

**Cochise Regional Partnership Council**

Allocations and Funding Sources	SFY13	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts
FY Allocation	<b>\$2,572,050</b>	
Population Based Allocation	\$1,413,067	
Discretionary Allocation	\$839,638	
Other (FTF Fund balance addition)	\$319,345	
Carry Forward From Previous Year	<b>\$1,392,710</b>	
<b>Total Regional Council Funds Available</b>	<b>\$3,964,760</b>	
Strategies	Proposed Allotments	
Quality First ( <i>statewide</i> )	\$700,645	Approved
Child Care Health Consultation ( <i>statewide</i> )	\$113,400	Approved
Quality First Child Care Scholarships ( <i>statewide</i> )	\$1,583,670	Approved
Scholarships TEACH ( <i>statewide</i> )( <i>state funded for QF</i> )	-	Approved
Home Visitation	\$600,000	Approved
Oral Health	\$190,000	Approved
Media ( <i>statewide</i> )	\$57,212	Approved
Community Awareness ( <i>FTF Directed</i> )	\$21,000	Approved
Statewide Evaluation ( <i>statewide</i> )	\$70,589	Approved
<b>Proposed Allotment Total:</b>	<b>\$3,336,516</b>	
<b>Total Unallotted</b>	<b>\$628,243</b>	



**COCHISE  
REGIONAL PARTNERSHIP COUNCIL**

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

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

- I. Regional Allocation Summary**  
Funds Available State Fiscal Years (SFY) 2012- 2015
  
- II. Review of SFY 2012 Funding Plan**
  - A. Review of SFY 2012 Priorities
  - B. Strategies and Units of Service Review
  - C. Funding Summary Review
  - D. Review of Progress
  
- III. Three Year Strategic Direction: SFY 2013-2015 Regional Funding Plan**
  - A. Overview: Setting the Strategic Direction
  - B. Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes
  - C. Strategy Descriptions including Target Populations and Funding Levels
  - D. Proposed Funding Summary  
SFY 2013 -2015 Regional Partnership Council Budget

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

Funds Available State Fiscal Years (SFY) 2012- 2015

**Cochise 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>\$2,575,505</b>	<b>\$2,572,050</b>	<b>\$2,577,195</b>	<b>\$2,586,859</b>
Population Based Allocation	\$1,450,144	\$1,413,067	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$867,032	\$839,638		
Other (FTF Fund balance addition)	\$258,329	\$319,345	\$2,577,195	\$2,586,859
<b>Carry Forward From Previous Year</b>	<b>\$2,182,858</b>	<b>\$1,392,710</b>	<b>\$628,243</b>	<b>\$198,922</b>
<b>Total Regional Council Funds</b>	<b>\$4,758,363</b>	<b>\$3,964,760</b>	<b>\$3,205,438</b>	<b>\$2,785,781</b>

## **Section II.**

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

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

Relying on the 2008 and 2010 Regional Needs and Assets Report, the Cochise Regional Partnership Council felt it was important to invest in building the infrastructure, enhancing direct services, improving quality and building the region's capacity to support the healthy growth and development of children birth through age five for SFY 2012. This is the premise of what has, and continues to guide, the Cochise Regional Partnership Council in making intentional decisions regarding chosen strategies to address needs, funding allocations and expected impact.

Issues such as health, mental health, oral health, substance abuse, child welfare, professional development, early intervention and social services are addressed within all the strategies outlined by the Cochise Regional Partnership Council for SFY 2012.

Given the emphasis on supporting all children within the region, the Cochise Regional Partnership Council chose to build on two distinct areas that aid in system impact: 1) infrastructure development and 2) direct services and support. In order to achieve system impact, the Cochise Regional Partnership Council has focused on building the workforce by investing in strategies that support the various professionals that work with, and promote the healthy development and education of young children in the region.

The Cochise Regional Partnership Council identified the lack of mental health specialists within the region as a critical need. The Council created a strategy to increase capacity by assisting individuals within the region to obtain professional endorsements in the area of early childhood mental health for the past three years. Furthering the goal of workforce development, the Cochise Regional Partnership Council supports investment in building the capacity of the early childhood workforce through the expansion of Quality First and the T.E.A.C.H. scholarship program. Considerable evidence suggests that more capable and qualified professionals will provide high quality care for children resulting in better developmental outcomes.

In addition to the above, another strategy in support of workforce development is the recruitment and retention of therapists. The Cochise Regional Partnership Council will address the shortage of therapists in the region in order to ensure that all children in need of therapy, especially those on the region's long waiting lists, receive essential services necessary for their continued growth and development. The Cochise Regional Partnership Council believes that the funding allocations provided to the workforce development strategies are sufficient to have a positive impact on the outcomes for families with young children in the region. These workforce development strategies will reach a potential of 80 percent of the target population and provide services that will range from universal to intensive.

The Cochise Regional Partnership Council recognizes and supports parents as the first teachers of their children. Therefore, the family support strategy, which focuses on the universal level of support, emphasizes developing and nurturing the capacity of parents by providing home visits to build the knowledge base of parents and/or guardians of children birth through age five. In addition, the Cochise Regional Partnership Council feels strongly that an important component to child development is exposure to literacy-rich environments and resources. The intentional collaboration with existing community resources through the implementation of this strategy will ensure that a maximum number of children and families benefit from this early literacy component.

Building on the idea of supporting families, the Cochise Regional Partnership Council recognized that in order for children to be ready to learn, they must be healthy and this includes their oral health. Rates of dental disease, as reported in the 2008 and 2010 Needs and Assets, are extremely high among children birth

through age five within the Cochise Region. The Oral Health strategy will reduce dental disease by implementing a fluoride varnish and sealant program. Given that fluoride varnish is relatively inexpensive, the Cochise Regional Partnership Council allocated \$190,000 in order to reach 5,000 to 8,000 children (approximately 65 percent of the target population).

