FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Discussion and Possible Approval of Meeting Minutes

**Attachment:** 05-21-2013 – Regional Meeting Minutes

**Background:** Minutes of all meetings of the Regional Council shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes lists of staff changes, reports, lists of budget information, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the "Pinal Regional Partnership Council's Documents File," which shall be kept in the custody of the Regional Director and available for ready reference.

Each member of the Council shall be furnished with copies of the minutes of the open session portion of each regular and special meeting of the Council.

All minutes of the open session portion of any meeting of the Council shall be open to public inspection during regular business hours at the First Things First Regional Office located at 1515 East Florence Boulevard, Suite 110, Casa Grande, Arizona 85122. If such minutes have not yet been approved by the Council, they shall be marked "Draft."

The attached minutes are from the Pinal Regional Council meeting held on Tuesday, May 21, 2013 at the Ak-Chin Indian Community – Service Center, 48227 West Farrell Road, Maricopa, Arizona 85239.

**Recommendations:** The Regional Director presents these minutes from the Regional Council's discussion and possible approval.

FIRST THINGS FIRST
*Ready for School. Set for Life.*

# Arizona Early Childhood Development & Health Board
# Pinal Regional Partnership Council

## Meeting Minutes
## Tuesday, May 21, 2013

---

**Welcome, Introductions and Call to Order**
The Pinal Regional Partnership Council Regular Meeting was held on Tuesday, May 21, 2013 at the Ak-Chin Indian Community – Service Center, 48227 West Farrell Road, Maricopa, Arizona 85239.

Regional Council Chair Powell called the meeting to order at approximately 9:08 a.m.

Regional Council Members in attendance: Kameron Bachert, Julie Dale-Scott, Stuart Fain, Christina Jenkins, Michael Kintner, Bryant Powell

Regional Council Members in attendance (via teleconference): Pauline Haas-Vaughn (left at 10:44 a.m.) and Richard Saran DDS (joined at 10:08 a.m.)

Regional Council Members not in attendance: Angela Philpot

First Things First Staff in attendance:
Aimee Kempton, Pinal Regional Director; Cindi Alva, Central East Senior Regional Director; Sam Leyvas, Vice President of External Affairs; Lois Homewytewa, Administrative Assistant III - Pinal and Central East Region; Laura Devany, Parent Community Outreach Consultant

Public in attendance:
There were no members of the public in attendance

**Call to the Public**
Chair Powell made a Call to the Public. There were no responses that answered the Call to the Public.

**Declaration of Conflict of Interest**
Chair Powell requested Regional Council Members to declare if they have a Conflict of Interest regarding items on the agenda.

Member Haas-Vaughn declared a conflict for agenda item 8, she is employed by Child Family Resources who receives funding from the Home Visitation strategy.

**Consent Agenda**
A motion was made by Vice Chair Jenkins to accept the Consent Agenda (Attachment 01); Member Dale-Scott seconded. Motion carried by a unanimous vote by those members present (7-0-0).

Draft

**Presentation and Discussion on System Building**

Chair Powell recognized Aimee Kempton, Pinal Regional Director who provided an overview of the System Building PowerPoint (Attachment 02) and System Building Planning Tool (Attachment 03) to the Regional Council Members. Ms. Kempton walked the Regional Council Members and Staff through a Systems Building activity. Ms. Kempton asked the Regional Council to review the attachments on systems building to prepare for next month's discussion on systems building.

Member Dr. Saran joined the meeting at 10:08 a.m.

**CEO Report and Update**

Chair Powell recognized Sam Leyvas, Vice President of External Affairs with First Things First who acknowledged Regional Council Member Fain for his dedication to First Things First. Mr. Leyvas presented Council Member Fain with a one year certificate and a First Things First pin. Mr. Leyvas provided an update on accountability, Public Private Partnerships, the Regional Boundary Task Force and legislative updates to the Regional Council Members.

**Regional Director's Report and Update**

Chair Powell recognized Ms. Kempton who reviewed the Regional Director's Report (Attachment 04) with the Regional Council. Ms. Kempton provided information on upcoming events: 9th Annual Resource Round Up and the First Things First Early Childhood Summit. Ms. Kempton thanked the Regional Council Members for completing the required Regional Council Member paperwork.

**Discussion and Possible Approval for Home Visitation RFGA #FTF-RC019-14-0456-00**

A motion was made by Member Fain to move into Executive Session pursuant to ARS38-431.03 (A)(2) for the purpose of agenda item #8, discussion of confidential information regarding Home Visitation RFGA #FTF-RC019-14-0546-00 Recommendation; Member Kintner seconded. Motion carried by a unanimous vote by those members present (8-0-0).

Member Haas-Vaughn declared a Conflict of Interest due to her employer, Child and Family Resources, benefiting from the Home Visitation strategy and recused herself from discussion and voting. Member Haas-Vaughn left the conference call at 10:43 a.m.

Executive Session began at approximately 10:44 a.m.

Ms. Kempton reviewed the statutory guidelines related to Executive Session. She reminded the Regional Council and the public that only those non-Council Members reasonable necessary to the Executive Session discussion may attend the Executive Session. All others were asked to leave the room after the motion and vote and to take all materials including purses and briefcases. In addition, Ms. Kempton reminded all Regional Council Members and staff that, matters discussed in Executive Session must be kept confidential by those attending pursuant to ARS 38-431.03 (C), except in some very limited circumstances, such as in the course of an Open Meeting Law investigation by the Attorney General or County Attorney. The Regional Council Members and staff were also reminded that the Executive Session is subject to the provisions of the Open Meeting Law.

A motion was made by Member Kintner to close Executive Session; Member Bachert seconded. Motion was carried by a unanimous vote by those members present (7-0-0).

Executive Session ended at approximately 10:52 a.m.

Draft

A motion was made by Member Dale-Scott to approve the review committee's recommendation for RFGA #FTF-RC019-14-0546-00 and to increase the Home Visitation allotment to $444,908; Vice Chair Jenkins seconded. Motion carried by a unanimous vote by those members present (7-0-1).

**Next Meeting – June 18, 2013**

The location for this meeting is to be determined.

**Adjournment**

With no further business before the Regional Council, Chair Powell adjourned the meeting at 10:53 a.m.

Submitted By:

_____

Aimee Kempton
Regional Director
Pinal Regional Partnership Council

Approved By:

_____

Bryant Powell
Chair, Pinal Regional Partnership Council

Draft

**Agenda Item:** Discussion and Possible Approval of the 2014 Pinal Regional Needs and Assets Additional Work

**Attachment:** Guidance for Regional Needs and Assets Additional Work

**Background:** The purpose of the Regional Needs and Assets Reports is to identify assets, coordination opportunities, and unmet needs in the early childhood development and health system of services in each region. The needs and assets report is intended as the primary vehicle for the collection and analysis of all data available at the regional level, and informs the strategic planning of each regional partnership council.

The FTF Board has allocated approximately $17,000 from the statewide evaluation budget for each regional council's base report. Regional councils may allot additional funds to enhance the base report; this forms the basis for the additional work.

**Recommendations:** The Regional Director and LeCroy & Milligan Staff would like to work with the Regional Council to identify areas of focus for the 2014 Needs and Assets Additional Work.

**Contact Information:**
Michel Lahti, PhD
Chief Executive Officer
LeCroy & Milligan Assoc., Inc.
2020 North Forbes Blvd., Suite 104
Tucson, Arizona 85745
michel.lahti@lecroymilligan.com
(520) 326-5154

# Guidance for Regional Needs and Assets Additional Work

## Background

In November 2006, the voters of Arizona passed First Things First (FTF), a statewide ballot initiative that funds a voluntary system of early childhood development and health targeted to its youngest citizens, children birth through age 5. With a dedicated annual funding stream generated from a tax on tobacco products, Arizona has an unprecedented opportunity to create an early childhood system that affords our children an equal chance to reach their fullest potential, provide families with real choices about their children's educational and developmental experiences, and engage every community in sharing the responsibility, as well as the benefits, of safe, healthy and productive residents.

FTF has responsibility for planning and implementing actions which will result in an improved system of early childhood development and health statewide. The Guiding Principles of FTF include a commitment to accountability, transparency, and local governance. To this end, under the law defined in ARS Title 8, Chapter 13, Section 1161, Regional Partnership Councils' statutory responsibilities are:

a) Identify the assets available for early childhood development and health programs in its region, including opportunities for coordination and use of other available funding sources.
b) Identify and prioritize the unmet need for early childhood development and health programs in its region.
c) Submit a report detailing assets, coordination opportunities and unmet needs to the Board biennially. (The AzECDH Board shall have the discretion to approve or reject a Council's Assessment in whole or in part or to require revisions.)
d) Annually develop a Regional Plan for the expenditure, during the next fiscal year, of funds budgeted by the Board pursuant to 8-1184 to meet the needs identified in its Region.
e) Conduct the approved programs directly and/or make the approved grants pursuant to Section 8-1173.
f) Increase parents' and providers' access to information about early childhood development and health programs.
g) May solicit private funds from individuals, corporations and foundations to support its efforts to improve the quality of and access to early childhood development and health programs in its Region. The Board must approve any gifts received in response to Council solicitations.

## An Overview Base Report

A FTF regional needs and assets base report is a region-specific report that focuses on the unique qualities of the region, its young children and their families, as well as reporting on general population trends (ex. population growth/decline), and population characteristics (ex. race/ethnicity, family composition, language usage, economic circumstances). The report utilizes data predominantly collected from:

- secondary data sources (inclusive of Census data, unpublished data from local and state agency partners (CCR&R, DES, ADHS, ADE)
- published data reports available online from local and state agency partners (AHCCCS, Vital Statistics)
- FTF quarterly grantee data, narrative reports and prior Needs and Assets reports

- FTF research and evaluation reports (ex. Child Care Demand report, Family and Community Survey report)

The report includes information about the current status of, strengths in, and service gaps within the six FTF goal areas of:

a) Quality and access to early care and education,
b) Health,
c) Professional development of early care teachers and workers,
d) Family support,
e) Communication/public information and awareness, and
f) System coordination among early childhood programs and services.

The base report draws on available data to identify and describe the characteristics of the population of young children and their families in the region, the nature and extent of regional assets that support young children and their families, what the region needs (service gaps) to successfully support young children and their families, and what resources may be needed to address the needs. The base report also provides a regional data source that will serve as a baseline for the evaluation of later progress as trends over time are considered biennially. Lastly, the final base report produced should assist the Regional Partnership Council in their decision-making and strategic planning.

Base reports will include data provided by FTF, including FTF School Readiness Indicator data for each Regional Partnership Council. A high-quality base report will use secondary data provided by FTF and collected by the vendor, as well as additional information to complete a report that meets the scope of work to inform Regional Partnership Council decision-making. The completion of a base report will include discussions with FTF regional staff and Council members and potentially other community stakeholders to ensure that secondary data sources are supplemented with additional characteristic nuances of the region. In FTF tribal regions where data are often scarce and approval processes for data collection and reporting are required, the FTF board has allocated additional funds to coordinate with FTF regional staff and regional stakeholders to complete the base report. In-person presentation of the final report to the Regional Partnership Council is also a required component of the base report.

## Additional Work to Supplement the Base Report

Regional Partnership Councils may choose to enhance the content of the base report through additional allotment of funds. Often additional work includes collection of new or primary data to address council's questions of interest. Standards for additional work are discussed in the sections that follow. All regional needs and assets contracts include a base report, as well as an option for additional work as identified by the Regional Partnership Council. If additional work is identified, Regional Directors and Regional Partnership Councils collaborate with their selected vendor to create a Regional Needs and Assets Additional Work plan that will address their local needs including decision-making and strategic planning. The final report, when supplemented with additional work, must be in alignment with the regional needs and assets report contract.

Typical additional work funded by Regional Partnership Councils includes: **Primary data collection** via surveys, interviews and focus groups. Beyond this primary quantitative and qualitative data collection, additional work

products also found helpful for regional councils include: **Data reporting products** such as community fact sheets, briefs or mapping tools and **facilitation services,** such as Data to Action meetings with the vendor.

## Section I

**Additional Work Standards:**

The purpose of additional work standards is to provide expectations and standards of practice for contracted vendors to approach funded additional work. Regional Partnership Councils may identify further additional work products to meet their strategic planning needs. Additional work approaches not found in the list below must be reviewed by the FTF Research and Evaluation unit for adherence to best practice standards and alignment with the regional needs and assets base scope of work.

