



# FIRST THINGS FIRST

Ready for School. Set for Life.

## Central Phoenix Regional Partnership Council

Allocations and Funding Sources		SFY13
<b>FY Allocation</b>		<b>\$15,722,756</b>
Population Based Allocation		\$10,071,132
Discretionary Allocation		\$3,375,603
Other (FTF Fund balance addition)		\$2,276,021
<b>Carry Forward From Previous Year</b>		<b>\$6,129,133</b>
<b>Total Regional Council Funds Available</b>		<b>\$21,851,889</b>
Strategies	Proposed Allotment	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts
Care Coordination/Medical Home	\$1,000,000	Approved
Developmental and Sensory Screening	\$400,000	Approved
Health Insurance Enrollment	\$200,000	Approved
<b>Injury Prevention</b>	<b>\$550,000</b>	<b>Returned for Development</b>
<b>Nutrition/Obesity/Physical Activity</b>	<b>\$500,000</b>	<b>Returned for Development</b>
<b>Oral Health</b>	<b>\$1,000,000</b>	<b>Returned for Development</b>
Prenatal Outreach	\$500,000	Approved
<b>Family Support – Children with Special Needs</b>	<b>\$375,000</b>	<b>Returned for Development</b>
Inclusion of Children with Special Needs	\$900,000	Approved
Quality First ( <i>statewide</i> )	\$1,760,694	Approved
Child Care Health Consultation ( <i>statewide</i> )	\$249,480	Approved
Quality First Child Care Scholarships ( <i>statewide</i> )	\$4,742,577	Approved
Scholarships TEACH	\$82,500	Approved
Mental Health Consultation ( <i>statewide</i> )	\$615,000	Approved
Family, Friends & Neighbors	\$800,000	Approved
FTF Professional REWARD\$ ( <i>statewide</i> )	\$247,500	Approved
Parent Education Community-Based Training	\$525,000	Approved
<b>Crisis Intervention</b>	<b>\$375,000</b>	<b>Returned for Development</b>
Family Support Coordination	\$1,000,000	Approved
<b>Food Security</b>	<b>\$800,000</b>	<b>Returned for Development</b>
Home Visitation	\$1,320,000	Approved
Service Coordination	\$50,000	Approved
Statewide Evaluation ( <i>statewide</i> )	\$503,096	Approved
Community Awareness ( <i>FTF Directed</i> )	\$16,645	Approved
Community Outreach ( <i>FTF Directed</i> )	\$80,000	Approved
Media ( <i>statewide</i> )	\$364,134	Approved
<b>Proposed Allotment Total</b>	<b>\$18,956,626</b>	
<b>Approved Allotment Total</b>	<b>\$15,356,626</b>	



**CENTRAL PHOENIX  
REGIONAL PARTNERSHIP COUNCIL**

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

**CENTRAL PHOENIX REGIONAL PARTNERSHIP COUNCIL**

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

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SFY 2013 -2015 Regional Partnership Council Budget

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

Funds Available State Fiscal Years (SFY) 2012- 2015

**Central Phoenix Regional Partnership Council**

<b>Allocations and Funding Sources</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>FY Allocation</b>	<b>\$15,502,513</b>	<b>\$15,722,756</b>	<b>\$15,754,201</b>	<b>\$15,813,279</b>
Population Based Allocation	\$10,335,390	\$10,071,132	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$3,450,070	\$3,375,603		
Other (FTF Fund balance addition)	\$1,717,053	\$2,276,021	\$15,754,201	\$15,813,279
<b>Carry Forward From Previous</b>	<b>\$8,705,675</b>	<b>\$6,129,133</b>	<b>\$2,895,263</b>	<b>(\$332,042)</b>
<b>Total Regional Council Funds</b>	<b>\$24,208,188</b>	<b>\$21,851,889</b>	<b>\$18,649,464</b>	<b>\$15,481,237</b>

## **Section II.**

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

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

As the Central Phoenix Regional Partnership Council made decisions for the SFY2012 funding plan, they thoroughly considered the priorities in the region. The Council reviewed the 2010 Needs and Assets Report and defined regional priorities, aligning them to the First Things First strategic direction. In addition, Council members' collective years of experience and expertise was drawn on for the determination of strategies that would address the needs of children and families in the region.

Throughout the process, focus remained on building a continuum of care in the Central Phoenix Region and resulted in a set of strategies that led to a combination of direct services and quality improvement initiatives across three domains: Health; Early Learning; Family Support; Coordination and Communication.

The Council, sensitive to the changing economic environment in the region and resulting detrimental impact on families and children, reassessed the scope of services throughout FY2012. As a result, gaps and emergency needs in the community were identified and additional funding was allocated for direct services in the region. A high priority of the Council was funding Quality First Child Care Scholarships and Food Security in excess of six million dollars.

The Central Phoenix Regional Partnership Council developed a network of service delivery strategies that started with a universal appeal and laid the foundation for a more targeted approach – both in service area and by intensity of service. This network begins with the universal, family literacy services and injury prevention programs and moves to a focus on families in crisis. The network of services not only builds on organizations in the region, but lays a solid foundation of support to all families with young children. A single strategy cannot sufficiently meet all the needs of this diverse community, thus a network of coordinated services is in place that helps families move into multi-levels of support.

In planning, the Council considered the fact that regional system building efforts were still in the infancy stage and determined it appropriate to maintain, and in a majority of instances, increased funding to goal areas that were assigned as priorities in FY2011. The following is a brief overview of the priorities addressed in SFY 2012.

#### **Health**

A high impact area of the Central Phoenix Regional Partnership Council was to allocate funding to support an additional mixture of best-practice services to more directly impact the health needs of families with young children in the Central Phoenix Region, with a targeted focus on prevention and increased access.

Across the region, there are gaps in health care services. According to the 2010 Needs and Assets Report, 43 percent of families surveyed said that the health service area and access to free or low cost health services are not available. Another 32.6 percent reported that health promotion and disease prevention education services are missing. In response to the needs, programs to increase access to care coordination/medical homes, mental health services, preventative health screenings and health insurance were funded to complement those offered in the family support and early learning areas. The programs work with families in community settings and help to support early identification of vision and hearing delays as well as improving parent/caregiver knowledge regarding positive health practices.

The Regional Council provided sufficient funding to support nearly 30 percent of children without health insurance to receive assistance through the Health Insurance Enrollment Strategy. Assuring that the majority of the 9,000 children in the region who are eligible, but not enrolled, for public benefits in our region can successfully apply for them is the focus of this strategy.

Lack of access of prenatal/postnatal services and support and the need for better injury prevention efforts were addressed through additional targeted strategies. The Resident Physician Training strategy completed the network by including physicians in the support system. Working with Resident Physicians, the Council increased the capacity of physicians in the Central Phoenix region with their understanding the health and development associated with very young children.

### **Early Learning**

The Regional Council strongly believes in investing in quality early care and education. According to the 2010 Needs and Assets Report more than half of the respondents to the community-based survey said that high quality child care and child care subsidies are missing in the region. One of the top two recommendations in the survey for First Things First funding, was to increase access to quality early education services.

Quality First, T.E.A.C.H., Professional REWARD\$, Family, Friends and Neighbors, and Inclusion for Children with Special Needs work together to provide options for providers to receive additional training, improve quality, and improve relationships with both the children they care for and their parents/families. These strategies aimed at the secondary caregiver complement and extend the impact of the vast array of family support strategies provided toward primary caregivers.

### **Family Support**

The Central Phoenix Service Delivery Network provides a template for coordination and collaborative efforts in the region that are critical to achieving successful outcomes for families with young children. Supporting families is accomplished by supporting them in different settings, in different ways, with different levels of intensity. Priorities in this goal area provided services across a continuum of service intensity from universal to intensive including Home Visitation, Family Support Coordination, Parent Education Community-Based Training, Food Security and Crisis Intervention.

Central Phoenix, as with the most of the city, has a very diverse population with a high minority population. Parents perceive this diversity as an advantage, helping their children to understand different cultures, ideas, and perspectives. However, this diversity can also lead to difficulty in accessing services, due to language and cultural differences. The Community Based Literacy strategy provides a range of programs from parent training opportunities, and distribution of books, to the provision of education and literacy support to children and families during well-child visits to a physician's office.

According to the 2010 Needs and Assets Report, survey respondents identified services brought to families in their homes as a high priority. Existing home visiting services were named as assets and participants in the stakeholder meetings and telephone interviews recommended making home visiting more available. Thirty percent of the respondents to the online survey named parent support and education as the top priority for First Things First funding. The Council responded to the need through the funding of Home Visitation in the region.

In addition, data from the 2010 needs and Assets Report for the Central Phoenix region clearly identified a “lack of awareness” as one of the barriers to families accessing needed services and supports. A comprehensive, coordinated outreach effort can reduce the incidence of families not accessing services because they are either unaware that the service/support exists or go to the wrong place to get information and access. In FY2012 the Family Support Coordination strategy was funded to address the need for this support. The goal of the strategy is to offset the dilemma of families unable to access services. Included in the strategy is a two-prong outreach effort to: 1) provide broad public information about how to access services and supports and, 2) create an informed family support network with specific linkages and information about who in our community can best serve the family based on their needs.

All families can experience an acute crisis that impacts their child’s development, health and general well-being. Acute crisis is defined as an upset in a steady state causing a disruption in a family’s usual way of functioning i.e. significant disruption to daily routines and interactions. Due to an acute crisis, parents and families are fundamentally able to cope but are temporarily overwhelmed which may impair their ability to care and provide for their infant, toddler or preschooler. The Crisis Intervention Strategy provides support to this at risk target population.

Food Security, addresses the ongoing issue of poverty and continued need to reduce hunger in the region. The present economy is such that more families than ever are faced with trying to decide which is more important between basic needs like food, housing and utilities. Recognizing that the children in Central Phoenix are at risk for hunger, the Regional Council has funded this strategy at levels that impact more than 300,000 families.

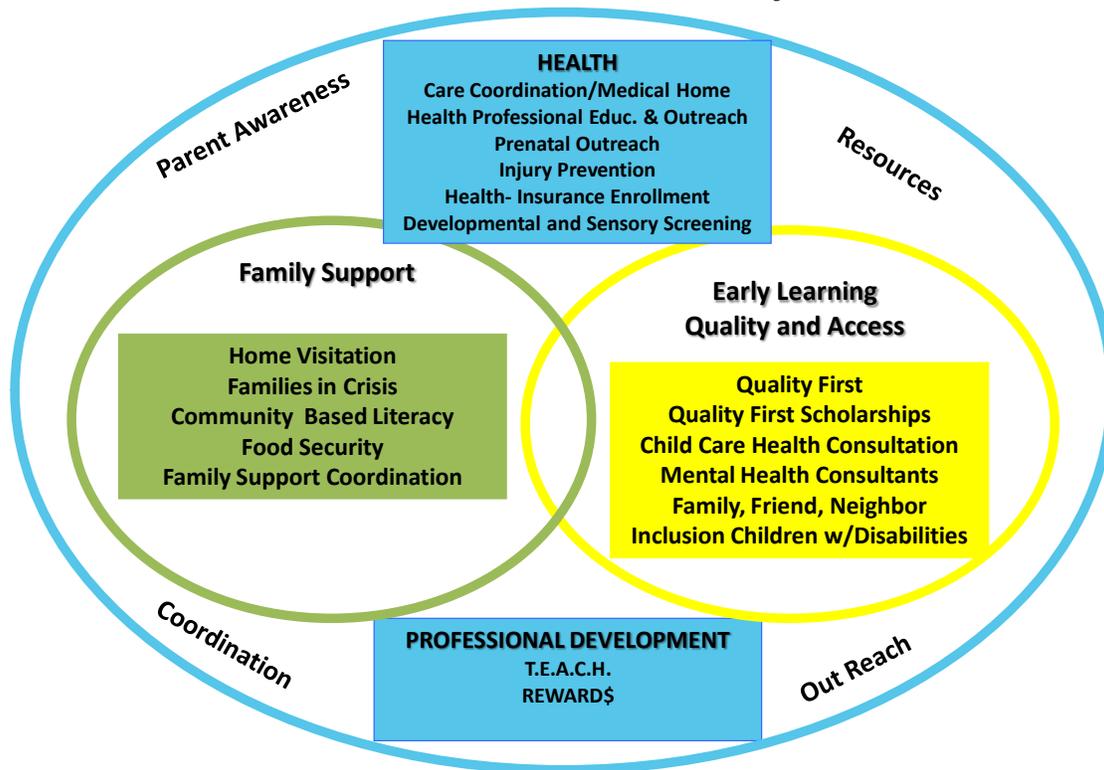
### **Coordination/Communication**

Improving the coordination and communication of early childhood services in the region is essential to building a comprehensive early childhood system. In meetings with grantees and notations in quarterly data submissions it is often mentioned that services in the region are fragmented and families are often not aware of existing services. The Regional Council addressed this need by holding First Things First grantee orientations and regular quarterly meetings in order to share grantee information and resources.