For all direct service and support strategies, the Cochise Regional Partnership Council felt that, in order to be effective, these programs would need to reach at least 50 percent of the target population within the region over the course of three years. Realistically, the goal of reaching 50 percent of the target population within three years may not happen with some direct service and support strategies. Therefore, the primary goal of the Cochise Regional Partnership Council's SFY2011 Funding Plan and the continuation of services in the SFY2012 Funding Plan are to build the infrastructure and capacity that will support the early childhood development and health system and provide resources for families of young children within the region. When developing the strategic direction for the region's early childhood development and health system, the Cochise Regional Partnership Council knew that none of the strategies would be successful working in isolation. The Cochise Regional Partnership Council intends to build a lasting solution by intentionally interlocking the strategies. These strategies generate solutions that create synergies among programs and agencies and across the region causing them to respond more holistically to the issues facing children and families. The Cochise Regional Partnership Council believes that creating successful strategies that build a system will not only identify barriers and services gaps, but will create the systemic impact that results in meaningful differences for children birth through age five.

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

<b>Cochise Units of Service by Strategy</b>		
Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Quality First Strategy</b>		
Number of center based providers served	12	24
Number of home based providers served	9	18
<b>Quality First Child Care Scholarships Strategy</b>		
Number of children receiving scholarships	90	90
<b>Scholarships TEACH Strategy</b>		
Number of professionals receiving scholarships	15	43
<b>Child Care Health Consultation Strategy</b>		
Number of center based providers served	12	7
Number of home based providers served	9	23
<b>Recruitment – Stipends/Loan Forgiveness Strategy</b>		
Number of participants receiving Stipends and/or Loan Forgiveness	5	5
Number of therapists receiving loan forgiveness	0	0
Number of therapists receiving stipends	0	0
<b>Home Visitation Strategy</b>		
Number of families served	750	780
<b>Oral Health Strategy</b>		
Number of children receiving oral health screenings	3,000	3,000
Number of fluoride varnishes applied	1,200	1,200
Number of participating adults	3,000	3,000
Number of participating professionals	0	0
Number of prenatal women receiving oral health screenings	0	0
<b>Mental Health Education &amp; Credentials Strategy</b>		
Number of professionals receiving scholarships	30	30
<b>Nutrition/Obesity/Physical Activity Strategy</b>		
Number of children served	600	600
Number of participating adults	150	150
<b>Service Coordination Strategy</b>		
no service units		
<b>Community Awareness</b>		
Number of books distributed	3,000	3,000
Number of children participating	6,300	6,300
Number of resources distributed	8,300	8,300
<b>Community Outreach</b>		
no service units		
<b>Media</b>		
no service units		
<b>Evaluation</b>		
no service units		
<b>Needs and Assets</b>		
no service units		
<b>Statewide Evaluation</b>		
no service units		

## II C. SFY 2012 Funding Summary Review

<b>FY 2012 Cochise Funding Plan Summary</b>		
<b>Allocations and Funding Sources</b>	<b>2012</b>	
<b>FY Allocation</b>	<b>\$2,575,505</b>	
Population Based Allocation	\$1,450,144	
Discretionary Allocation	\$867,032	
Other (FTF Fund balance addition)	\$258,329	
<b>Carry Forward From Previous Year</b>	<b>\$2,182,858</b>	
<b>Total Regional Council Funds Available</b>	<b>\$4,758,363</b>	
<b>Strategies</b>	<b>Allotted</b>	<b>Awarded</b>
Quality First	\$407,250	\$436,216
Quality First Child Care Scholarships	\$584,000	\$584,000
Scholarships TEACH	\$107,100	\$107,100
Child Care Health Consultation	\$84,000	\$84,000
Recruitment – Stipends/Loan Forgiveness	\$344,183	\$344,183
Home Visitation	\$1,039,250	\$1,039,250
Oral Health	\$190,000	\$190,000
Mental Health Education & Credentials	\$49,999	\$49,999
Nutrition/Obesity/Physical Activity	\$168,552	\$168,551
Service Coordination	\$100,000	\$100,000
Community Awareness	\$21,000	\$21,000
Community Outreach	-	
Media	\$69,730	\$69,730
Evaluation	\$90,000	
Needs and Assets	\$40,000	
Statewide Evaluation	\$70,589	\$70,589
<b>Total Allotted/Awarded/Expended:</b>	<b>\$3,365,653</b>	<b>\$3,264,618</b>
<b>Total Unallotted/Unawarded/Unexpended</b>	<b>\$1,392,710</b>	<b>\$101,035</b>

## **II D. Review of Progress**

To address the needs of the Cochise Region, ensure systems building, and establish a continuum of supports and services for families with young children. Regional funding for fiscal year 2012 was allotted to each of the five First Things First Board adopted priorities: Quality, Access, and Affordability of Regulated Early Care and Education Settings, Supports and Services for Families, Building Public Awareness and Support, Professional Development System, and Access to Quality Health Care Coverage and Services. In addition to supporting each of the five First Things First priority goal areas, the Cochise Regional Partnership Council acknowledged the necessity of funding strategies that collectively build upon each other, and thus was deliberate in their decision-making to ensure that strategies funded within goal areas collaborated to achieve desired outcomes, enhanced and complimented regional assets and each other, and increased regional capacity to meet the needs of families.

Given the emphasis on supporting all children within the region, the Cochise Regional Partnership Council agreed to build on two distinct areas that aid in system impact for SFY 2012: 1) infrastructure development and 2) direct services and support. In order to achieve system impact, the Cochise Regional Partnership Council has focused on building the workforce by investing in strategies that support the various professionals that work with, and promote the healthy development and education of young children in the region.

### **Professional Development**

The Cochise Regional Council has allocated funding for five therapists to receive loan forgiveness and or stipends. The program resulted in three contracted therapists for the Cochise Region for SFY 2011 and 2012. In conversations and reviewing the three contracted therapists, the Cochise Regional Council learned that all three therapists contracted were in-fact retention versus recruitment. The implications of the contracted therapists being retention meant that no new recruits were coming to the Cochise Region and no new children were being served. While the Cochise Regional Council appreciates the three contracted therapist for the region and services are being maintained, the true intent was not met.

The Cochise Region also allocated funding for additional T.E.A.C.H. slots outside of Quality First. Throughout the SFY 2010 and 2011, the Cochise Regional Partnership Council has steadily decreased the amount of funding and additional scholars based on barriers and lack of enrollment. In SFY 2012 the Cochise Regional Partnership Council allotted funding for 15 scholarships.

