



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

### North Pima Regional Partnership Council

| Allocations and Funding Sources   | SFY13              |   |
|---|--------------------|---|
| <b>FY Allocation</b>  | <b>\$1,874,166</b> |   |
| Population Based Allocation   | \$1,391,568        |   |
| Discretionary Allocation  | \$168,111          |   |
| Other (FTF Fund balance addition)   | \$314,487          |   |
| Carry Forward From Previous Year  | \$784,887          |   |
| <b>Total Regional Council Funds Available</b>                                   | <b>\$2,659,053</b> |   |
| Strategies  | Proposed Allotment | Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts |
| Community Based Professional Development Early Care and Education Professionals | \$150,000          | Approved  |
| FTF Professional REWARD\$ (statewide)   | \$56,000           | Approved  |
| Consultation: Language and Communication  | \$135,000          | Approved  |
| <i>Quality First (statewide)</i>  | <i>\$392,913</i>   | <i>Held</i>   |
| Quality First Child Care Scholarships (statewide)                               | \$812,408          | Approved  |
| Child Care Health Consultation (statewide)                                      | \$57,960           | Approved  |
| Scholarships TEACH (statewide)  | \$75,900           | Approved  |
| Expansion: Increase slots and/or capital expense                                | \$75,000           | Approved  |
| Home Visitation   | \$300,000          | Approved  |
| Parent Education Community-Based Training                                       | \$100,000          | Approved  |
| Community Partnerships  | \$39,600           | Approved  |
| Community Awareness (FTF directed)  | \$2,000            | Approved  |
| Community Outreach (FTF directed)   | \$13,000           | Approved  |
| Mental Health Consultation (statewide)  | \$123,000          | Approved  |
| Statewide Evaluation (statewide) (FTF directed)                                 | \$69,515           | Approved  |
| Recruitment – Stipends/Loan Forgiveness   | \$10,500           | Approved  |
| <b>Proposed Allotment Total</b>   | <b>\$2,412,796</b> |   |
| <b>Approved Allotment Total</b>   | <b>\$2,019,883</b> |   |



**NORTH PIMA  
REGIONAL PARTNERSHIP COUNCIL**

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

**NORTH PIMA REGIONAL PARTNERSHIP COUNCIL**

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

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SFY 2013 -2015 Regional Partnership Council Budget

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

Funds Available State Fiscal Years (SFY) 2012- 2015

| <b>North Pima Regional Partnership Council</b> |                    |                    |   |                    |
|--|--------------------|--------------------|---|--------------------|
| <b>Allocations and Funding Sources</b>         | <b>2012</b>        | <b>2013</b>        | <b>2014</b>   | <b>2015</b>        |
| <b>FY Allocation</b>                           | <b>\$1,896,153</b> | <b>\$1,874,166</b> | <b>\$1,877,914</b>  | <b>\$1,884,956</b> |
| Population Based Allocation                    | \$1,428,077        | \$1,391,568        | <i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i> |                    |
| Discretionary Allocation                       | \$171,820          | \$168,111          |   |                    |
| Other (FTF Fund balance addition)              | \$296,256          | \$314,487          | \$1,877,914   | \$1,884,956        |
| <b>Carry Forward From Previous Year</b>        | <b>\$1,198,537</b> | <b>\$784,887</b>   | <b>\$246,257</b>  | <b>\$36,392</b>    |
| <b>Total Regional Council Funds Available</b>  | <b>\$3,094,690</b> | <b>\$2,659,053</b> | <b>\$2,124,171</b>  | <b>\$1,921,348</b> |

## **Section II.**

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

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

The regional council's foundational work and vision, which was shaped over the first three years of planning, guided them to address the following key priorities in Fiscal Year 2012:

- Early learning settings are of high quality and are accessible
- Families are connected and supported
- Children are healthy and receive individualized support so that they are prepared to learn

The intent of the regional council was to provide a continuum of services across the Tiered Service Delivery Model that would build an infrastructure for early childhood services which had not previously existed in the region. The Tiered Service Delivery Model is designed to target services to the needs of children with varying levels of need and who have varying risk factors. This model is intended to be integrated and collaborative, supporting the healthy development of all children. The regional council endeavored to reach a wide audience through diverse priorities; they wanted to directly target parents and children through family support strategies and health insurance outreach, child care professionals through professional development, and the health community through a health outreach strategy. They also intended to build upon the work of community partners by growing the early childhood system in the region and increase awareness of and access to early childhood services. The region sees disparity between higher income urban areas and lower income rural areas. These factors often direct the priorities and target populations of the regional council, as they want to ensure that children with higher risk factors are supported. It also creates challenges in strategy implementation, as it is easier to provide services in urban areas.

