediatrics - AZ Chapter 07/01/2013-06/30/2014 12 \$45,392.16 \$45,392.16 100.0% No 40.0% \$69,000.00

Yes

**Family Support**

Reach Out and Read is a pediatric literacy program endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners. Doctors, nurse practitioners, and other pediatric healthcare professionals, trained in Reach Out and Read's evidence-based model, incorporate the intervention into well child visits, by advising parents about the importance of reading aloud, educating parents about early literacy developmental milestones, and giving developmentally appropriate books to children to take home. The program begins at the 6-month checkup and continues to age 5, with a special emphasis on children growing up in low-income communities. Research findings from 14 published, peer-reviewed studies clearly demonstrate that Reach Out and Read is effective. Parents who have received the Reach Out and Read intervention are significantly more likely to read to their children and have more children's books in the home compared to families who have not participated in the program. In addition, children served by the Reach Out and Read program score significantly higher on vocabulary tests.

Note: This is a multiregional contract.  
Based on data and narrative reports submitted to date, the Arizona Chapter of the American Academy of Pediatrics (Reach out and Read Program) is compliant with all grant obligations/requirements. Quarter I and Quarter II data and narrative reporting show that the organization is on track to meet the contracted service numbers.  
There are no significant proposed changes for SFY 15 implementation. Total funding level for the SFY 15 will increase to \$416,529 (\$50,000 from Central Phoenix, \$72,698 from Navajo Nation, \$19,000 from North Phoenix, \$100,000 from Yuma, \$10,675 from Graham Greenlee, \$112,056 from White Mountain Apache Tribe, \$50,600 from Coconino, \$1500 from Salt River Maricopa Indian Community). First Things First staff recommends renewal of this grantee.

Service Unit	2014 Contracted Units	2014 Q1 Actuals**	2014 Q2 Actuals**	2014 Q3 Actuals**	2014 Q4 Actuals**	Year-to-Date Actuals**	Percent of Contracted	Within 30-60% Range	Out of Range Percentage	FY 2015 Proposed Contracted Units
Number of participating practices	17	3	3			3	17.6%	No	-12.4%	24
Number of books distributed	1,000	252	252			504	50.4%	Yes	0.0%	5,912



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## School Readiness Indicators

### Maricopa/Phoenix Regional Partnership Councils

School Readiness Indicators and Setting of Year 2020 Benchmarks

April/May 2014 Update to Councils and Request for Consideration of Approval

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From previous updates, the Regional Council will recall that the recommendations of the Cross-Regional Benchmark Committee were moved to a public vetting process during the month of March, which has been completed.

Overall, the public input affirmed support of the benchmarks identified by the Cross-Regional Committee and there was a consensus staff recommendation that the feedback did not identify any new or significant concerns with the proposed benchmarks. The information from the public forums and online survey were sent forward to the committee for review.

The recommendations now move forward to the Regional Councils for consideration of approval. Each Council is asked to review the recommendations, but only needs to provide formal approval for their regionally selected indicators. Of these two indicators, **the Central Phoenix Council selected Indicator 10 as a priority.**

#### The recommendations from the committee are as follows:

##### Proposed Benchmarks for Indicator 2: Quality Early Education

Benchmark A: 72% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending Quality First enrolled programs.

Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending all licensed or regulated programs.

These percentages represent that 21,500 Maricopa County children will be enrolled in early care and education program with a Quality First rating of 3-5 Stars, by 2020.

##### Proposed Benchmark for Indicator 10: Confident Families

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

The committee process and public input information is included in the attached summary document.



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## School Readiness Indicators

### **Overview**

For the School Readiness Indicator benchmarking process, the Phoenix and Maricopa County Regional Councils formed a Cross-Regional Benchmarking Committee. The Committee was formed based on the council's common commitment to cross-regional collaboration and the recognition of common countywide priorities.

*Note, that for this cross-regional work, Salt River Pima- Maricopa Indian Community and Gila River Indian Community First Things First regions were not included. They will work separately to set individual regional benchmarks.*

North, South, and Central Phoenix as well as Northwest, Southwest, Northeast, Southeast and Central Maricopa Regional Councils each designated committee members to represent their Regional Council in a cross-regional benchmarking process. The Benchmarking Committee met on three occasions: in August and September of 2013, and January 2014. Maricopa countywide benchmark recommendations, to be achieved by the year 2020, were set for the following two indicators:

**Indicator #2 - Quality Early Education** - #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.

**Indicator #10 – Confident Families** - % of families who report they are competent and confident about their ability to support their child's safety, health and well-being.