Strategies to achieve the four objectives identified in the First Things First Statewide Communications Plan includes distribution of First Things First leave behinds and branded collateral materials, media, sponsorships, parent education and awareness, grantee recognition, and participation in community events that align and support the mission of First Things First.

The community outreach and community awareness strategies are inextricably linked. Together, they represent the grassroots aspects of the communications plan and the tactics involved in “taking the message to the people.” Community Outreach involves tactics that are used to engage individually or in small groups with the people and organizations that are in a position to effectively spread the word about the importance of focusing on the early years and to create action in communities around specific programmatic approaches. In SFY2012 using FTF’s identified target audiences as a guide, Community Outreach staff identified the individuals or organizations within a target audience that are considered influential, credible, and able to effectively move a message within a target audience. The activities involved in Community Outreach included: individual or small group presentations; registering of Champions; follow up with Champions to provide any training, tools or support that are needed to complete actions; and, tracking of community outreach outcomes. Community outreach activities also included presentations to parent groups to highlight the importance of early childhood and provide information about the FTF-funded programs and services in the community to help them in their role as their child’s first teacher.

## Central Phoenix Service Delivery Network



The tables that follow provide a summary of the Regional Partnership Council’s strategies for SFY 2012, as well as contracted service numbers, and information on awards made to date.

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

Central Phoenix Units of Service by Strategy		
Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Quality First</b>		
Number of center based providers served	34	68
Number home based providers served	4	8
<b>Child Care Health Consultation Strategy</b>		
Number of center based providers served	34	34
Number of home based providers served	4	4
<b>Quality First Child Care Scholarships Strategy</b>		
Number of children receiving scholarships	577	577
<b>Mental Health Consultation Strategy</b>		
Number of center based providers served	25	25
Number of home based providers served	10	10
Number of people receiving tuition reimbursements	0	0
<b>Scholarships TEACH Strategy</b>		
Number of professionals receiving scholarships	72	142
<b>FTF Professional REWARD\$ Strategy</b>		
Number of incentive awards distributed	105	105
<b>Health Insurance Enrollment Strategy</b>		
Number of families served	0	460
<b>Developmental and Sensory Screening Strategy</b>		
Number of children receiving hearing screening	5,000	0
Number of children receiving screening	0	4,500
Number of children receiving vision screening	5,000	0
Number of children screened for developmental delays	0	0
<b>Health Professionals Education and Outreach Strategy</b>		
Number of participating professionals	701	916
<b>Family, Friends &amp; Neighbors Strategy</b>		
Number of home based providers served	255	270
<b>Crisis Intervention Strategy</b>		
Number of families served	333	250
<b>Care Coordination/Medical Home Strategy</b>		
Number of children served	1,028	785
<b>Food Security Strategy</b>		
Number of food boxes distributed	180,000	180,000
<b>Prenatal Outreach Strategy</b>		
Number of adults attending training sessions	700	790
Number of adults receiving home visitation	250	310
<b>Home Visitation Strategy</b>		
Number of families served	238	230
<b>Family Support Coordination</b>		
Number of families served	0	0
<b>Community-based Literacy Strategy</b>		
Number of books distributed	37,046	43,250
Number of children served	0	1,472
Number of participating adults	1,698	1,036

Central Phoenix Units of Service by Strategy (continued)		
Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Inclusion of Children with Special Needs Strategy</b>		
Number of center based providers served	25	18
Number of home based providers served	0	12
Number of increased slots for participating children	0	0
<b>Injury Prevention Strategy</b>		
Number of participating adults	1,208	3,646
<b>Media (FTF Directed)</b>		
No service units	0	0
<b>Community Outreach (FTF Directed)</b>		
No service units	0	0
<b>Community Awareness (FTF Directed)</b>		
No service units	0	0
<b>Evaluation (FTF Directed)</b>		
No service units	0	0
<b>Arizona Health Survey (FTF Directed)</b>		
No service units	0	0
<b>Child Care Study (FTD Directed)</b>		
No service units	0	0
<b>Children's Budget (FTD Directed)</b>		
No service units	0	0
<b>Needs and Assets (FTD Directed)</b>		
No service units	0	0
<b>Parent Kits - Study (FTD Directed)</b>		
No service units	0	0

Notes:**Quality First Service Numbers:**

The Quality First strategy has Target Service Units of Homes and Centers. For this unique strategy, the Contracted Service Numbers will show as twice as much in comparison to the Targeted Service Numbers. This is due to implementation of the strategy through two service contracts (one for QF Coaching/Incentives, and a second for QF Assessments).

**Scholarships TEACH** The Scholarships TEACH strategy has Target Service Numbers which reflect the strategy target of "additional TEACH".. The Contracted Service Numbers include the "additional TEACH in addition to the Service Numbers funded through the regionally funded Quality First package. Therefore, the Target Numbers will appear lower than the Contracted Numbers.

## II C. SFY 2012 Funding Summary Review

<b>FY 2012 Central Phoenix Funding Plan Summary</b>		
<b>Allocations and Funding Sources</b>	<b>2012</b>	
<b>FY Allocation</b>		<b>\$15,502,513</b>
Population Based Allocation		\$10,335,390
Discretionary Allocation		\$3,450,070
Other (FTF Fund balance addition)		\$1,717,053
<b>Carry Forward From Previous Year</b>		<b>\$8,705,675</b>
<b>Total Regional Council Funds Available</b>		<b>\$24,208,188</b>
<b>Strategies</b>	<b>Allotted</b>	<b>Awarded</b>
Care Coordination/Medical Home	\$928,269	\$928,269
Developmental and Sensory Screening	\$387,826	\$387,826
Health Insurance Enrollment	\$479,842	\$179,842
Health Professionals Education and Outreach	\$521,837	\$521,837
Injury Prevention	\$550,000	\$550,000
Prenatal Outreach	\$651,613	\$651,613
Inclusion of Children with Special Needs	\$808,148	\$808,148
Quality First ( <i>statewide</i> )	\$826,000	\$803,767
Child Care Health Consultation ( <i>statewide</i> )	\$152,000	\$152,000
Quality First Child Care Scholarships ( <i>statewide</i> )	\$5,517,480	\$5,129,400
Scholarships TEACH ( <i>statewide</i> )	\$357,800	\$357,800
Mental Health Consultation ( <i>statewide</i> )	\$625,000	\$625,000
Family, Friends & Neighbors	\$550,000	\$550,000
FTF Professional REWARD\$ ( <i>statewide</i> )	\$247,500	\$247,500
Community-based Literacy	\$520,056	\$520,056
Crisis Intervention	\$351,809	\$351,809
Family Support Coordination	\$1,000,000	\$165,247
Food Security	\$1,300,000	\$800,000
Home Visitation	\$1,320,000	\$1,310,190
Community Awareness ( <i>FTF Directed</i> )	\$16,645	\$16,500
Community Outreach ( <i>FTF Directed</i> )	\$100,000	\$100,000
Media ( <i>statewide</i> ) ( <i>FTF Directed</i> )	\$364,134	\$364,134
Statewide Evaluation ( <i>statewide evaluation</i> ) ( <i>FTF Directed</i> )	\$503,096	\$503,096
<b>Total Allotted/Awarded:</b>	<b>\$18,079,055</b>	<b>\$16,024,034</b>
<b>Total Unallotted/Unawarded:</b>	<b>\$6,129,133</b>	<b>\$2,055,021</b>

## II D. Review of Progress

Over the past year, the Regional Council has continued working together with grantees and stakeholders to further develop and refine the strategies required to reach our common goals. Progress has been made in building the partnerships and relationships necessary to implement programs across four domains: Health; Early Learning; Family Support; and the important work of building workforce capacity and connecting services across domains through Coordination and Communication are ongoing.

### Health

The Central Phoenix Regional Partnership Council implements seven strategies to address the prioritized need for improved access to quality health services: Health Insurance Enrollment; Injury Prevention; Developmental and Sensory Screening; Prenatal Outreach; Mental Health Consultation; Health Professionals Education Outreach and Care Coordination/Medical Home

The Health Insurance Enrollment strategy focuses on reducing barriers to access by providing refugee families with poor or no English skills with enrollment assistance. Health-E Arizona user guides have been created in various languages and the hiring of community health guides from various communities assist families with the Health-E Arizona on-line application process. Several significant barriers have hindered the successful utilization of this strategy. It was anticipated that 540 families would be served in FY 2011, but fewer than ninety were assisted in this target population. Barriers included turn-over of staff, and change in the enrollment procedures by Department of Economic Security. Rather than re-enrolling refugees at six months, DES has requested that families wait to enroll families at least eleven months after they have been in the country. The Council would like to maintain this strategy with the goal of expanding the target population to all families of children birth to age five in the region needing assistance.

Injury Prevention is a strategy that targets home safety, family motor vehicle safety, water safety, scald burn and fire prevention, using health literacy, culturally and linguistically appropriate education and the provision of safety equipment to keep young children of the Central Phoenix region safe and healthy. In FY 2011 the following striking statistics reflect the success of this strategy:

- 5,000 people with classroom, hands-on or individualized classes
- 7,530 injury prevention items (smoke detectors, pool fences, safe cribs, car seats)
- 345 Head Start teachers with education on scald burn prevention
- 145 child care providers with CPR/First Aid certification
- 5,698 children with scald burn prevention books
- 275 smoke detectors were installed

Through the Developmental and Screening strategy It is anticipated that more than 5,000 children will receive hearing and vision screenings in FY2013. Collaboration has been forged with leading hearing and vision experts in the field to implement a set of early childhood sensory screenings to improve the overall health and well-being of children.

The purpose of prenatal outreach strategies is to ensure that women enter prenatal care services early enough to prevent preterm births and poor birth outcomes. The foundation of prenatal outreach is to identify at-risk, culturally diverse pregnant women in isolated and low-income communities throughout Arizona. Central Phoenix has distinctly varied prenatal programs. Included is a program through International Refugee Services that targets refugee families, specifically Bhutanese and Burmese women. A collaborative project with St. Joseph Hospital's community family practice aims to increase refugee access to

prenatal care. Training sessions were attended by more than 343 adults, with 100 adults receiving home visitation. Additional success has been noted in a unique Intranatal Care Clinic. New mothers who have had babies admitted to the Maricopa Medical Center's Newborn Intensive Care Unit with low birth weight and other conditions are referred to the Clinic. Attending the clinic, 571 women between pregnancies were linked them with health care information and assistance to help reduce chronic health conditions before their next pregnancy. Through Healthy Start, offered through the Maricopa County Department of Public Health, 571 teens attending Phoenix Union High School were provided prenatal and parenting classes.

Mental Health Consultation has been provided to centers and homes participating in Quality First, funding five consultants to serve 25 centers and 10 homes. The consultants have worked with 18 centers throughout the region and have been well received. An important function of early childhood mental health consultation is to lend emotional support to early care providers and help them cope with the stresses of dealing with children who are demonstrating difficult behaviors.

Mental Health Consultants are recognized as a valuable resource and have been successful in engaging child care providers although the number of centers and homes served was lower than the target service numbers. This was due in large part to a slow start up. Identifying and hiring consultants equipped to serve early childhood programs took time. In FY2012 five consultants have been hired and serve the region.

Health Professionals Education Outreach is a practice improvement strategy. Research has shown that there are effective quality improvement techniques that physicians can use to improve the care given to children. Coaches assist physicians (pediatricians and/or family practice) who serve children 0-5 to complete a self-assessment of their office practices. They work together to identify areas that might benefit from changes. Practices then have the option to participate in a self-study or much more intensive learning collaborative to improve the quality of care they provide. The funded programs in FY 2012 provided training opportunities to more 1,600 residents and visiting physicians in the region.

