

GRAHAM AND GREENLEE REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

Together Graham and Greenlee Counties cover more than 6,467 square miles and have a population of over 44,680 and make up the First Things First Graham/Greenlee Regional Partnership area. In an effort to describe the area it is important to recognize a few characteristics. There is diversity of race and ethnicity in the region; Graham/Greenlee families are primarily White/Non-Hispanic (54 percent) and Hispanic (33 percent). In addition, 10 percent of the population is American Indian and 2 percent is African American. The region is proud of a strong mining culture and heritage. In Greenlee County the copper mine in Morenci is North America's largest producer of copper and one of the largest open-pit mines in the world.

Graham County is located in the southeast corner of Arizona and has a population of 34,769. It is situated approximately 160 highway miles east of Phoenix and 125 miles northeast of Tucson. Individual or corporate ownership accounts for 9.9 percent of land ownership; the U.S. Forest Service and Bureau of Land management, 38 percent; the state of Arizona, 18 percent; and Indian reservations, 36 percent.

Greenlee County is located directly east of Graham County and has a population of 7,754 (2007). The cities of Greenlee County include Clifton, Morenci, and Duncan. The County is 120 miles long and 20 miles wide it covers 1,837 square miles. The majority of the land is government owned; individual or corporate ownership is 8.1 percent. Freeport McMoRan Copper & Gold, Inc. remains a major employer in both Graham and Greenlee Counties but originated in the city of Morenci in Greenlee County. In addition to the major contribution copper makes to Greenlee County's economy, ranching, agriculture and tourism are factors as well.

Census data tells us that while Arizona's population increased by 23 percent, the population of Graham County has increased by 4 percent and the population of Greenlee County has decreased 9 percent from 2000 to 2006. For children ages birth through five years, the population decreased in the Graham/Greenlee Region by 11 percent from 2000 to 2007. It is important to note however, that while the census data indicates that there was an overall population decline in the region, other information sources indicate otherwise. Data from Freeport McMoRan Copper & Gold, Inc. (per Regional Partnership Council request) asserts that

between June 2006 and June 2008 the company increased their employment roles by 1,897 employees. Many of these new Freeport McMoRan employees came from outside the region, and many of those with families and young children. This local increase in numbers may have not been reflected in any data census. The opening of the Safford mine two years ago has offered surrounding communities with employment stability and has increased the population of children and families in the region. The towns of Safford, Thatcher, and Pima, especially have seen a vast increase of children who are in need of health care and child care/early education settings. The communities in this region, at this point, are struggling to meet the needs of the population. Although every effort is being made to accommodate the influx of children into the community, there has been much concern about the quality of services, the coordination and communication systems, and the access issues that come with such population changes.

Within the Graham/Greenlee Region there are significant differences in family and child indicators of the two counties. In 2006, Graham County's single parent family rate was 24 percent compared to Greenlee County's rate of 19.8 percent. Furthermore, Graham County has 23 percent of its families living at or below the Federal Poverty Level (FPL), compared to 13 percent of families at or below FPL in Greenlee County. Poverty becomes more obvious when we look further: 50.6 percent of the Graham County population lives at or below 200% FPL and 30.3 % of Greenlee County's population lives at or below 200% FPL.

The 2008 Regional Needs and Assets Report identifies many of the concerns that are shared by the Graham/Greenlee Regional Partnership Council. The lack of ample service providers (for health, early care, and parenting support) in the region creates a front line barrier for families. The Graham/Greenlee Region has two medical facilities; Morenci Health Care Center and Mt. Graham Regional Medical Center. Despite having these health care providers in the region, there are currently no pediatricians serving in Graham or Greenlee Counties and the lack of pediatric expertise and services is felt strongly. There is concern that children ages birth to five years are not receiving the appropriate health and developmental screenings, or the appropriate pediatric care they need.

Early Childhood Education services have recently been stretched thin. Currently there are thirteen early care and education programs (full day or part day), three Head Start Programs and two Early Head Start programs within the region. Two of the thirteen child care/preschool programs are accredited centers.

Despite people's creativity to address and resolve the transportation issues (reliance on family and friends), lack of public transportation remains a strong issue in Graham/Greenlee Counties. Given geographical location, diversity, and rural make up of these regions, children age birth through five would not receive proper services unless the transportation issue and a viable solution/plan are addressed comprehensively.

Furthermore, public awareness needs special attention/consideration in this region given the geography and dispersed population growth. Specific attention needs to focus on providing much needed resources to parents, educators, and law makers, to equip them with all the necessary information and assistance so children reach their full potential. In addition to the support that the region receives from the larger companies, such as Freeport McMoRan Copper and Gold, Inc., Graham/Greenlee has many assets such as well-known agencies within the community that provide excellent services to the families and children within the region.

Graham/Greenlee is still considered a very rural area and is attempting to accommodate the needs of its population increase in a short time. Those impacted most by these changes are the very young children of our communities. The ever changing economy has made it a challenge for many parents and families to stay afloat and provide their children with the very best they can give.

The Graham/Greenlee Regional Partnership Council has enormous concern about the current economy and the impact of economic and employment instability will have on families and children of the region. Within the past weeks the downturn of copper value has had grave impact on the community, and it is feared that the layoffs of the past few weeks are not over:

More than 400 workers at the copper mines in Morenci and Safford were notified Monday that their services were no longer needed by Freeport-McMoRan Copper & Gold Inc.

"Due to current market conditions, Morenci notified 402 employees their employment was discontinued today, and Safford notified 59," said Freeport spokesman Richard Peterson. "Most of these employees have been recently hired." November 17, 2008¹

Already the community is seeing the impacts of employment stress and financial stress on families. It is yet to be known whether families will leave the region, or stay and struggle to find employment and support their needs. For this region, the work of First Things First becomes even more important in support of our youngest citizens. The Graham/Greenlee Regional Partnership Council is ready to provide a positive outlook to parents and to reassure them that they are not alone and that we all want the very best for the children of our communities. The best interests of EVERY child are at heart and the Graham/Greenlee Regional Partnership Council is ready to put forth every effort to make sure that every child is healthy and ready to succeed in school and life.