Since SFY 2010 the Cochise Regional Partnership Council has maintained the mental health credentialing and endorsement strategy. For SFY 2010, 2011 and 2012 the target service number has been 30 professionals obtaining endorsements at various levels based on reflective supervision, trainings, qualifications and portfolio development. The intent from this strategy was to build capacity in providing specialized training and recognize professional development of infant and family service providers within the diverse and rapidly expanding infant and family field. Through the past three years, of the 30 professionals that have enrolled in the program, 2 professionals are now endorsed. Most participants should be receiving their endorsements by the end of SFY 2012. The Cochise Regional Partnership Council intended this strategy to be a three year capacity building program and will be discontinuing this strategy based on the new direction of the School Readiness Indicators for SFY 2013.

### **Quality Early Care and Education**

The Cochise Regional Partnership Council funded Quality First centers and homes in SFY 2010 and 2011. For SFY 2012 the Cochise Regional Partnership Council maintained the number of slots and did not expand in anticipation of expanding in SFY 2013. Families with young children in the Cochise Region face critical decisions about the care and education of their young ones. Within Cochise County, about 45 percent of children birth to age five who live with two parents have both parents in the workforce and 65 percent of

children living with one parent have that parent in the workforce. This equates to over 5,000 children with working parents and underscores the need to expand affordable quality care in Cochise County. The Cochise Regional Partnership Council has determined, based on findings from the 2010 Needs and Assets report, to expand the Quality First program for SFY 2013. With 45 centers and homes enrolled in the Quality First program, the Cochise Regional Partnership Council will be reaching 41 percent of the child care centers and homes within the Cochise Region for SFY 2013.

For SFY 2012 the Cochise Regional Partnership Council also allocated funding for additional child care scholarships specifically for 90 slots available for children at or below the 200 percent federal poverty level. The high cost of early care and education is one of the most difficult obstacles to obtaining and maintaining employment for many low-income or single-parent families. Without access to quality care, working families may be forced to decide whether to quit their jobs or leave children in care that is not their primary choice.

### **Family Support**

In the Cochise Region, families experience struggles and hardship that cause undue stresses which impact the quality of parent/child engagement and overall well-being of children birth through age five. Knowing this, the Cochise Regional Partnership Council has also concentrated funding efforts to target family support programs and services. In the past three years and the continuation of SFY 2012, the home visitation strategy emphasizes building the capacity of parents by providing home visits, which build the knowledge base of parents/guardians of children birth through age five. The Cochise Regional Partnership Council recognizes and supports parents as the first teachers of their children and an important component to child development is their exposure to literacy-rich environments and resources. The primary goal has been addressing the need to coordinate and integrate funded activities with existing family support systems to increase the availability of resources that support language and literacy development for young children and their families.

Already the Cochise Region is experiencing an increased level of coordination, collaboration, and partnership driven by the common purpose—to serve families and children in the region. This level of collaboration and partnership has been the direct result of First Things First funding and joint involvement with community stakeholders—systems and a continuum of care is continuing to be formed within Cochise County. The lead grantee for the home visitation strategy has met the target service numbers of 750 to 1000 families within the region through different levels of intensity provided by the 7 contracted agencies. While the continuum concept looked good on paper, families and providers reported confusion and possible duplication of services, due to the many agencies with similar programs and services. Families felt overwhelmed with more than one staff from many agencies coming to their homes, and providing a similar service. Through the quarterly report process, it was clear there was a lack of accountability in providing oversight of the 7 contracted agencies. While the Regional Council understands and appreciates the collaboration efforts of the strategy, there is a need to focus the direction to include evidence based practices to children birth to age three, where early childhood development is critical.

### **Health**

The Cochise Regional Partnership Council has continued to refine and work towards the effective delivery of health programming. Overall, while movement on the implementation of several health strategies has been filled with challenges—the dedication by the Regional Council to children’s health has not been swayed. There continues to be a need to reduce the rates of tooth decay and other important health prevention needs facing children and families.

For SFY 2010, 2011 and 2012 the Cochise Regional Partnership Council funded an obesity and physical activity strategy to combat childhood obesity within the Cochise Region. For SFY 2012, 750 to 1000 families are to be reached through parent education, nutrition classes and working with childcare providers. The grantee is meeting the target number; however, the Regional Council feels that in order to make a bigger impact, this strategy should be a component within the Quality First system, through the child care health consultation

program. The target service numbers are on track for SFY 2012 and the grantee will continue to provide resources, parent education and awareness on healthy foods and physical activity programs.

For SFY 2011 and 2012, the Cochise Regional Partnership Council has allocated funding for oral health within the Cochise Region. Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Access to dental care is limited for young children within the Cochise Region. According to the 2008 and 2010 Needs and Assets report, oral health has been neglected in Cochise County and proves to be an issue for young children and their families. Many children in the Cochise Region are not seen by a dentist until they are between 3 and 4 years old. The grantee has had successful partnerships with local dentists within the region in cross trainings and community based oral health screening, varnishing and education. The target service numbers are on track for SFY 2012 and the grantee will continue to provide resources, parent education and awareness and varnishing applications.

### **Coordination**

The Cochise Regional Partnership understands the importance of coordination and collaboration efforts. As a result, in SFY 2010 the Cochise Regional Partnership Council had required every grantee to attend monthly Family Support Alliance meetings that will be responsible for building coordination and collaboration among the early childhood development and health providers in the Cochise Region. In addition to First Things First grantees, other service providers in the region are welcomed to participate in the Family Support Alliance meetings to continue the task of furthering regional coordination efforts. After a pilot study in SFY 2011 the Regional Council approved the Coordination Strategy to help aid in the coordination of this rural County. For SFY 2011 and 2012, the Regional Council funded a coordination strategy that provided the forum for service providers to share information, reduce duplication, maximize resources, and address service gaps, through 5 HUBs within Cochise. The HUBs were split geographically throughout the County, to include Benson, Bisbee, Douglas, Sierra Vista and Willcox. Through monthly meetings many barriers surfaced to include: grantees knowledge of past attempts of collaboration failing or not working, attendance of grantee line staff at monthly meetings, too many similar meetings and many individuals already attending other established networking meetings. In addition, there continues to be low attendance at the collaboration action group meetings over the past 10 months and the Regional Council feels that this strategy is not working, at this time. The Cochise Regional Partnership Council is committed to collaboration and coordination through the RFGA process, grantees and through FTF signature programs.