As only the South Phoenix Regional Council selected *the Transition from Preschool Special Education to Kindergarten* and *Healthy Weight* indicators, and no other local regions also selected those indicators, a committee of the South Phoenix Council met separately, in August 2013 and February 2014, to establish recommended benchmarks for those indicators.

**Indicator #6 – Transition from Preschool Special Education to Kindergarten** - #/% of children exiting preschool special education enrolled in kindergarten regular education.

**Indicator #7 – Healthy Weight** - #/% of children ages 2-4 with Body Mass Index in healthy weight range. *(South Phoenix only)*

After all committee recommendations were made, a public vetting and input process was held. Two public forums were conducted in March 2014. Also, an online survey was available and additional comments were collected.

In this Phase 1 of the benchmarking process, there are recommendations for benchmarks for some of the First Things First indicators. The Regional Councils have selected other School Readiness Indicators as priorities, in addition to those listed above. As data becomes available, cross-regional benchmarks for Maricopa County will be established, through Phase 2 of the process, for the following indicators:

- Indicator #1- School Readiness - #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical.
- Indicator #8- Well-Child Visits - #/% of children receiving at least six well-child visits within the first 15 months of life.
- Indicator #9 - Dental Health - #/% of children age 5 with untreated tooth decay.

And, for South Phoenix only:

- Indicator #5 - Developmental - Delays Identified in Kindergarten - % of children with newly identified developmental delays during the kindergarten year.



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## School Readiness Indicators



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## School Readiness Indicators

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### **Committee Process Information: Benchmarking Committee**

The first meeting of the Maricopa/Phoenix Benchmark Committee was held on 8/14/13. The purpose was to provide an orientation and overview of the benchmarking process. The intent of the School Readiness Indicators was reviewed, and the process completed by the state level committee and First Things First Board in this same area of work. The committee was oriented to the benchmark data sources, as well as the proposed approaches to setting cross-regional benchmarks. The committee members discussed the process and information before the meeting was concluded.

### **Indicator 2: Quality Early Education, Benchmarking Discussion and Decision**

The Committee met on 9/9/13 to consider the Quality Early Education Indicator. The data sources and baseline data were reviewed with the Committee. Two baseline calculations were provided to the Committee for the Quality Early Education Indicator:

**Quality Early Education Baseline A** is the number of children enrolled in an early care and education program with a Quality First rating of 3-5 stars divided by the number of children enrolled in an early care and education program with a Quality First rating of 1-5 stars; this baseline is essentially the percent of children in Quality First who are enrolled in 3-5 star care.

**Quality Early Education Baseline B** is the number of children enrolled in an early care and education program with a Quality First rating of 3-5 stars divided by the number of children enrolled in regulated early care and education; this baseline is essentially the percent of children in regulated care who are enrolled in 3-5 star Quality First care.

The Committee had extensive discussion about the limitations of utilizing a data source that measured quality of early care and education in Quality First as the sole measure of quality for their regions as a whole. Members were concerned about measuring the total pool of quality early education without access to data on unregulated, accredited, and other providers that are of undetermined quality. There was consensus that all discussions related to the Quality Early Education Indicator should include information about the limitations of the SRIs. There was also discussion on whether Quality First providers, still at a star level of 2, but on the cusp of 3, are really providing quality care. There was concern that the cut-off scores for a 3 star may not truly reflect a shift of the number of children receiving quality care.

The Committee discussed the expected progress of providers in Quality First (expected progress is to move from 1 to 2 stars in 2 years and 2 to 3 stars in 2 - 4 years) and upcoming model changes in Quality First such as phasing out of scholarships at the 1 and 2 star levels.

They discussed potential factors that might increase the total pool of providers in Quality First between now and 2020, including filling open slots, quality providers moving to a rating only status thereby opening slots for full participation, and efforts to be taken to encourage the filling of currently underutilized slots for children in current Quality First providers in the regions. They agreed that funding considerations make it challenging to anticipate how many additional Quality First slots could be added by 2020.

The Committee discussed a Quality Early Education Indicator benchmark A of 72% and a benchmark B goal of 29% children enrolled in an early care and education program with a Quality First rating of 3-5 stars. These benchmarks were based on the assumption that adequate progress in Quality First star ratings will occur. Quality Early Education Benchmark B was estimated utilizing the denominator provided for the number of children in Maricopa County in regulated care (75,628) with the numerator of the targeted number of children in Quality First 3-5 star education by 2020 (21,500).



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## School Readiness Indicators

The Committee discussed the Quality Early Education Indicator benchmark A and that it reflected a 50% increase from the 22% baseline A. They also agreed that Baseline B represents a 20% increase in the 9% baseline B. It was agreed that given the progress in Quality First to this point, 72% for baseline A and 29% for baseline B are attainable goals. There was continued discussion 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% by 2020 was an attainable goal for the county as a whole.