The Graham/Greenlee Regional Partnership Council has approached this first opportunity for planning with a strategic approach. Community forums were held, needs and assets were

¹ "More than 400 local copper miners lose jobs", *Eastern Arizona Courier*, Diane Saunders, Staff Writer, November 17, 2008

considered, and Regional Council Work Groups considered options and provided recommendations to the full Regional Council. The Graham/Greenlee Regional Partnership has committed to an exceptional approach to the next years. Members are committed to an active role in realizing the vision of First Things First. They are actively participating in existing collaboration, have planned to initiate new coalitions, and are committed to seeking funding (grants, private dollars, or through public/private partnerships) which, together with the funding for strategies in this plan, will build a full strategic approach to meet the needs of young children of the region.

Based upon the evidence available and the strategic direction, the Graham/Greenlee Regional Partnership Council has prioritized the following needs of the region:

- 1 There is a lack of affordable, available, quality, early care and education**
- 2 Children are not receiving adequate and appropriate early childhood health services**
- 3 Parents do not have adequate access to parenting information or resources to support children's healthy growth and development**
- 4 The region suffers from a lack of pediatricians and health professionals with specialized knowledge of children ages zero to five**

II. Prioritized Goals and Key Measures

Needs	Goal Areas / Goals	Key Measures
<p>1.</p> <p>Lack of affordable, available, quality, early care and education</p>	<p>Quality and Access</p> <p>(#1) FTF will improve access to quality early care and education programs and settings.</p>	<p>Total number of early care and education programs participating in the QIRS system</p> <p>Total number of children enrolled in early care and education programs participating in the QIRS system</p> <p>Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale</p> <p>Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score</p>
	<p>Quality and Access</p> <p>(#3) FTF will increase availability and affordability of early care and education settings.</p>	<p>Current cost of early care and education for families as a proportion of the median income for a family of four</p>
<p>2.</p> <p>Children are not receiving adequate and appropriate early childhood health services</p>	<p>Health</p> <p>(#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<p>Total number and percentage of children receiving appropriate and timely well-child visits</p>

Needs	Goal Areas / Goals	Key Measures
<p>3.</p> <p>Parents do not have adequate access to parenting information or resources to support children’s healthy growth and development</p>	<p>Family Support</p> <p>(# 11) FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.</p> <p>(# 12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health</p> <p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being</p> <p>Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)</p> <p>Percentage of families with children birth through age five who report reading to their children daily in their primary language</p> <p>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</p>
<p>4.</p> <p>Lack of pediatricians and health professionals with specialized knowledge of children ages zero to five</p>	<p>Health</p> <p>(#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<p>Total number and percentage of children receiving appropriate and timely well-child visits</p> <p>Retention rates of early childhood development and health professionals</p> <p>Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area</p>

III. Strategy Selection

Needs	Goals Area/ Goals	Key Measures	Strategies
<p>1. Lack of affordable, available, quality, early care and education</p>	<p>Quality and Access (#1) FTF will improve access to quality early care and education programs and settings.</p>	<p>Total number of early care and education programs participating in the QIRS system</p> <p>Total number of children enrolled in early care and education programs participating in the QIRS system</p> <p>Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale</p> <p>Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score</p>	<p>Strategy 1. Quality First! Enrollments add three medium centers (State First Things First funding will provide one center and three homes with enrollment in the region)</p>
	<p>Quality and Access (#3)FTF will increase availability and affordability of early care and education settings.</p>	<p>Current cost of early care and education for families as a proportion of the median income for a family of four</p>	<p>Strategy 2. Increase affordability of early care and education: Determine how to best improve affordability of quality early childhood education and care by engaging in a statewide pilot project/study to increase the affordability, to parents, of quality early care.</p>

Need	Goal Areas/Goal Statements	Key Measures	Strategies
<p>2. Children are not receiving adequate and appropriate early childhood health services</p>	<p>Health (#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<p>Total number and percentage of children receiving appropriate and timely well-child visits</p>	<p>Strategy 3. Increase access to appropriate immunizations for children ages zero to five.</p>
<p>3. Parents do not have adequate access to parenting information or resources to support children’s healthy growth and development</p>	<p>Family Support (# 11) FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development. (# 12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health</p> <p>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being</p> <p>Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)</p> <p>Percentage of families with children birth through age five who report reading to their children daily in their primary language</p> <p>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children</p>	<p>Strategy 4. Distribute and promote use of Arizona Parent Kits to organizations serving very young children.</p> <p>Strategy 5. Early Childhood Literacy Project: Parent education and books to children’s homes</p>

Need	Goal Areas/Goal Statements	Key Measures	Strategies
<p>4. Lack of pediatricians and health professionals with specialized knowledge of children ages zero to five</p>	<p>Health (#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>	<p>Total number and percentage of children receiving appropriate and timely well-child visits</p> <p>Retention rates of early childhood development and health professionals</p> <p>Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area</p>	<p>Strategy 6. Increase provision of pediatric care for children in the region.</p>

Strategy Worksheets

Strategy 1: Expand Quality First! to add three medium centers

Research conducted in 5 states with long-term quality improvement and rating systems, e.g. CO, NC, PA, TN and OK, show significant improvement in the quality of programs/settings participating in quality improvement and rating systems. Research also shows that low income children receive a higher level of benefit (i.e. school performance and other at-risk factors) from quality early care and education programs than children with higher income levels.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important. Just 15% of early care and education centers and less than 1% of family child care homes in Arizona are accredited by a national accreditation system, currently the only measure of high-quality available in the state.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre ², and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems.

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina ³, Pennsylvania, Tennessee and Oklahoma ⁴, show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.⁴ A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation⁵ suggests that the quality indicators which produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

1 Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)

2 Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel

Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center

3 Norris, D., Dunn, L., & Eckert, L. (2003). *“Reaching for the Stars” Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.
 4 LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.
 5 Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

Lead Goal: Goal # 1: FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the QIRS system
- Total number of children enrolled in early care and education programs participating in the QIRS system
- Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale
- Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score

Target Population:

Currently there are thirteen early care and education programs (full day or part day), three Head Start Programs and two Early Head Start programs within the region. Two of the thirteen child care/preschool programs are NAYEC accredited centers.

The Regional Partnership Council wishes to target a geographic diversity with the programs enrolled in Quality First! Sites to be in both Graham and Greenlee Counties.

Priority also to be given to programs serving low income families, and those serving infants and toddlers.