As Regional Needs and Assets vendors work in collaboration with their Regional Partnership Councils to identify additional questions and areas of interest that existing data sources do not address, an additional work plan, and data plan are completed and submitted to the regional director for council approval following the regional needs and assets project deliverable timelines. These deliverables should portray the shared, clear understanding of the additional work scope of work identified in the collaboration process with the Regional Partnership Council, and detail:

- the key questions for which the council wants additional information
- The tasks/activities and methods proposed to address the key questions (inclusive of data collection tools- e.g. surveys, interview protocols, etc.)
- the proposed data collection procedures
- the proposed data analysis plan
- a proposed plan of how the primary data collected will be synthesized/integrated into the report
- a proposed plan on how findings will be interpreted and presented to council members

The following sections provide specific standards for additional work approaches:

**Primary Data Collection Methods**

A) Survey
B) Interviews/Focus Groups

**Data Reporting Products**

C) Community Fact Sheets
D) Briefs
E) Mapping Tools

**Data Presentation Forum/Facilitation Services**

F) Interpretation and Facilitation Services

## Section II

**General Considerations Related to Data Collection, Management & Ownership: General Data Collection Considerations**

With any primary data collection efforts, there are a number of things to consider prior to moving forward with data collection, some of which include:

- ***Accessibility:*** Considerations regarding time, location, whether in- person or telephonic modality should be incorporated into each data collection method. Regional directors may want their vendor to provide a written plan for how they will engage with key stakeholders (e.g. regional director(s), regional council(s), lead grantees and sub-grantees) in obtaining information about the best data collection methods for reaching potential participants (e.g. families, early care and education teachers, etc.) as appropriate.
- ***Cultural Sensitivity:*** Cultural sensitivity should be taken into consideration when data collection tools are created for targeted population(s). Issues around language translation to ensure data is collected using the participants' primary language, and additional cultural considerations, such as utilizing a variety of data collection modalities (phone, face-to-face etc.) to help ensure a diverse sample of participants, should be considered when finalizing data collection tools and methods.
- ***Language Translation and Interpretation:*** Language translation and interpretation services for the purposes of Needs and Assets data collection are a FTF authorized expenditure to ensuring data collection is culturally respectful and responsive to participants.
- ***Incentives:*** Gift cards that are easily convertible to cash are not an authorized use with State funds. Small gifts of nominal value that are not easily convertible to cash, such as small toys or books, are allowable when used to incentivize participation in a study or data collection.
- ***Legal Guidelines for Data Collection (Protection of Human Subjects):*** Any individual being asked to participate in research or evaluation activities must be given the opportunity to give their permission to participate, their informed consent. Additionally, any and all needed IRB and/or tribal approvals must be submitted to FTF prior to commencing data collection. Tribal approvals for regional needs and assets will be between FTF and the appropriate tribal authority(s). Approvals will be obtained by the regional director in close collaboration with the FTF Tribal Affairs office and the vendor. Lastly, vendors are expected to adhere to FTF Data Security Policies for how data is maintained and stored (see Appendix H; Data Security Guidelines and Requirements for standards on data security and confidentiality).
- ***Quality Assurance:*** To ensure that high quality data is collected, several safeguards should be put into place both prior to data collection and throughout the data collection process:
  - Any person collecting data should undergo training by key project personnel
  - Data being collected should be regularly reviewed for missing items and errors
  - Data collection processes should be standardized across administrations (as applicable), with regular inter-rater reliability checks (as appropriate) built-in to the data collection process
  - Data entry should be periodically checked for accuracy

**General Data Management Considerations:**

Data management is integral to ensure the security, quality and integrity of data, data analysis, data interpretation and overall usage of data. Working closely with FTF staff, it is expected that vendors will work to develop sound data management strategies, processes and procedures. Specifically, data management strategies must be in accordance with FTF Data Security Guidelines and Requirements and inclusive of, but not limited to, data handling, storage, security and quality assurance. This is intended to safeguard overall data

quality, protection, and use. For example, a vendor database must contain all data collected during the additional work project, to include useful and systematic variable names, value labels, organization, and coding schemes. Data file structure should be compatible with First Things First data storage/data warehouse and data transfer requirements. Vendors are also required to submit and maintain approvals for all confidential data; failure to comply is a material breach of agreement with FTF.

**Data Ownership:**
In FTFs efforts for continuous improvement, innovation and accountability, for all activities undertaken during this project, First Things First shall own the entire right, title, and interest to any and all Intellectual Property obtained, including all data collected:

**Ownership of Intellectual Property:**
Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this contract and any related subcontract ("Intellectual Property"), shall be work made for hire and the State shall be considered the creator of such Intellectual Property. The agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. Contractor shall notify the State, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s). Contractor, on behalf of itself and any subcontractor(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by contractor or its subcontractor(s) to any entity not the State without the express written authorization of the agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract.

For the purposes of needs and assets contracting, the ownership of intellectual property includes, but is not limited to, any of the following items/reporting products resulting from data collection: (i) all draft survey, assessment or interview instruments and protocols; (ii) data files/databases including codebooks and other relevant materials (quantitative and qualitative data), (iii) data analysis, interpretation, synthesis and dissemination plans for base and additional work; (iv) draft presentation and reporting products, including final reports and additional reporting products funded. Furthermore, any data (whether primary data collected or data provided by FTF) and findings based upon these data are for use in FTF Regional Needs and Assets reports only. All data (primary and secondary) are given with permissions for use in FTF Regional Needs and Assets reports only. All data must be properly cited. All data are the sole property of FTF or the originating agency and may not be published, re-analyzed or used in any other manner without written permission. FTF review and approval must be sought for (i) the presentation of findings or project review and discussion in any other professional context or venue (e.g. peer-reviewed journals, professional conferences, etc.); and (ii) any analysis, publication, or other dissemination of data for purposes other than FTF needs and assets reporting.

## Section III

**Additional Considerations for Tribal Regional Councils & Approvals and Ownership:**

First Things First honors tribal ownership of data and recognizes communication is necessary with Arizona Tribes and Nations to determine what process/protocol is needed to obtain data. We further recognize Arizona Tribes and Nations as owners of their indigenous knowledge, cultural resources and intellectual property. To this end, it is imperative that all appropriate tribal approvals for data collection and submission be obtained and kept on-file by the vendor and FTF for all data collection and reporting prior to commencement of report research and formulation. Tribal approvals for regional needs and assets will be between FTF and the appropriate tribal authority(s). Approvals will be obtained by the Regional Director in close collaboration with the FTF Tribal Affairs office and the vendor. All additional-reporting products, and/or facilitation- services related materials should be included in the tribal approval process for tribal council's review and approval if they are outside of the scope of the work.

## Section IV

**Guidelines for Additional Works Costs:**

This section provides guidelines to facilitate conversations regarding costs of additional work among regional councils, regional directors and vendors. When a regional council decides to fund additional work, regional funds are allotted towards this objective. Multiple factors impact the cost of additional work. These include:

a) **Sample Size:** Size of the sample selected will have an impact on data collection cost, especially in a random sample approach. Vendors should clearly present the costs and rationale for sampling plans to the Regional Director and/or Council.
b) **Data Approvals:** The amount of time needed to secure all appropriate tribal and/or IRB approvals for data collection and usage, including coordination (travel and attendance at meetings between FTF and the appropriate tribal/IRB authority(s) will have a direct impact on the cost of data collection.
c) **Data Collection Instrumentation/Protocols:** Determining the costs associated with the development and implementation of data collection instrumentation/protocols involves the careful consideration of a number of key factors:
   - The degree to which consultation with the regional partnership council members, other key informants from the region, and members of the target community are needed to gain a complete understanding of the distinctive character, strengths, and needs of the region to help determine the best data collection approach/methods for reaching potential participants.
   - Using an existing survey and/or existing survey items or, alternately, developing new survey/survey items to address key questions.
d) **Data Collection Logistics:** Data collection logistics will impact costs associated with primary data collection:
e) ***Travel and Geographic Location:*** Costs will be impacted by the distance, geographic size and location, number of data collection sites, and the degree of accessibility for survey and /r interview. Hard-to-reach participants (e.g. participants in tribal, rural, frontier locations) will impact costs. Due consideration of the modality of data collection (whether data is collected face-to-face, on-line, by phone, or through the mail) is one way to control costs around data collection.
   - ***Duration of Administration:*** The amount of time needed to administer data collection measures has an impact on cost. The time it takes to administer the survey or interview can

vary by participants. Vendors and councils should consider this as costs for data collection are budgeted. Often, an average cost per interview/survey is agreed upon.

f) **Cultural Sensitivity:** Any measures taken to ensure cultural sensitivity/responsively during data collection (e.g. telephonic, face-to-face interviews), in reporting products, and during facilitation services (e.g. language translation/ interpretation of instruments/protocols), will impact costs.
g) **Professional Formatting Services:** The type of formatting chosen will also influence cost with desk-top publishing being less costly than professional-style publishing. The volume of reporting products required will also have an impact on costs.
h) **Facilitation Services:** The number of people participating in the data facilitation meeting, the complexity of the intended meeting outcomes, and the type of meeting documents/supporting materials the vendor needs to prepare to assist in the facilitation meeting will impact costs.

# Needs and Assets Additional Work Worksheet

| **Systems Area:** | **Developmental and Sensory Screening**<br>The number of families in the Region receiving developmental disability services had risen from just over 200 families in 2007 to over 350 families in 2010 | | |
|---|---|---|---|
| **Question** | **Relevance** | **Data source(s)** | **Data collection** |
| What proportion (estimated) of children under age three are receiving developmental and sensory screenings?( Total number of Pinal Region children *screened*/Total number of children under age five in the Pinal Region) | 100% of children should receive a developmental screening at nine, 18, and 30 (or 24) months. Early identification through screening can lead to enhanced developmental outcomes and reduced developmental problems for children who have special needs. | Early Head Start and Head Start, Pinal Region School Districts, U of A Coop. Extension, PAT, Easter Seals Blake. First Things First Fiscal Year 2012, U.S. Census Bureau, Annual Estimates of the Resident Population by Selected Age Groups | Request number of families by zip code from each of the screening entities. |
| How long from identification to receipt of services? How does this vary by community? Are children in rural areas receiving timely and appropriate services? | Young children's development occurs rapidly; children identified as having a developmental and/or sensory delay benefit most from early intervention. Time to service should be minimized. | Families of children who received a referral (were identified as having a need of services); Early Head Start and Head Start, Pinal Region School Districts, U of A Coop. Extension, PAT, Easter Seals Blake. | Request screening agencies to contact families to participate in the study of service provision in the Pinal Region. Surveys and structured interviews with families. |
| What, if any barriers to *identification* exist in Pinal Region? How does this vary by community? | | | |
| What, if any, barriers to *service* exist in Pinal Region? How does this vary by community? | | | |
| | | | |
| | | | |
| | | | |
| Strengths: characteristics that increase the likelihood of success. Weaknesses: characteristics that decrease the likelihood of success. Opportunities: *external* elements that could help. Threats: *external* elements that could hurt. | | | |

| **Systems Area:** | **Family, Friends & Neighbors** | | |
|---|---|---|---|
| **Question** | **Relevance** | **Data source(s)** | **Data collection** |
| Are Pinal Region FF&N caregivers using the training they have received to improve the quality of care they are providing? | E.g. In 2010, 58 percent of grandparents in Pinal County report having primary care-giving responsibilities for one or more of their grandchildren, compared to 44 percent statewide. | FF&N caregivers who have received training. | Follow-up survey and/or structured interview with FF&N caregivers who have received training. |
| What is the need for expanded trainings to FF&N childcare providers? | A significant investment in children's well-being in the early years has enormous long-terms payoffs. Children in FF&N settings need the same enriched early care and education experience as those in center-based settings. | Snowball sample seeded by families who have received training. | Surveys completed by FF&N caregivers who have never received training. |
| | | | |
| | | | |
| | | | |
| | | | |
| Strengths: characteristics that increase the likelihood of success. Weaknesses: characteristics that decrease the likelihood of success. Opportunities: *external* elements that could help. Threats: *external* elements that could hurt. | | | |

| **Systems Area:** | **Food Security** | | |
|---|---|---|---|
| **Question** | **Relevance** | **Data source(s)** | **Data collection** |
| What is the capacity within the Pinal Region to respond to the upcoming cuts to the SNAP program and support the nutritional needs of families with young children? | The U.S. Senate recently passed their Farm Bill, which included $400 million annual decrease to the SNAP program. Nation-wide: 1.8 million individuals per year could lose SNAP benefits; 210,000 low-income children could lose free school meal access. | Pinal Region food pantries, food banks, school districts. | Pinal Region Asset Mapping specific to food security. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Strengths: characteristics that increase the likelihood of success. Weaknesses: characteristics that decrease the likelihood of success. Opportunities: *external* elements that could help. Threats: *external* elements that could hurt. | | | |

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Update and Discussion of the Pinal Regional Directed Strategies Communications Strategy

**Attachment:** Pinal Communications Outreach Update

**Background:** The Pinal Regional Partnership Council implemented Community Outreach and Community Awareness strategies to address the prioritized need to raise awareness of the importance of early childhood. The strategy is part of the statewide communications campaign. Since starting in October of 2010, the Community Outreach Consultant has distributed important information about First Things First, as well as information on child development, parenting and literacy. Due to the collaborative efforts of grantees, agencies, school districts, city/town governments and First Things First, there has been great improvement in the ability of families to get the information and support they need to help their children be healthy and ready to succeed in school.

**Recommendation:** No Recommendations from the Regional Director

**Contact Information:**
Laura Devany
Parent Awareness and Community Outreach Liaison
Pinal Regional Partnership Council – Pinal Region
ljdevany@yahoo.com
(602) 615-8897

# Pinal Communications Outreach Update – June 2013

## Pinal Regional Partnership Council

FIRST THINGS FIRST
Ready for School. Set for Life.