### **Section III.**

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

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

The Cochise Regional Partnership Council has worked diligently to identify needs in the Cochise Region and develop strategies that will best meet those needs. The strategies chosen are carefully aligned for the optimal achievement of desired outcomes for Cochise County. The concept of building an early childhood system to bring about change for children birth to five can be challenging; however, understanding what it takes to make change at the community level often requires a fundamental paradigm shift in relationships and strategies when measurable differences are expected.

Working with the newly adopted School Readiness Indicators and the highest needs for young children and their families, the Cochise Regional Partnership Council choose to invest in affordable access to childcare, family support and healthy outcomes for children within Cochise County. The Cochise Regional Partnership Council made investments in quality and access through the Quality First Program by expanding slots for centers and homes - a total of 45 centers and homes to become participants of the program which include 6 additional slots for centers and 10 additional slots for homes. The investment continues with family support through home visitation for children birth to age three. Moreover, the Cochise Regional Council remains committed and invested in combating untreated tooth decay by ensuring, young children receive oral health screenings. In addition, young children will have the opportunity to attend a safe and high quality affordable center or home through childcare scholarships.

The Cochise Regional Partnership Council is confident that the hard decisions made for the next three years will continue to make a difference in the lives of young children and their families and start to build an early childhood system for the County. Decisions were based on lengthy conversations and driven from the 2010 Needs and Assets report and statistical data. The greatest needs and gaps facing Cochise County families include access to and availability of resources. The region's size, rural character, and lack of infrastructure make it difficult for many parents to access early childhood education resources for their children. Despite these economic crisis challenges, the First Things First Cochise Regional Partnership Council has made progress in creating assets that will contribute to building a coordinated system of early childhood education, health and family support services. Professional development of staff working with young children and the system coordination of Quality First, family support and health components will continue to pave the way for future work impacting the care, health, and educational needs of children birth to five years of age in Cochise County.

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

Over the past five months, the First Things First Cochise Regional Partnership Council has engaged in numerous conversations on focusing and prioritizing strategies that would have the greatest impact on young children and families within the Cochise Region. Developing an early learning system, rather than simply expanding an array of programs options, is key to achieving success. This is the premise of what has guided the Cochise Regional Partnership Council in setting the strategic direction for the next three years.

Through six work sessions, the Regional Council engaged in clear, thoughtful and lengthy dialogues on lessons learned, information and data review, statewide priorities to include the School Readiness Indicators and what would take for a true systemic change for young children and their families within Cochise County. The Cochise Regional Partnership Council analyzed the 2010 Needs and Assets report and made decisions on statistical data contained within the report. Breadth and Depth/Scope and Reach were discussed at each work session to anticipate and define target populations for selected funded strategies. Based on the 2010 Needs and Assets report, the Cochise Regional Council decided to focus efforts on expanding high quality affordable childcare to include additional childcare scholarships, family support evidence-based programs

through home visitation and oral health program to aid in the overwhelming statistical information of untreated tooth decay within Cochise County.

In Cochise County the total number of children birth to age five equates to 11,016 or 7.8 percent. Among those children, 25 percent live at or below the poverty level. The American Community Survey 2006-08 estimates show that 45 percent of children birth to age five living with both parents had both parents in the workforce and 65 percent of children living with one parent had that parent in the workforce. This total estimate of 5,156 children with working parents need some type of child care. Child care is also needed for children of non-working parents who are trying to find employment or are attending school. Also, teen mother births are higher than the state average at 14 percent and 36 percent of new mothers giving birth were unmarried and 25 percent of those had less than a high school diploma. Dental care among young children continues to be limited in the Cochise Region.

The geographic dispersion and economic disparities of Cochise County continues to be a challenge for building a comprehensive, coordinated early care and childhood system. The county's size and rural character make it difficult for many parents to access early childhood education resources for their children. The deepening of the economic recession that started in 2007 also creates significant challenges for First Things First partners and extreme hardship for families with young children due to job loss and reductions in the social safety net of health and human service programs. Despite these economic crises, the Cochise Regional Partnership Council created assets that will contribute to building a coordinated system of early childhood education, health and family supportive services.

The Cochise Regional Partnership Council has opted to adopt all 10 School Readiness Indicators and the 6 priority roles through Quality First, Family Support and Oral Health. Intentional coordination through grant applications and communication through media and community awareness will provide parents a deeper understanding and access to parent education and information. Building on the past three years and combining strategies into the Quality First program, the Cochise Regional Partnership Council has aligned and prioritized three regional strategies with the School Readiness Indicators and priority roles that will start building an early childhood education system in the Cochise Region.

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

The Cochise Regional Partnership Council understands that all strategies within the funding plan work in concert with each other. Issues such as health, mental health, oral health, child welfare, professional development, early intervention and social services are addressed within the strategies outlined by the Cochise Regional Partnership Council. Intentional coordination and collaboration are included to ensure that services are comprehensive and take on a holistic approach within the system.