The Regional Council also directs that Quality First! enrollment be given to the program/s participating in Strategy 2: which addresses affordability of care, unless quality of care is ensured by Accreditation or other means for the Strategy 2 participant/s.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
		3 medium centers (State funding will provide 1 center and 3 homes with enrollment)	3 medium centers (State funding will provide 1 center and 3 homes with enrollment)

Performance Measures SFYs 2010-2012	
1) # of ethnic or low socio-economic level children at early care centers /Actual service # 2) # of centers served / Proposed service # 3) # of children served at target quality level / Proposed service # 4) # of centers moving from 1 star rating to 3 star rating/ Proposed service # 5) # of quality early care and education programs increasing score / Proposed service #	
How is this strategy building on the service network that currently exists: This expansion, in July 2009, quadruples the number of early care and education centers participating in the Quality First! system in the region.	
What are the opportunities for collaboration and alignment: The Regional Council will monitor the participation and progress of all of the centers and homes enrolled in Quality First!	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$86,670
Budget Justification: The Graham/Greenlee Regional Partnership Council proposes to provide funding for 3 additional centers to participate in Quality First! 3 medium child care centers = \$28,890 x 3= \$86,670	

Strategy 2: Determine how to best improve affordability of quality early childhood education and care by engaging in a statewide pilot project/study to increase the affordability, to parents, of quality early care.

To further develop understanding of how best to increase access and affordability to quality early care and education, a pilot study of multiple cost reduction or support strategies is being proposed by several Regional Partnership Councils as part of their funding plans. Information gleaned from the study will help inform future strategy development for the regions. The study will 1) determine what factors influence demand for quality care and education in each region, and how such demand varies by region; and 2) how and what strategies are most effective in addressing affordability of quality care as a barrier to access.

The Graham/Greenlee Regional Partnership Council will work in partnership with the FTF evaluation division and an external contractor(s) to design and implement a pilot study.

The Partnership Council has allocated \$50,000 per year for three years to address this need. Further, the Regional Council seeks First Things First direction in approach to this strategy (cost of strategy may require more funds, please see funding description below and section VI for request for support from discretionary funding). The funding is intended to enable the inclusion of a regionally located center in the pilot and the cost of the evaluation. Centers must meet specified conditions to participate (including participation in all aspects of the study and participation in a quality improvement effort).

In addition to the actual distribution of vouchers, scholarships, or financial supports to families or centers participating in the study, additional analyses will be conducted. Ongoing analyses with families and stakeholders in the community will determine:

- What cost reduction or support strategy can most effectively reduce cost as a barrier to quality care for families in this community?
- What is the impact of the cost reduction or support strategy on parent perceptions of quality?; and
- What is the impact of the cost reduction or support strategy on access to care and education in the community?

The details and design of the pilot would need to be developed and fall under the category of planning in a regional funding plan. The benefit of participating is that Regional Councils would be working together to begin addressing this need, determining what strategies are effective.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will increase availability and affordability of early care and education settings.

Key Measures:

- Current cost of early care and education for families as a proportion of the median income for a family of four
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

Target Population:

Many children and families living in the region experience tremendous need. Low income status may create barriers for families to have access to high quality early care and education. Average costs for early care and educations ranges from \$13.36 to \$32.58 per day for a child, with the most expensive care being center-based, infant care.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	1 center*	1 center*	1 center*
	*Seeking discretionary funding to support enrollment of one additional center		

Performance Measures SFY 2010-2012

To be determined once the study parameters are completed. Sample performance measures include:

- 1) Number of children enrolled in quality early education and child care settings receiving

<p>scholarship or stipend in the region</p> <p>2) Number of children enrolled in quality care (3, 4 or 5 star) in the region.</p> <p>3) Number of children at or below 100% FPL enrolled in early quality care and education in the region</p>	
<p>How is this strategy building on the service network that currently exists:</p> <p>The Regional Partnership Council intends to lead the region with efforts to create affordable, high quality care and education for children ages zero through five years. In order to do so, the Regional Partnership Council intends to study the current environment; to assess the existing supports and resources for providing and funding of early care and education and the actual cost of providing quality care in this region. As efforts to improve the quality of early care and education are implemented in the region, additional attention will need to be paid on how quality interacts with affordability of care, and how strategies can best be designed to attract and support families to choose quality care.</p> <p>The study will bring to light the issues and barriers to affordable high quality care and propose some direction for further community development and immediate funding needs. The Regional Council will following the study, be better informed and better positioned to lead the region with strategies that build on the current early care and education system and revenue streams that exist.</p>	
<p>What are the opportunities for collaboration and alignment:</p> <p>Participation by the early care and education community and stakeholders of the community including parents and caregivers will be critical to the successful completion of this project.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
<p>Population-based allocation for proposed strategy</p>	<p>\$80,000*</p> <p>Asking for consideration of discretionary funding to support enrollment for one additional center to support full enrollment.</p>
<p>Budget Justification:</p> <p>This allocation provides for:</p> <p>The administration of the pilot study and distribution of financial support</p> <p>Financial assistance for centers/homes and/or families</p> <p>Interviews with community members to establish need/demand as well as impact</p> <p>The Graham/Greenlee Regional Partnership Council has allocated \$80,000 per year for three years to address this need—18 percent of each year’s allocation. The Regional Council feels that this amount represents the high priority of this effort on behalf of the Regional Council, and is in the range of the proposed cost as described (\$80,000-\$100,000) for each site’s participation. The Regional Council intended to support “affordability” and is pleased to participate in a statewide study in collaboration with other Regional Councils. However, the Regional Council had intended that funding would go to directly assist families and the cost of the study as proposed includes a great deal of expense which does not directly address affordability for families. The Graham/Greenlee Regional Partnership Council</p>	

sees great long term benefit to participation in this study.

The Regional Council had initially intended to serve multiple locations with the funding for “affordability” and therefore will also ask the First Things First Board to consider providing additional support from the discretionary fund in order to allow for two sites to participate in the study in the region. The Regional Council asks for the First Things First Board to consider discretionary funding to support enrollment for one additional center -in order to run the pilot study at 2 locations in the region. Therefore, the Regional Council requests \$80,000 discretionary funding, each year, for the years SFY 2010 – SFY 2012.

Strategy 3: Increase access to appropriate immunizations for children ages zero to five.