## Outreach Activity Highlights

- Cross-regional meeting with FTF staff and providers in Pinal and Gila counties.
- Communication and collaboration with city and town councils for proclamation for Week of the Young Child in Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Maricopa and Pinal County Board of Supervisors.
- Hosted FTF information table at statewide Empowerment Conference in Phoenix.
- Scheduling presentations with the Casa Grande Rotary Club and Lions Clubs in Apache Junction, Casa Grande, Eloy, Florence, Gold Canyon and San Tan Valley.
- Spoke with and provided FTF resources to WIC director of the Marana Health Center for the Santa Catalina Clinic (on the border of Pinal and Pima counties).
- Provided resources and offered to speak to superintendent, teachers at the Picacho School.
- Collaborating with community outreach coordinator in East Mesa on activities and coverage near the Queen Creek/San Tan Valley border area.
- Monthly state learning session and team web-cam meetings.

## Story Bank and Media

- Submitted story to state newsletter and website about a mother of an at-risk newborn who benefited from in-home visits Easter Seals Blake Foundation (through Southwest Human Development) provided.
- Working on story from a thankful grandparent whose granddaughter benefited from the vision and hearing screenings provided at McCartney Ranch Elementary School.
- Preparing for launch of Quality First media campaign; working with Aimee and state communication staff on creating vision of what quality looks like in the Pinal region; identifying spokespeople and facilities to highlight/pitch to media.
- Other upcoming media pitches include sun and water safety, Father's Day, summer reading programs, kindergarten prep and Grandparent's Day.
- Working with Easter Seals Blake Foundation to get outcome and distribution sites to media for diaper drive.
- Preparing for upcoming meeting with staff to plan editorial calendar for Arizona Republic community sections that include Pinal County.

## Other News

- 9th Annual Resource Round-Up
- Read On Arizona: Summer promotion at readonarizona.org.
- National Health Center Week 2013: August 11-17

FIRST THINGS FIRST

*Ready for School. Set for Life.*

**Agenda Item:** Update and Discussion of the Pinal Regional Directed Strategies Coordination Strategy

**Attachment:** Pinal Coordination Update

**Background:** The Pinal Regional Council approves on an annual bases the internal directed strategy for Regional Coordination. This strategy's main goals are to develop and maintain three coalitions focusing on the following areas: Health, Family Support and Early Care and Education.

**Recommendation:** No Recommendations from the Regional Director

**Contact Information:**

Katrina DeVinny
Program Collaboration Specialist
Pinal Regional Partnership Council – Pinal Region
kdevinny@azftf.gov
(520) 836-5838

# Pinal Coordination Update – June 2013

## Pinal Regional Partnership Council

FIRST THINGS FIRST
Ready for School. Set for Life.

## Strategy Description

The intent of coordination strategies developed by First Things First is to support participant organizations in achieving high levels of coordination that result in significant changes in policies, programs and practices in the delivery of services to families with children birth through age five.

### Coordination Tools and Measures

## Family Support Coalition — Meeting Frequency: Every Other Month

**Strategic Plan**

- **Create a shared community resource referral form:** This strategy is now combined with the Health Care Coalition and leads from both groups, along with myself, are working together to finalize the initial version of the form for testing purposes.
- **Develop a system of face to face meetings for line staff:** I and the lead for this strategy are working on finalizing meeting logistics and inviting partner agencies to participate.

## Health Care Coalition — Meeting Frequency: Every Month

**Strategic Plan**

- **Create an E system for health care information, events, and updates**: This strategy will be launched soon, with a text subscription service for health tips, alerts and event updates.
- **Create a shared community resource referral form:** This strategy is now combined with the Family Support Coalition and leads from both groups, along with myself, are working together to finalize the initial version of the form for testing purposes.

## Early Care & Education Coalition — Meeting Frequency: Every Quarter

**Strategic Plan**

- **Research and Evaluation of Parent Education**: The survey portion of this strategy is wrapping up. Parent Education Survey's for both parents and providers are due back by the end of June. The evaluation of the survey results is set to begin in July/August.
- **Develop a system of networking for child care providers:** This strategy is now moving forward. The leads and I are working on developing a survey for child care providers.

## Coordination: Common Activities/Tasks

- The new version of the Pinal Family Resource Guide is now available in print and online at www.azftf.gov/pinal
- Attended the Smart Start Conference in North Carolina at the end of April to increase my knowledge of System Building.
- Currently working with LeCroy & Milligan on the Pinal County Coordination Assessment that will be completed in the next few months.

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Discussion of the Regional School Readiness Benchmarks

**Attachment:** Overview of State Level Benchmarks
Regional Benchmarking for the School Readiness Indicators
Pinal Regional Benchmark Summary

**Background:** The First Things First State Board established School Readiness indicators in FY2012. In FY2013 work began to establish statewide and Regional benchmarks to measure the progress towards meeting the School Readiness indicators. Special statewide workgroups determined the best data source at a regional and statewide level. Regional level data will be available over the next few months. Currently data is available on School Readiness Indicator #7.

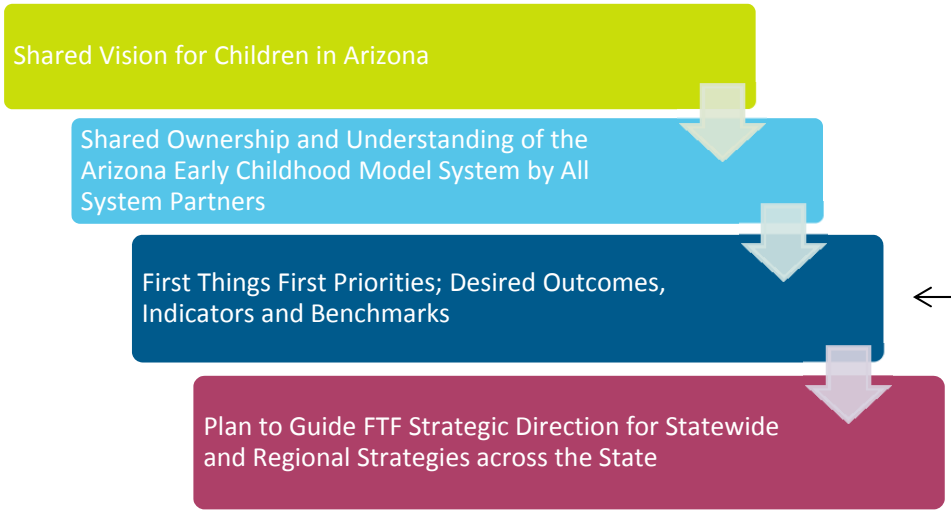
**Recommendations:** The Pinal Regional Council will be reviewing the Regional Level benchmarking data over the next few months. Regions will be asked to set regional benchmarks using this data and prepare a plan to present to the State Board next spring. This attachment provides the data on School Readiness Indicator #7 which has been identified as a priority indicator for the region. Dr. Amy Kemp will help with the discussion of School Readiness Indicator #7 and assist the Regional Council to establish and approve a Benchmark for this indicator. The Regional Council will come to consensus on the Regional Benchmark for Indicator #7 at the July meeting and complete the worksheet, but will refrain from formal approval until Benchmarks are set on other indicators and those Benchmarks have undergone a public comment period.

**Contact Information:** Amy Kemp,
Evaluation Consultant

# Overview of State Level Benchmarks

## Introduction

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for young children in Arizona and a cross-sector commitment to ensure that vision is realized. As a key partner in the early childhood system, First Things First has reached a critical and exciting stage in our strategic planning with the recommendation of state level benchmarks that will allow us to track our progress toward achieving measureable and real long-term results for children.




**Sub-committees of the Policy and Program Advisory Committees for Early Learning, Health, and Family Support and Literacy recommend state level benchmarks to show progress on the School Readiness Indicators**

The Arizona Early Childhood Taskforce, with members appointed in January 2010 by First Things First Board Chair, Steve Lynn, were charged with establishing a shared vision for all young children in our state, and conceiving a model system that could be embraced by all of Arizona's early childhood partners, including families, early educators, health providers, state agencies, tribes, advocacy and service delivery organizations, philanthropic, faith-based and business representatives and other stakeholders. The Task Force developed the vision for and elements of comprehensive model system, and recommended eight priority roles for First Things First, with the explicit understanding that First Things First is only one of many key partners that have an important role in building and sustaining the system.

In 2011, under the direction of First Things First Policy and Program Committee Chair, Dr. Pamela Powell, three Advisory Committees were convened in the areas of Early Learning, Health and Family Support and Literacy. The Advisory Committees are chartered to provide on-going early childhood expertise and make recommendations related to their content area to the First Things First Policy and Program Committee. Membership is geographically diverse and includes First Things First Regional Council members, content experts, and community partners. The work of these committees in 2011 focused on continuing the development of a strategic framework around the priority roles that will guide our work through 2020, and culminated in the recommendation of one additional priority role (Nutrition and Physical Activity) and 10 FTF School Readiness Indicators that provide a comprehensive composite measure for young children as they prepare to enter kindergarten. (See page 5-6 for a table of the 10 School Readiness Indicators.)

FTF School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success. They should also encourage Regional Councils and the Board in making informed priority decisions. Building on this framework in 2012, the Advisory Committees formed four sub-committees to recommend state level benchmarks for each School Readiness Indicator for the year 2020. These benchmarks provide First Things First with aspirational, yet achievable targets and will be monitored over time in order to determine progress in reaching systemic improvements for children and families.

**State Level Benchmark Development**

The Advisory Committees convened four ad hoc sub-committees to recommend state level benchmarks for specific indicators:

- Early Learning and Family Support (Indicators 1-4, 10)
- Developmental Screening (Indicators 5-6)
- Nutrition/Obesity Prevention and Well Child Visits (Indicators 7-8)
- Oral Health (Indicator 9)

Each sub-committee included Advisory Committee members, Regional Partnership Council members, tribal representatives, and content and data experts from state agencies and early childhood, education and health organizations. Professional facilitation for each sub-committee was provided by Leslie Anderson, Leslie Anderson Consulting, Inc., who was also the facilitator for the Early Learning and Health Advisory Committees during indicator development. All sub-committee meeting materials and summary notes that include lists of members are on the First Things First web site at: http://azftf.gov/WhoWeAre/Board/Pages/BoardCommittees.aspx.

Meeting in March and April 2012, sub-committee members identified appropriate data sources that could be used to track progress toward a benchmark. Sub-committees looked for the best data sources collected at the state level, in a significant population size, and that could be disaggregated to the regional, county, and/or community level. They also looked for data sources that could be collected regularly, either annually or every two to three years. For each School Readiness Indicator, sub-committees were asked to identify to the extent possible, the following for each state level benchmark:

- Reliable data source from which to set the benchmark
    - If the existing data required additional fields or more extensive data collection, then suggestions were made to indicate the need.
    - If no data existed, or data did exist, but additional information was required, then a key measure was identified for use until the time that sufficient data is available.
- Baseline measure (initial or current data used to establish the benchmark)
- Trend line or information that shows previous changes over time and is used to predict future progress

All sub-committee work and decision-making related to benchmarks was conducted in public open meetings, and final recommendations on benchmarks were informed by comments received in June 2012 at eight regional forums across the state attended by Regional Partnership Council members and the public.

Additional valuable comments on the benchmarks were received during a Tribal Consultation on Data and Evaluation requested by First Things First with tribal government leaders on August 1, 2012. Tribal leaders and their representatives stressed the importance of using culturally appropriate instruments and methods to collect

data used to track progress on benchmarks; to be purposeful about the use of data; and to determine whether data sources are representative of all children enrolled and/or living in tribal communities.

**State Level Benchmarks**

The state level benchmarks will be used to monitor changes in large populations of children and families by using aggregated data at the state level to measure progress toward the benchmark target. A process to develop benchmarks for School Readiness Indicators prioritized by each Regional Council will begin in fall 2012, with recommendations forwarded to the Board in April 2014. Benchmark targets at the state level, as well as the regional level are recommended for the year 2020, which allows sufficient time to develop some of the data sources and collection methods that currently don't exist for tracking progress. The year 2020 also provides the time necessary to show significant systemic improvements for children and families.

Tracking progress on the benchmarks for the School Readiness Indicators is different from conducting a First Things First program or strategy evaluation, as the benchmarks measure more than just First Things First funded efforts and the population and system level. Indicators and benchmarks measure the collective efforts of all partners engaged in the early childhood system, but also will be used to guide First Things First planning at the state and regional level relative to our funding investment in strategies, and our efforts to impact cross-sector community collaborations and affect system policy changes with our partners to improve the lives of children and families. Monitoring progress toward achieving the benchmarks aligns with the recommendations made by the Early Childhood Research and Evaluation National Advisory Panel convened by the Board, and complements other First Things First evaluation and research efforts.

Information on benchmarks for the 10 School Readiness Indicators can be organized into three categories:

A. Benchmarks with complete statewide data:
   - Indicator 6 – Children exiting special education to kindergarten regular education
   - Indicator 7 – Children at healthy body weight
   - Indicator 8 – Children receiving timely well-child visits
   - Indicator 9 – Children with untreated tooth decay
   - Indicator 10 – Families competent and confident about ability to support their child

   The indicators directly related to health had the most complete and consistent statewide data sources available to determine benchmarks, although no data source collects data on all children in Arizona. It is recommended that we continue to investigate the use of additional data sources to include more Arizona child populations in the data to track progress.