### **Proposed Benchmarks for Indicator 2: Quality Early Education**

Quality Early Education Indicator Benchmark A: 72% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending Quality First enrolled programs.

Quality Early Education Indicator Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020. /of those attending all licensed or regulated programs.

These percentages represent that 21,500 Maricopa County children will be enrolled in early care and education program with a Quality First rating of 3-5 Stars, by 2020.



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## School Readiness Indicators

### **Indicator 10: Confident Families Indicator Committee Benchmarking Discussion and Decision**

The Committee met on 1/16/14 to discuss Indicator 10: Confident Families.

The data source, survey methodology and calculation of the overall indicator (a combination of nine key measures) and the baseline data for the region was reviewed with the Committee.

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

The Family and Community Survey is conducted, for non-tribal regions, over the phone. Over 3,700 Arizona parents with children 0-5 participated in the 2012 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. 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 in particular.

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.

For the First Things First Confident Families Indicator composite score, a sub-set of nine items from the survey were selected. The nine items include parent knowledge, parent self-report of competency and confidence in 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 comprised the composite score criteria. The scoring was determined based on the national survey key and on early childhood development research and best practice.

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 the Confident Families indicator to measure 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. SRIs do not provide evaluation or research findings which link funding or specific programmatic efforts to outcomes. The purpose of the Competent Families Indicator is to track overall changes in parent knowledge and behavior in the early childhood system as a whole.

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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*.



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## School Readiness Indicators

The Committee discussed how the statewide benchmarking 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 discussed the data trends across Maricopa County and asked if there is a relationship between poverty and primary language spoken and parent knowledge and behavior. It was noted that respondents could take the survey in Spanish or English and that while the full analysis of the 2012 Family and Community Survey data is anticipated for fall 2014, 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.

The Maricopa County baseline is 40% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being. The Committee 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.

The Maricopa County Committee discussed a benchmark goal of 50%. They agreed that based on the current reach of FTF strategies alone (including Quality First, literacy initiatives, home visitation, and parent education), they could confidently aspire to a 12% change of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being. Members agreed on a 50% goal and a 10 percentage point improvement by 2020. The Committee agreed that 50% was an attainable goal for Maricopa County as a whole. They agreed that large-scale changes will reflect the work of all early childhood partners, not just First Things First.

### **Proposed Benchmark for Indicator 10: Confident Families**

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



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## School Readiness Indicators

### **South Phoenix Regional Partnership Council – two additional indicators**

#### **South Phoenix/Indicator 6: Transition from Preschool Special Education to Kindergarten, Benchmarking Discussion and Decision**

The South Phoenix Benchmarking Committee met to discuss the Transition from Preschool Special Education to Kindergarten Indicator on February 10, 2013. The data source, trends in transition rates over time, and trends in transition rates by differing disabilities were reviewed with the Committee.

The transition from preschool special education to kindergarten 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.

The Committee asked if data were available on anticipated population rates of IEPs and special needs in preschool and early elementary school. It was 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 of transitioning to kindergarten without an IEP have decreased dramatically in the South Phoenix trend data available.

Chief Policy Officer Karen 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 it is not known how widespread this trend is but it could affect (increase) how many children retain an IEP into 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 will 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 visitation. However, even with these notable efforts, they agreed that system-level and overall coordination efforts will lead to real changes for children.



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## School Readiness Indicators

In setting an benchmark goal, the Committee decided on 27% of children entering kindergarten exiting preschool special education to regular education by 2020 based on the urgency of this situation and the efforts already in place. 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.

### **Proposed Benchmark for Indicator 6: Transition from Preschool Special Education to Kindergarten**

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

### **South Phoenix/Indicator 7: Healthy Weight, Benchmarking Discussion and Decision**

The South Phoenix Committee met to discuss the Healthy Weight Indicator 8/14/13. Earlier that same day, committee representatives participated in an overview of benchmarking with the Cross-Regional Benchmarking Committee. For the Healthy Weight Indicator, the data source, limitations of utilizing WIC data to measure progress for all children, trends in obesity, overweight, and underweight for the region was reviewed with the Committee. The Committee discussed the limitations of First Things First efforts to impact children's healthy weight. They discussed the many complex factors related to healthy weight including historical/generational poverty, cost of food, and lack of culturally appropriate information on healthy activity and eating.

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 Committee considered that the WIC population is likely more overweight than the South Phoenix county general population.

The Committee discussed the many new and expanding initiatives in the community (from FTF and partners) such as: SNAP education, family resource centers, KidsCafe, and many more. They agreed these initiatives will positively 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.