The Graham/Greenlee Regional Partnership Council would like to ensure that every family has the information and support they need to access preventative health care. The Regional Council recognizes that for many families, immunizations are already affordable- thanks to public or private insurance. However, families need more information and greater support in order to overcome the barriers preventing timely delivery of immunizations for children 0-5 years. Despite the availability of safe and effective vaccines and substantial progress in reducing vaccine-preventable diseases, continuing efforts are needed to achieve or maintain high levels of vaccination coverage and low rates of vaccine-preventable disease. Low vaccine coverage may be the result of low community demand for vaccines or lack of access to vaccination services.²

Additionally, many parents are not well informed about child development and what they must do to support their child’s healthy development. Ideally, support provided through a variety of mechanisms will help families meet the needs of their children, throughout the region.

Through this strategy, the Graham/Greenlee Regional Partnership Council will: 1) expand availability of immunizations through coordination and partnership with health providers to those areas and individuals who have limited access; to include delivery in remote and rural areas; “untraditional hours” including weekends or evenings; 2) increase immunization outreach, communication, and coordination for parents, early childhood providers and services, schools, communities, faith communities and health providers; 3) distribute children’s health information to parents, as part of outreach and parent education and marketing of opportunities for immunizations; and 4) offer public health insurance outreach and enrollment assistance activities.

Approaches to this strategy, with existing evidence include:

Enhancing Access to Vaccination Services

- 1 Reducing out-of-pocket costs.** Reducing out-of-pocket costs to families for vaccinations or administration of vaccinations can be implemented by paying for administrative costs, location expenses, supplies or materials, or cost reimbursement for parent travel expense (mileage), and public insurance enrollment at the point of service. Interventions that reduce out-of-pocket

² “Vaccination Programs in WIC (Women, Infants, and Children) Settings are recommended to Increase Coverage with Universally Recommended Vaccines.” Guide to Community Preventive Services. Centers for Disease Control and Prevention. Last updated: Aug 21, 2006.

costs are *strongly recommended* on the basis that they improve vaccination coverage: (1) in children and adults; (2) in a range of settings and populations; (3) when applied in varying levels of scale from individual clinical settings to statewide programs to national efforts; and (4) whether used alone or as part of a multi-component intervention.

- 2 Expanding access in health care settings.** Expanding access increases the availability of vaccines in medical or public health settings in which vaccinations are offered by (1) reducing the distance from the setting to the population; (2) increasing or changing hours during which vaccination services are provided; (3) delivering vaccinations in clinical settings in which they were previously not provided (e.g., emergency departments, inpatient units or subspecialty clinics); or (4) reducing administrative barriers to obtaining vaccination services within clinics (e.g., developing a “drop-in” clinic or an “express lane” vaccination service). As a part of multi-component interventions, expanding access is *strongly recommended* on the basis that it improves vaccination coverage among children and adults and improves vaccination coverage in a range of contexts.
- 3 Vaccination programs in women, infants and children settings.** Vaccination programs in WIC settings involve efforts to encourage the vaccination of a low-income target population in this nonmedical setting. At a minimum, vaccination-promoting strategies in WIC require assessment of each child’s immunization status and referral of under-immunized children to a health care provider. Other services can include education, provision of vaccinations, or incentives to accept vaccinations (e.g., monthly voucher pickup, which requires more frequent WIC visits when children are not up to date). Women, infants and children interventions are *recommended* on the basis that they improve vaccination coverage in children whether used alone or as part of a multi-component intervention. All qualifying studies assessed the immunization status of WIC clients and either provided vaccinations on site or referred clients elsewhere for vaccination.
- 4 Vaccination programs in child care centers may be an approach, however the applicant would need to provide research evidence as to the strategies effectiveness prior to engaging the approach.** Available information does not indicate prior success for this method of delivery. Design of an approach in a child care setting should include: assessment of each child’s immunization status at: (1) entry into child care; (2) at some point during the child’s enrollment; or (3) at periodic intervals throughout the child’s enrollment. Vaccination interventions in child care centers can also include education or notification of parents, referral of under-immunized children to health care providers and, possibly, provision of vaccinations on site.³

Research indicates that the most successful immunization and health interventions increase linkages with community services including health and developmental services. A young child who has an ongoing health care provider has an increased probability of accessing appropriate health care services, receiving proper immunizations and attending well child checks. Research shows that children who receive health care insurance are more likely to have well-child visits, to be vaccinated, less likely to access care in an emergency room and do better in school.⁴ Therefore, applicants for this strategy are

³ Recommendations Regarding Interventions to Improve Vaccination Coverage in Children, Adolescents, and Adults; Task Force on Community Preventive Services. *American Journal of Preventative Medicine*, 2000;18(1S):92–96).

⁴ Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubai, L. & Kenney, G.M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban

asked to include public insurance enrollment and referral to health care providers.

In addition to identifying strategies to assist families the Regional Partnership Council acknowledges the need to support families of young children prenatal-5 who are experiencing trouble in getting to doctor and other necessary health related appointments due to transportation issues. Research demonstrates that transportation is a barrier to families attending health related appointments. When medical related transportation is provided to pregnant women or families, there is an increase in attending appointments. For example, one study found a 22% increase in pregnant, low income women who were in compliance with attending prenatal visitation when a transportation voucher was offered.⁵ Transportation assistance will be used in conjunction with the immunization delivery. Interested applicants will outline eligibility criteria to ensure that the most vulnerable families in need of mileage reimbursement will be eligible for this assistance.

In order to address the varied needs of the region, the Regional Council will invite community stakeholders to submit a variety of proposals to enhance delivery that are both evidence-based and relevant to the community served.

Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for the most vulnerable and geographically diverse families in the region.

Lead Goal: Health (#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.

Key Measure:

-Total number and percentage of children receiving appropriate and timely well-child visits

Target Population: Children ages 0-5 in the region, with focus on areas where low immunization compliance is recorded by the state or by the schools upon kindergarten sign-up. It is estimated that at least 20% (2,500) of the regions children are under-immunized.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	1000 children	1750 children	2500 children

Performance Measures SFY 2010-2012

- 1) # of under-immunized children receiving services/proposed service number
- 2) # of immunized children receiving services/proposed service number
- 3) percentage of children in the region with up to date immunization records/ previous years recorded percentage

Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau’s March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix 2003.