The Care Coordination/Medical Home strategy is a community-based outreach service that identifies at-risk and vulnerable populations in the Central Phoenix region. The goal is to remove barriers to health care services for children and their families. Care coordinators are located in partnering agencies as well as in a hospital clinic setting, to reach the broadest number of at risk children and their families. Unique to the Central Phoenix region is the high target population of refugee children and families. This strategy focuses on improving health outcomes of refugee children by increasing access to preventative early childhood health and development programs. More than 1,000 children were served in clinics and community settings throughout the region. Positive community collaborations have supported the success of this strategy, such as Crisis Nursery, Phoenix Children's Hospital Breathmobile, Balsz School District, and Medical Services Project of Arizona Chapter of the American Academy of Pediatrics.

This combination of health services has been integrated into "where families already are" by offering these services in child care centers and other easily accessible community settings. It offers a continuum of services from universal to targeted covering the areas of access (health insurance enrollment), prevention (Care Coordination, Prenatal, Mental Health Consultation, Injury) and screening (vision and hearing screening). These services work together to create a supportive network of services for children in the region and also complement those offered in the family support continuum.

## Early Learning

The Central Phoenix Regional Partnership Council has four strategies to address the prioritized need for access to high-quality, affordable early childhood education: Quality First, Child Care Scholarships, Family, Friends, and Neighbors and Inclusion of Children with Special Needs. Two Professional Development strategies also build the capacity of the early childhood workforce to provide high quality early learning opportunities for children in the region: T.E.A.C.H. and Professional REWARD\$.

A primary Early Learning strategy in the region is Quality First. There are currently 53 Quality First sites funded in the region, 48 centers and 5 homes. Thirty centers are on the wait list, and have access to child care scholarships. Quality First Child Care Scholarships assist low income families' access to quality child care by supplementing the cost of care. Scholarships provide continuity of care for families who might otherwise be unable to pay for quality care so that child-caregiver relationships are not disrupted. The Council supports the provision of scholarships and is committed to increasing the quality, accessibility and affordability of care for families with incomes up to 200 percent of the Federal Poverty level. Scholarships are available to child care centers that are enrolled or have applied to Quality First, with all children birth to age five, eligible in the Central Phoenix Region. In SFY2012, 564 children are supported by scholarships in 33 child care centers and two group homes. These programs are either enrolled in the Quality First Program or are on a wait list.

The Central Phoenix Regional Partnership Council also implements two professional development strategies to address the prioritized need for expanded access to high quality early learning opportunities. T.E.A.C.H. scholarships improve the capacity of the early childhood workforce to provide high-quality learning environments for children and REWARD\$, a wage enhancement program addresses retention of teachers and staff and qualifications of teachers and staff. The intent with the professional development strategies is to create stepping stones that facilitate the completion of educational milestones for professional child care providers.

Low participation in the T.E.A.C.H. scholarship program by child care professionals enrolled in the region's Quality First program has been a challenge. At the end of SFY 2011, only \$79,835 was expended of a total award of \$427,160. This is due to a variety of factors, the timeline for Quality First to bring scholars into the program, a lack of coordination between T.E.A.C.H. and Quality First, economic restrictions in the region impacting participating programs, reluctance on the part of professionals to enroll in college courses, and the waiving of release time greatly reduces the cost. It is taking time to address these barriers, but progress has been made, particularly in the area of outreach and availability of college coursework. The region has thirty-four scholars participating in the program.

REWARD\$, a wage enhancement program, has gained momentum in the past two years in the Central Phoenix Region. To date, 90 percent of the available slots have been taken, but only 31 percent of the available stipends have been expended. In order to more accurately reflect the level at which incentive awards are currently being expended, the cost of the strategy has been reduced. The Council opted to fund at the same level in FY2013 to accommodate additional slots.

The Family, Friends and Neighbors strategy has provided support to children and families through the Arizona Kith and Kin Project. In FY2011 333 providers met weekly for 14 weeks to discuss topics such as guidance and discipline, daily schedule planning, nutrition, parent/caregiver relationships, business practices, health and safety, language and literacy. In FY2012 a partnership between the Mental Health Consultation, Smart Support, was forged with the Kith and Kin Project, allowing the consultants to address the needs of participants in training-support groups.

The intent of the Inclusion of Children with Special Needs strategy is to increase the number of high-quality child care centers available to children with special needs ages by improving the skill level and expertise of the child care staff. On average, 500 children are served in classroom and/or family child care home settings, per quarter. An expansion of services to family child care providers took place in FY2012. Additional services include the implementation of the Specialized Technical Assistance Team (STAT). Team members include Occupational Therapist, Physical Therapist, Speech/language pathologist and developmental specialist with extensive experience in providing services to young children with special needs. The STAT team provides support and training to the providers of care, and is not offering direct services to children.

## **Family Support**

The Central Phoenix Regional Partnership Council has five strategies to address the prioritized need for supports and services for vulnerable families: Community-Based Literacy, Family Support Coordination Home Visitation, Crisis Intervention and Food Insecurity.

Through community based literacy trainings and settings, such as libraries, and early care and education programs, families in the Central Phoenix Region can learn about activities which support early language and literacy development and can become part of their daily routines. It is critical that families understand the importance of and how to read, talk and sing with their infants, toddlers and preschoolers on a daily basis. Comprehensive literacy programs that are moderate to high intensity like *family literacy* programs involve both the parent and child in a series of ongoing center based trainings and learning opportunities.

Through the Reach Out and Read Program health care professionals have gone beyond traditional medical care and provided parents with information on how to read to children at each developmental stage. Along with this advice young patients were given a book to take home to encourage parents to make reading aloud a routine activity. More than 67,000 children were served and 24,000 books distributed. Raising a Reader, is a family support strategy that fosters healthy brain development, parent-child bonding and early literacy skills by engaging parents in a routine of daily book interactions. In FY2011, eighteen training series, eight weeks each, were provided, serving an average of 180 families with 270 children.

The Success through Literacy Program is designed to strengthen children's language and literacy development by providing parent literacy training, family literacy events, teacher training, and increasing literacy materials in the classrooms and in the home. The program was developed for families with children ages birth to five who attend Kids Corner Learning Center and/or participate in the Homeward Bound program. Family literacy events provided in partnership with the Phoenix Public Library and held at the Yucca Library Branch, are available to families who live in the Central Region. As a result of the program more than 359 adults participated in literacy education.

The Osborn School Districts, Early Literacy Project impacted 1,026 children and 800 adults. The Project strengthens parent's skills by enhancing their children's cognitive development and school readiness. Through the Valley of the Sun United Way Targeted Approach to the School Readiness Project, more than 4,000 School Readiness Kits were distributed to children and families in the Phoenix Elementary School District. Statistics from the US Census Bureau's American Community Survey show a population of 21,227 children age 0-5 living within the boundaries of the six public school districts.

The Council, will further discuss and refine this strategy to fully meet the intended outcomes. While currently funding a broad variety of programs, it will be important to clearly articulate the goals of this strategy in FY2013 prior to the release of RFGA's.

Family Support Coordination will create an open system of networking for families, one that is free of eligibility restrictions. Families seeking support may enter into the system with individual needs and access information and services at one of many locations with a Family Support Specialist. The Family Support Specialists will be strategically located to reach all communities in the region. Services will be provided to any family in Central Phoenix with children 0-5 years of age seeking or identified as potentially in need of services. It is anticipated that a family may need up to an average of 2 months of support. The concept is to get the families connected to the services. Once connected the need for case management will be minimized. It is expected that up to eight Family Support Specialists will serve up to fifteen to twenty-five families per month. The Specialists may work with each family for one to 3 months, with an estimated of 100 families per quarter, based on an average of 2 months per family. This strategy is in a start up phase, with awards made in January, 2012.

The third family support strategy is home visitation, serving 238 families. Through this strategy, families receive a comprehensive package of supports based on the needs of the family. These include routine developmental screening, reminders and referrals for timely well child checks and immunizations, and information and resources to support positive parent-child interaction and age-appropriate learning activities including literacy that families can do together.

The fourth family support strategy is Crisis Intervention; helping to stabilize families with children birth to 5 whose children face significant behavioral, developmental or mental health issues. Crisis Nursery, Inc. is serving children in the Central Phoenix region by providing short term, residential care shelter and day respite for 295 families who are facing crisis situations that leave them unable to temporarily care for their children. The Council supports this strategy during a time of economic downturn, stress in families and in consideration of the great need in selected zip codes. Respite care and family support serve to deflect negative outcomes for young children at risk of abuse and neglect.

Food Security, addresses the ongoing issue of poverty and continued need to reduce hunger in the region. The present economy is such that more families than ever are faced with trying to decide which is more important between basic needs like food, housing and utilities. Recognizing that hungry children can't focus on learning, the Regional Council first funded the food strategy during the First Things First Emergency Response Plan. In SFY2012 the Council allocated \$1,300,000, providing 325,000 food boxes in the region. Through this strategy, low-income families with children ages five and under receive food boxes to help meet the nutritional needs of the entire family.

The partnerships and collaborations happening with all five of the Family Support strategies provide an illustration of the Central Phoenix Regional Partnership's intent to provide a continuum of services and supports for families, from universal (Community-Based Literacy, Family Support Coordination) to more targeted and intensive services (Home Visitation, Food Boxes and Crisis Intervention).

### **Coordination /Communication**

The Central Phoenix Regional Partnership Council implements a staff-directed Community Outreach and Community Awareness strategy to address the prioritized need to raise awareness of the importance of early childhood. The strategy is part of the statewide, cross-regional communications campaign. Since starting in October of 2010, the Community Outreach Coordinator has distributed important information about First Things First, as well as information on child development, parenting and literacy. She has recruited 246 Early Childhood Champions, represented First Things First at 35 community events and given 36 presentations.

To address coordination across all of Maricopa County, the Maricopa Regional Partnership Councils are engaged in discussions to identify a strategy that addresses cross regional coordination. With this strategy, the Regional Councils will work together to decrease duplication of services; allow communities to build on and enhance existing, high-quality services; improve data collection and information sharing; create planning problem solving opportunities; increase early childhood advocacy efforts; and leverage dollars for the highest return on the state's early childhood investment.

The Family Support Coordination network of agencies will work collaboratively with newly formed Maricopa County Family Support Alliance. The Maricopa Family Support Alliance was formed in April 2011 as a means to better connect family support service providers in support of families in Maricopa County. The Mission of the Maricopa Family Support Alliance is to build an alliance of family support agencies that provides cohesive opportunities for families to be successful. The participating agencies in the strategy will participate in the Alliance in FY2013.

The Central Phoenix Council has worked in SFY2012 to provide support and services to children and caregivers in the community. As a result, all but one strategy will be funded in SFY2013. It is the Council's intent to continue to coordinate and collaborate with other regions, community organizations and government agencies in order to enhance the early childhood systems in the Central Phoenix region.

### **Section III.**

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

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

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

The Central Phoenix Regional Partnership Council began the strategic planning process by gathering information from key resources, which included the 2010 Needs and Assets Report, preliminary data from the Arizona Child Care Demand Study, study results on Family, Friends and Neighbors, strategies implemented in the region, feedback from community stakeholders and information on services that have been cut from experts in the region.

The economic downturn has taken a heavy toll in the region. The unemployment rate in the City of Phoenix more than doubled between 2005 and 2010, as it did for Maricopa County overall and the unemployment rate in Phoenix is higher than the countywide rate. The number of children five and younger receiving Temporary Assistance for Needy Families (TANF cash assistance) grew at nearly twice the rate of the statewide increase between 2007 and 2010. In January 2010, there were 33,719 young children in the region living in families receiving TANF. Community input says families are being turned away from many services due to waiting lists and lack of funding.

The need for access to high quality, affordable child care is strong throughout the region. Only 9 percent of child care providers have a national accreditation or recognition, indicating that they meet specified quality standards. In the City of Phoenix, nearly two thirds of the households with children younger than 18 had all parents in the labor force – indicating a large need for childcare. The number of children receiving subsidies for childcare dropped by 38 percent between 2009 and 2010, reflecting the state budget cuts that closed the door to any qualified, low-income working families who applied.