#### **Family Support:**

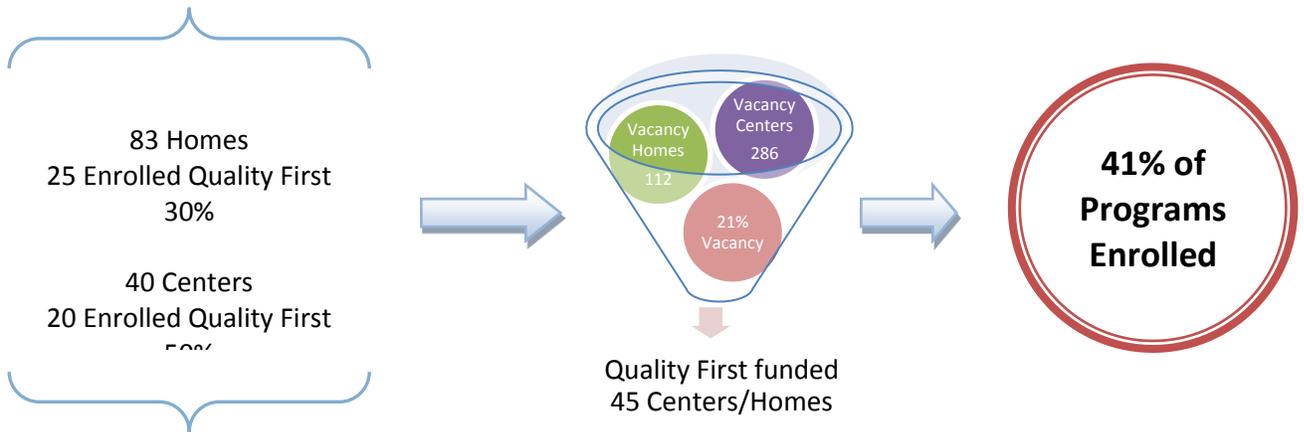
- **Data:** Child safety and security, substance abuse, abuse and neglect are concerns for the Cochise Region. Parent awareness on the importance of good parenting skills, literacy requirements (reading every day) and recognizing developmental delays, in their young child, health issues, immunizations, bonding with the infant/toddler and other skill sets. According to the census, adults in Cochise tend to have lower educational attainment levels. For example, adults 18 years and over without a high school diploma were 43.2 percent in Douglas, 42.4 percent in Bowie, and 32.5 percent in Willcox. The estimates for Cochise County show that, 25 percent of unmarried mother have less than a high school diploma compared to 16.5 percent of married mothers. In Sierra Vista, 47.6 percent of

unmarried mothers and 16.3 percent of married mothers reported less than a high school education. There is approximately 1800 births per year in the Cochise Region.

- **Need:** Limited knowledge and information about the importance of early childhood development and health.

**Quality and Access:**

- **Data:** Over 5,000 children with working parents are in need of some type of childcare. The average yearly cost of child care for infants to five year olds ranges from \$6,050 to \$5,800. This represents about 14 percent of gross family income and a much higher proportion of after-tax income. For any family earning the median income or below, paying for child care in a regulated setting can be prohibitive. As expected, for the 20 percent of families with children birth to age five that are below 100 percent of the poverty level, and the 49 percent of single mother families with children birth to age five that are below 100 percent of the poverty level in Cochise County, placing their children in a formal setting is not feasible without a subsidy. Currently, full time child care and early childhood education in a regulated setting is out of range for many middle class families and all low-income families who do not receive a subsidy. The implication of the cuts for working families is that parents must stay home to care for their children, foregoing earned income, or must find more affordable informal or unregulated care to keep their jobs. The quality of care for many children is therefore jeopardized. Given the number of parents in the workforce, high quality early childhood education programs are critical. As depicted below, currently there is an estimate of over 390 vacancy child care slots within Cochise County, this equates to 21 percent of homes and centers with slots available. Total regulated homes and centers enrolled in the program equates to 41 percent.
- **Need:** Limited access to quality, affordable early care and education.



**Health:**

- **Data:** In April 2009, nearly 18 percent of the total Arizona Population was enrolled in AHCCCS and almost 19 percent were enrolled in Cochise County. The number of children enrolled in KidsCare in Cochise County April 2010 (541) decreased dramatically from the number enrolled in April 2009 (756), which represents a decrease of 28 percent. The important issue for children 0-5 in the Cochise Region is that many are no longer being covered through KidsCare and therefore not likely to be receiving the medical attention they need and deserve. On average total births for Cochise County are approximately 1,781 births, per year. Teen births are at a higher rate than the entire State at 14 percent. Low birth weight newborns equate to 141 births or about 7.9 percent. There were a total of 11 infant deaths throughout the County with the highest number in Douglas. Most children are

receiving their well-child checks from their providers. There is a significant need for oral health services throughout the County – highest amount of tooth decay is in Sierra Vista, Douglas and Tombstone. Developmental screenings and services seem to be addressed through AzEIP and DDD and home visitation services can help with education about well-child visits, screening and referrals to services. Substance Abuse and Behavioral Health issues are addressed with other providers. Of the total numbers of children birth to age five who received publicly funded behavioral health services in 2007 and 2009 – Children who were not diagnosed with an emotional disturbance represent a majority of the children who received services.

- **Need:** High number of uninsured children and low utilization of preventative health care.

**Professional Development:**

- **Data:** According to the American Educational Research Association, one of the strongest predictors of high quality early learning programs is the preparation and compensation of teachers. Among the licensed providers surveyed for the Compensation and Credential Study (CCS) across the state in 2007, 12 percent required some college or college degree for assistant teachers, 27 percent required the same for teachers, 53 percent required the same for teacher directors, and 63 percent required the same for administrative directors. The level of education actually attained by the personnel surveyed among the licensed providers in the state, however, was somewhat higher than that employers reported as required. Nonetheless, it was far below the benchmark standard discussed by the AERA’s National Research Council. In 2007, the CCS study reported that eight percent of assistant teachers, 24 percent of teachers, 34 percent of teacher directors and 55 percent of administrative directors had a BA or Masters Degree. Furthermore, the percent of personnel who had no degree beyond high school and no Child Development Associate (CDA) credential was 76 percent of assistant teachers, 45 percent of teachers, 27 percent of teachers’ directors and 23 percent of administrative directors. Given the number of parents in the workforce, high quality early childhood education programs are critical. The push towards professionalization of the early childcare field has been occurring throughout the country for many years. The emphasis on professionalization points to the need for increased opportunities for obtaining academic degrees in this field.
- **Need:** Limited access to quality, affordable early care and education.



**Communication:**

- **Data:** The major goal of public awareness is to increase parental awareness and learning about early childhood development. The public outreach materials and media were created using the most recent research and information in the early childhood development field. The materials convey a wealth of information designed to be accessible for parents with young children. Communication strategies are implemented in concert with the FTF State Board and media consultant to effectively conduct public outreach.
- **Need:** Limited access to parent education and information.