The Committee discussed a benchmark goal of 75% of 2-4 year olds in South Phoenix Council Area at a healthy weight by 2020. They agreed that healthy weight is a critical need in South Phoenix, it is a national and city-wide priority and that current and expanding initiatives will positively impact children's eating and activity habits.

### **Proposed Benchmark for Indicator 7: Healthy Weight**

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



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## School Readiness Indicators

### **Public Input Process**

Public comment was solicited in two ways: in-person community forums and an online survey.

### **Community Forums:**

On 3/19/14 and 3/20/14, two public School Readiness Indicator benchmark public forums were held in Phoenix to gather community input on initial benchmark targets set by the Maricopa Cross-Regional Benchmark Committee and the South Phoenix Committee. The agenda was as follows:

1. Welcome and Introductions
2. Overview of Process to Recommend Regional Benchmarks
3. How and Why Benchmarks Are Used
4. Review and Discuss Proposed Regional Benchmarks for Priority School Readiness Indicators
5. Process and Timeline for Finalizing Recommended Regional Level Benchmarks
6. Questions

There were 11 attendees: 8 members of the public; the Phoenix and Maricopa Regional Senior Directors, Jennifer Johnson and Wendy Sabatini; and the facilitator, Amy Kemp. After introductions, the forums began with an overview of the purpose of SRIs and the statewide and regional processes of setting benchmarks, including the 9 priority roles of First Things First and their relation to the 10 SRIs. There was discussion on the SRI process and additional clarification that SRIs are tools to monitor changes in statewide and regional populations of children and not evaluation tools. Attendees were informed that SRIs are used to measure progress in the early childhood system overall and help identify priorities.

There was a brief review of the status of all Indicators, identification of the eight Indicators prioritized by the Maricopa Regional Councils as well as the four Indicator benchmarks that had been set. Utilizing the baseline and benchmark data for Maricopa County and South Phoenix region, the group reviewed the considerations, discussions and decisions of the Maricopa Cross-Regional Benchmark Committee and South Phoenix Committee on the following prioritized Indicators:

**Indicator #2 - Quality Early Education (Cross Regional)**

**Indicator #10 - Confident Families (Cross Regional)**

**Indicator #6 - Transition from Preschool Special Education to Kindergarten (South Phoenix Indicator)**

**Indicator #7 - Healthy Weight (South Phoenix Indicator)**



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## School Readiness Indicators

There was extensive discussion on the Quality Early Education Indicator and Quality First. There was discussion about the supports and incentives provided in Quality First to improve educational quality and to support changes in instructional practice. It was noted that improvements may take extended periods of time because actual instructional practice must change (through teacher education and coaching) rather than environmental/physical considerations alone.

There was intense discussion about the merits of measuring progress through the number of children enrolled in quality early education rather than the number of providers at each Quality First star level. It was agreed that only through changes in provider quality and star level would more children be served in high quality early education, however, it was noted that measurements based on children implies that families are responsible for identifying and travelling to providers of quality rather than ensuring that the supply of quality education is accessible for families.

Also discussed was the hope that more early care and education providers will be able to enter into the Quality First system. The balance between ensuring that providers that have attained quality have adequate financial supports to maintain quality, and the desire to open slots for new providers was noted.

Related to the Confident Families Indicator, it was noted that self-report data are likely to be inflated and over-estimate actual levels of parent knowledge and skill. It was also suggested that the length of the Family and Community Survey be reduced to increase participation. Participants agreed the benchmark was a reasonable goal and supporting parents is crucial to improvements in all of the benchmarks.

**After review of the Maricopa County Cross-Regional benchmarks for the Quality Early Education and Confident Families Indicators, no changes were suggested.**



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## School Readiness Indicators

There was intense discussion related to the South Phoenix Transition from Preschool Special Education to Kindergarten Indicator. Participants discussed the importance of parent knowledge of typical development to improving early identification and early intervention services. One participant in the first public comment session stated she would like to see the benchmark goal set higher because of the critical importance of early detection and provision of quality early intervention services, especially for Speech Language Impairment and early reading problems. On the other hand, in the second day of public comment, there was group consensus that the Council should consider a lower benchmark based on the following challenges in improving transition to kindergarten for children with developmental delays:

- In some cases parents are reticent to have their child diagnosed with a developmental delay in other cases they are eager to make sure their child has access to services. In both cases, optimal functioning of the early intervention system is strained. However, parent knowledge and advocacy are critical.
- Definitions of delays change between preschool and kindergarten. It was noted that this may affect the data.
- Intensity of preschool special education services vary by district parents and children in South Phoenix may lack some services but not be aware of options.
- There are many complex facets of this Indicator and to the early intervention system as a whole.