B. Benchmarks with baseline data collection just beginning:
   - Indicator 2 – Children enrolled in high quality early learning programs
   - Indicator 3 – Children with special needs/rights enrolled in high quality early learning programs
   - Indicator 4 – Families accessing affordable high quality early learning programs

   Quality First Rating data will be used to track progress toward these recommended benchmarks, and actual numbers to complete the benchmark will be available when the baseline is established at the end of FY13 when a full set of Quality First Rating data is available.

C. Benchmarks requiring further data development and decisions:
   - Indicator 1 – Children demonstrating kindergarten readiness in developmental domains
   - Indicator 5 – Children with newly identified developmental delays in the kindergarten year

Benchmark recommendations for these indicators require further research on available data sources or development of new data collection systems, so recommendations will likely be forwarded for Board consideration in the next couple of years. Not surprisingly, these two indicators caused the most robust and passionate discussions and comments related to appropriate data collection instruments and methods; purpose of collecting data; possible misuse of data; and, difficulty in identifying and connecting multiple data sources. Data for Indicator 1 has not been collected before in Arizona in a systemic way, and measuring progress on kindergarten readiness presents an opportunity to engage multiple partners in this data discussion. Data for Indicator 5 is collected in varied settings, using different standards and methods, and First Things First is partnering with St. Luke's Health Initiative to fund an opportunity analysis on all aspects of the Arizona early intervention system for children birth to age five, including collection and availability of data.

**Using Benchmarks in Strategic Planning Decisions and Implications**

Tracking our progress toward achieving 2020 benchmarks for the 10 School Readiness Indicators provides the opportunity to sharply focus on priorities. These benchmarks should not be used punitively; rather they are critical tools that hold us accountable for progress toward system change to achieve real and measurable outcomes for children and families. Using the indicators and benchmarks to highlight levers for system development or change, and to instigate cross-sector partnerships and initiatives is as significant, and perhaps even more so, than using indicators and benchmarks only to inform funding decisions.

Regional Councils have inquired about the consequences of not achieving a designated benchmark on prioritized School Readiness Indicators, either in the short-term or long-term. First Things First staff is committed to providing as much support as requested and necessary to assist Regional Councils in achieving the progress results they have identified for their work in their community. Further policy discussions and decisions related to the development of regional level benchmarks beginning in fall 2012 must include specific discussion on this topic.

**Implementation of Benchmarks**

The Board approved final wording and statewide benchmarks for Indicators 2-4 and 6-10 on October 1, 2012. With that approval, First Things First has continued to convene and sought input from partners and stakeholders in carrying out the next steps as described below.

- Staff will work with the Board's Program and Policy Committee, the Early Learning, Health, and Family and Support and Literacy Advisory Committees and other partners to continue data research, finalize benchmark recommendations and plan for data collection methods and systems.
- First Things First will continue to work with all system stakeholders to develop a common policy agenda informed by tracking progress on benchmarks. This will include partnerships with the Governor, the legislature, tribal governments, state agencies, philanthropy, business and community stakeholders.
- Regional Councils will begin developing their recommended benchmarks for prioritized School Readiness Indicators in fall 2012, using the following timeline:

| Timeline | Activity |
|---|---|
| August – December 2012 | Knowledge and Understanding of Available Data |
| January – March 2013 | Compile Data by Region |
| February-March 2013 | Preparation by Regional Councils to set Benchmarks (Webinar series) |
| April – October 2013 | Decisions on Benchmark Recommendation based on Phases of Work<br>*Note: Some indicators extend beyond October 2013 |
| November 2013 – February 2014 | Solicit Public Feedback |
| February – March 2014 | Finalize Recommendations |
| April 2014 | Recommendations to Board |

A reference table listing the 10 School Readiness Indicators and recommended benchmarks is shown below:

| **Approved School Readiness Indicators and Proposed State Level Benchmarks** |
|---|
| **1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical**<br><br>*Benchmark: It is anticipated that a benchmark for 2020 may be recommended in FY15 upon analysis of baseline data from an Arizona kindergarten developmental inventory.* |
| **2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars**<br><br>*Benchmark: Increase by 20% over baseline the #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars* |
| **3. #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars**<br><br>*Benchmark: Increase by 20% over baseline the #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars* |

| | |
|---|---|
| **4.** | **#/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars**<br><br>*Benchmark: Maintain the #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars* |
| **5.** | **% of children with newly identified developmental delays during the kindergarten year**<br><br>*Benchmark: Indicator language and benchmark recommendations will be made in fall 2013 after completion of the comprehensive opportunity analysis on the Arizona early intervention system for children birth to age 5.* |
| **6.** | **#/% of children entering kindergarten exiting preschool special education to regular education**<br><br>*Benchmark: 30% of children served in preschool special education will exit to kindergarten regular education* |
| **7.** | **#/% of children ages *2-4* at a healthy weight (Body Mass Index-BMI)**<br><br>*Benchmark: 75% of children age 2-4 at a healthy weight (BMI)* |
| **8.** | **#/% of children receiving at least six well-child visits within the first 15 months of life**<br><br>*Benchmark: 80% of children receiving at least six well-child visits within the first 15 months of life* |
| **9.** | **#/% of children age 5 with untreated tooth decay**<br><br>*Benchmark: 32% of children age 5 with untreated tooth decay* |
| **10.** | **% of families who report they are competent and confident about their ability to support their child's safety, health and well being**<br><br>*Benchmark: 73% of families report they are competent and confident about their ability to support their child's safety, health and well being* |

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**School Readiness Indicators**

## Regional Benchmarking for the School Readiness Indicators

Achieving the mission of First Things First to ensure all young children arrive in kindergarten healthy and ready to succeed will require more than simply funding programs and services. It will take all partners, across the state, to own a common vision for children in Arizona and a cross-sector commitment to ensure that vision is realized.

First Things First School Readiness Indicators were chosen to reflect the effectiveness of funding strategies and collaborations built across communities to improve the lives of children residing in the state of Arizona and improve their readiness for entering school and subsequently their life long success.

In April 2014, Regional Partnership Councils will recommend 2020 benchmarks for prioritized indicators to the First Things First Board. To support those discussions and the community forums that follow, the data release phases below have been set.

A phased approach was selected due to data availability as well as considerations for how to provide technical assistance for decision-making. Data releases will include a fact sheet for each indicator which provides regional-specific data for decision-making on benchmarks for prioritized School Readiness Indicators. Prior to Phase I, a series of three webinars will be available in March 2013 and will include: 1) overview of the School Readiness Indicators, recap of the selection of data sources, and description of the state-level benchmarks; 2) background and assistance on interpreting tribal data; and 3) guidance in how to set benchmarks, including data interpretation and assistance on setting attainable yet aspirational goals. Additional support materials, as well as discussion and decision-making facilitation, will be provided throughout the process.

## Data Release Phases

***Phase 1: April - June, 2013***

**Non-Tribal Regions** - **Indicator 6**: #/% of children entering kindergarten exiting preschool special education to regular education

**Non-Tribal Regions** - **Indicator 7**: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

***Phase 2: June – August, 2013***

**Tribal Regions** - **Indicator 6**: #/% of children entering kindergarten exiting preschool special education to regular education

**Tribal Regions** - **Indicator 7**: #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI)

**Tribal Regions** - **Indicator 8**: #/% of children receiving at least six well-child visits within the first 15 months of life

**Tribal Regions** - **Indicator 9:** #/% of children age 5 with untreated tooth decay

***Phase 3: August – October, 2013***

**All Regions – Indicator 2:** #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars

**All Regions – Indicator 3:** #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

**All Regions – Indicator 4:** #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars

**Non- Tribal Regions** - Indicator 8: #/% of children receiving at least six well-child visits within the first 15 months of life

**Non- Tribal Regions – Indicator 10:** % of families who report they are competent and confident about their ability to support their child's safety, health and well being

***Phase 4: September – October 2014***

**Tribal Regions – Indicator 10:** % of families who report they are competent and confident about their ability to support their child's safety, health and well being

***Phase 5: TBD***

**All Regions - Indicator 1**: #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

**All Regions – Indicator 5:** % of children with newly identified developmental delays during the kindergarten year

**Non-Tribal Regions – Indicator 9:** #/% of children age 5 with untreated tooth decay

FIRST THINGS FIRST
*Ready for School. Set for Life.*

# School Readiness Indicators
# 2020 Pinal Regional Benchmark Summary

| **Indicator #7:** | **Number/Percentage of children age 2-4 at a healthy weight (Body Mass Index-BMI)** |
|---|---|
| **Intent:** | Increase the number of children who maintain a healthy body weight |

**Key Definitions:** Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.[1] A BMI is calculated by taking the weight in pounds divided by the height in inches squared times 703 {Formula: weight (lb) / [height (in)]$^2$ x 703)}

A BMI is not usually calculated for children under the age of 2 years. Healthy weight at 2-4 years of age is a standard measure for the WIC program to report to the CDC. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (aged 2—19 years):

- **Underweight** is defined as a BMI less than 5$^{th}$ percentile for children at the same age and sex- an underweight child can have many different reasons that include feeding disorders to lack of food resources or being food insecure.[2]
- **Healthy weight** is defined as a BMI at 5$^{th}$ to 85$^{th}$ percentile.[2]
- **Overweight** is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.[2]
- **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.[2]

**Benchmark Data Source:**
Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Department of Health Services, Women, Infants, and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines.[3] Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal

[1] Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

[2] Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007;120 Supplement December 2007:S164—S192.

[3] Arizona Women, Infants & Children (WIC) Program: http://azdhs.gov/azwic/

regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.

- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

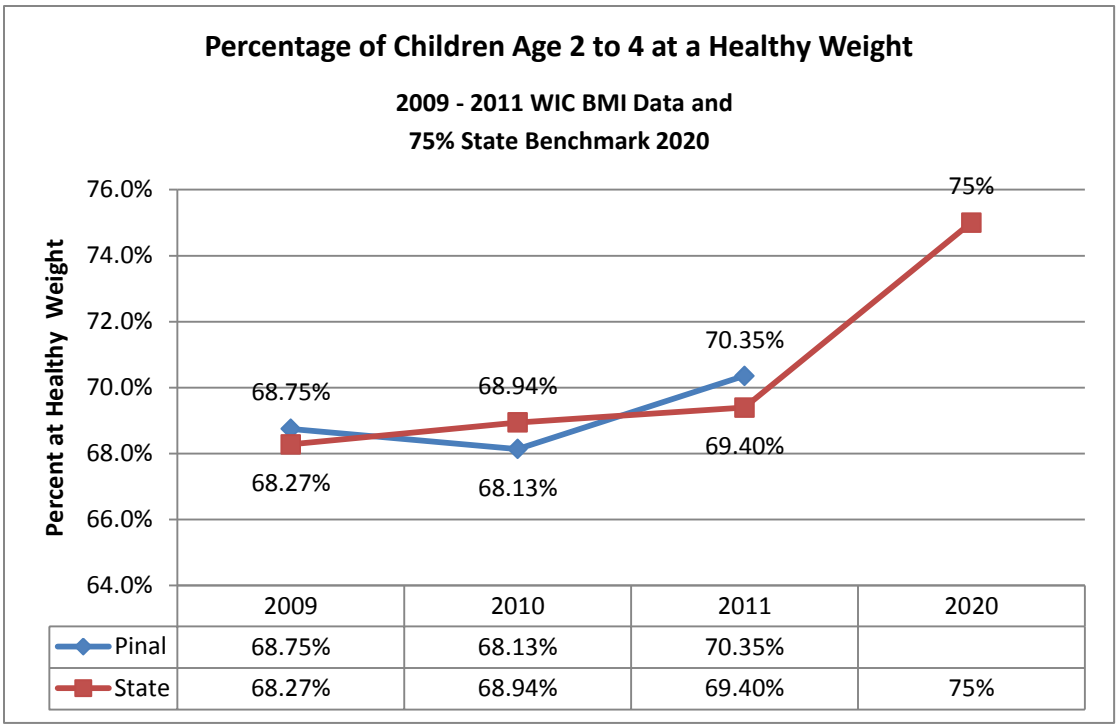
**Baseline (Region and State):**

- 2010: In Pinal, **68%** (4,086) of children age 2-4 at a were healthy body weight
- 2010: In Arizona, **69%** (72,521)[4] of children age 2-4 were at a healthy body weight

[4] Statewide baseline presented here (69%) is based on data from the Arizona Department of Health WIC program; no data from tribal WIC programs are included. The regional benchmarking statewide baseline data vary from those utilized in statewide benchmarking. Statewide benchmarking was informed by WIC data from the Centers for Disease Control which included tribal data and duplicated child counts. It was calculated with a slightly different methodology from that employed in Arizona. FTF is working with data partners to identify the best approach to methodology and will present any variations to baseline statewide number to the FTF Board and Councils for review.