⁵ Melnikow J, Paliescheskey M, & Stewart, GK. Effect of a transportation incentive on compliance with the first prenatal appointment: a randomized trial. *Obstet Gynecol*, 1997.

How is this strategy building on the service network that currently exists:
 This strategy will work with the Arizona State Immunization Information System (ASIS) to record children’s immunization rates. The ASIS system will also allow for future health care providers to view the child’s record. Arizona Immunization Program Office, Arizona Department of Health Services.

What are the opportunities for collaboration and alignment:
 This strategy requires heavy coordination and collaboration of existing services. The applicant is asked to demonstrate partnership or planned partnerships with existing local health services and education providers (immunizations are required for school entry), and health insurance companies or other entities who may provide the payment for the immunization cost to the provider, for insured and uninsured children. Additional partnerships may be necessary with colleges or universities, community health organizations, or other health providers, local or within the state. Additional collaboration is necessary with the Arizona Immunization Program Office, Department of Health Services and the Graham and Greenlee County Health Departments.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based allocation for proposed strategy	\$ 50,000
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Budget Justification:

Estimates based on the following, however applicant will demonstrate funding request:
 Outreach, materials, coordination, health packets, distribution, travel: \$10,000
 Support and coordination for immunization clinics, fairs, events: \$40,000
 Applicant is asked to provide planning for sustainability of level of immunization services following end of funding period, estimated end of SFY 2012.

Strategy 4: Distribute and promote use of Arizona Parent Kits to organizations serving very young children.

The First Things First Board has approved funding to produce and distribute the Arizona Parents Kit statewide. At the statewide level, First Things First has joined the Virginia G. Piper Charitable Trust in expanding their Maricopa County distribution to the entire state through 2010. To implement this strategy at the statewide level, First Things First will provide an Arizona Parents Kit to all parents of newborns upon discharge from the hospital beginning January 2009. Through this effort, there will now be a statewide source of information and support which educates parents of newborns right from the start and provides opportunities for families to continue to access resources throughout their children's development.

First Things First provides the required statewide infrastructure to implement the strategy, i.e. design, production, assembly, distribution, and evaluation to parents of newborns. This allows opportunities for Regional Partnership Councils to expand distribution and to utilize the Kit in conjunction with local programs and services.

The Regional Partnership Council will distribute 44 additional kits throughout all communities within the region. Kits will be placed in existing services and agencies working with young children; such as but not limited to: health clinics, home visiting programs, infant care and parenting services, libraries, child-find activities, WIC, Early Head Start, Child and Family Resources, faith communities with parent support programs, and teen parent services, etc. The Kits will not be limited to parents, but will allow access opportunities to caregivers, relatives, and other sources of support to children in the birth-to-five age range.

The Kit offers many benefits to children, families and programs. It provides information, education and support to families. The Kit provides a guidebook which increases opportunities for families to access resources. Families are encouraged to recognize the important role they play as their children's first teachers. Included in the Parents Kit are information and resources that will help families care for their children and nurture their development. Toll-free numbers and websites are included to help families identify additional services, supports and resources.

Arizona Parents Kits include: (a) 6 DVDs on prenatal care, child health and nutrition, child development, safety, quality child care, early literacy, and discipline; (b) an 80-page Arizona Parents Guide booklet which accompanies the DVDs; (c) a chubby picture book for parents to read to their baby. The Kits will be available in all communities of the region through a "check-out" program, which will provide parents and caregivers with reliable information about child development.

Lead Goal: Family Support (# 11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Goal:

(# 12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being
- Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)
- Percentage of families with children birth through age five who report reading to their children daily in their primary language
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

Target Population: Support programs and services working with very young children and their families.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	44 kits	44 kits	44 kits

- Performance Measures SFY 2010-2012**
1. Number of kits distributed /proposed service number
 2. Number of providers with knowledge of parent kit 6 months following distribution/ proposed service number
 3. Number of providers reporting weekly use or referral to parent kit/ proposed service number

SFY2010 Expenditure Plan for Proposed Strategy

Population-based allocation for proposed strategy	\$ 5000
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Budget Justification:

The Regional Partnership Council estimates costs to include parent kits (approximately \$1,000), shipping, delivery to providers, and cost of a contract consultant to complete distribution of kits throughout the region; provide introduction/review/orientation to the kit, provide the target location with methods to use and integration into existing program, mileage, and track the number of programs utilizing kits at 6 month intervals.

Strategy 5: Early Childhood Literacy Project: Parent Education and Books to Children’s Homes

One component of children’s readiness for school consists of their language and literacy development. Learning to read and write starts long before first grade and has long-lasting effects.

Data on parental reading for children between birth and five years, drawn from the National Survey of Children's Health (2003) indicates that in our state only 43.2% of children ages birth to five years are read to daily, placing Arizona at the bottom of the ranking at 44th. And worse, only 40.6 percent of children ages 0-3 years are read to daily—placing Arizona at the flat bottom of the ranking at 51st.

“Parents reading frequently to their children provide language and literacy skills that help children learn to read. Helping children to prepare for the challenge of learning to read before school entry is better than helping them catch up later. Reading aloud is the single most important activity for building the knowledge required for eventual success in reading. Early language skills, the foundation for later reading ability, are based primarily on language exposure and human interaction – parents and other adults talking to young children. The more words parents use when speaking to an infant, the greater the size of the child’s vocabulary at age three. Many children from low-income families hear fewer words and learn fewer words and their limited vocabularies essentially leave them language delayed at school entry, which places them at educational risk. Of all parent-child activities, reading aloud provides the richest exposure to language, so promotion of reading aloud, especially for children from more disadvantaged backgrounds, holds great promise for strengthening school readiness and laying a strong foundation for future educational success.”⁶

Children’s early experiences with books and print greatly influence their ability to comprehend what they read. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children’s knowledge related to language and literacy.

Many children in Graham and Greenlee are at risk for low literacy attainment. Low educational attainment among parents and low income status are risk factors for literacy development. In the region, many children live below the Federal Poverty Level in some areas.

Other evidence also exists suggesting a need for support for literacy development among young children in the region. One assessment that is used frequently across Arizona schools - the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) – suggests that many children in the region may be behind in literacy acquisition when they enter Kindergarten.

Children who do not have access to books and do not read regularly are among the most vulnerable Americans. All major educational research of the last decade identifies access to books as a key factor in children’s reading achievement.