Finally, the group noted that they agreed that a seven percent improvement in the South Phoenix Healthy Weight Indicator was a good target. With this in mind, they questioned why the Transition from Preschool Special Education to Kindergarten Indicator was set at the same benchmark when it dealt with a more complex situation, with fewer factors under the control of First Things First, and with the added challenge of a downward trajectory in recent years. It was noted that while the percent targets are the same, the overall number of children is much lower for the Transition from Preschool Special Education to Kindergarten Indicator since there are fewer total children with identified delays. With that noted, the group still recommended that the South Phoenix Committee and Council Council consider their benchmark for Transition from Preschool Special Education to Kindergarten target carefully.

Related to the Healthy Weight Indicator, participants agreed that the benchmark is ambitious but realistic because there are so many community partners working in this areas and it is a national priority as well as a local concern.

**No changes were suggested for South Phoenix's benchmark related to Healthy Weight, however, the group recommended the Regional Council's consideration of lowering the benchmark target for the Transition from Preschool Special Education to Kindergarten Indicator based on the comments above.**



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## School Readiness Indicators

### Online Survey:

An online survey for the Phoenix and Maricopa County Cross-Regional Partnership Councils was open March 19 – 27. Utilizing FTF's email contact lists for Phoenix and Maricopa County, the survey was sent to community members and partners throughout the area. The survey provided Maricopa County-wide benchmark targets for the Quality Early Education and Confident Families Indicators, as well as South Phoenix specific benchmark targets for the Healthy Weight and the Transition from Preschool Special Education to Kindergarten Indicators. Respondents were asked two questions related to each benchmark:

How much do you agree that the proposed benchmark for this priority School Readiness Indicator in your community/region is ambitious enough to positively impact outcomes for children in Arizona?

How much do you agree that the proposed benchmark for this priority School Readiness Indicator is realistic and achievable?

There was also the option to provide additional comments for each benchmark.

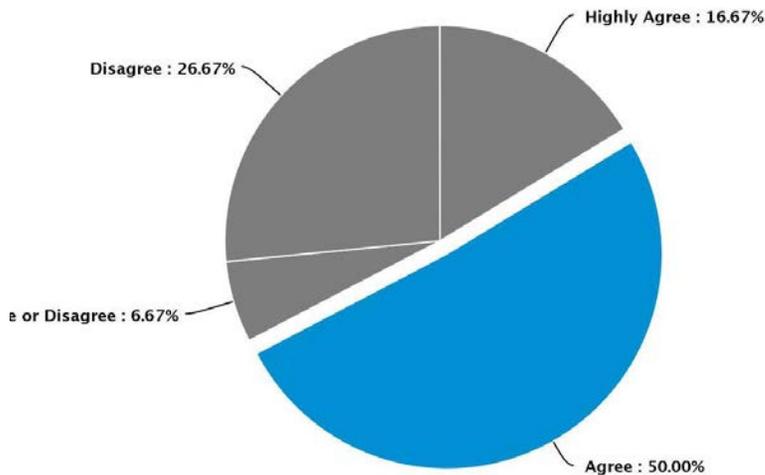
For the Phoenix and Maricopa County online survey:

- 54 respondents viewed the survey
- 49 respondents started the survey
- 32 respondents completed the survey

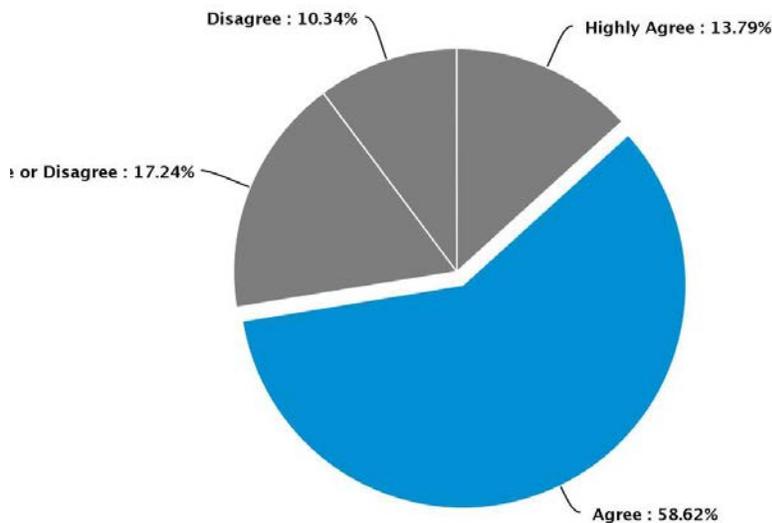


**For Quality Early Education Benchmark B: 29% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars by 2020.**

- 67% of respondents (20 of 30) highly agreed or agreed that the benchmark is ambitious enough.
- 7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is ambitious enough.
- 27% of respondents (8 of 30) disagreed that the benchmark is ambitious enough.