## Strategies Discontinued from SFY 2012

Based on the needs and assets report, lengthy discussions, data review, School Readiness Indicators and further analysis, the Cochise Regional Partnership Council has determined that five strategies will be discontinued for SFY 2013. A system incorporates more than a set of independently operating programs and services. It requires an effective and seamless set of referrals and follow-ups across many fields – health, nutrition, family support, early care and education, early intervention and preschool services. Tracking progress, identifying best next steps, and assessing what is – and what is not – working was a challenge. The decisions below weren't made lightly, thoughtful and focused conversations on developing an early learning *system*, rather than simply expanding an array of program options, played a critical role in the discussions.

### Professional Development

1. Loan Forgiveness/Stipend Therapist Program: Through discussions and analyzing the data, the Regional Council determined that children at the fifty percent or above delay were seen by the AzEIP system and the children under the fifty percent delay could be screened in other supporting programs and through the funded home visitation strategy for SFY 2013.
2. Regional T.E.A.C.H.: Through review of the data, a total of 5 scholars were enrolled in the regionally funded T.E.A.C.H. program. The Cochise Regional Partnership Council discussed the potential issues of discontinuing the additional T.E.A.C.H. slots and rolling all T.E.A.C.H. slots to the Quality First program. In order to maintain the commitment and fidelity of the Quality First program, the Regional Council felt that early care and education providers in the region who were interested in the T.E.A.C.H. scholarship program would be able to access these opportunities through the new model. With the expansion of Quality First for SFY 2013, 52 slots will be available for the T.E.A.C.H. program.
3. Mental Health Credentialing and Endorsement: The Regional Council intended this strategy to be a three year capacity building program and will be discontinuing this strategy based on the new direction of the School Readiness Indicators for SFY 2013.

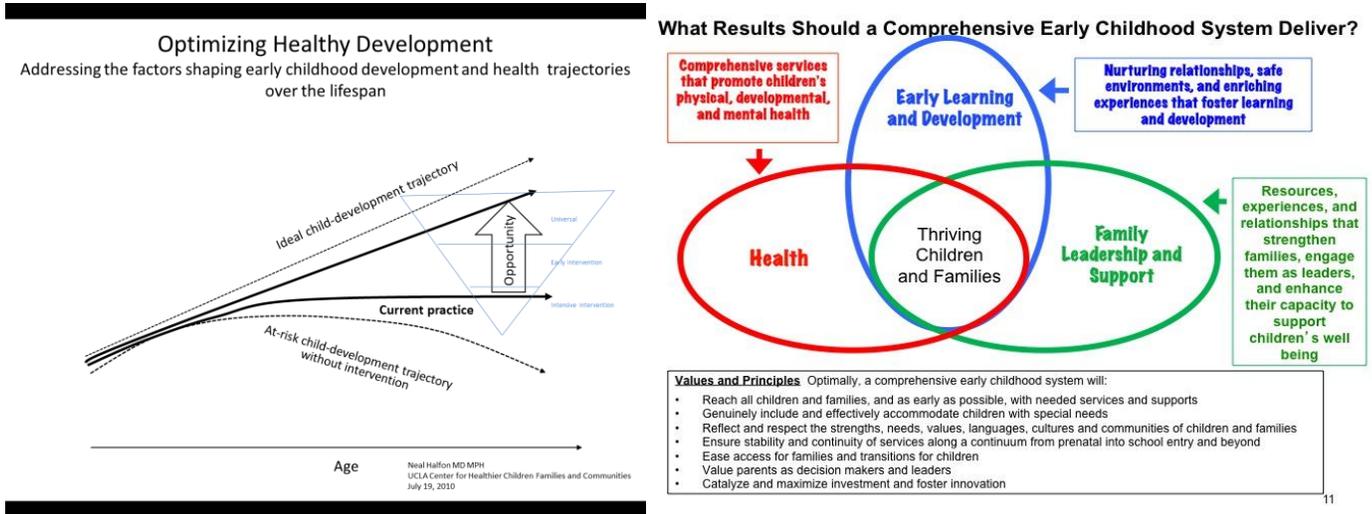
### Health

1. Childhood Obesity and Physical Activity Program: Through analyzing the data and looking at numerous similar programs through the region that address childhood obesity and physical activity, the Cochise Regional Partnership Council decided to discontinue this strategy and allow the Child Care Health Consultation in Quality First and other programs that address childhood obesity to continue the work on combating childhood obesity in Cochise County.

### Coordination

1. After lengthy discussions and looking at similar networking meetings throughout Cochise County and examining the outcomes of the strategy, the Cochise Regional Partnership Council decided to discontinue the coordination strategy for SFY 2013. The Regional Council will continue to be prescriptive with grantees to ensure they stay true to the objectives of the strategies yet respectful of local autonomy to make decisions based on knowledge of what is best for the Cochise Region by making coordination and collaboration a requirement. Intentional coordination and collaboration are included in the three funded strategies to ensure that services are comprehensive and take on a holistic approach within the system.

Based on the data and prioritized needs, the Cochise Regional Partnership Council designed a strategic plan that builds on coordination, access to and high quality child care for the children of Cochise County. The Cochise Regional Partnership Council has identified three primary areas of focus: Home visitation, Quality First and Oral Health.



Voluntary, home-based programs, also known as home visits, match parents with trained professionals to provide information and support during pregnancy and throughout their child’s first three years. By helping parents learn how to care for their children and themselves, families reap the benefits: children are safer, healthier, better prepared to learn and more likely to become successful adults.

The Cochise Regional Partnership Council wanted to ensure the early childhood system is available beyond birth to age three and thus built the infrastructure for quality and access to quality environments. The Quality First program incorporates professional development, child care health consultation, coaching services, program standards and quality assurance and improvement efforts. Connecting home visiting efforts and high quality child care, particularly those focused on children’s well-being and healthy development, with other child and family services will ensure that young children and parents have the comprehensive support they need.

The Cochise Regional Partnership Council has incorporated an oral health strategy; tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births. According to the 2008 and 2010 Needs and Assets report oral health has been neglected in Cochise County, and proves to be a huge issue for children and families, within the Cochise Region.

Finally, the Cochise Regional Partnership Council has woven communication awareness throughout the next three years of funding. This will ensure children have the access to quality health care and the awareness of early childhood development and health for children birth to age five in Cochise County.