**Trend Line (Region and State):**

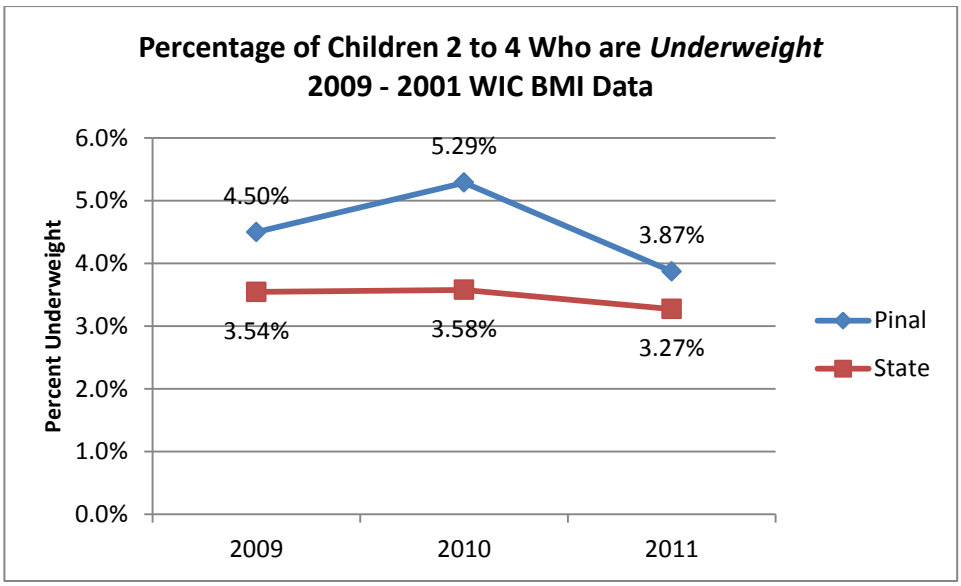
**Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI).** Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph**.**

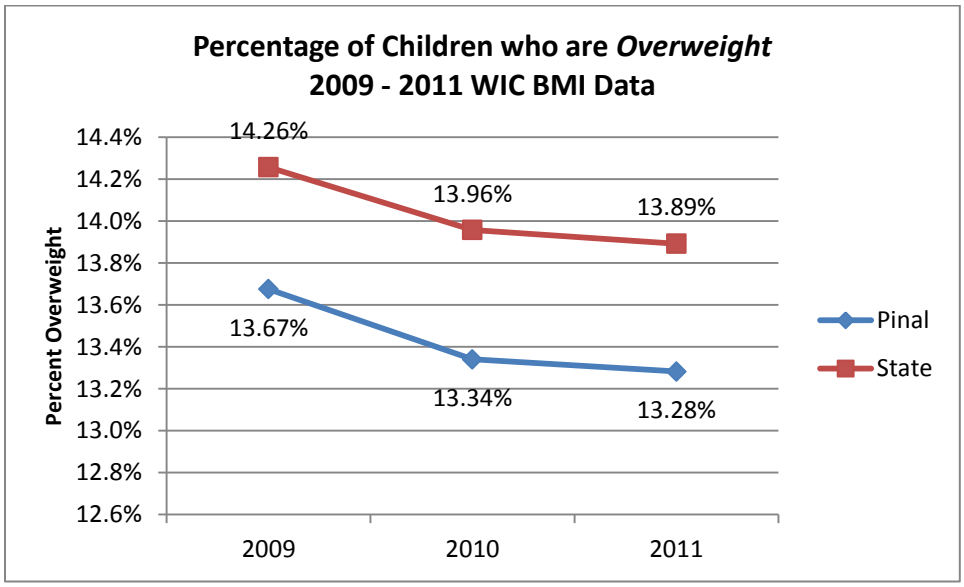


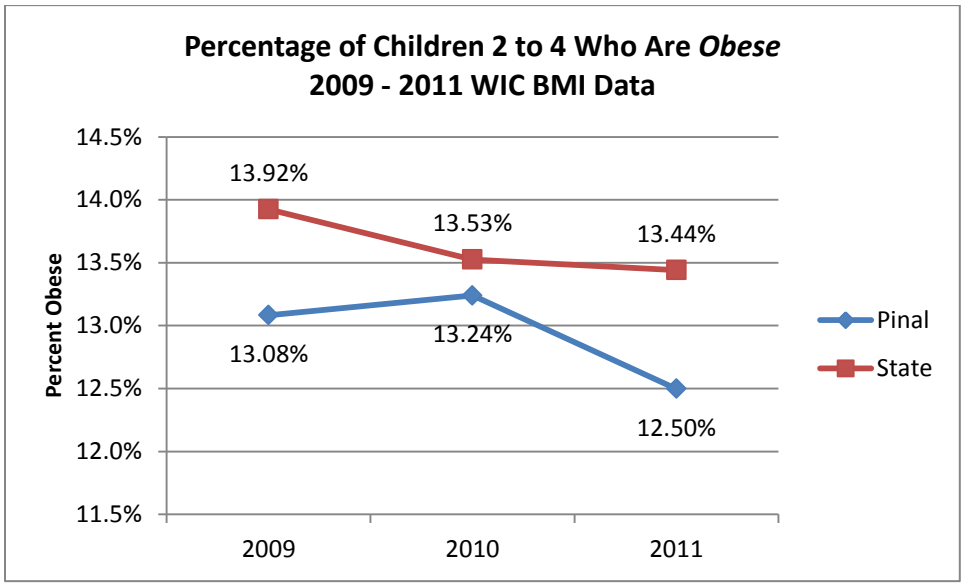

**Benchmark (Region and State):**

- *2020: In Pinal,* ***XX*** % of children *age 2-4* at a *healthy weight* (BMI)
- *2020: In Arizona, 75%* of children *age 2-4* at a *healthy weight* (BMI)

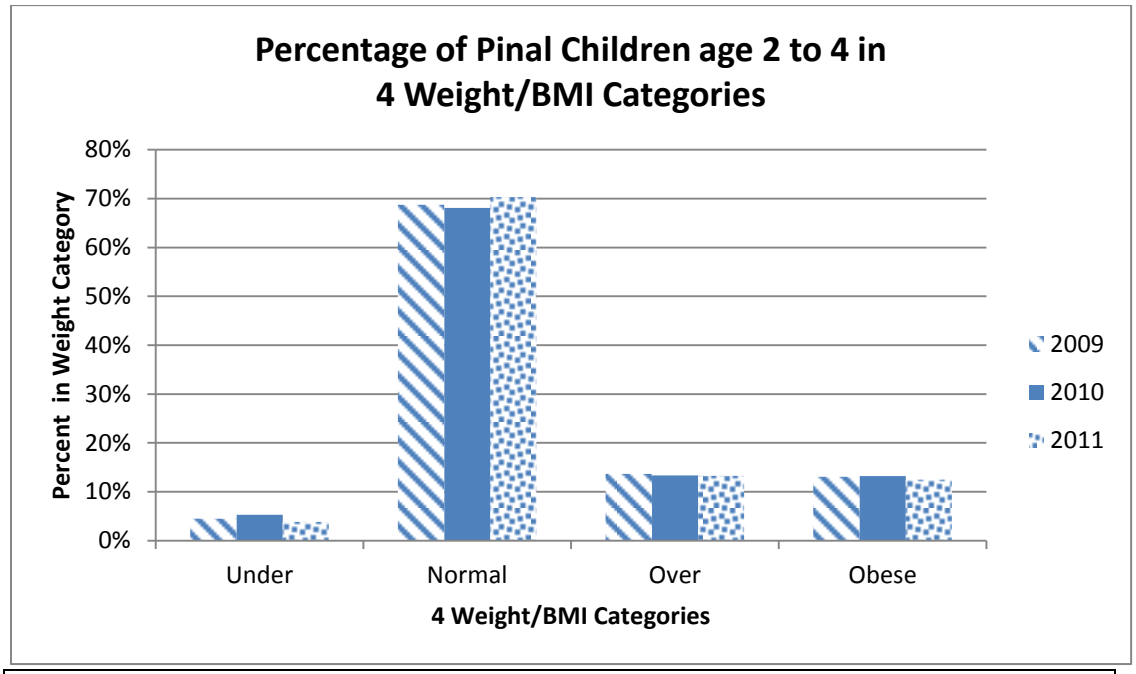
**Graphs 2 - 4: Percentage of children age 2 to 4 who are *Underweight*, *Overweight* or *Obese* (based on body mass index- BMI).** Data displayed is presented for both the region and state for years 2009 through 2011.




Percentage of Children who are *Overweight*
2009 - 2011 WIC BMI Data
Percent Overweight
14.4%
14.2%
14.0%
13.8%
13.6%
13.4%
13.2%
13.0%
12.8%
12.6%
14.26%
13.96%
13.89%
13.67%
13.34%
13.28%
2009
2010
2011
Pinal
State


Percentage of Children 2 to 4 Who Are *Obese*
2009 - 2011 WIC BMI Data
Percent Obese
14.5%
14.0%
13.5%
13.0%
12.5%
12.0%
11.5%
13.92%
13.53%
13.44%
13.08%
13.24%
12.50%
2009
2010
2011
Pinal
State

**Graph 5: Pinal children age 2 to 4 presented in four weight categories (based on body mass index-BMI).** Data displayed compares percentages for years 2009 through 2011.




| Pinal: Percent and number of children in each weight category for years 2009-2011 | | | | |
|---|---|---|---|---|
| ***Year*** | ***Under*** | ***Normal*** | ***Over*** | ***Obese*** |
| 2009 | 4.50% (N=266) | 68.75% (N=4067) | 13.67% (N=809) | 13.08% (N=774) |
| 2010 | 5.29% (N=317) | 68.13% (N=4086) | 13.34% (N=800) | 13.24% (N=794) |
| 2011 | 3.87% (N=217) | 70.35% (N=3946) | 13.28% (N=745) | 12.50% (N=701) |

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Discussion of the Quality Assurance Site Visit

**Attachment:** First Thing First Quality Assurance Site Visit Evaluation
Central Arizona College

**Background:** First Things First is in the process of comprehensively measuring the success of the programs for children ages 0-5 and their families in Arizona. The First Things First quality assurance system aims to effectively and efficiently measure performance and programmatic implementation.

**Recommendations:** No Staff Recommendations

**Contact Information:**
Mona Qafisheh,
Program Quality Assurance Specialist
First Things First
mqafisheh@azftf.gov
(602) 771-5003

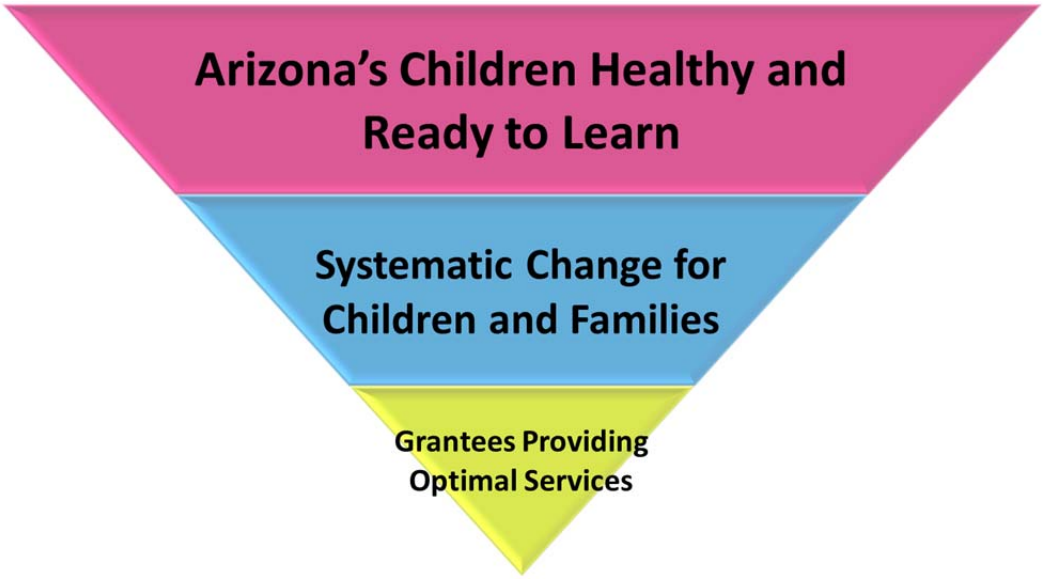
FIRST THINGS FIRST
*Ready for School. Set for Life.*

# FTF Quality Assurance Model

**OVERVIEW:**

**First Things First Quality Assurance Framework:** The quality assurance function is a continuum that includes both performance monitoring and programmatic monitoring. Performance monitoring is defined as a review of contracts and agreements to assess if the contractual obligations have been met both programmatically and financially. Programmatic monitoring is defined as an assessment and analysis of the programs administered to determine if the standards of practice are being achieved and thus looking at how well the programmatic aspects are being implemented and serves as the initial step in determining if the programs delivered are moving in the appropriate direction to achieve positive outcomes for children. FTF's quality assurance approach will primarily address the questions of how much/how many, the first level of the overall evaluation framework. Program evaluation, the next level of the evaluation framework, will address impact of the program.

The approach taken by FTF to carry out an effective and efficient quality assurance model includes two levels of review. The first level is a grant partner review (a review of contracts and agreements) and the second level is a review by strategy. The framework also takes into consideration the resources available and utilizes a tiered approach in determining how contracts/agreements and strategies move through a continuum that includes on one end the activities that are conducted for all contracts/strategies to activities that are provided for a targeted number of contracts/strategies. In addition, all divisions have defined roles and responsibilities in carrying out the quality assurance framework and thus success is dependent on establishing clear expectations, pathways for carrying out roles, and processes that promote efficiency and effectiveness.