Research has shown that children who spontaneously learn to read early come from families where there are books, where they are read to often, and where adults engage in literacy activities.

According to the U.S. Department of Education, the single most important activity for building the knowledge required for eventual success in reading is reading aloud to children. The National Research Council suggests that the best time to start sharing books with children is during infancy, even when

⁶ Russ S, Perez V, Garro N, Klass P, Kuo AA, Gershun M, Halfon N, Zuckerman B. Reading Across the Nation: A Chartbook (2007): Reach Out and Read National Center, Boston, MA.

babies are as young as six weeks old.

Evidence-based research identifies key components of early literacy curriculum. They include:

- Oral language: Fostering vocabulary and listening comprehension, expressive and receptive language.
- Alphabetic Code: Developing alphabet knowledge, and phonological/ phonemic awareness which is the ability to discriminate sounds in words, invented spelling.
- Print knowledge: Understanding environmental print and concepts about print.

Effective literacy development programs:

- Understand the parent's literacy strengths and reinforce their knowledge and skills
- Provide an opportunity for adults and children to reflect on literacy practices in their daily lives
- Recognize the literacy history of the parents
- Consider socio-cultural context: Children's experiences with the world greatly influence their ability to comprehend what they read
- Provide accommodations and adaptations for children and adults with special needs or disabilities Contain an educational component which formally or informally affects the child's literacy or development

The Graham/Greenlee Regional Partnership Council has designated two elements to this literacy project. Approaches to implement this strategy will be required to build on current funding streams wherever possible. Partnerships with existing community resources are required, to include the library.

The strategy is designed with two elements: 1) literacy and reading activities with parents, families, caregivers and children of the region with particular attention to the geographic diversity of the region for locations of events. And 2) "Book Club" enrollments- children ages 0-5 years who reside in the region are to receive books, (high quality, recommended reading and developmentally appropriate) delivered to their homes, at least 3 times each year.

The two elements will work hand-in-hand, both as enticement and reward for participation. Outreach and communication across both services and with other programs and community services is needed.

The Regional Council will give preference to those applicants that demonstrate partnerships that expand access to services in non-traditional settings including homes, early care and education settings, public gathering places, community events, etc.

Book Club sign up and literacy outreach is to be directed to locations where parents and families receive and participate in services and daily life: grocery and convenience stores, parks, school referrals (for families with young children), DES offices, WIC offices, AHCCCS offices, large employers, and outreach with faith communities as resources, and hospital/ obstetric department. Creative outreach is expected in order to reach the "hard to reach" families who are unlikely to participate otherwise, but who may be happy to receive free books at home.

Sample national programs were researched by the Regional Partnership Council and are models with established research and evidence of effectiveness, they include: (Applicants are not limited to these approaches)

Reading is Fundamental (RIF): RIF's Books for Ownership service (formerly known as the National Book Program) motivates children, families, and community members to read together through a triad of principles basic to the entire RIF organization: book ownership, motivational activities, and family involvement in children's reading.

- **Book ownership**: Children have the opportunity to choose and keep two to five books per year at no cost to the children or their families.
- **Fun literacy-related activities**: Reading really is FUNdamental in Books for Ownership. Volunteers motivate children to read with a myriad of festive book activities that accompany each book event.
- **Family and community involvement**: RIF headquarters provides training and technical assistance to enable program coordinators to recruit and train volunteers, who help run their Books for Ownership service.

Books for Ownership reaches young people of all ages in a variety of settings, including schools, community centers, Boys & Girls Clubs, migrant labor camps, churches, hospitals, and health clinics. The program operates in 25,000 sites in all 50 states, the District of Columbia, and U.S. territories, and has been licensed in countries such as the United Kingdom and Argentina.

Raising a Reader The Raising A Reader fosters healthy brain development, parent-child bonding and early literacy skills critical for school success by engaging parents in a routine of daily "book cuddling" with their children from birth to age five. Raising A Reader is a child-driven program encompassing early childhood educators, parents and librarians in a coordinated "read-aloud" effort. Each week book bags filled with picture books are rotated into homes. Early childhood professionals are taught ways to engage parents in "read-aloud" strategies anchored to language development research and storytelling traditions. These approaches can help to inspire low-literacy or limited English-speaking families to share books with their children. The program and its materials are age-appropriate and tailored to suit the diverse cultural traditions, ethnic and linguistic demographics present in United States today. Upon entering kindergarten, Head Start children using Raising A Reader tested at least twice as high as the national Head Start norm for book knowledge and story comprehension. In various independent evaluations, parents reported a 471 percent increase in time spent sharing stories with their children (five or more times a week), and Spanish-speaking families increased library visits with their children by 300 percent.

Resources:

Helping Your Child Become a Reader, U.S. Department of Education, January 2000.

Learning Math and Learning Science, International Assessment of Educational Progress, by Educational Testing Service for the U.S. Department of Education, 1992.

NAEP 1992 Reading Report Card for the Nation and States

Neuman, Susan B. *Learning from Family of Readers: An Evaluation*, 1997.

Starting Out Right—a Guide to Promoting Children's Reading Successes, the National Research Council.

Goal: Family Support (# 12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

Key Measures:

-Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)

-Percentage of families with children birth through age five who report reading to their children daily in their primary language

Target Population:

Isolated communities where children have limited access to literacy resources.

Any community in the region where low education attainment of parents and low total family income are present.

This strategy will need to provide for a combination of in-home and in-community models. The Regional Council wants innovative ideas on how to “meet the families where they are” (i.e., churches, malls, grocery stores, community centers, doctors’ offices, child care centers, etc.)

First year target for book distribution is for all children ages 0-4. Second year to include 5 year olds and continue enrollments of previous year for children remaining 0-5 years.

Proposed Service Numbers:	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Book Club Members	Book distribution to 1,500 children	Book distribution to 2,000	Book distribution to 2,500 children
Literacy Events	Literacy events 500 children/parents attending At least 6 communities, 6 events each	Literacy events 750children/parents attending At least 6 communities, 6 events each	Literacy events 1,000 children/parents attending At least 6 communities, 6 events each

Performance Measures SFY 2010-2012

1. Number of families engaged in literacy support programs in the region/proposed service numbers
2. Percent of Kindergarteners meeting benchmark at the beginning of the year for each school district in the region, according to DIBELS.
3. Circulation of children’s books to children’s homes in the region/ proposed services numbers
4. Number of children reported reading each day following contact with service/ service numbers

How is this strategy building on the service network that currently exists: Priority to be given to responses to this opportunity to expand or enhance existing services with literacy resources in the region. This strategy aims at connecting literacy support and development efforts to existing services – either directly or in partnership or collaboration.