- 73% of respondents (21 of 29) highly agreed or agreed that the benchmark is realistic and achievable.
- 17% of respondents (5 of 29) neither agreed or disagreed that the benchmark is realistic and achievable.
- 10% of respondents (3 of 29) disagreed that the benchmark is realistic and achievable.



There was one additional comment for this benchmark. It noted that in the respondent's community they will surpass the benchmark due to already high baseline rates of quality early education.



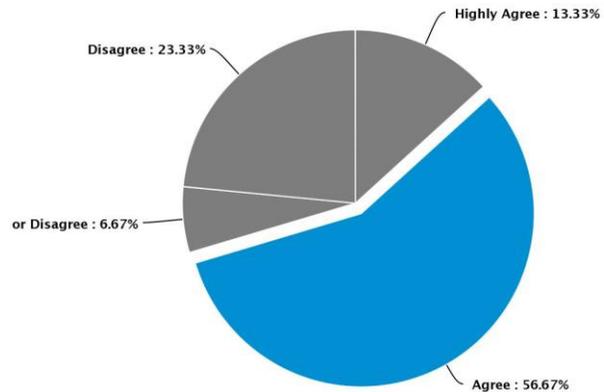
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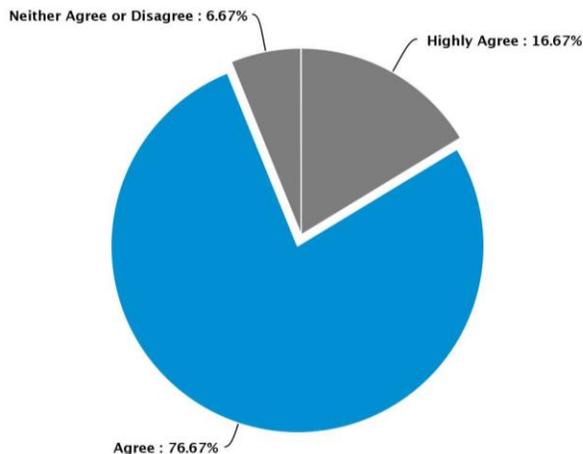
## School Readiness Indicators

**For Confident Families Benchmark: 50% of Families Competent and Confident about Their Ability to Support Their Child's Safety, Health and Well-Being by 2020.**

- 70% of respondents (21 of 30) highly agreed or agreed that the benchmark is ambitious enough.
- 7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is ambitious enough.
- 23% of respondents (7 of 30) disagreed that the benchmark is ambitious enough.



- 93% of respondents (28 of 30) highly agreed or agreed that the benchmark is realistic and achievable.
- 7% of respondents (2 of 30) neither agreed nor disagreed that the benchmark is realistic and achievable.



There were three additional comments for this benchmark. All comments reinforced the importance of this Indicator and the attainability of the benchmark goal. It was also noted that parent self-report is likely to be an over-estimate of parent confidence.

*No responses were received for the South Phoenix specific benchmark targets for the Healthy Weight and the Transition from Preschool Special Education to Kindergarten Indicators.*



### **Summary of Activities - February to April 2014**

#### **Events/Networking meetings/Presentations:**

6	Presentation
9	Events
6	Networking meetings
7	One on One and outreach meetings
3	Stories
137	Friends recruited
20	Friends moved up to supporter level
3	Supporters moved to champions
3	Trainings
2	Earned Media
1	Site Tour

#### **Upcoming Outreach Opportunities:**

- May 3 : Read On Greater Phoenix Literacy Fair @ Balsz Elementary
- May 15: Preventive Health Collaborative
- May 27 : Read On Greater Phoenix Literacy Fair @ Crockett School
- May 30: Site tour First Teeth First at the Mexican Consulate
- Share FTF messages with others
- Stay in contact through Facebook/Twitter
- Promote Training Sessions

#### **Ideas:**

- Do you have any personal or business contacts you would like me to connect with?