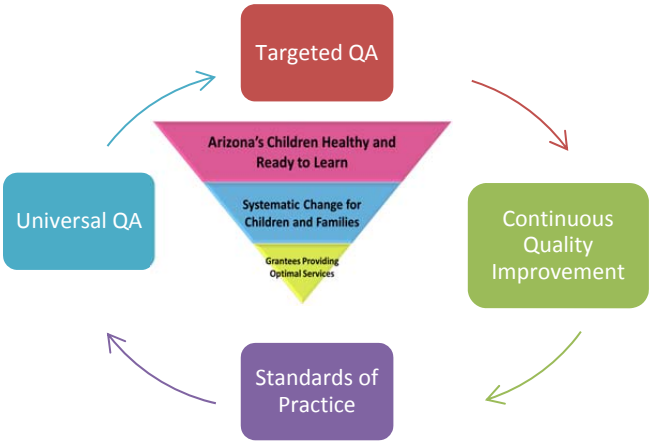


**Overall outcomes of the quality assurance framework**

1. To effectively and efficiently assess if grant partners are meeting performance and financial standards as agreed to in the contract, adhering to the standards of practice and scope or work
2. To identify areas for improvement that result in better, more efficient service delivery
3. To identify if additional interventions are necessary to support the programs and services to be delivered effectively
4. To continuously improve the early childhood development and health system by providing and maintaining high quality service delivery, identifying best practices that change outcomes for children

**Functions that are carried out by quality assurance framework**

- Presentation of financial and program reports that include information on performance for staff, Board and Regional Councils
- Problem solve and trouble shoot implementation and financial issues—identification and resolution of concerns from grantees, staff, Board and Regional Councils
- Provide compliance training and technical assistance to implementing organizations
- Maintain documentation on performance status and activities carried out through quality assurance
- Preparation of detailed monitoring reports and documented in the system
- Communication with grantees regarding status
- Address program performance through TA, Training and continuous improvement
- Communication and reporting of improvement plan progress to Board, Regional Councils and Staff
- Changes in contract and scope of work (including termination of a contract)




# First Thing First Quality Assurance Site Visit Evaluation

Grantee Name: Central Arizona College
Contract ID: GRA-RC019-13-0498-01
Strategy: Recruitment into the Field
Regional Partnership Council: Pinal
Site Visit Date: April 29, 2013

Directions: Please rate the following questions to give us feedback on your Quality Assurance site visit. The survey will give us an opportunity to strengthen the process. Please select the answer that best describes your experience.

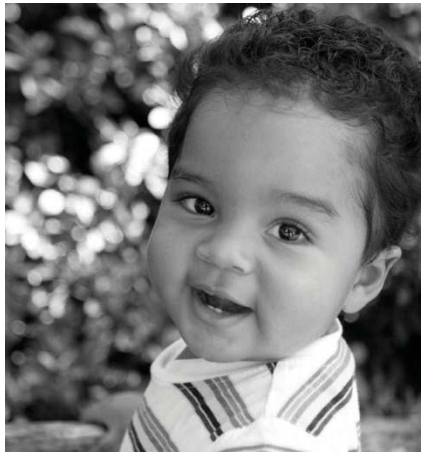
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| The Quality Assurance Specialist was professional. | 4 | 3 | 2 | 1 |
| The Quality Assurance Specialist provided timely and accurate information and materials. | 4 | 3 | 2 | 1 |
| I was provided with training and resources that will help me improve my services. | 4 | 3 | 2 | 1 |
| Adequate time was provided for discussion and questions during the site visit. | 4 | 3 | 2 | 1 |
| The site visit enhanced my understanding of the quality assurance process. | 4 | 3 | 2 | 1 |

Please answer the following questions:
Overall, my experience of the quality assurance site visit has been...
I was very positive and informative and supportive; not negative or punitive in any way.

What were the most and least helpful aspects of the quality assurance site visit?
**Most helpful**: explanation of the process and walking through the questions and discussing the concepts and areas FTF is looking at. Mona was very personable, non-threatening and open to suggestions and other ways of looking at things.
**Least helpful:** Webinar and conference call could have been combined into one session.

How could the quality assurance process be improved for you and/or your program?
The process worked just fine with our program. Mona easily understood the program and was open to adjusting the process and individualizing when needed.

How much time was needed to prepare for the site visit (include the number of staff members working on site visit preparation)? Only one staff member participated in the webinar and did the preparation necessary for the visit; 2 staff members participated in the previsit conference call and site visit. Disregarding the actual meeting times, approximately 15 hours were spent preparing for the visit.



# Central Arizona College Quality Assurance Site Visit

## Pinal Regional Partnership Council

June 18, 2013

FIRST THINGS FIRST

# General Site Visit Information

- Contract #: GRA-RC019-13-0498-01
- Strategy: Recruitment into Field
- Date Conducted: April 29, 2013
- Site Visit Contact: Linda Williams-Tuenge

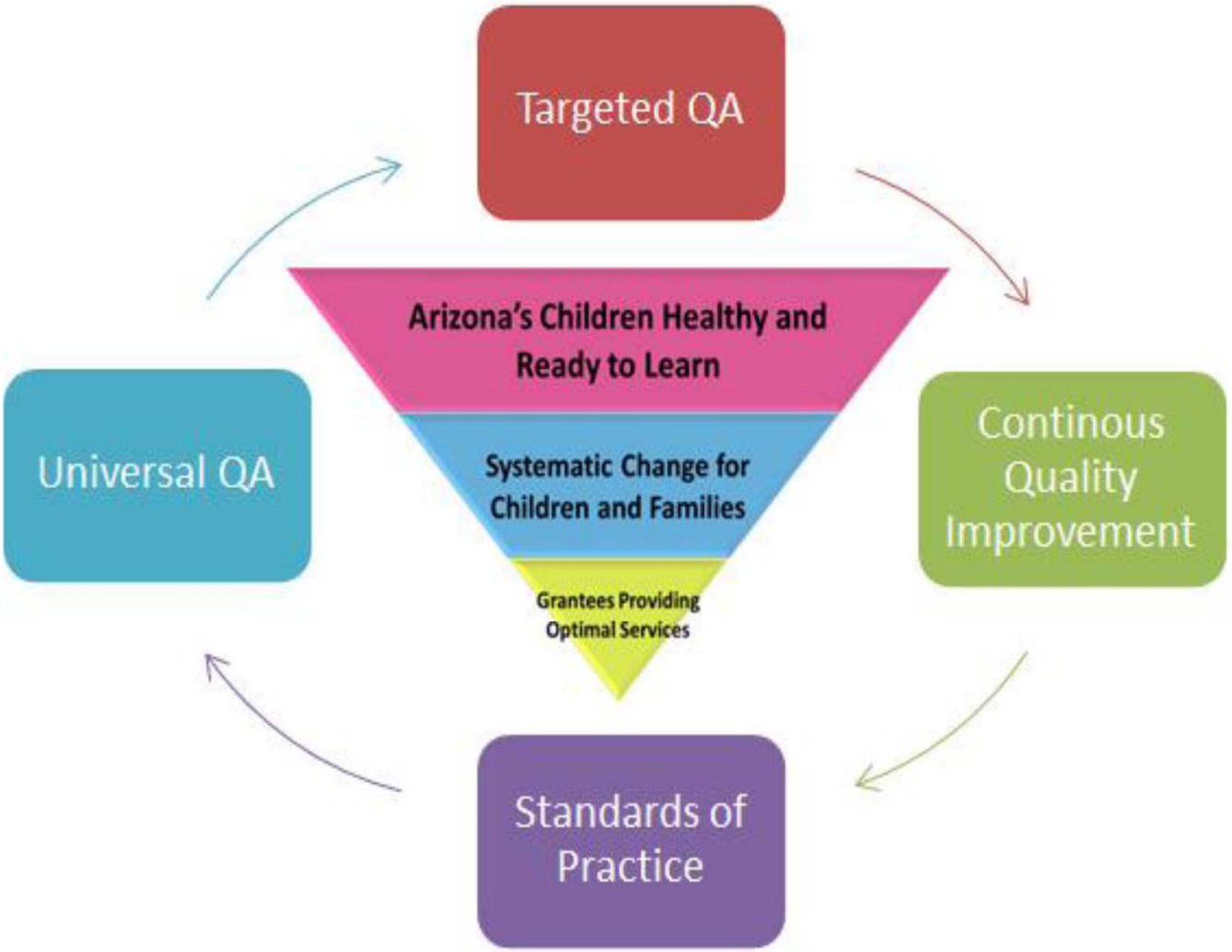
FIRST THINGS FIRST

# Site Visit Assessment Tool

- 7 Content Areas:
  - 1: Target Population and Geographic Area
  - 2: Coordination and Collaboration
  - 3: Data Collection and FTF Evaluation
  - 4: Cultural Competency
  - 5: Additional Items
  - 6: Implementation
  - 7: Staff Qualifications
- Action Plan

FIRST THINGS FIRST

# The Quality Assurance Cycle




FIRST THINGS FIRST

Performance Goal

Standards

Evidence & Notes

First Things First Quality Assurance Site Visit Assessment Tool

**Performance Goal:** We are accountable to demonstrate that our work truly improves the lives of children and their families, and promotes support for investing in early childhood development and health.



2: meets the standard
1: approaches the standard
0: falls far below the standard

Scoring

| Standards: | 2 | 1 | 0 | Evidence to review: | Standard/Interview Notes: |
|---|---|---|---|---|---|
| 1a: If there is a specific target population indicated in the SOW, the grant partner is performing recruitment and outreach activities to the specified target population<br>☐ Not Applicable<br>☐ Exemplary Practice (see notes) | ☐ Performs recruitment and outreach to targeted population 100% of the time | ☐ Performs recruitment and outreach to targeted population 50-99% of the time | ☐ Performs recruitment and outreach to targeted population less than 50% of the time or no system in place to track that recruitment and outreach targets the population identified in the SOW | ☐ Program Narrative Reports<br>☐ Other (make note) | Standard Notes: |
| 1b: Barriers to or supports for recruitment and outreach of the targeted population<br>☐ Not Applicable<br>☐ Exemplary Practice (see notes) | | | | ☐ **Interview:** What are some barriers to or supports for recruitment and outreach of the targeted population<br>☐ Any Relevant Documentation<br>☐ Other (make note) | Interview Notes: |

**Target Population and Geographic Area Summary and Analysis:**

FIRST THINGS FIRST
Ready for School. Set for Life.

# Standard Example

- Rubric

| | | | | | |
|---|---|---|---|---|---|
| 1a: If there is a specific target population indicated in the SOW, the grant partner is performing recruitment and outreach activities to the specified target population<br>□ Not Applicable<br>□ Exemplary Practice (see notes) | □ Performs recruitment and outreach to targeted population 100% of the time | □ Performs recruitment and outreach to targeted population 50-99% of the time | □ Performs recruitment and outreach to targeted population less than 50% of the time or no system in place to track that recruitment and outreach targets the population identified in the SOW | □ Program Narrative Reports<br>□ Other (make note) | Standard Notes: |

FIRST THINGS FIRST

# Standard Example

- Yes or No

| | | | |
|---|---|---|---|
| 6d: Provide resource and referral information to participants for working with children and families<br>□ Not Applicable<br>□ Exemplary Practice (see notes) | Yes □ No □ | □ Sample resource and referral information shared with session participants<br>□ Other (make note) | Standard Notes: |

FIRST THINGS FIRST

# Standard Example

- Interview Question

| | | | | | |
|---|---|---|---|---|---|
| 7f: Proficiency in the language of the participants<br>□ Not Applicable<br>□ Exemplary Practice (see notes) | | | | □ **Interview:** Please describe how you ensure that staff are proficient in the language of the participants<br>□ Any Relevant Documentation<br>□ Other (make note) | Interview Notes: |

FIRST THINGS FIRST

# Target Population and Geographic Area

- All standards met
- “Having one consistent staff member working between this grant and a second grant has really helped with recruitment”

FIRST THINGS FIRST

# Coordination and Collaboration

- All standards met
- “The efforts at collaboration and coordination are supported by the college and the department”

FIRST THINGS FIRST

# Data Collection and FTF Evaluation

- All standards met
- "CAC staff has concerns about the relevance and clarity of the information that FTF asks them to report on"
  - Addressed on the Action Plan

FIRST THINGS FIRST

# Cultural Competency

- All standards met
- “Support staff is bilingual and she will assist with translations and interpretations as well as make phone calls to students on behalf of the staff”

FIRST THINGS FIRST

# Additional Items

- All standards met
- Regarding once per semester group meetings: “The feedback on the meetings was good and specific feedback from the first meeting was implemented in the program (ordering books online, resume building, hiring suggestions, etc.)”

FIRST THINGS FIRST

# Implementation

- 6r. All scholarship recipients participate in an internship or observe in either a Quality First or accredited child care setting within the funding region
  - 50-99% of participants intern/observe in a QF or accredited center
  - Addressed on Action Plan

FIRST THINGS FIRST

# Staff Qualifications

- All standards met
- “The modification to combine funding from two grants to create a FT position (as opposed to the previous PT position) has created an opportunity for CAC to recruit and retain a highly competent, qualified staff member. This creativity has really served the program in a very positive way”

FIRST THINGS FIRST

# Action Plan

- Strengths:
  - Innovation regarding staffing
  - Once per semester in-person meetings
  - Program is able to use college supports
  - The requirement of students to volunteer in local programs
  - 6 graduates in the 4th year of the program

FIRST THINGS FIRST

# Action Plan

- Development Areas:
  - Volunteer follow up
  - Work pay back after graduation
  - More selective application/acceptance policy
  - Follow up with student employers after graduation
  - Data report follow up

FIRST THINGS FIRST

Thank You!