Preschool enrollment was low in most of the region, compared to Maricopa County overall. The Balsz and Madison school districts had higher preschool enrollment. In 2010, 718 four-year-old children were enrolled in preschool through the state-funded Early Childhood Block Grant. This funding was completely eliminated for the 2010-11 school year.

Parts of the region are considered medically underserved and measures from the Department of Health Services show that families in the area have low access to primary health care. The region has high rates of children without health insurance: 20 percent in the City of Phoenix and 27 percent in the Creighton School District compared to 16 percent in Maricopa County. More than one in three children in the City relies on publicly funded health care coverage – a rate much higher than the countrywide rate.

In addition to receiving this pertinent data on the region, the Central Phoenix Regional Partnership Council expressed an interest in receiving feedback from families with young children. The Regional Council chose to hold four Community Meetings in which topics were presented to community participants and input received. The feedback from the seventy-six participants proved to be supportive of the Regional Council's strategic vision, particularly around offering a continuum of family support services and increasing quality and access of early care and education. Overall, families expressed a strong desire to be involved and connected with their young children and identified several needs that could be adequately addressed through the goal area of family support. Specific feedback suggested the need for access to resources and a streamlined system for dissemination of information and parenting education. Relative care was the primary choice of care, and additional trainings opportunities for providers of care, encouraged. In addition, access to all types of quality, affordable child care was a priority. Support of families with children with

special needs was also noted as a need in the region, including interventions for children with behavioral, language and discipline problems.

Driven by the extreme needs of children and families in the region, the Council went into deliberations and selected strategies that develop a network of service delivery that starts with a universal appeal and lays the foundation to the more targeted approach – both in service area and by intensity of service delivery.

Funding plan discussions took place over the course of five months, beginning at a June, 2011 planning retreat. The goal of the retreat was to collectively determine the funding priorities of the council. It was at this time that the council determined a philosophical direction, and specific priorities were selected. In reviewing the Regional Council’s desire to provide services and support universally for all children and families within the region, it was decided to refine their priorities based upon the identified needs of the region. Their priorities provide a strong platform that supports the establishment of an Early Childhood System so that families have a continuum of available services from universal to targeted and intensive services to reduce risk factors for children.

The following priorities were identified for the SFY2013 – 2015 funding cycle:

- Health Care-Every child will have access to high quality health care with insurance or other coverage.
- Children with Special Needs-Every child with special needs has total and equal access to health care and early care and education
- Every Child has access (including affordability) to high quality early care and education.
- All parents (including new parents) of young children have access to information and support as needed.

The selected priorities provide a platform covering all areas of First Things First’s focus: Early Learning, Health and Family Support.

### **Strategic Approach to System Building**

The Regional Council discussed each of the First Things First School Readiness Indicators in relation to the identified needs and the ability of the region to demonstrate an impact. Subsequently, the following indicators were identified as those most closely aligned with the identified priority needs as well as the strategic direction the Council is taking:

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

Central Phoenix Strategies:

- Quality First
- Quality First Child Care Scholarships
- T.E.A.C.H . Scholarships
- Professional REWARD\$
- Family, Friends, and Neighbors
- Inclusion of Children with Special Needs
- Service Coordination

2. #/% of children receiving timely well child visits

Central Phoenix Strategies

- Health Insurance Enrollment Assistance
- Care Coordination/Medical Home
- Developmental and Health Screening
- Prenatal Outreach

3. % of families who report they are competent and confident about their ability to support their child's safety, health and well-being

Central Phoenix Strategies:

- Family Support Coordination
- Parent Education Community Based Training
- Children with Special Needs-Parent Coaching
- Oral Health
- Nutrition/Obesity/Physical Activity
- Injury Prevention
- Home Visitation
- Food Security
- Mental Health Consultation
- Crisis Intervention

The Council approached the final funding considerations with key elements in mind:

- Value of sustainability
- Integration of strategies into compatible strategies
- Evaluation of strategies funded to date

Discussions culminated in the formation of decision point themes which led to the selection of strategies for FY2013. The themes included:

- Increasing of funding to strategies that were prioritized by the Council and met the criteria for expansion. The criteria were determined through both the measurement of strategy successes and in the impact of scope and reach in the Central Phoenix region.
- Maintaining funding to strategies that were successful in terms of spending of allocations, meeting target service numbers and were included in the selected priorities.
- Decreasing funding to strategies. It was determined that Food Security was funded at a high level through additional allocations in FY2012 and was brought to the funding level established in FY2011.
- Embedding or integrating strategies including taking components of strategies that have limited cost and align them to other strategies. Another consideration was the expansion of an existing strategy that is already addressing the area of need. Thirdly, alignment with a particular target population. Discussion led to the decision to not embed strategies. The consensus of the Council was that in doing so the strategy would be diluted and the cost savings minimal.
- Discontinuing selected strategies that do not meet Council priorities.
- Adding of new strategies that met both the needs in the community and rose to the top of priorities.

Based on the available data, the Regional Council made the following decisions: increase funding levels to expand service; maintain levels of service; add new strategies, and identify strategies to discontinue.

## **Health**

In order to address the Central Phoenix Regional Partnership Council's need to promote the availability of resources that lead to effective utilization of preventative health care, the Council has chosen to invest funding to support eight distinct health strategies including: Health Insurance Enrollment, Injury Prevention, Developmental and Sensory Screening, Prenatal Outreach, Care Coordination and Mental Health Consultation. Two new strategies, Oral Health and Nutrition/Obesity/Physical Activity have been funded.

The Health Insurance Enrollment strategy will provide assistance to families in obtaining health care coverage. Evidence has shown that insured children are more likely to have a primary source of health care for preventative care and when they are ill. When insured and receiving appropriate health care services, children experience fewer absences from early care and education sites due to delayed treatment and illness. Funding has been allotted for 540 families to receive health insurance assistance in the next year. Council is maintaining its commitment to this strategy, with level funding.

As part of the comprehensive system of services to families, the administration of vision and hearing screenings, injury prevention, and prenatal outreach, all maintaining current funding, will assist parents and other caregivers in identifying children who may be in need of additional intervention or support services.

The Central Phoenix Regional Partnership Council recognizes the importance and challenges of connecting children to the health care services they need. A child's good health is the foundation for a lifetime of opportunity and success. Unfortunately, families in the region have low access to primary health care and children often do not get connected to the health coverage, health care, and support services they require to maintain good health.

There are a number of barriers that families in the region face in accessing health care and maintaining the continuity of care that young children require. Such barriers are most profound among families in crisis situations, such as those experiencing homelessness, domestic violence or with chronic health care needs. The Care Coordination/Medical Home strategy has been funded at \$1,000,000 to address this critical need, and has maintained funding level.

The Mental Health Consultation strategy will build the capacity of early care and education providers in licensed centers and homes to nurture the social-emotional development of young children.

The Council has funded two new health strategies; Oral Health Strategy at \$1,000,000 and Nutrition/Obesity/Physical Activity at \$500,000.

## **Early Learning**

The Central Phoenix Regional Partnership Council understands that a high quality early learning program is much more likely to impact a child's readiness for school and because of this has made a significant investment in improving the quality of programs for young children. The Regional Council identified the importance of the Quality Improvement and Rating System in impacting the quality of early learning

experiences, through an increase in funding to serve 70 percent of the available pool of child care providers in the region. In SFY2013 Quality First will fund 93 child care centers and 6 child care homes at a funding level of \$4,742,577.

With increased quality comes an increased cost, which often acts as a barrier to lower income families. To address this issue, the Regional Partnership Council has invested monies to expand access to high quality care through scholarships. Quality First Child Care Scholarships will provide access to high quality affordable early care and education programs to 754 lower income children living in the region.

Research indicates that one of the highest correlating factors of quality is the educational level of the staff. The Central Phoenix Regional Partnership Council has identified strategies that provide a choice of professional development opportunities tied to college credit. Together these strategies provide multiple entry pathways for professionals who wish to improve their skills in working with children along with completing college coursework.

The Quality First strategy (including the T.E.A.C.H. and Child Care Health Consultation), the Professional REWARD\$ strategy, the Family, Friends and Neighbor strategy, and the Inclusion of Children with Special Needs strategy all work together to provide options for providers to receive additional training, improve quality, feel supported in their important work, and improve relationships with both the children they care for and their parents/families. The Central Phoenix Regional Partnership Council believes that while the Professional Development goal area represents a small percent of the total budget in SFY2012, it will help to create some of the largest impacts for children and families in the region. T.E.A.C.H. will provide scholarships to aspiring early educators and retention of early care and education teachers will be improved through the distribution of incentives through the REWARD\$ program.

The community based professional development activities are designed to encourage meaningful, higher education tied to college credit and credentials through the implementation of T.E.A.C.H. In recognition of the fact that retention in the Early Care and Education field has been a challenge, the Council will provide retention incentives through the FTF Professional REWARD\$ program. Together, these strategies will ensure that more early care and education professionals have access to education and training to achieve degrees, credentials and specialized skills to promote children's cognitive, social, emotional and physical development. As a result of higher educational attainment and specialized in-service training, professional compensation will increase and more staff will remain in the field of early care and education.

Although a significant amount of funding is designated to quality improvements in regulated child care centers and homes the Central Phoenix Regional Partnership Council also recognizes the imperative need to provide services to children who are not in licensed or regulated care, but are cared for by family, friends or neighbor care providers. Through the Family, Friends and Neighbor strategy, increased funding has been allocated to provide support, training, resources and referral for unregulated providers caring for children in their homes in order to increase quality of care provided. Strategies in the goal areas of Health and Family Support will also be available to those caregivers who are caring for the children outside of a regulated setting.

Unique to the region is the Inclusion for Children with Special Needs strategy. The Central Phoenix Regional Council has prioritized support of families with children special needs in FY 2013-15, and seeks to continue to foster inclusionary early child care and education opportunities for children ages 0-5. Funding has been increased from SFY2012 to assure cross collaboration with the Family, Friends, and Neighbors strategy allowing an opportunity for providers to receive added skills and expertise to serve children with special needs.

## Family Support

Family support means family/parent empowerment and that begins with parent awareness. The Central Phoenix Regional Council believes that when support of parents of young children begins early, families will be more effective in reaching their goals. Family Support strategies include, Home Visitation, Family Support Coordination, Parent Education Community-Based Training, Food Security and Crisis Intervention.

To provide more support for community families, and to focus that support on families with younger children – most typically ages 3 and younger, the Central Phoenix Regional Council continues with services on the family support continuum by providing home visitation services. This strategy intentionally targets a smaller group of families in our region who are more at risk – by age, socioeconomic level and education level. A family-centered approach is utilized with consideration for each child’s present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development current parenting practices, daily routines and interactions, or other information/ instructional needs. It is important that home visitation programs support each family with their infant or toddler’s early language and literacy development in the context of social emotional development. Again, a strong foundation in these critical areas of development can lead to good outcomes in other areas including cognitive, physical and motor development. This strategy maintained funding.

Families living in the Central Phoenix Region with a child aged 5 and younger may receive family literacy services provided through community based programs and local libraries located in the Central Phoenix Region and/or through services offered in several pediatric offices. More intense literacy programming to families with young children will be offered in additional community settings (such as child care centers or apartment community rooms). Through these services, Central Phoenix families can be empowered to learn how to help their children learn, what are appropriate behaviors in each developmental stage, how a child’s brain develops, and even specific skills to increase school readiness for preschoolers. This strategy maintained funding.

Family Support Coordination in Central Phoenix will provide an estimated 2,800 families with young children access to information and/or education on a variety of child development and health topics; serving families through an individual, case managed approach designed to provide families with information and/or referrals to educational resources and support necessary to reduce stressors impacting the family as well as enhance the healthy growth and development of children. A new strategy to the region, it has been funded at \$1,000,000.

Special Needs-Parent Coaching and Service Coordination is a strategy under development and will not be presented to the Board for approval. The strategy has the potential to assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, First Things First promotes a Parent Coaching and Support model to provide individualized support in coordination with an interactive parent and child together model of services.