## FTF Core Message of the Month

**90% of a child's  
brain develop-  
ment happens be-  
fore  
kindergarten.  
Think fast. They  
do.**

*Use this message to demonstrate  
how Early Childhood impacts a  
child's future performance .*



[https://mapengine.google.com/  
map/edit?  
hl=en&authuser=0&mid=zMYAEV  
RgGojA.kcOWATzKzhjY](https://mapengine.google.com/map/edit?hl=en&authuser=0&mid=zMYAEV RgGojA.kcOWATzKzhjY)

# “My Favorite Color”



FIRST THINGS FIRST

*Ready for School. Set for Life.*

Central Phoenix Regional Partnership Council



On Saturday, March 15<sup>th</sup>, the Dominguez family traveled to the Herberger Theater Center for the opening reception of the “My Favorite Color Art Exhibit”. They were formally dressed and even 5-year old Salvador Jr. wore a tie. Salvador attends Fowler Elementary and is a student in Rebekah Perrin’s classroom. “The Dominguez family was proud to be there” says Perrin. “The Art Exhibit is a great opportunity for our kids. It’s exciting to see their art work displayed somewhere accessible to the general public”.

This is the second year that First



***First Things First**, which promotes school readiness, partnered with the **Herberger Theater Center** to create an exhibition titled “My Favorite Color,” which features artwork by children ages 2-5. The exhibition runs through Sunday, April 27 at the **Herberger Theater Art Galley** in Phoenix*

*Raising Arizona Kids online post 04/15/14: <http://www.raisingarizonakids.com/2014/04/exhibits-featuring-young-artists/>*



Things First and the Herberger Theater have partnered together to raise awareness about quality early childhood education. Centers across the city of Phoenix submitted over 400 pieces interpreting this year’s theme: My Favorite Color. The only requirement was that the center—whether formal or informal—had to be enrolled in Quality First, a signature program of First Things First that partners with child care and preschool providers to improve the quality of early learning across Arizona. Juanita Ortega, Perrin’s assistant, also attended the reception saying the exhibit “was a big self-esteem booster for the kids to see their art on display.” Both Salvador and a fellow classmate, Mia, dressed in their best, held up their art pieces as their proud parents took their picture. “Kids really think about what they want to create and it’s nice to show it to the world!” says Ortega. Salvador’s little sister, Natalie also attended in a beautiful pink frock. At three years old, Natalie is at home, but is still being exposed to Salvador’s learning experiences and soon she’ll follow in his footsteps. Quality child care and early learning settings help children develop skills like self-esteem and focus that are crucial to their success in school and life.



FIRST THINGS FIRST

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Susana Ibarra Johnson

Community Outreach Coordinator / Central Phoenix

sibarra@azttf.gov phone: 602 771 5049



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

## **Sustaining Arizona's Commitment to Young Kids**

### **Finance Committee Recommendation to the Board - Summary**

Tobacco taxes are a declining source of revenue; in fact, funding for First Things First has decreased from almost \$171 million in fiscal year 2008 to \$132 million in FY2013, a 23% drop in five years. By statute, the Board is ultimately responsible for ensuring that FTF funds are used as Arizona voters intended. Therefore, one of the Board's primary responsibilities is to set a fiscal policy that allows FTF to: sustain program funding for the longest term possible; maximize current and future revenues; and, promote thoughtful and proactive planning for future funding reductions so as to minimize the impact to children and families statewide.

In setting a fiscal policy direction, the Board has focused specifically on trends in tobacco tax collections – which led to revenue projection models researched by Arizona State University – and analysis of expenditures. The initiative that created FTF was written so that an organizational fund balance would accrue for a period of time before expenditures began. This was an intentional, strategic move on the part of the initiative's authors to ensure that funds would be available to sustain FTF's efforts over a longer period of time.

What were not anticipated were sizeable regional carry-forward balances. The Board noted the reasons for and monitored the regional carry-forward balances in fiscal years 2010 and 2011. In 2012, when the total regional carry-forward balance exceeded \$90 million – the Board looked more closely at the regional carry-forward balance and set fiscal policy that focused on spending down that balance.

While fiscal year 2013 was the first year in which the regional fund balance did not grow, the reduction was minimal. As regions complete the last year in the current funding cycle (FY13-15) and begin planning for the next three years (FY16-18), it was a logical next step for the Board – through its Finance Committee and with support from FTF staff – to undertake a deeper review of revenue, organizational fund balance and regional carry forward and to establish the fiscal policy direction that regional councils can use as a basis for discussion of the next three-year strategic direction and budgeting.

#### **Recommendation of the Finance Committee**

To expand the discussion and ensure a diverse set of views on the matter, the Chair of the Finance Committee, member Nadine Mathis Basha, invited special guests to both meetings to participate in the conversations. The additional participants represented both Board and regional council members.

Over the course of two meetings the Finance Committee reviewed how allocations are set; discussed the variables involved in the allocation process; examined how future allocations would support current spending budgets; looked at how regional fund balance is related to and impacts spending; reviewed how the organizational fund balance can be used to support a targeted spending level; and, developed recommendations for the Board on future program spending budgets and how the regional fund balance should be used.