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Regional Council Calendar Approval

**Attachment:** Pinal Regional Partnership Council Proposed Calendar

**Background:** The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each fiscal year. The Chairperson or any four members of the Council may at any time call a special meeting of the Council. To call a special meeting the Chairperson, or any four Members of the Regional Council that wish to call such meeting, should contact the Regional Director with their intentions to ensure that the meeting arrangements and/or announcements can be made accordingly.

Special meetings may be held upon such notice to the Members of the Council as is appropriate to the circumstances and upon such public notices as is required by law. Special meetings may be held by teleconference and/or videoconference. All material relating to special meeting agenda items shall be transmitted to each member of the Council as far in advance of the meeting as possible.

**Recommendation:** Regional Staff request the Councils approval of the proposed SFY2014 Council Calendar.

# Pinal Regional Partnership Council Calendar & Draft Agenda

| Date/Time | Draft Agenda |
|---|---|
| **June 18, 2013**<br>9:00-12:00pm | • Indicator Data Discussion<br>• Quality Assurance Site Visit<br>• Pinal Communication and Coordination Reports<br>• Regional Council Calendar Approval<br>• Election of the Pinal Regional Council Chair and Vice Chair<br>• System Building Discussion |
| **July 16, 2013**<br>9:00-12:00pm | • Regional Council Retreat<br>• Revisit Pinal Governance Policies<br>• Needs and Assets Update |
| **August 25-27**<br>Phoenix | • FTF Summit<br>• ***No Need for a Regional Council Meeting*** |
| **September 17, 2013**<br>9:00-12:00pm | • Indicator Data Discussion<br>• SFY2014 Closeout Data and Financials<br>• Pinal SFY2015 Funding Plan Discussion<br>• Pinal Communication and Coordination Reports<br>• Needs and Assets Update |
| **October** | • ***No Need for a Regional Council Meeting*** |
| **November 19, 2013**<br>9:00-12:00pm | • Pinal SFY2015 Funding Plan/Funding Mechanism Approval<br>• Pinal Communication and Coordination Reports<br>• Data and Financial Report<br>• Needs and Assets Update |
| **December** | • ***No Need for a Regional Council Meeting*** |
| **January 21, 2014**<br>9:00-12:00pm | • Regional Grantee Presentations<br>• Pinal Communication and Coordination Reports<br>• Data and Financial Report<br>• Needs and Assets Update |
| **February** | • ***No Need for a Regional Council Meeting*** |
| **March 18, 2014**<br>9:00-12:00pm | • Regional Renewal and RFGA Approvals<br>• Pinal Communication and Coordination Reports<br>• Data and Financial Report<br>• Needs and Assets Update |
| **April** | • ***No Need for a Regional Council Meeting*** |
| **May 20, 2014**<br>9:00-12:00pm | • Pinal Communication and Coordination Reports<br>• Data and Financial Report<br>• Needs and Assets Update |

FIRST THINGS FIRST

*Ready for School. Set for Life.*

| | |
|---|---|
| AGENDA ITEM: | System Building PowerPoint |
| BACKGROUND: | First Things First is designated with leading cross-system efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona's programs, services and resources for young children and their families. An important step in this process is the collaboration among First Things First, state agency partners and community stakeholders to identify the components, assets, gaps and necessary pieces to build our desired Arizona early childhood development and health system. The outcome of this activity is a system framework and a five-year plan, with annual benchmarks of our progress. |
| RECOMMENDATION: | No Recommendations |

FIRST THINGS FIRST

FIRST THINGS FIRST

# Creating an Early Childhood System

# What is a System?

**An organized, inter-related network of elements, programs and services for all children.**

FIRST THINGS FIRST

# Purpose of System Planning in Arizona

**To achieve measureable results for Arizona's young children and their families**

FIRST THINGS FIRST

# Why is a System Important?

Affecting school readiness requires comprehensive approaches and involvement from all sectors: health, mental health, family support, early care and education, parents, higher education, faith communities, business, the media and many others

FIRST THINGS FIRST

# Why is a System Important?

- To maximize resources including multiple funding streams with their own regulations and requirements
- To foster partnerships and coordination of service delivery
- To improve the performance of multiple systems impacting young children and their families

FIRST THINGS FIRST

# Why is a System Important?

- There are individual variations in the circumstances and needs of children and their families
- There is duplication of services and a lack of coordination and many children are not being served

FIRST THINGS FIRST

# Why is a System Important?

- Current services may have both public and private funding and this mix of funding can result in confusion for families.

FIRST THINGS FIRST

# Why is a System Important?

- Helps to secure needed policy changes and improvements
- Better communication among partners
- Reduce turf issues through shared vision and agreed-upon goals and objectives
- Improve continuity of services

FIRST THINGS FIRST

# Characteristics of an Effective System

- Comprehensive
- Accessible for Children and Families
- Scalable
- Outcome Focused
- Accountable

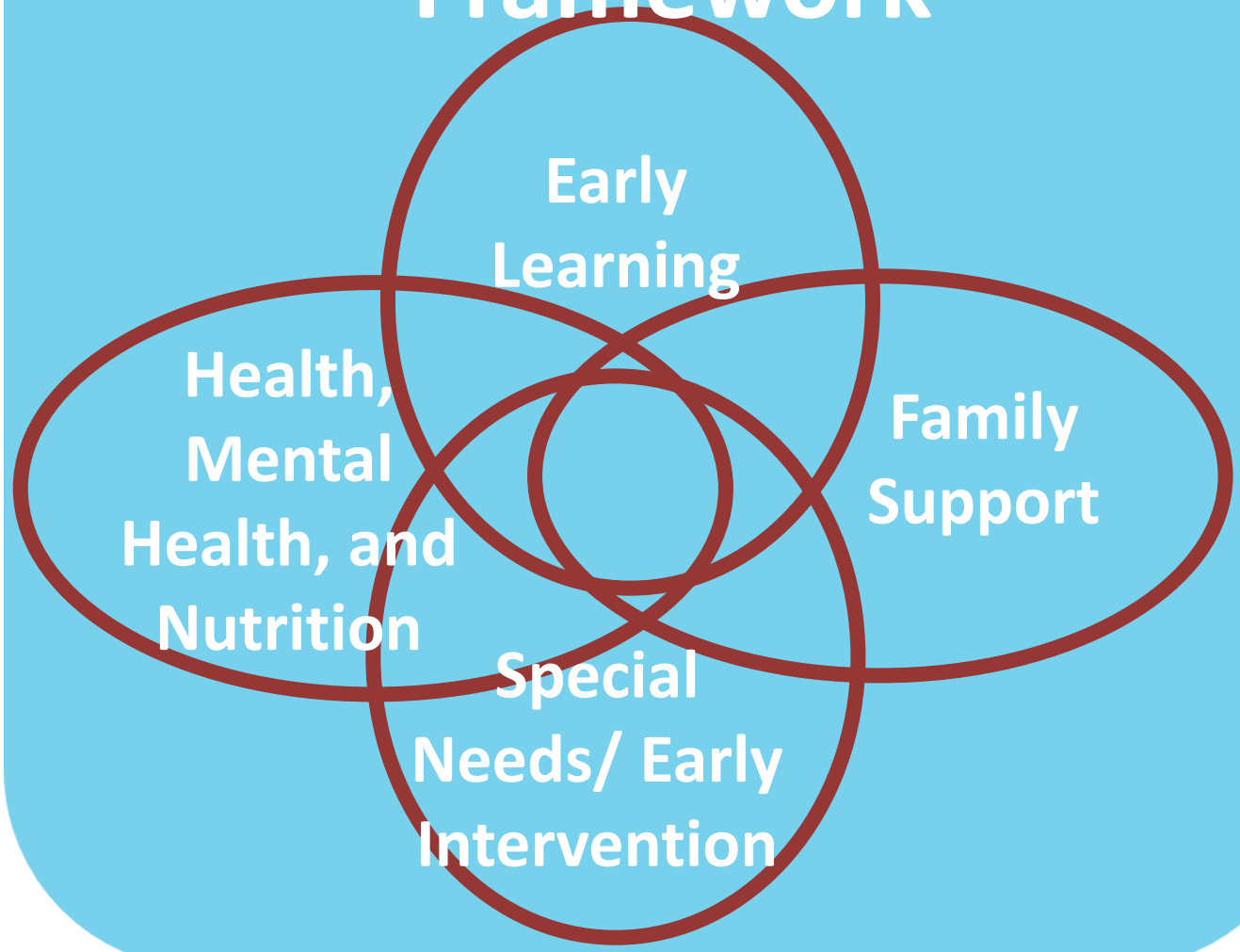
FIRST THINGS FIRST

# Components to Consider Early Childhood Goal Areas

- Early Learning and Education
- Family Support and Literacy
- Health, Mental Health and Nutrition
- Special Needs & Early Intervention

FIRST THINGS FIRST

# Early Childhood System Framework




FIRST THINGS FIRST

# System Areas to Consider

- Context—successfully building a political context that leads to resources
- Components—establish effective programs and services
- Connections—create better linkages between components
- Infrastructure—create supports that enable continuous improvement
- Scope and Scale—the system can produce broad impacts for system beneficiaries

FIRST THINGS FIRST

# System Areas to Consider

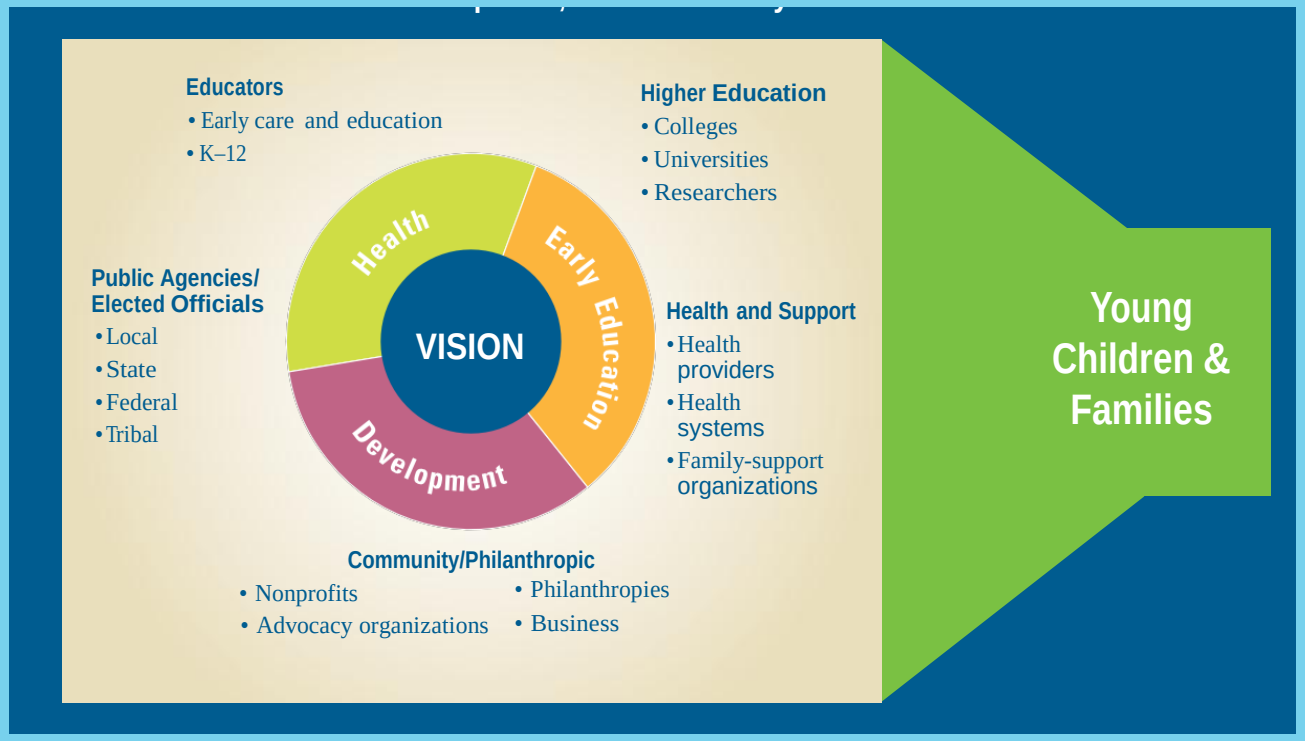
| CONTEXT | COMPONENTS | CONNECTIONS | INFRASTRUCTURE | SCALE |
|---|---|---|---|---|
| Changing the political environment that surrounds the system and affects its success | Establishing high-performing and quality programs and services | Creating strong and effective linkage across the system | Developing the supports the system needs to function effectively and with quality | Ensuring the system is comprehensive and works for all children |