The strategies presented in this funding plan focus on building and sustaining capacity and infrastructure in order to engage in the ongoing work of community change and building the early childhood system.

**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>Limited access to quality, affordable early care and education</p> <p>Limited knowledge and information about the importance of early childhood development and health</p> <p>High number of uninsured children and low utilization of preventative health care</p> <p>Limited access to parent education and information</p>	<ol style="list-style-type: none"> <li>1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</li> <li>2. #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</li> <li>3. #/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</li> <li>4. #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars</li> <li>5. % of children with newly identified developmental delays during the kindergarten year</li> <li>6. # of children entering kindergarten exiting preschool special education to regular education</li> <li>7. #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)</li> <li>8. #/% of children receiving timely well child visits</li> <li>9. #/% of children age 5 with untreated tooth decay</li> <li>10. % of families who report they are competent and confident about their ability to support their child’s safety, health and well being</li> </ol>	<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>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>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>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>Quality First (including CCHC, CC Scholarships, TEACH) Additional CC Scholarships</p> <p>Home Visitation</p> <p>Oral Health</p> <p>Media Community Awareness</p> <p>Statewide Evaluation</p>

**Section III C.**

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

<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> Over 5,000 children in the Cochise Region have parent(s) in the workforce; this is the driving force behind the need to expand the program. The need drove the allocation to expand additional slots – due to the high costs of the program the Council decided to maintain the numbers and not expand in the next two years, for stability and validity of the program.			
<b>Regional Need</b> Limited access to quality, affordable early care and education Families with young children in Cochise County face critical decisions about the care and education for their young ones. Cost and location are two of the most critical factors. This issue is fundamental to supply and demand in early childhood care and education. It is a difficult issue to access because there is no existing source of data regarding the number of children cared for by family, friends and neighbors. Within Cochise County, about 45 percent of children birth to age five who live with two parents have both parents in the workforce, and 65 percent of children living with one parent have that parent in the work force. This equates to over 5,000 children with working parents and underscores the need to expand affordable quality care in Cochise County. The geographic dispersion and economic disparities of Cochise County population continues to be a challenge and the greatest needs and gaps facing Cochise County are access to and availability of resources.			
<b>Target Population Description</b> Countywide for regulated homes and centers that enroll in the Quality First program. There are approximately 83 homes and 40 centers throughout Cochise County. Overall this program would be reaching 30% of homes and 50% of centers within the Cochise Region. The Cochise Regional Council will be reaching over 41% of regulated childcare centers and homes within the program.			
<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	20	20	20
Number of home based providers served	25	25	25
<b>Funding Levels</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Quality First	\$700,645	\$700,645	\$700,645
Child Care Health Consultation	\$113,400	\$113,400	\$113,400
Scholarships TEACH	\$	\$	\$
QF Child Care Scholarships	\$1,583,670	\$1,253,670	\$1,021,170

<b>Target Service Units - Child Care Health Consultation</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	20	20	20
Number of home based providers served	25	25	25
<b>Target Service Units - Scholarships TEACH</b>			
Number of professionals receiving scholarships	52	52	52
<b>Target Service Units - QF Child Care Scholarships</b>			
Number of children receiving scholarships	269	214	169

**Strategy: QF Child Care Scholarships (addition to QF package)****Strategy Narrative**

Through the Quality First model 169 slots will be provided in SFY 2013, the council allocated 100 additional slots (25 homes and 75 for centers) reaching 10 percent of the children living at poverty level. The hope is that children who need the scholarships the most will be able to receive the slot for high quality childcare within Cochise County. For SFY 2014, the Regional Council has allocated 45 additional slots as a step down mechanism for stability of children not going on to kindergarten. For SFY 2015, the scholarships will be allocated as described in the Quality First model. The intent of providing additional scholarships throughout the next two fiscal years stems from the need of families' ability to access affordable high quality care and to align with the new model outlined for SFY 2013 regarding childcare scholarships.

**Target Population Description**

Countywide for the centers and homes that are enrolled in the Quality First program. The additional slots will support families who are facing economic challenges with a scholarship program that will assist them in accessing and retaining their young children in quality early care and education programs at a reduced cost. Within Cochise County, about 45 percent of children birth to age five who live with two parents have both parents in the workforce, and 65 percent of children living with one parent have that parent in the workforce. This equates to over 5,000 children with working parents and underscores the need to expand affordable quality care in Cochise County. The implication of the cuts for working families is that parents must stay home to care for their children, foregoing earned income, or must find more affordable informal or unregulated care to keep their jobs. The quality of care for many children is therefore jeopardized. Given the number of parents in the workforce, high quality early childhood education programs are critical.

<b>Strategy: Home Visitation</b>			
<b>Strategy Description</b> Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child’s health and early learning.			
<b>Strategy Narrative</b> Birth to age three children with components tied to the Standards of Practice to include an evidence-based model ranging in costs from \$1,500 to \$9,800 per child. Births to teen mothers in Cochise County is higher than the state at 14 percent and low birth weight newborns for Cochise County is higher than the state average at 7.9 percent. Supportive services for families include a variety of formal and informal services, supports and tangible goods that are determined by a family’s needs. 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. The intent of the Cochise Regional Partnership Council is to reach as many families who want the service in the birth to age three category, countywide.			
<b>Regional Need</b> Limited knowledge and information about the importance of early childhood development and health. The home visitation strategy emphasizes building the capacity of parents by providing home visits, which build the knowledge base of parents/guardians of children birth through age five. The Cochise Regional Partnership Council recognizes and supports parents as the first teachers of their children and an important component to child development are their exposure to literacy-rich environments and resources. Parent awareness on the importance of good parenting skills, literacy requirements (reading every day) and recognizing developmental delays, in their young child, health issues, immunizations, bonding with the infant/toddler and other skill sets. According to the 2000 census, adults in Cochise tend to have lower educational attainment levels. For example, adults 18 years and over without a high school diploma were 43.2 percent in Douglas, 42.4 percent in Bowie, and 32.5 percent in Willcox. The estimates for Cochise County were 25 percent of unmarried mother having less than a high school diploma compared to 16.5 percent of married mothers. In Sierra Vista, 47.6 percent of unmarried mothers and 16.3 percent of married mothers reported less than a high school education.			
<b>Target Population Description</b> Within Cochise County there are over 11,000 children birth to age five with approximately 1,800 births per year. Over the next three years 600 at-risk children will be served in a targeted approach of birth to age three with the highest number of births in Sierra Vista and Douglas areas. At-risk categories include teenage moms, single parents, children living at or below the federal poverty level and low-birth weights. There are approximately 2,796 children living at poverty level and over 249 teenage moms per year. Thus the 200 target population will cover approximately 10% of families at or below federal poverty level and 80% of teenage moms.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	200	200	200
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$600,000	\$600,000	\$600,000