Two formal recommendations have been made to the Board. These will be discussed at the April 2014 Board meeting and voted on at the June 2014 Board meeting. They include:

- 1) Beginning in FY16, the start of the new three-year Funding Plan Cycle, allocate \$126.6 million in revenues to support Program spending (statewide and regional combined), and keep this amount constant for successive years.
- 2) In FY16, the total means of financing available to support regional allotments should equal the targeted \$126.6 million level, and so regional allocations should be adjusted such that each region's projected fund balance (regional carry forward) is part of the allocation level rather than being in addition to.

These recommendations are based on reasonable (neither overly optimistic nor pessimistic) revenue projections and will allow FTF to maintain its program spending at a consistent level for an estimated 9-15 years.

The alternatives reviewed included the following:

1. Allow regional councils to spend down their carry forward, hitting fiscal cliffs at varying points between fiscal years 2015 to 2018. Under this proposal, regional councils would need to initiate a round of cuts because – even with their carry forward balance spread out over the next several years – their total revenue would be less than their projected FY15 allotments. Then, regional councils would need to initiate another round of cuts when their carry forward is fully exhausted and only the base-level allocation (based on the \$126.6 million recommended amount) is available.
2. Using large-scale draw-downs of organizational fund balance to maintain spending levels that have been set using regional carry-forward balances. The organizational fund balance would be exhausted within three years and, therefore, resulting in radical reductions in services at that point.

The Finance Committee acknowledged that moving to the recommended allocation methodology will raise questions from regional councils as it will mean an almost 30% reduction in total regional funds available for spending in FY16 (impact to individual regions will vary around this average amount). While this will be a challenge for regional councils to absorb initially, the following points were discussed by the Committee and include:

1. All regions are looking at significant funding reductions in the near future (as a result of spending down carry-forward), and in most cases, would need to make those cuts in FY16 or shortly thereafter.
2. Updating the fiscal policy at the beginning of a three-year planning cycle gives regional councils time to thoughtfully and proactively plan spending that reflects available revenues at the onset of a strategic planning process.
3. The funding available for each region will be very stable over time (with population and/or regional boundary changes being the only real drivers for change).
4. The recommendation sets a targeted spending level and, in FY16, uses regional carry forward in combination with new Board-allocated revenues to achieve that targeted spending level. Therefore, regions will be spending their regional carry-forward balances. In futures years, the targeted spending level will be fully achieved with new Board-allocated revenues.
5. Regions may still experience carry-forward balances, but these will be significantly lower and much more easily managed.

In addition, the Finance Committee discussed whether guidance should come from the Board on how regional councils plan to align programming to available revenues – for example, Board strategy or indicator priorities.

In the first of two meetings, the Board's Policy and Program Committee reviewed this issue at its April 3 meeting. Outlined below are questions the Committee was asked to consider and provide feedback on by the next meeting on May 15. In addition, feedback will be solicited from the regional Chairs and Vice Chairs at their May 1 meeting. All of the feedback obtained will be summarized and presented to the Board for consideration at its June 2014 meeting, so that complete guidance can be provided to the regional councils as they begin their three-year planning cycle.

Items the Program Committee members have been asked to provide feedback on include:

- Should guidance come from the Board on how regional councils plan to align funded programming to available revenues – for example, Board preferred strategy(ies) or School Readiness Indicator priorities?
- Currently, regional funding plans are developed by regional councils and are submitted for Board approval. If and when the Board has concerns with a funding plan presented for approval, they address these concerns on an individual basis and final approval is held until both Board and regional council concerns are resolved. As such,
  - Should this practice continue?
  - Should all regional councils be allowed to prioritize independent of each other, and/or Board priorities?
- Should the Board provide parameters for how a funding plan should be constructed? For example:
  - Should the number of strategies be limited?
  - Are there School Readiness Indicators which should be prioritized?
    - Should X% of funding have to be committed to the Board’s signature Quality First strategy?
    - Should only Y% of funding be committed to strategies for which other state agencies have primary or statutory responsibility?
- The Quality First program and Quality First Scholarships collectively comprise the largest funding investment of FTF. Should FTF research whether the QF model can be adjusted in ways that lower the cost but still preserve the overall design and policy intent?
  - One such example would be reducing the number of scholarships made available to providers receiving them by some amount. If that amount were 1/3, a potential savings of \$15.7 million could be yielded.
  - Another example is considering a decision made by regional councils to fund additional scholarships, which is a significant investment of resources beyond that “required” under the Quality First model. As regional councils make choices to fund additional scholarships, it increases the total investment and in many cases, these additional scholarships are under-utilized.
- Are there other FTF program costs that FTF should research to see if they can be lowered while still preserving the design and policy intent?