The Crisis Intervention Strategy, remaining at current funding level, provides additional family support to

families with young children to avoid abuse and neglect, avert Child Protective Services involvement and keep families intact. The supports assist families through short term interventions with provision of shelter, food, clothing health insurance enrollment, and immunizations.

### **Coordination/Communication**

The Central Phoenix Regional Partnership Council has identified the need for continued relationship building with community partners as a priority in the upcoming months. Regions are working together, to identify ways to coordinate inter-regionally. During the next funding cycle the Central Phoenix Regional Partnership Council will continue to review what is working well with existing grantees and will continue to coordinate with other regional councils within Maricopa County.

### **Closing Commitment**

The Council takes seriously its role in setting the strategic direction and stewardship of the funds in the Central Phoenix region. Beginning in early 2012, a strategic planning workgroup will convene to assure the continued development of a system that reflects enhanced program coordination and depth of service in the Central Phoenix Region. Through the formation of this system, a more capable Central Phoenix community will be prepared to meet the needs of young children and their families.

As a result of the newly added and increased funding to strategies, the three-year funding plan will end with a 3.4 million dollar deficit. It is anticipated, based on SFY2012 awards that almost \$1 million dollars will go unexpended, dropping the deficit to 2.4 million.

The Council recognizes the significant amount of dedicated funding each year and wants to make efforts to make added adaptations in FY2013 and FY2014 to balance the budget.

**Section III B.**

**Strategic Plan for SFY 2013 – 2015**

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

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>Health Care- Every child will have access to high quality care with insurance or other coverage.</p> <p>Children with Special Needs- Every child with special needs has total and equal access to health care and early care and education.</p> <p>Every child has access, including affordability, to high quality early care and education.</p> <p>All parents, including new parents, of young children have access to information and support as needed.</p>	<p>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical.</p> <p>#/% of children receiving timely well child visits.</p> <p>% of families who report they are competent and confident about their ability to support their child’s safety, health and well being.</p>	<p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.</p> <p>Quality Early Care and Education Standards, Curriculum and Assessment – Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments.</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p>	<p>Care Coordination/Medical Home</p> <p>Developmental and Sensory Screening</p> <p>Health Insurance Enrollment</p> <p>Injury Prevention</p> <p>Nutrition/Obesity/Physical Activity*</p> <p>Oral Health*</p> <p>Prenatal Outreach</p> <p>Family Support – Children with Special Needs*</p> <p>Inclusion of Children with Special Needs</p> <p>Quality First (including CCHC, CC Scholarships, TEACH) - Additional CC Scholarships - Additional TEACH</p>

		<p>Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p>	<p>Mental Health Consultation</p> <p>Family, Friends &amp; Neighbors</p> <p>FTF Professional REWARD\$</p> <p>Parent Education Community-Based Training</p> <p>Crisis Intervention</p> <p>Family Support Coordination</p> <p>Food Security</p> <p>Home Visitation</p> <p>Service Coordination*</p> <p>Statewide Evaluation</p> <p>Community Awareness</p> <p>Community Outreach</p> <p>Media</p> <p>(* ) Indicates new strategy for this Regional Partnership Council</p>
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**Section III C.**

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

<b>Strategy: Care Coordination/Medical Home</b>			
<b>Strategy Description</b> Improves children’s health care and future development by ensuring they have a regular source of care. Provides children and their families with effective case management, and connect them to appropriate, coordinated health care.			
<b>Strategy Narrative</b>  The Central Phoenix Regional Partnership Council recognizes the importance and challenges of connecting children to the health care services they need. A child's good health is the foundation for a lifetime of opportunity and success. Unfortunately, families in the region have low access to primary health care and children often do not get connected to the health coverage, health care, and support services they require to maintain good health.  There are a number of barriers that families in the region face in accessing health care and maintaining the continuity of care that young children require. Such barriers are most profound among families in crisis situations, such as those experiencing homelessness, domestic violence or with chronic health care needs.  Families and care providers often face challenges accessing or coordinating needed health care. Families in crisis (e.g. those in domestic violence situations) may not be able to get needed documentation to enroll their children in public health coverage. Those same families may also need multiple family support and health services. Referrals to such services are often quite haphazard, and families and service providers often struggle to figure out how to “piece together” a disconnected array of health resources. Families and service providers often need advice and assistance in obtaining available services, navigating complex systems and bureaucracies, and coordinating care.			
<b>Target Population Description</b> This strategy universally targets all children birth through five in the Central Phoenix region and is intended to insure that the child has a comprehensive support system to maximize the use of a medical home, thus insuring positive outcomes for the child.  Targeted population includes families and children birth to 5 years in crisis situations, such as those experiencing homelessness, domestic violence or with chronic health care needs.  Based on experience and available funding in the region the Council continued the target service numbers from SFY2012.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of Children Served</b>	1,028	1,028	1,028
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Care Coordination</b>	\$1,000,000	\$1,000,000	\$1,000,000

<b>Strategy: Developmental and Sensory Screening</b>			
<b>Strategy Description</b> Provides children with developmental, oral, vision, and/or hearing screening and referrals for follow-up services.			
<b>Strategy Narrative</b> As part of a comprehensive system of services to families, there is a need for additional services to screen and identify children who may have developmental delays or sensory (hearing, vision) problems.  Many children with behavioral or developmental disabilities and sensory deficits miss important opportunities for early detection and intervention due to gaps in screening and availability of services. Delays in language development, other developmental areas or sensory deficits impact a child’s ability to be ready for school. Less than 50 percent of these children are identified as having a problem before they start school and the opportunities for early intervention have been missed.  It is anticipated that more than 5,000 children will receive hearing and vision screenings in FY2013. Collaboration has been forged with leading hearing and vision experts in the field to implement a set of early childhood sensory screenings to improve the overall health and well-being of children.			
<b>Target Population Description</b>  The target population is ten percent of 56,000 children birth to five in the region.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of children receiving hearing screening	5,000	5,000	5,000
Number of children receiving screening	5,000	5,000	5,000
Number of children receiving vision screening	5,000	5,000	5,000
Number of children screened for developmental delays	0	0	0
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Developmental and Sensory Screening	\$400,000	\$400,000	\$400,000

<b>Strategy: Health Insurance Enrollment</b>			
<b>Strategy Description</b> Assists families in application for or renewal of public health insurance.			
<b>Strategy Narrative</b> Health Insurance Enrollment provides assistance to families to maintain and expand health insurance coverage. Assistance to families may include: <ul style="list-style-type: none"> <li>• Explaining options available</li> <li>• Completing and submitting the application</li> <li>• Completing the reapplication</li> </ul> <p>Enrollment assistance is a proven practice for improving and increasing health coverage in public programs. Today, community application assistance occurs nationally in a wide variety of settings, including health clinics, Head Start programs, recreation centers, and homeless shelters. Reports indicate that such assistance can make a difference in assuring that children are covered. Successful efforts include public awareness campaigns, outreach and enrollment assistance by trusted, health or social service oriented community-based organizations. Application assistance and follow up are integral parts of such efforts.</p> <p>The Health Insurance Enrollment strategy in the Central Phoenix region currently focuses on reducing barriers to access by providing refugee families with poor or no English skills with enrollment assistance. Health-E Arizona user guides have been created in various languages and the hiring of community health guides from various communities assist families with the Health-E Arizona on-line application process.</p> <p>It was anticipated that 540 families would be served in FY 2011, but fewer than sixty were assisted in this unique and targeted population. The Council would like to maintain this strategy with the goal of expanding the target population to all families of children birth to age five in the region needing assistance.</p>			
<b>Target Population Description</b> Children in the region rely heavily on public health coverage. More than one in three children in the City of Phoenix have public health coverage, compared to just over one in four countywide. The target population for this strategy is uninsured families with children ages birth through 5.  Target service units are based on available funding and experience of the region.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of families served</b>	460	460	460
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Health Insurance Enrollment</b>	\$200,000	\$200,000	\$200,000

<b>Strategy: Injury Prevention</b>			
<b>Strategy Description</b> Provides parents and adults with community-based health education, awareness and equipment.			
<b>Strategy Narrative</b>  Injury Prevention is a strategy that targets home safety, family motor vehicle safety, water safety, scald burn and fire prevention, using health literacy, culturally and linguistically appropriate education and the provision of safety equipment to keep young children of the Central Phoenix region safe and healthy.  According to a recent child fatality review process, conducted by the Arizona Department of Health Services, in 2009, 33 percent of child deaths could have been prevented. A total of 947 children younger than 18 years of age died in Arizona. Drowning deaths increased in 2009, and 100 percent of these deaths were considered preventable. In 28 drowning deaths, lack of supervision of a child around water was a contributing factor. Fifty-eight percent of all deaths occurred in the first year of life. Ninety-one sudden unexpected infant deaths occurred in unsafe sleep environments. Although the number of deaths due to prematurity declined in 2009, they still represented 25 percent of all child deaths.  The Central Phoenix Regional Partnership Council seeks to expand or enhance injury prevention efforts aimed at parents and providers caring for young children in the Central Phoenix Region. The strategy will focus on the provision of safety devices or equipment, such as car seats, and programs that focus on preventative safety measures.			
<b>Target Population Description</b>  Families and children ages birth to 5 years as well as child care providers residing in the region.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of participating adults	1,208	1,208	1,208
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Injury Prevention</b>	\$550,000	\$550,000	\$550,000

<b>Strategy: Nutrition/Obesity/Physical Activity</b>			
<b>Strategy Description</b>			
Provides health education focused on obesity prevention to children, families and early care and education professionals.			
<b>Strategy Narrative:</b>			
Childhood obesity has become an epidemic in Arizona. Currently, one in five children is over –weight or at risk of becoming overweight.			
<ul style="list-style-type: none"> <li>• Arizona has the 2nd highest rate of childhood obesity in the Nation</li> <li>• More than 1/3 of all children in AZ are obese</li> <li>• Hispanic and Native Americans make up the largest percent of the obese children in Arizona</li> <li>• Obesity in children is directly linked to many serious health problems, such as:</li> <li>• Type 2 Diabetes ,Metabolic syndrome, High blood pressure, Asthma and other respiratory problems, Sleep disorders, Liver disease, Heart disease, Eating disorders and Skin infections.</li> </ul>			
The Central Phoenix Regional Council added this strategy to the network of strategies funded in FY2013 because of the widespread problem of childhood obesity. The Council is particularly interested in ensuring that early care and education providers, as well as families, receive guidance around nutrition issues. This strategy is a comprehensive approach to prevent childhood obesity by reaching children, parents, child care staff, and the community.			
The goal is to not only improve access to health information for children and families, but also provide much-needed support for early care and education providers. This strategy will aim to establish networks and partnerships with all community organizations serving children birth through age five, inclusive of Head Starts, school based preschools, Title I Even Start programs, etc. to promote physical activity and obesity management through community outreach and education.			
<b>Research Notes:</b>			
(2008) The American Foundation for Childhood Obesity. <a href="http://www.amffco.com/?p=childhoodObesity">http://www.amffco.com/?p=childhoodObesity</a>			
CDC: Overweight Prevalence. <a href="http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm">www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalence.htm</a>			
<b>Target Population Description</b>			
All children birth to five years residing in the region. The Regional Council is continuing to refine their scope of work for this strategy and will then determine the target service units.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of children served</b>	TBD	TBD	TBD
<b>Number of participating adults</b>	TBD	TBD	TBD
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Nutrition/Obesity/Physical Activity</b>	\$500,000	\$500,000	\$500,000