What are the opportunities for collaboration and alignment:

There are currently library branches in the region, providing books, family reading and literacy support activities for children, families, and caregivers.

This strategy could expand such community programs, or coordinate with such efforts to ensure maximum effectiveness.

This strategy will deliver quality and age appropriate books to the homes of children, for children ages 0-4, at least 3 times per year. In order to build the understanding of the importance of reading, to children, would support parent’s knowledge and ability, and improve access to literacy support and books.

The Regional Partnership Council and literacy provider will also identify possible opportunities for matching funds for this effort and partners in the region (GCCF) in literacy efforts or business partnerships to provide support.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based allocation for proposed strategy	\$100,000
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Budget Justification:

Estimated costs, applicants encouraged to respond with own estimates, within the allocated amount per year.

Graham Greenlee FTF Regional Partnership Book Club: Books to children in homes, children ages 0-4, per child \$5 per book, including mailing, 1500 children 3x per year, \$22,500. Staffing, travel, outreach, parent communications, evaluation \$27,500 first year. \$50,000 per year- all children ages 0-5 enrolled by third year.

Year 1: 1,500 children, Books = \$22,500; other costs \$27,500

Year 2: 2,000 children, Books = \$30,000; other costs \$20,000

Year 3: 2,500 children, Books = \$37,500; other costs \$12,500

The Regional Partnership Council desires to have this opportunity made available to all 3,107 children, ages 0-5 in the region, by year 3. Therefore, outside funding, matching funds, grants or gifts will be sought by the Regional Council to support full implementation.

Literacy Program \$100 per child (first year start-up) x 500 children= \$50,000 (staffing, program costs, travel, outreach, communications, evaluation). \$50,000 each year, seeking participation numbers to increase (500; 1,000; 1,500).

Strategy 6: Increase provision of pediatric care for children in the region.

Throughout rural Arizona, particularly in Graham and Greenlee Counties, there is a critical shortage of health practitioners with specialized training to work with young children birth through age 5. Despite having other health care providers in the region, there are currently no pediatricians serving Graham or Greenlee Counties-- and the lack of pediatric expertise and services is felt strongly. There is concern that children ages birth to five years are not receiving the appropriate health and developmental screenings, or the appropriate pediatric care they need. The Regional Council intends to provide incentive to obtain the sustained provision of pediatric care for children of the region. The Regional Council will partner with local health agencies and early childhood health partners to lead a collaborative effort to identify the necessary and appropriate incentive and agreements with a pediatric care provider.

The Graham/Greenlee Regional Council seeks to address this need in a two step strategy:

1. Identify and collaborate with existing regional partners with shared interest in addressing this need in order to synthesize a plan for securing pediatric care in the region. There are other interested, committed, and influential parties in the region who would participate with the council in an approach to address this problem. The Regional Partnership Council, together with the Regional Coordinator and the First Things First Policy Staff, will set up a task force to design and plan the method of incentive. The task force will be charged with:
Research about past work or planning on this issue in the region.
Consult/collaborate with the following: Arizona Association of Community Health Centers, Arizona Academy of Pediatrics, Arizona Medical Association, the Arizona Academy of Family Physicians. The Regional Council intends to work with partners to identify an incentive, expense support, or tuition repayment in exchange for Pediatric practice in the region. The Regional Council intends to have an incentive plan prepared by end of 1st quarter of SFY 2010.
2. Provide incentive to attract and retain provision of pediatric care. In partnership and collaboration with regional organizations, civic or governmental interests, individuals, health and early childhood providers and advocates.

This strategy is intended to provide an incentive/bonus for pediatric practice in Graham and Greenlee Region; this may include, but is not limited to, payment of state licensing fees, a tuition/loan reimbursement, housing stipend, mileage or travel reimbursements, or incentive/bonus to practice medicine in this rural and remote area of the state.

The incentive plan will require a commitment of service to the region in exchange for the incentive provided.

The Regional Partnership Council has allotted \$225,000 over the three year period to address this need.

Goal: Health (#4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

<p>Key Measures:</p> <ul style="list-style-type: none"> -Total number and percentage of children receiving appropriate and timely well-child visits -Retention rates of early childhood development and health professionals -Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area 			
<p>Target Population: All children ages 0-5 in the region.</p>			
<p>Proposed Service Numbers</p>	<p>SFY2010 July 1, 2009 – June 30, 2010</p>	<p>SFY2011 July 1, 2010 – June 30, 2011</p>	<p>SFY2012 July 1, 2011 - June 30, 2012</p>
	<p>To be determined Pediatric caseload</p>	<p>To be determined Pediatric caseload</p>	<p>To be determined Pediatric caseload</p>
<p>Performance Measures SFY 2010-2012</p> <ol style="list-style-type: none"> 1) Incentive plan design by October 1, 2010 2) Secure provision of pediatric care in the region 			
<p>How is this strategy building on the service network that currently exists: Current health providers and children’s support services will participate in the design and implementation of the strategy. The pediatric care will be linked to the existing services of the region.</p>			
<p>What are the opportunities for collaboration and alignment: The Regional Partnership Council, together with the Regional Coordinator and the First Things First Policy Staff, will set up a task force to design and plan the method of incentive. Existing health providers and services will be included. Models from the state and other states to be considered. There are individuals and organizations within the region prepared to participate in supporting this strategy.</p>			
<p align="center">SFY2010 Expenditure Plan for Proposed Strategy</p>			
<p>Population-based allocation for proposed strategy</p>		<p>\$ 100,000</p>	
<p>Budget Justification:</p> <p>The Regional Partnership Council will partner with local health agencies and early childhood health partners to lead a collaborative effort to identify the necessary and appropriate incentive and agreements with a pediatric care provider.</p> <p>Supports to be considered include incentive to practice in the region which may include agreement for tuition/loan forgiveness, mileage or travel reimbursement, incentive bonus. The Regional Council has allotted \$225,000 over the three year period to address this need.</p>			