<b>Strategy: Oral Health</b>			
<b>Strategy Description</b> Decreases preventable oral health problems in young children.			
<b>Strategy Narrative</b> Young children in Cochise County experience limited access to dental care. Barriers to dental care include cost, lack of dental insurance, lack of providers from underserved racial and ethnic groups and fear of dental visits. Untreated tooth decay throughout the Cochise Region includes Bisbee at 37%, Douglas at 56%, and Huachuca City at 36%, and Sierra Vista at 64% and Tombstone at 50% of children in the age range of one to five. There is a significant need for oral health services throughout the County – highest amount of tooth decay is in Sierra Vista, Douglas and Tombstone. Birth to five populations throughout the highest need cities includes Bisbee at 700 children, Douglas at 2,388 children, Huachuca City at 395 children, Sierra Vista at 3,338 children and Tombstone at 109 children.			
<b>Regional Need</b> High number of uninsured children and low utilization of preventive health care Tooth decay is the single most common chronic infectious disease of childhood, five times more common than asthma. Low income and minority children have more untreated decay and visit the dentist less frequently. Oral disease is progressive and cumulative and if left untreated can lead to needless pain and suffering; difficulty in speaking, chewing and swallowing; missed school days, increased cost of care and at a greater risk for other systemic health problems due to poor nutrition. Connections are emerging between the condition of the mouth and diabetes, heart disease, and preterm, low-weight births. Access to dental care is limited for young children in both the state and the region. Lack of dental coverage may be a contributing factor to lack of oral health among children. According to the 2008 and 2010 Needs and Assets report oral health has been neglected in Cochise County, and proves to be a huge issue for children and families, within the Cochise Region. Many Children within the County are not seen by a dentist until they are between 3 and 4 years old.			
<b>Target Population Description</b> Countywide. The target service number is anywhere from 3,000 to 5,000 children birth to five receiving oral health screenings – this equates to 43 percent to 72 percent of the children with the highest need being served, within Cochise County.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of children receiving oral health screenings	3,000	3,000	3,000
Number of fluoride varnishes applied	1,200	1,200	1,200
Number of participating adults	3,000	3,000	3,000
Number of participating professionals			
Number of prenatal women receiving oral health screenings			
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$190,000	\$190,000	\$190,000

<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> The Cochise Regional Council will continue to support the statewide communication plan for paid advertisement of the importance of early childhood development and health. Strategies include paid newspaper ads, cinema ads, billboard ads and radio ads.			
<b>Target Population Description</b> This is a universal strategy intending to reach the community in general, and parents, child care providers, members of the business, faith-based, and education communities specifically.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
There are no target service units			
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Media	\$57,212	\$57,212	\$57,212

<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> The Regional Council will continue its efforts to increase the over-all community awareness of the importance of early childhood. Educational reinforcement items, including children’s books from Scholastic Books, will be utilized in coordination with FTF-fact sheets, presentations, article submissions, and participation in, and sponsorship of, a variety of community events that are focused on early childhood, or are otherwise appropriate venues to reach our audiences.			
<b>Target Population Description</b> This is a universal strategy for this region, with the intent to reach beyond the set of existing partners and supporters.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of books distributed	3,000	3,000	3,000
Number of children participating	6,300	6,300	6,300
Number of resources distributed	8,300	8,300	8,300
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Community Awareness	\$21,000	\$21,000	\$21,000

<b>Strategy: Statewide Evaluation</b>			
<p><b>Strategy Description</b>                  Statewide Evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples include: the baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.</p>			
<p><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 informational needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Councils, 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 advance the understanding of needs, activities, and effectiveness. Individually and collectively, research and evaluation strategies generate data and findings which can be used to identify trends and changes in school readiness indicators and therefore to support strategic planning and decision-making which promotes the health and well-being of young children.</p>			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>No target service units identified for this strategy</b>			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Statewide Evaluation</b>	\$70,589	\$70,589	\$70,589

**Section III D. Proposed Funding Summary**

SFY 2013 - 2015 Regional Partnership Council Budget

FY 2013 -2015 Cochise Funding Plan Summary			
Allocations and Funding Sources	2013	2014	2015
FY Allocation	<b>\$2,572,050</b>	<b>\$2,577,195</b>	<b>\$2,586,859</b>
Population Based Allocation	\$1,413,067		
Discretionary Allocation	\$839,638		
Other (FTF Fund balance addition)	\$319,345	\$2,577,195	\$2,586,859
Carry Forward From Previous Year	<b>\$1,392,710</b>	<b>\$628,243</b>	<b>\$198,922</b>
<b>Total Regional Council Funds Available</b>	<b>\$3,964,760</b>	<b>\$3,205,438</b>	<b>\$2,785,781</b>
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Quality First	\$700,645	\$700,645	\$700,645
Child Care Health Consultation	\$113,400	\$113,400	\$113,400
Quality First Child Care Scholarships	\$1,583,670	\$1,253,670	\$1,021,170
Scholarships TEACH	-	-	-
Home Visitation	\$600,000	\$600,000	\$600,000
Oral Health	\$190,000	\$190,000	\$190,000
Media	\$57,212	\$57,212	\$57,212
Community Awareness	\$21,000	\$21,000	\$21,000
Statewide Evaluation	\$70,589	\$70,589	\$70,589
<b>Proposed Allotment Total:</b>	<b>\$3,336,516</b>	<b>\$3,006,516</b>	<b>\$2,774,016</b>
<b>Total Unallotted</b>	<b>\$628,243</b>	<b>\$198,922</b>	<b>\$11,765</b>