<b>Strategy: Oral Health</b>			
<b>Strategy Description</b> Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.			
<b>Strategy Narrative</b> The Central Phoenix Regional Partnership Council identified this new strategy, oral health as a priority health need in the region. Prevention of tooth decay requires regular oral health screenings, application of fluoride varnish, but also requires education of the adults who care for children and make health related decisions for them. Health providers, including clinics and pediatric offices, are not as well informed about the importance of a child receiving their first oral health screening at age one. Dental providers are not always trained on methods for examining the mouths of infants and toddlers. Providing professional development opportunities tied to Continuing Education Units provides incentives for participation in these trainings.  The Central Phoenix Oral Health strategy may consist of several components:  <ul style="list-style-type: none"> <li>• Conduct oral health screenings and provide referrals for children 1 through age 5.</li> <li>• Apply fluoride varnish as a proven intervention to reduce the incidence of dental caries (tooth decay) for children.</li> <li>• Provide oral health screenings and referrals to pregnant women</li> <li>• Provide professional development for dental professionals on management techniques for very young children, application of fluoride varnish and how to educate parents.</li> <li>• Provide education programs that focus on correct tooth brushing and the importance of healthy eating. These programs are typically delivered in preschool and child care centers, though may also occur in home visitation programs through community based training for parents.</li> </ul> Children must have their health needs met in order to maximize their learning potential. Attending to the oral health needs of children birth through five through a preventive approach addresses one aspect of a child’s overall health. While the 2010 Needs and Assets Report revealed that a majority of children under five in the region have regular visits with the same dental provider and that Central Phoenix reported a total of 86 clinics, community feedback suggests that the need for dental care ranked high among families with children birth to age five.			
<b>Target Population Description</b> In collaboration with other existing providers in the region, this strategy universally targets all children birth through five in the Central Phoenix Region regardless of income level, but gives priority to children from low income families.  This strategy addresses multiple target populations. Primarily the focus is on providing oral health screenings and fluoride varnish applications to 4,500 children, less than one percent of the total number of children in the Central Phoenix Region. In addition, this strategy provides oral health education to parents of children birth through five, early care and education professionals, and health care professionals and pregnant women.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of children receiving oral health screenings</b>	4,500	4,500	4,500

<b>Number of fluoride varnishes applied</b>	4,500	4,500	4,500
<b>Number of participating adults</b>	4,500	4,500	4,500
<b>Number of participating professionals</b>	525	525	525
<b>Number of prenatal women receiving oral health screenings</b>	150	150	150
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Oral Health</b>	\$1,000,000	\$1,000,000	\$1,000,000

**Strategy: Prenatal Outreach****Strategy Description**

Increases healthy pregnancies and good birth outcomes. Provides outreach and education to pregnant women and their families and links pregnant women to sources of prenatal care.

**Strategy Narrative**

Prenatal Outreach will establish or expand a comprehensive prenatal/post natal outreach, support, and information program for parents in the Central Phoenix Region.

The number of births in Maricopa County has steadily decreased over the last few years. At the same time, the number of women ages 15-44, the age of child bearing women, residing in Maricopa County has increased. Specifically, the number of births in Maricopa County for the first six months of each year has decreased by 16% between 2007 and 2010.

Total Number of Births in Maricopa County for the months of January through June

	2007	2008	2009	2010	% Change 2007 to 2010
Number of Births	31,515	30,486	28,135	26,590	-16%

Population of Child Bearing Women in Maricopa County

	2007	2008	2009	% Change 2007 - 2009
Population of Females 15 - 44	937,916	953,283	966,357	3%

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning.

The 2010 Needs and Assets reports the following prenatal data for the region.

*From 2005 to 2008, the total number of newborns admitted to newborn intensive care units in the state of Arizona increased from 5,479 to 5,931, an increase of 8.2 percent. There was also an increase in the number of newborns admitted in Maricopa County. The number increased from 3,525 in 2005 to 3,768 in 2008, an increase of 6.9 percent. For Arizona and Maricopa County, the percentage of newborns 37 weeks or more admitted increased by 3.4 percent and 5.6 percent, respectively.*

Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills. In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.

Central Phoenix, as with the most of the city, has a very diverse population with a high minority population. This diversity can lead to difficulty in accessing services, due to language and cultural differences. There is a large need for cultural and linguistic competence among service providers for parents who don't speak English; parents need culturally aware and preferably bilingual "mentors" who can help them navigate the school, healthcare and behavioral health systems.

<b>Target Population Description</b>			
Twelve percent of the high risk expectant mothers in the region.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of adults attending training sessions	700	700	700
Number of adults receiving home visitation	250	250	250
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Prenatal Outreach</b>	\$500,000	\$500,000	\$500,000

<b>Strategy: Family Support- Children with Special Needs</b>			
<b>Strategy Description</b>			
Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.			
<b>Strategy Narrative</b>			
To assist families in developing knowledge and skills to enhance their abilities to help their children reach their fullest potential, First Things First promotes a Parent Coaching and Support model to provide individualized support in coordination with an interactive parent and child together model of services.			
The core components of the Family Support-Children with Special Needs Model include:			
<ul style="list-style-type: none"> <li>• Individual Visits:</li> <li>• Ongoing Child Progress Monitoring and Screening:</li> <li>• Parent and Child Interactive Time</li> <li>• Networking and Coordination of Services</li> </ul>			
The Council currently funds Inclusion of Children with Special Needs, focusing on children with special needs that are served in the regions child care centers and homes. Emphasis will be expanded to include families’ access to the information, services and supports they need to help their young children achieve their fullest potential.			
This strategy is still under development and will not be presented for Board approval.			
<b>Target Population Description</b>			
This strategy specifically targets children birth to five years who have been screened and referred for evaluation of eligibility for intervention services (either through AzEIP or their local school district), but who are found not to qualify. Although children who do not qualify for state and/or federally funded specialized services, they can still benefit from enhanced support by their families and caregivers.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of Families Served	TBD	TBD	TBD
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Family Support – Children with Special Needs	\$375,000	\$375,000	\$375,000
<b>Strategy: Family Support- Children with Special Needs</b>			
<b>Strategy Description</b>			
Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.			

**Strategy Narrative**

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- Individual Visits:
- Ongoing Child Progress Monitoring and Screening:
- Parent and Child Interactive Time
- Networking and Coordination of Services

The Council currently funds Inclusion of Children with Special Needs, focusing on children with special needs that are served in the regions child care centers and homes. Emphasis will be expanded to include families’ access to the information, services and supports they need to help their young children achieve their fullest potential.

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**Target Population Description**

This strategy specifically targets children birth to five years who have been screened and referred for evaluation of eligibility for intervention services (either through AzEIP or their local school district), but who are found not to qualify. Although children who do not qualify for state and/or federally funded specialized services, they can still benefit from enhanced support by their families and caregivers.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of Families Served	TBD	TBD	TBD
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Family Support – Children with Special Needs	\$375,000	\$375,000	\$375,000

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

**Strategy Description**  
 This strategy provides a comprehensive, consultative model which provides on-going training, on-site technical assistance, and a variety of staff supports to promote effective, inclusive practices among early care and education settings. Technical assistance is provided based on assessment to support providers' understanding of established goals and objectives of children's Individualized Education Plans (IEPs), Individual Family Service Plans (IFSPs), or medically diagnosed (by a doctor, psychiatrist or psychologist ) health condition and how to incorporate them into the program's established curriculum and daily routines.

In addition, identification of adaptive materials or program modifications that may be needed to support children's full participation is also a component of an effective consultative model. Referral and support networks are established and maintained with appropriate state agencies such as the Department of Health Services/Division of Children with Special Health Care Needs, community agencies, social services, AzEIP and school systems so that early care and education providers are able to offer families accurate information and appropriate linkages to needed services.

**Strategy Narrative**

The Central Phoenix Regional Council has prioritized support of families with children special needs in FY 2013-15, and seeks to continue to foster inclusionary early child care and education opportunities for children ages 0-5.

The 2010 Needs and Assets Report indicate that 35 percent of families in the region cite awareness of services for special needs children as a high priority. In addition, in FY2011 the Arizona Child Care Demand Study provided a synopsis of the demand for special needs child care in the Central Phoenix region. The special needs of children in the study sample revealed that speech and language disorders were the most commonly reported special need. Closely followed were diagnoses of developmental delay and ADD/ADHD. Most parents send their child to a center or preschool, or they rely on family care, either at their own home or at the caregiver's home. Over half of the parents interviewed do not have an individualized plan of services for their child with special needs. Of those that do, an IEP was most common. When asked if their children have been denied entry or asked to leave by a child care provider, the majority of parents had not experienced either. Fourteen percent of families surveyed stated that their children had been denied care or asked to leave primarily due to behavioral issues.

The Regional Council will continue this strategy with a focus on cross collaboration with the Family, Friends, and Neighbors strategy to provide an opportunity for Kith and Kin providers to receive added skills and expertise to serve children with special needs.

**Target Population Description**  
 This strategy targets centers and home providers and the number of programs served will remain the same as 2012.

Target Service Units	FY 13	FY 14	FY 15
Number of center based providers served	18	18	18
Number of home based providers served	12	12	12
Number of increased slots for participating children	0	0	0

Funding Level	FY 13	FY 14	FY 15
Inclusion of Children with Special Needs	\$900,000	\$900,000	\$900,000

<b>Strategy: Quality First</b>			
<b>Strategy Description</b>			
Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.			
<b>Strategy Narrative</b>			
<p>Quality First is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.</p> <p>The Council is committed to continued funding participation for these and additional programs in the future to include all eight program components of Quality First: coaching, financial incentives, licensure fee assistance, Child Care Scholarships, T.E.A.C.H. Arizona Scholarships, program assessment, assignment of Star Rating and specialized technical assistance.</p> <p>The Council realizes that here is a need to improve quality child care throughout the region by implementing strategies that focus on improving the quality of licensed and regulated centers and homes by 1) Increasing the educational level and wage compensation of child care teachers 2) Improving child care teacher retention in centers and homes by offering coaching and incentives and 3) Improving access to quality child care by providing child care scholarships to families. The 2010 Needs and Assets Report reflects the following in the Central Phoenix region:</p> <ul style="list-style-type: none"> <li>• High percentages of children in preschool were from poor families</li> <li>• 71 percent of families report cost as the single most important barrier to child care</li> <li>• 59 percent of families indicate the need for high, quality child care</li> <li>• 54 percent of families indicate the need for child care subsidies</li> <li>• Nearly 6,000 children are enrolled in all area Head Start Programs</li> <li>• 51 percent of single mothers in workforce</li> </ul> <p>The Council has focused on the need for quality improvement programs, particularly in light of the current statewide economic climate. At the end of FY 2012, 24,500 children or 50 percent fewer children will be served in the region by child care subsidies.</p>			
<b>Target Population Description</b>			
The Central Phoenix Region, with 53,000 children, has targeted children in the region ages 0-5 served in child care centers and homes. The region has 141 eligible child care centers and homes and will serve 70 percent of these programs through Quality First, an increase of forty-six programs.			
<b>Target Service Units - Quality First</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	93	93	93
Number of home based providers served	6	6	6
<b>Funding Levels</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Quality First	\$1,760,694	\$1,760,694	\$1,760,694
Child Care Health Consultation	\$249,480	\$249,480	\$249,480

Scholarships TEACH	\$82,500	\$82,500	\$82,500
QF Child Care Scholarships	\$4,742,577	\$4,742,577	\$4,742,577

Target Service Units - Child Care Health Consultation	FY 13	FY 14	F6Y 15
Number of center based providers served	93	93	93
Number of home based providers served	6	6	6
Target Service Units - Scholarships TEACH			
Number of professionals receiving scholarships	214	214	214
Target Service Units - QF Child Care Scholarships			
Number of children receiving scholarships	754	754	754

<b>Strategy: QF Child Care Scholarships (addition to QF package)</b>
<p><b>Strategy Narrative</b></p> <p>Quality First Child Care Scholarships are payments to early childhood providers for use by low income families to pay the full or partial cost of care for children five and younger. Scholarships benefit children, families, early care and education providers and communities.</p> <p>Access to high quality early care and education is an important factor in school readiness, and is particularly important for high-risk children living in poverty. Most of the evidence for providing Scholarships rests on what we know about children who cannot access high quality early care and education programs. Without access, these children are less ready to begin and realize success in school and later in life. Quality First Child Care Scholarships are considered an ongoing commitment to help families afford higher levels of quality care and to support the achievement and maintenance of quality improvements.</p> <p>Supporting documentation to the efficacy of this strategy in the region includes findings from the 2010 Needs and Assets Report that indicates that one of three families are single parent families; a little over half of parents reported sending their child to a center; parents report that they pay for care out of pocket, or receive child care for no charge and a large minority of parents (44%) using both centers and family-based child care reported they could not afford all their desired child care.</p> <p>Child Care Scholarships will be available in SFY2013 for all programs enrolled in Quality First. The number of scholarships and payment rate of scholarships are determined by the program size. Child care scholarships are a significant component of the financing model, providing access to quality early care settings for low-income children. Higher quality programs receive a higher reimbursement for each scholarship.</p> <p>With over five million dollars devoted to supporting Quality First Child Care Scholarships in FY2012, the Council remains committed to continuing scholarships in the region.</p> <p><b>Target Population Description</b></p> <p>Family income is used in determining eligibility and may not exceed 200 percent of the federal poverty level. The target population is all children birth to 5 years attending regulated child care programs participating in Quality First.</p> <p>Target Service Numbers include 643 slots for Quality First, with an additional 111 slots funded through the Regional allotment, totaling 754 slots available in FY 2013.</p>

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

**Strategy Narrative:**

This strategy addresses the need for a skilled and educated early childhood workforce. The T.E.A.C.H. program provides scholarships for higher education and credentialing to early care and education teachers in order to improve the professional skills of those providing care to children 5 and younger.