IV. **Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)**

Revenue	
Population Based Allocation SFY2010	\$441,450
Expenditure Plan for SFY2010 Allocation	
Strategy 1 Quality First; 3 Medium Centers	\$86,670
Strategy 2 Increase affordability of early care and education	\$80,000
Strategy 3 Increase access to appropriate immunizations	\$50,000
Strategy 4 Distribution and instruction Arizona Parent Kits	\$5,000
Strategy 5 Early Childhood Literacy Program	\$100,000
Strategy 6 Id and secure provision of Pediatric care	\$100,000
Evaluation of Strategies (2%)	\$8,900
Regional Needs & Assets	\$5,000
Subtotal of Expenditures	\$435,570
Fund Balance (undistributed regional allocation in SFY2010)*	\$5,880
Grand Total (Add Subtotal and Fund Balance)	\$441,450

Coordination of new and existing services: To be addressed through Regional Council and staff efforts for the first year. Additionally, the Regional Council will include coordination efforts, participation with other First Things First and early childhood initiatives, and reporting in each funding contract and partnership agreement, creating communication and partnership opportunities throughout the work of First Things First in the region.

Communication: The Graham/Greenlee Regional Partnership has committed to an active role in realizing the vision of First Things First. They are actively participating in existing collaborations, have planned to initiate new coalitions, and are committed to seeking funding (grants, private dollars, or through public/private partnerships) which, together with the funding for strategies in this plan, will build a full strategic approach to meet the needs of young children of the region. The Regional Council has approached the first years of communication with the same dedication. In compliment to the statewide communication strategy the Regional Council will undertake regional communication strategies with staff and partners. This approach will be reviewed for effectiveness over the next 12 months for decision and consideration for the 2011 SFY planning.

Needs and Assets Report: The Regional Partnership Council is interested in partnering with neighboring Regional Partnership Councils in this effort, and would be willing to combine funds and direct toward one contractor.

The Fund Balance/Carry Forward is just less over 1% of the regional allocation. The Regional Council intends that this funding be available in anticipation of fluctuation of regional allocation in the next year. The money would be applied in order to sustain the contracts and level of service into the second year.

The Regional Council also intends that further development of the Needs and Assets of the region and further work to understand the barriers involved with the regional needs will inform future spending of remaining carry forward. In years 2 and 3, following more careful assessments and evaluation, it is intended that any fund balance be distributed to address unmet needs in areas of the priority areas.

Funding may be used to increase delivery of existing strategies, or to initiate new strategies. The Regional Council is especially cautious in this tumultuous time of the local economy. Within several months and by next funding plan cycle we will have much more information about the emerging needs of the community due to the employment and financial turmoil.

**V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan:
July 1, 2010 through June 30, 2012**

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$441,450	\$441,450	\$441,450	\$1,324,350
Fund Balance (carry forward from previous SFY)	N/A	\$5,880	\$36,760	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 Quality First; 3 Medium Centers	\$86,670	\$86,670	\$86,670	\$260,010
Strategy 2 Increase affordability of early care and education	\$80,000	\$80,000	\$80,000	\$240,000
Strategy 3 Increase access to appropriate immunizations	\$50,000	\$50,000	\$50,000	\$150,000
Strategy 4 Distribution and instruction Arizona Parent Kits	\$5,000	\$5,000	\$5,000	\$15,000
Strategy 5 Early Childhood Literacy Program	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 6 Id and secure provision of Pediatric care	\$100,000	\$75,000	\$50,000	\$225,000
Evaluation of Strategies (2%)	\$8,900	\$8,900	\$8,900	\$26,700
Regional Needs & Assets	\$5,000	\$5,000	\$5,000	\$15,000
Subtotal Expenditures	\$435,570	\$410,570	\$385,570	\$1,231,710
Fund Balance* (undistributed regional allocation)	\$5,880	\$36,760	\$92,640	
Grand Total	\$441,450	\$447,330	\$478,210	

Budget Justification

For Health Strategy 6, Regional Partnership Council investment diminishes following the first year. The Regional Council intends to invest a larger amount to begin the strategy and in future years will seek other supports such as matching funds, partners to invest, or grant opportunities to be identified.

The Fund Balance/Carry Forward

The Regional Council also intends that further development of the Needs and Assets of the region and further work to understand the barriers involved with the regional needs will inform future spending of remaining carry forward. In years 2 and 3, following more careful assessments and evaluation, it is intended that any fund balance be distributed to address unmet needs in areas of the priority areas. Funding may be used to increase delivery of existing strategies, or to initiate new strategies. The Regional Council is especially cautious in this tumultuous time of the local economy. Within several months and by next funding plan cycle we will have much more information about the emerging needs of the community due to the employment and financial turmoil.

In order to address anticipated need for funding for affordability and access to early care and education; the Regional Partnership Council's funding reflects their priorities—1st to raise the quality of care; and then the Council intends to move funding after SFY 2012 from the Quality First Strategy into affordability/access to early care. At that point the pilot study will be concluded and better information about methods to successfully address affordability will be available.

VI. Discretionary and Public/Private Funds

The Regional Council has already identified that the Regional Allocation of \$441,450 will not begin to meet the needs of the children in the region. Already with the small amount of information know, the funding has been assigned in the most cautious way, yet there are great needs that we are unable to address.

It is understood that the need for pediatric care and pediatric dentistry is great, and real solutions are costly. The Regional Council seeks to identify further funding to strengthen these efforts.

Due to population growth in the area, which is not represented in the Census or population count—but is documented by the companies who have hired families into the area over the past two years, the Regional Partnership Council acknowledges that the per child funding of First Things First is not truly representative of the number of young children currently living in the region.

Additionally, the region has great transportation, geography, and “access to service” issues to overcome. These challenges lead to increased costs that the Regional Council feels we are not able to duly address because of the limited funding. It is anticipated that mileage, travel, and access to services will present challenges beyond the allocated funding and these needs, left unmet, may lead to the intended outcomes of services.

For these reasons, the Graham /Greenlee Regional Partnership Council requests that the First Things First State Board consider awarding discretionary funding to the Graham and Greenlee Region for the following use in SFY 2010:

- Quality of Care: to enroll one additional center and one addition home in Quality First \$57,225.
- Affordability of Early Care and Education: to assist with cost of pilot for one center, and addition of one additional \$80,000 center into the pilot study.