# Arizona's Early Childhood System

| If We: | We Create: | Resulting in: | Achieving: |
|---|---|---|---|
| **Develop** and fund high quality services for children and families that are necessary but not yet available | **Coordinated, high quality service system for young children** | **Early Learning**<br>All children have access to high quality, culturally responsive early care and education. | **All Arizona's children are ready to succeed in school and in life.** |
| **Strengthen** already existing high quality services for children | | **Family Support and Literacy**<br>All families have the information, services and supports they need to help children achieve their fullest potential. | |
| **Partner** to build a system of early childhood services and information for families | | **Early Childhood Professional Development**<br>All child care/education and health professional are well prepared, highly skilled and compensated commensurate with their education and experience. | |
| | | **Health**<br>All children have access to high quality preventive and continuous health care to promote physical, mental, oral and nutritional health. | |
| **Lead** through the synergy of statewide and local strategic planning | **Leadership capacity and infrastructure to create and sustain the high-quality service system** | **Early Childhood System**<br>The early childhood system is high quality, child and family centered, coordinated, integrated and comprehensive. | |
| **Harness** data and technology to build infrastructure and support data-based decision making and accountability | | | |
| **Shift** the brand and awareness of early childhood in Arizona | | **Public Awareness**<br>All Arizonans understand the importance of the early years and recognize the influence of early childhood development , health and education on Arizona's economy and quality of life and, as a result, substantially support early childhood development, health, and education both politically and financially. | |

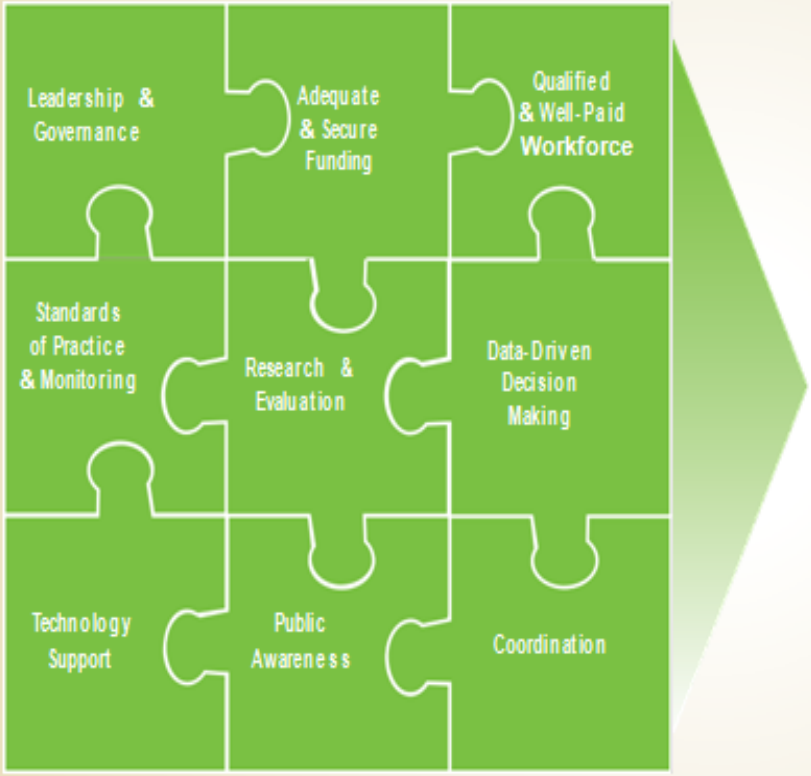
# Developing a Model Early Childhood System

**SYSTEM VISION: All Arizona children by the time they are 5 years old have a solid foundation for success in school and in life because we have worked together to create a family-centered, comprehensive, collaborative and high-quality early childhood system that addresses the child's development, health and early education.**



# Key System Elements and System Outcomes

**Having all elements in place will help accelerate positive outcomes.**




- Access to high-quality, culturally responsive early care and education
- Access to high-quality preventive and continuous health care
- Information, services and support for families
- Well-prepared, highly skilled and appropriately compensated professionals
- Coordinated, integrated and comprehensive system
- Public understanding and support

# 10 School Readiness Indicators

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
- #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars
- #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars
- % of children with newly identified developmental delays during the kindergarten year
- # of children entering kindergarten exiting preschool special education to regular education
- #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay
- % of families who report they are competent and confident about their ability to support their child's safety, health and well being

# Roles of the System Partners

- Leaders – convening and facilitating
- Partners – co-convene and facilitate or participate
- Participants

FIRST THINGS FIRST

# Next Steps

- An open, visible process is needed;
- A diverse group of thinkers is important to draw from knowledge that already exists;
- Choose strategic areas to focus on for an actionable agenda;
- Consider breadth and depth of the system;
- Determine if components are equally weighted or if some areas are prioritized.

FIRST THINGS FIRST

# System Building

**Pinal Regional Partnership Council**

FIRST THINGS FIRST
*Ready for School. Set for Life.*

## Planning Tool

**System Building from the Large System Viewpoint (LSV)**—Regional Council looks at system building across the entire early childhood system (at a regional level); defined issues cut across goal areas (Health, Family Support, Early Care and Education); various target populations and geographic considerations
**Addressing System Building from a FTF Goal Area (GA)**—Regional council looks at system building by goal area and concentrates efforts to affect the system by prioritizing a goal area. Which goal area is prioritized is dependent upon the data and decisions of the regional council. Be concentrating on one goal area, multiple action steps may be identified but there is an overall area of focus that is the driver for the system building
**Working on a Specific Gap Area (SGA)**—Regional council is specifically focused on one component (could be a strategy, target population, geographic area) to advance the system building work

### System Building Discussion Points:

| Goal Area | Regional Priorities | Regional Selected School Readiness Indicators | SFY2014 Regional Strategies | Approaches |
|---|---|---|---|---|
| Coordination | Limited access to parental education and education/service delivery systems | **Indicator #10**<br>% of families who report they are competent and confident about their ability to support their child's safety, health and well-being (Increase the number of families who report they are competent and confident to support their child) | Service Coordination (FTF Directed) | GA/LSV<br>• Health<br>• Family Support<br>• Early Care & Edu. |
| Communications | Limited understanding and information about the importance of early childhood development and health | | Community Outreach (FTF Directed) | SGA |
| Family Support | Limited opportunities to increase the knowledge and skills sets of family home care providers | **Indicator #1**<br>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical (Increase the number of children with equal opportunity to be successful in school and close the achievement gap before kindergarten entry) | Home Visitation<br><br>Parent Education Community-Based Training | SGA |
| Family Support | Limited support and services for families who are experiencing financial hardships | **Indicator #7**<br>#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI) (Increase the number of children who maintain a healthy body weight) | Food Security | SGA |
| Quality and Access | Families have limited access to high quality early care and education programs/infant and toddler care | **Indicator #3**<br>#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars. (Increase in the number of children with special needs/rights who enroll in high quality inclusive regulated early learning programs) | Quality First (Statewide)<br>• Scholarships TEACH<br>• QF Scholarships<br>• Child Care Health Consultation<br>• Mental Health Consultation<br>Family, Friend & Neighbors<br>Professional Development<br>• REWARD$ (Statewide)<br>• Recruitment into Field<br>• Professional Career Pathways Project | |
| Health | Families with children birth through age five have limited access to preventative screening and referral services | **Indicator #5**<br>% of children with newly identified developmental delays during the kindergarten year (Increase the number of children who are screened and if appropriate, receive a diagnosis and early intervention services for developmental delays prior to entering kindergarten)<br>**Indicator # 9**<br>#/% of children age 5 with untreated tooth decay (Increase the number of children who begin at an early age and regularly visit an oral health professional to receive preventive oral healthcare and services necessary to treat tooth decay) | Developmental and Sensory Screening<br><br>Oral Health | SGA |

## Possible Questions:

- Is there an area of System Building in our Region that we have not discussed?
- Are there other linkages between the Council discussion and community activities?
- Given the list of System Building discussion points, is there a priority(s) for the Regional Council?
- Addressing the top two system building priorities:
    - What approach does the Council want to take? (utilize 'approach' definitions)
    - Are there other groups working on system building for the priority? Do other people/groups need to be part of the discussion? (see 'determining who' section of chart)
    - Are there perceived barriers or resistance to addressing the issue?
    - Who is affected? (consider- within the priority area and/or from the barrier perspective)
    - Are there additional resources that could be utilized?
- Are there current or past initiatives that have been used with the system building priority that could help inform the discussion and action plan?

FIRST THINGS FIRST
*Ready for School. Set for Life.*

**Agenda Item:** Regional Director's Report

**Attachment:** June 2013 Regional Director's Report

**Background:** Monthly Directors Report provides The Regional Director an opportunity to inform the Regional Council on current and upcoming activities happening within the Regional and throughout the State.

**Recommendation:** The Regional Director provides this as informational purposes only.

# June 2013 Regional Director's Report

# Pinal Regional Partnership Council

FIRST THINGS FIRST
*Ready for School. Set for Life.*

## Regional

**Regional Needs and Assets Report Update**

- Regional Staff and LM Staff have presented the Needs and Assets detail to the Ak-Chin Tribal Council and received approval to move forward with a tribal resolution for the 2014 Needs and Assets Report.

**Regional Funding Process for SFY2014**

- Update on Regional RFGA, Renewal and Agreement process

**Regional Council Vacancies**

- Business – Recruited and the interview will be set-up in the near future.
- Tribal – Ak-Chin Tribal Council will be recommending a name to Regional Staff.

## State

**Quality First Public Launch**

- Website launch: Week of August 12th!
- Please Note: Public star ratings on the website will include programs enrolled before July 1, 2011 on their 3rd assessment; and programs enrolled after that date will be posted on their 2nd assessment. Additionally, there are programs that have opted to post their star rating even if they are not in the public assessment cycle.
- Providers' Marketing Toolkit: the toolkit is meant to be a resource for providers interested in marketing their participation in Quality First to families and consumers. Goal is to have the marketing toolkit to providers in advance of the August launch date.

**First Things First Early Childhood Summit**

- First Things First Early Childhood Summit
- Phoenix Convention Center Building Strong Systems - August 25 – 27, 2013
- All Pinal Regional Council Member will be in attendance

## Strategy Update and Quarter 3 Data Reports

| Strategy | FY2013 Allotted / Expended | FY2013 Target Service Units | End of Quarter 3 Actual Service Units |
|---|---|---|---|
| **Family, Friends & Neighbors Strategy** | $405,767 / $231,383 | 60 | 73 |
| **Quality First Strategy** | $709,127 / $645,301 | 31 | 29 |
| **Quality First Child Care Scholarships Strategy** | $1,413,705 / $1,413,705 | 226 | 236 |
| **FTF Professional REWARD$ Strategy** | $75,000 / $74,121 | 55 | 43 |
| **Recruitment into Field Strategy** | $75,000 / $54,063 | 15 | 26 |
| **Scholarships non-TEACH Strategy – PCPP** | $100,000 / $24,256 | 60 | 1 |
| **Developmental and Sensory Screening Strategy** | $300,000 / $83,786 | 2,000 | 3,892 |
| **Mental Health Consultation Strategy** | $250,000 / $138,655 | 14 | 12 |
| **Oral Health Strategy** | $450,000 / $321,734 | 2,000 | 1,980 |
| **Food Security Strategy** | $200,000 / $150,000 | 2,832 | 1,272 |
| **Home Visitation Strategy** | $1,150,000 / $858,291 | 380 | 329 |
| **Parent Education Community-Based Training Strategy** | $300,000 / $148,306 | 3,000 | 3,062 |

FIRST THINGS FIRST

*Ready for School. Set for Life.*

**Agenda Item:** Regional Chair and Vice Chair Elections

**Background:** The Pinal Regional Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected. The election shall be by ballot.

**Recommendation:** No Recommendation

# First Things First
# Pinal Regional Partnership Council
# Governance Policy 1-108
# Council Officers and Their Duties

At the first regular meeting of the Council following May 1 of each fiscal year beginning in 2008, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected. The election shall be by ballot.

In the absence of good reason to the contrary, it shall be the Policy of the Council, in nominating members to serve as its Chairperson and Vice-Chairperson, to nominate members who have previously served as a member of the executive committee to help ensure greater past experience on the Council. Notwithstanding the previously stated preference for experience, the Council may nominate any appointed member for its Chairperson and Vice-Chairperson. A majority vote of the appointed members of the Council shall be required to elect.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided, to serve as an ex officio member of all committees of the Council, and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson.

It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson.

The Chairperson or the Vice Chairperson may be removed from office by a vote of a majority of the appointed members of the Council upon motion by a member of the Council alleging the violation of a specific provision of this policy manual or alleging specific actions which bring into public disrepute this Council, the Arizona Early Childhood Development and Health Board, or First Things First as an organization. If a Chairperson or Vice Chairperson is removed, a replacement shall be elected by a majority of the Council as soon as is practicable. The Council by a vote of a majority of the appointed members of the Council may recommend to the Arizona Early Childhood Development and Health Board that a member be removed as a Council member upon motion by a member of the Council alleging the violation of a specific provision of this policy manual or alleging specific actions which bring into public disrepute this Council, the Arizona Early Childhood Development and Health Board, or First Things First as an organization.

FIRST THINGS FIRST

*Ready for School. Set for Life.*

## Pinal Regional Partnership Council
## Chair Ballot

☐ _____

☐ _____

☐ _____

---

## Pinal Regional Partnership Council

## Vice Chair Ballot

☐ _____

☐ _____

☐ _____