The additional TEACH scholarships are designated to support early childhood professionals working in the Central Phoenix region.

The region has strong support for this strategy and while initial target service numbers were not met, the program has experienced a regeneration of interest, with regional scholarships coming in line with FY2012 target service numbers.

**Target Population Description**

Target Service Numbers include 189 scholars funded through Quality First with an additional 25 Non-Quality First scholarships.

<b>Strategy: Mental Health Consultation</b>			
<b>Strategy Description</b>			
Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce.			
<b>Strategy Narrative</b>			
<p>Early childhood mental health consultation (MHC) builds the capacity of early care and education providers to nurture the social-emotional development of young children, as well as to prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 and their families. MHC requires a collaborative relationship between a professional consultant who has mental health expertise and an early care and education professional.</p> <p>In program-focused mental health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address problem behaviors or organizational problems within the setting that may be affecting one or more of the children, families, or staff.</p> <p>Research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence and adulthood.</p>			
<b>Target Population Description</b>			
Target service numbers include early care and education professionals in licensed centers and homes. During the past two years, five consultants have served 5 child care centers and two child care homes each, reaching capacity through outreach at child care program staff meetings and consulting with quality improvement coaches. In addition, mental health consultants have provided a training series for an average of ten Family, Friends and Neighbors training specialists in FY2012. The goal is to support the specialists through the provision of mental health concepts and social emotional development in children.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of center based providers served</b>	25	25	25
<b>Number of home based providers served</b>	10	10	10
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Mental Health Consultation</b>	\$615,000	\$615,000	\$615,000

<p><b>Strategy: Family, Friends and Neighbors</b></p>
<p><b>Strategy Description</b>                  Supports provided to family, friends and neighbors caregivers include training and financial resources.</p>
<p><b>Strategy Narrative</b>                  Family, Friends and Neighbors Care is a strategy to provide support, training, resources and referral for unregulated providers caring for children in their homes in order to increase quality of care provided. There are several different models and components for delivery of this service:</p> <ul style="list-style-type: none"> <li>• Group meetings and trainings delivered in a series of sessions (14 weeks, for example) bring home-based providers together with qualified and experienced staff to learn elements of quality care and safety.</li> <li>• In-home visits and the use of an environmental rating instrument (FCERS or CCAT-R) to measure quality improvements.</li> <li>• Financial incentives to help purchase safety and quality improvement equipment/materials.</li> <li>• Additional resources and financial supports for providers toward certified or licensed.</li> </ul> <p>According to 2010 Needs and Assets Report, nearly two-thirds of the households with children younger than 18 had all parents in the work force—indicating a large need for child care. Parents expressed that their top worry is finding high quality affordable child care. The study reports that the most common child care provider was a grandparent or relative, with more than 45 percent of families using this type of care. In addition, The 2011 Arizona Child Care Demand Study cites that the majority of parents reported using between one and three types of child care, reflecting national trends towards families using a “patchwork of care.”</p> <p>This strategy has been highly successful in the region, and will continue to add to the continuum of the early childhood system in the region, targeting a population that has not yet been specifically targeted through other strategies. Child care provided by family, friend, and neighbor caregivers, which is typically home-based child care, is for the most part legally exempt from regulation and, is of growing concern to Central Phoenix Regional Partnership Council to ensure that children are in healthy and safe places with quality care. Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children.</p> <p>In a study including Arizona home-based providers, impact was noted in the following areas: 1) Improved safety in the home environment, particularly fire safety; 2) Establishing and maintaining a daily schedule for the children; 3) Encouraging providers to utilize the resources of their local library; 4) Developing a written formalized child care services agreement with parents, and 5) Increased knowledge regarding the Child and Adult Food Program.</p> <p>Central Phoenix Regional Council has supported a broad range of quality improvement strategies, including Quality First, Child Care Scholarships, T.E.A.C.H., REWARD\$, and Mental Health Consultation. This comprehensive set of strategies, however, does not target the unregulated child care setting.</p>
<p><b>Target Population Description</b>                  The Council identified the Family, Friends and Neighbors strategy as a mechanism to improve the quality of child care in unregulated settings in an urban setting, expanding the strategy in FY2013-15 to include 390 home based providers, twice the number served in the last three years.</p>

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of home based providers served</b>	390	390	390
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Family, Friend and Neighbors</b>	\$800,000	\$800,000	\$800,000

**Strategy: FTF Professional REWARD\$**

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

**Strategy Narrative**  
 FTF Professional REWARD\$, a compensation and retention strategy for the early care and education workforce, acknowledges and rewards progressive education, educational attainment and commitment to continuous employment at a qualified early care and education setting that provides services to children birth through age 5.

Low wages present a major barrier to encouraging high-quality, well-educated, and well-trained personnel to enter and remain in the field. Financial barriers to improved wages include: lower than market rate DES subsidies, few incentives to hire and retain highly qualified staff, and communities where child care costs are at the limit of what the market can bear. The high turnover of early childhood staff directly impacts the quality of experience for children.

Financial incentives are offered twice each fiscal year, with each enrollment period open to applicants who may have received the incentive previously as well as new applicants. Applicants must meet specific criteria and receive an incentive based upon a tiered reimbursement scale containing 9 levels.

In FY2011 almost 90 percent of the incentive slots were utilized in the Central Phoenix region, but with almost 40 percent of the total incentive awards allocated. In order to more accurately reflect the level at which incentive awards are expended, the allocation per award has been reduced. With this significant adjustment, in FY2013, the Council has increased the target service number by 64 percent, seventy-one additional incentive awards.

**Target Population Description**  
 The target population for FTF Professional REWARD\$ is 183 early childhood professionals working in thirty licensed child care centers and regulated homes. The total number of eligible centers and homes in the region is 141.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of incentive awards distributed</b>	183	183	183
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>FTF Professional REWARD\$</b>	\$247,500	\$247,500	\$247,500

<b>Strategy: Parent Education-Community Based Training</b>			
<b>Strategy Description</b> Parent Education Community Based Training strengthens families with young children by providing voluntary classes in community-based settings.			
<b>Strategy Narrative</b> The critical element in any parent education program is that parents and families have opportunities to practice newly learned skills with support from parent educators. Using a family-centered and strengths-based approach, community based training for families is conducted through <u>a series of classes</u> that provide information and support in each of the core areas: child development, parenting skills, and resource and referral. Effective parenting education develops parent-child nurturing and attachment to support children’s social-emotional development, knowledge of parenting and of child development including social emotional, language and literacy, cognitive, physical and motor development, parental resilience, and social connections and awareness of support mechanisms available for parents.  Additionally, families should be supported to understand that daily exposure to verbal and written language provides young children with the opportunities to begin acquiring a basic understanding of the concepts of literacy and its functions. Through play, children learn to create meaning from language and communicate with others using verbal and non-verbal language, pictures, symbols and print. Environments rich with print, language, storytelling, books, technology, and writing materials allow children to experience the joy and power associated with reading and writing, while mastering basic concepts about print. The Regional Council is maintaining its focus on early literacy by continuing its parent education community based training strategy. The Regional Council has had success in implementing parent education programs focused on early literacy through partnerships with the library, school districts and early care and education programs.			
<b>Target Population Description</b>  The target population for this strategy is universal, engaging in outreach activities to reach families with children birth through five in the region.  The Regional Council recognizes the need of all parents to receive services to increase their confidence in supporting their child’s development and early literacy skills and desires to reach a large population of families.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of participating adults</b>	6,000	6,000	6,000
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Parent Education-Community Based Training</b>	\$525,000	\$525,000	\$525,000

<b>Strategy: Crisis Intervention</b>			
<b>Strategy Description</b>			
Provides short-term, focused intervention and supports to families.			
<b>Strategy Narrative</b>			
<p>Young children are highly vulnerable when they experience acute crisis such as domestic violence, child maltreatment or homelessness. Families with lower incomes are at even great risk when an acute crisis occurs because they may be coping with tremendous stress related to various concerns, such as covering the cost of rent, paying for a sick child to see a doctor, or ensuring the family has enough to eat. Children raised in such high stress environments are at risk for suffering many adverse developmental effects, such as poor health and developmental outcomes.</p> <p>All families can experience an acute crisis that impacts their child’s development, health and general well-being. Acute crisis is defined as an upset in a steady state causing a disruption in a family's usual way of functioning i.e. significant disruption to daily routines and interactions. Due to an acute crisis, parents and families are fundamentally able to cope but are temporarily overwhelmed which may impair their ability to care and provide for their infant, toddler or preschooler.</p> <p>In Arizona, over half (57 percent) of all reports of child maltreatment in the state were in Maricopa County. Over one-third of the children removed from a home because of maltreatment were under the age of six in Maricopa County. In 2009, 625 children were removed from their home; 415 children were not placed with relatives.</p> <p>Understanding the serious needs of families in the region, the regional council is continuing the crisis intervention strategy in SFY13. This strategy can be addressed through various short term interventions that may include case management to support the family through the crisis and connect them to appropriate resources and respite care. The regional council also supports the food security strategy to provide food boxes to families with young children.</p> <p>The Council supports this strategy during a time of economic downturn, stress in families and in consideration of the great need in selected zip codes. Respite care and family support services inherent in this strategy will serve to deflect negative outcomes for young children at risk of abuse and neglect.</p>			
<b>Target Population Description</b>			
High risk families with children 0-5 years which may account for one percent of the population in the region at risk for homelessness, child abuse and neglect.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of families served</b>	333	333	333
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>

<b>Crisis Intervention</b>	\$375,000	\$375,000	\$375,000
<b>Strategy: Family Support Coordination</b>			
<b>Strategy Description</b> Improves service delivery to families with young children by streamlining the system and improving the coordination of, and access to family support services and programs.			
<b>Strategy Narrative</b> This new strategy to the region will expand families’ access to the information, services and supports they need to help their young children achieve their fullest potential. To make the best choices, families need access to information that educates them about what their child is learning and doing, how to optimally support early childhood development and child health and what resources or programs are available in their community.  The Council has structured this strategy to serve families in the region in response to the SFY2010 Needs and Assets Report that indicated that awareness was the single most important barrier to families receiving services and the knowledge that the region has high percentages of children with at least one foreign born parent (Balsz Elementary 3 out of 4 Children).  Critical to this strategy is the placement of a Family Support Specialist in selected agencies that have experience in implementing family support programs in the region; demonstrated services with families and children birth to five years, organizational capacity to address the needs and build on assets; experience in coordination and collaboration with family support organizations in Maricopa County and demonstrated credentials and professional knowledge of the target population.  The family support specialists will provide a case management approach to serving families. It is projected that each family support specialist will serve up to 15-25 families per month. The Specialists may work with each family for 1-3 months, with an estimated 100 families per quarter, based on an average of 2 months per family. It is estimated that 400 families will be served each year by seven Family Support Specialists, totaling 2,800 families with complex needs per year.			
<b>Target Population Description</b> Services will be provided to any family in Central Phoenix with children 0-5 years of age seeking or identified as being potentially in need of services.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of Families Served</b>	2,800	2,800	2,800
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Family Support Coordination</b>	\$1,000,000	\$1,000,000	\$1,000,000

<b>Strategy: Food Security</b>			
<b>Strategy Description</b> Distribute food boxes and basic necessity items to families in need of assistance who have children birth through 5 years of age.			
<b>Strategy Narrative</b> The Food Security Strategy will increase access to food and nutrition programs and emergency food boxes for low income families with children ages 0-5 in the Central Phoenix Region.  Research has shown that even moderate under-nutrition, the type seen most frequently in the United States, can have lasting effects on the brain development of children. According to the Center on Hunger and Poverty, inadequate nutrition is a major cause of impaired cognitive development, and is associated with increased educational failure among impoverished children.  Food Insecurity, addresses the ongoing issue of poverty and continued need to reduce hunger in the region. The present economy is such that more families than ever are faced with trying to decide which is more important between basic needs like food, housing and utilities. Children in Central Phoenix are at risk for hunger. Families in the region earn low incomes – the median income for families with young children is below the median in Maricopa County in each section of the region except the Madison School District. Families living in the Alhambra, Balsz, and Creighton school districts have median incomes that are less than half of the median in Maricopa County. Child poverty rates are very high for all types of families. More than one out of five white, two-parent families with young children are poor throughout much of the region.  Recognizing that hungry children can't focus on learning, the Regional Council first funded the food strategy during the First Things First Emergency Response Plan and then significantly again in SFY 2012. Through this strategy, low-income families with children ages five and under receive food boxes to help meet the nutritional needs of the entire family.  During strategic planning for SFY 2013, the Regional Council determined the need to sustain funding but at a lesser level. This is a strategy that is continually assessed throughout the year, with the potential to add to the allocation.			
<b>Target Population Description</b> Families in need of food assistance who have children birth to 5 years old.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of food boxes distributed</b>	180,000	180,000	180,000
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Food Security</b>	\$800,000	\$800,000	\$800,000

<b>Strategy: Home Visitation</b>			
<b>Strategy Description</b> Home visitation provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. An evidence based home visitation program connects families to resources to support their child’s health and early learning.			
<b>Strategy Narrative</b> Comprehensive, evidence based home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed.  Research indicates that home visiting program models have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services.  Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child’s present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development current parenting practices, daily routines and interactions, or other information/ instructional needs.  A powerful indicator of need is the rate of babies born to moms with little education in the Central Phoenix region. This is highly correlated with low income, a lack of quality early learning experiences, and poor outcomes in health and education. More than eight out of ten of the babies born in the Creighton School District had moms who had a high school education or less – compared to six out of ten in the City of Phoenix and half in Maricopa County.  The Council views this strategy as critical in serving the families at most risk in the region. The strategy has maintained funding in FY2012, serving 230 families.			
<b>Target Population Description</b> Home visitation is most impactful with new parents and at-risk families of infants and toddlers. It is important to reach and support families through home visitation as early as possible. Ideally, home visitation programs begin with new parents or at-risk families with their newborns and continually support the family from infancy into toddlerhood.  This strategy will serve 10 percent of the 2,500 at risk children in the region.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of Families Served</b>	238	238	238
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Home Visitation</b>	\$1,320,000	\$1,320,000	\$1,320,000

<b>Strategy: Service Coordination</b>			
<b>Strategy Description</b>			
Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.			
<b>Strategy Narrative</b>			
The Central Phoenix Regional Partnership Council has many effective programs that serve as assets to the region, however, the 2010 Needs and Assets Report reveals that these services are not coordinated in a manner that results in optimal benefit to the children and families in the region.			
The Council has funded this new strategy and seeks to interface with regional grantees and create opportunities for them to collaborate through a series of networking opportunities throughout the year. A Consultant will facilitate quarterly group meetings to determine the level of coordination among current grantees and potential grant partners. Other tasks may include; identification of service delivery system improvements; the identification of specific networking opportunities for grantees in the region and an examination of the current system of collaboration. Currently, there is no effective mechanism to coordinate grantee services, identify and address gaps in service, or reduce duplication of services. This cross-system strategy will address the needs in the region for seamless service coordination and increase information exchange between providers.			
<b>Target Population Description</b>			
The Central Phoenix Regional Partnership Council has identified the target population for this coordination strategy as regional grantees.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>No Identified Target Service Numbers for this Strategy</b>	NA	NA	NA
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Service Coordination</b>	\$50,000	\$50,000	\$50,000

<b>Strategy: Statewide Evaluation</b>			
<b>Strategy Description</b> Statewide evaluation includes the studies and evaluation work which inform the First Things First Board and the 31 Regional Partnership Councils. Examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			
<b>Strategy Narrative</b> First Things First has and is growing a multi-level system of research and evaluation strategies designed to be responsive to the information needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Council directors and members, and Arizona citizens. The research and evaluation system is designed to provide both depth and breadth of high quality information, from collecting programmatic data to evaluating the overall impact of the First Things First Early Childhood System model. The system provides a framework for conducting statewide and regional studies centered on identifying current and changing needs of families and children birth to five, and the impact of programs and strategies across all First Things First priority areas. The First Things First research and evaluation system is a knowledge building system, designed to be a cumulative process of developing and advancing collective understandings and meaning-making around living questions such as “what is needed,” “what can be done,” “what are we doing,” “is it working, and if so, in what ways and to what effect?” Individually and collectively, research and evaluation strategies generate a wealth of data and cumulative findings that can be used to document trends and changes in school readiness indicators as well as support Regional Council learning, strategic planning and decision-making to promote well-being in Arizona’s youngest citizens.			
<b>Target Population Description</b> NA			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>No Identified Target Service Numbers for this Strategy</b>	NA	NA	NA
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Statewide Evaluation</b>	\$503,096	\$503,096	\$503,096

<b>Strategy: Community Awareness</b>			
<b>Strategy Description</b> Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.			
<b>Strategy Narrative</b> Working in partnership with the Regional Partnership Councils and the FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona’s top priorities. Educate people on the importance of early childhood development broadly and FTF specifically. Recruit and retain new champions of early childhood development broadly and FTF specifically. Brand and market FTF to target audiences. Motivate all champions to act.  Purchases/Expenses include: <ul style="list-style-type: none"> <li>• First Things First branded educational reinforcement items to be utilized at community events such as health fairs, back to school events, expos, presentations/speaker bureau trainings, and community meetings.</li> <li>• 500 books at \$2.00 per book to be distributed at: community fairs, resource fairs, literacy programs and other community events that are related to the early childhood development and health.</li> <li>• First Things First staff participation in small community events, including regional and statewide events that include FTF recognition, endorsements and advertisements that benefit FTF.</li> </ul>			
<b>Target Population Description</b> <ul style="list-style-type: none"> <li>• Business Community</li> <li>• Elected Officials</li> <li>• Parents</li> <li>• Community Stakeholders</li> </ul>			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>No Identified Target Service Numbers for this Strategy</b>	NA	NA	NA
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Community Awareness</b>	\$16,645	\$16,645	\$16,645

<b>Strategy: Community Outreach</b>			
<b>Strategy Description</b> Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
<b>Strategy Narrative</b> Through the Community Outreach Coordinator individuals in the region are recruited and retained as early childhood champions. In addition, a local community outreach plan is developed. Using FTF’s identified target audiences as a guide, Community Outreach staff identify the individuals or organizations within a target audience that are considered influential , credible, and able to effectively move a message within a target audience (often referred to as mavens and connectors). Outreach staff then work through those individuals to identify, motivate and equip Champions to act on behalf of young children. The activities involved in Community Outreach include: individual or small group presentations; registering of Champions; follow up with Champions to provide any training, tools or support that are needed to complete actions; and, tracking of community outreach outcomes.			
<b>Target Population Description</b>  The target audiences of the plan are those identified in the FTF Strategic Communications Plan.			
<ul style="list-style-type: none"> <li>• Business Community</li> <li>• Elected Officials</li> <li>• Parents</li> <li>• Community Stakeholders</li> </ul>			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>No Identified Target Service Numbers for this Strategy</b>	NA	NA	NA
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Community Outreach</b>	\$80,000	\$80,000	\$80,000

<b>Strategy: Media</b>			
<b>Strategy Description</b> Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.			
<b>Strategy Narrative</b> Increases public awareness of the importance of early childhood development and health via a media campaign. The Regional Partnership Council has agreed to partner with those Regional Partnership Councils serving Maricopa to invest in a countywide media campaign.  Media Buys including TV, radio, newspaper, grocery carts, floor mats and cooler decals, billboards, theater ads. Local media vehicles in major metro areas will increase overall reach to large clusters of the region's population.			
<b>Target Population Description</b>			
<ul style="list-style-type: none"> <li>• Business Community</li> <li>• Elected Officials</li> <li>• Parents</li> <li>• Community Stakeholders</li> </ul>			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>No Identified Target Service Numbers for this Strategy</b>	NA	NA	NA
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Media</b>	\$364,134	\$364,134	\$364,134

**Section III D. Proposed Funding Summary**

SFY 2013 - 2015 Regional Partnership Council Budget

		<b>FY 2013 - 2015 Central Phoenix Funding Plan Summary</b>		
<b>Allocations and Funding Sources</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	
<b>FY Allocation</b>	<b>\$15,722,756</b>	<b>\$15,754,201</b>	<b>\$15,813,279</b>	
Population Based Allocation	\$10,071,132			
Discretionary Allocation	\$3,375,603			
Other (FTF Fund balance addition)	\$2,276,021	\$15,754,201	\$15,813,279	
<b>Carry Forward From Previous Year</b>	<b>\$6,129,133</b>	<b>\$2,895,263</b>	<b>(\$332,042)</b>	
<b>Total Regional Council Funds Available</b>	<b>\$21,851,889</b>	<b>\$18,649,464</b>	<b>\$15,481,237</b>	
<b>Strategies</b>	<b>Proposed Allotted</b>	<b>Proposed Allotted</b>	<b>Proposed Allotted</b>	
Care Coordination/Medical Home	\$1,000,000	\$1,000,000	\$1,000,000	
Developmental and Sensory Screening	\$400,000	\$400,000	\$400,000	
Health Insurance Enrollment	\$200,000	\$200,000	\$200,000	
Injury Prevention	\$550,000	\$550,000	\$550,000	
Nutrition/Obesity/Physical Activity	\$500,000	\$500,000	\$500,000	
Oral Health	\$1,000,000	\$1,000,000	\$1,000,000	
Prenatal Outreach	\$500,000	\$500,000	\$500,000	
Family Support – Children with Special Needs	\$375,000	\$375,000	\$375,000	
Inclusion of Children with Special Needs	\$900,000	\$900,000	\$900,000	
Quality First ( <i>statewide</i> )	\$1,760,694	\$1,760,694	\$1,760,694	
Child Care Health Consultation ( <i>statewide</i> )	\$249,480	\$249,480	\$249,480	
Quality First Child Care Scholarships ( <i>statewide</i> )	\$4,742,577	\$4,742,577	\$4,742,577	
Scholarships TEACH	\$82,500	\$82,500	\$82,500	
Mental Health Consultation ( <i>statewide</i> )	\$615,000	\$615,000	\$615,000	
Family, Friends & Neighbors	\$800,000	\$800,000	\$800,000	
FTF Professional REWARD\$ ( <i>statewide</i> )	\$247,500	\$247,500	\$247,500	
Parent Education Community-Based Training	\$525,000	\$525,000	\$525,000	
Crisis Intervention	\$375,000	\$375,000	\$375,000	
Family Support Coordination	\$1,000,000	\$1,000,000	\$1,000,000	
Food Security	\$800,000	\$800,000	\$800,000	
Home Visitation	\$1,320,000	\$1,320,000	\$1,320,000	
Service Coordination	\$50,000	\$50,000	\$50,000	
Statewide Evaluation ( <i>statewide</i> )( <i>FTF Directed</i> )	\$503,096	\$503,096	\$503,096	
Community Awareness ( <i>FTF Directed</i> )	\$16,645	\$16,645	\$16,645	
Community Outreach ( <i>FTF Directed</i> )	\$80,000	\$80,000	\$80,000	
Needs and Assets ( <i>statewide</i> )		\$24,880		
Media ( <i>statewide</i> )( <i>FTF Directed</i> )	\$364,134	\$364,134	\$364,134	
<b>Total:</b>	<b>\$18,956,626</b>	<b>\$18,981,506</b>	<b>\$18,956,626</b>	
<b>Total Unallotted/Unawarded:</b>	<b>\$2,895,263</b>	<b>(\$332,042)</b>	<b>(\$3,475,389)</b>	