As strategies were implemented, the regional council gained greater awareness that maximum impact would not be achieved through funding a large number of strategies across the early childhood continuum. Providing services in rural areas often requires a greater investment of time and financial resources. In order to affect change in the region, the regional council recognized that more resources would have to be allotted to fewer strategies. They considered streamlining during their Fiscal Year 2012 planning process. Instead, it was determined through extensive discussion and reflection to maintain their priorities until the Fiscal Year 2013 planning process to allow them further time to consider changes, impact, and strategy progress.

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

## North Pima Units of Service by Strategy

| Strategy Description  | Targeted Units | Contracted Units |
|---|----------------|------------------|
| <b>Quality First Strategy</b>                                     |                |                  |
| Number of center based providers served                           | 21             | 42               |
| Number of home based providers served                             | 4              | 8                |
| <b>Expansion: Increase slots and/or capital expense Strategy</b>  |                |                  |
| Number of center based providers served                           | 0              | 0                |
| Number of home based providers served                             | 10             | 10               |
| Number of increased slots for participating children              | 50             | 50               |
| <b>FTF Professional REWARD\$ Strategy</b>                         |                |                  |
| Number of incentive awards distributed                            | 40             | 40               |
| <b>Scholarships TEACH Strategy</b>                                |                |                  |
| Number of professionals receiving scholarships                    | 40             | 84               |
| <b>Consultation: Language and Communication Strategy</b>          |                |                  |
| Number of center based providers served                           | 4              | 4                |
| Number of home based providers served                             | 6              | 6                |
| <b>Home Visitation Strategy</b>                                   |                |                  |
| Number of families served   | 164            | 164              |
| <b>Parent Education Community-Based Training Strategy</b>         |                |                  |
| Number of participating adults                                    | 275            | 315              |
| <b>Child Care Health Consultation Strategy</b>                    |                |                  |
| Number of center based providers served                           | 25             | 45               |
| Number of home based providers served                             | 5              | 10               |
| <b>Health Insurance Enrollment Strategy</b>                       |                |                  |
| Number of families served   | 200            | 200              |
| <b>Mental Health Consultation Strategy</b>                        |                |                  |
| Number of center based providers served                           | 5              | 5                |
| Number of home based providers served                             | 2              | 2                |
| Number of people receiving tuition reimbursements                 | 0              | 0                |
| <b>Recruitment – Stipends/Loan Forgiveness Strategy</b>           |                |                  |
| Number of participants receiving Stipends and/or Loan Forgiveness | 0              | 0                |
| Number of therapists receiving loan forgiveness                   | 0              | 0                |
| Number of therapists receiving stipends                           | 3              | 3                |

|                             |  |
|-----------------------------|--|
| <b>Community Awareness</b>  |  |
| No service units            |  |
| <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            |  |

Notes:

**Quality First Service Numbers:**

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

**Scholarships TEACH and Child Care Health Consultation (CCHC) Service Numbers:**

The Scholarships TEACH strategy and the CCHC strategy have Target Service Numbers which reflect the strategy targets of “additional TEACH” or “additional CCHC”. The Contracted Service Numbers include the “additional TEACH (or additional CCHC)” in addition to the Service Numbers funded through the regionally funded Quality First package. Therefore, for many regions, the Target Numbers will appear lower than the Contracted Numbers.

## II C. SFY 2012 Funding Summary Review

## FY 2012 North Pima Funding Plan Summary

| Allocations and Funding Sources                  |                    | 2012               |  |
|--|--------------------|--------------------|--|
| <b>FY Allocation</b>                             |                    | <b>\$1,896,153</b> |  |
| Population Based Allocation                      |                    | \$1,428,077        |  |
| Discretionary Allocation                         |                    | \$171,820          |  |
| Other (FTF Fund balance addition)                |                    | \$296,256          |  |
| <b>Carry Forward From Previous Year</b>          |                    | <b>\$1,198,537</b> |  |
| <b>Total Regional Council Funds Available</b>    |                    | <b>\$3,094,690</b> |  |
| Strategies                                       | Allotted           | Awarded            |  |
| Quality First                                    | \$533,500          | \$520,767          |  |
| Expansion: Increase slots and/or capital expense | \$100,000          | \$100,000          |  |
| FTF Professional REWARD\$                        | \$94,000           | \$94,000           |  |
| Scholarships TEACH                               | \$209,300          | \$209,300          |  |
| Consultation: Language and Communication         | \$135,000          | \$134,995          |  |
| Home Visitation                                  | \$350,000          | \$348,229          |  |
| Parent Education Community-Based Training        | \$150,000          | \$150,000          |  |
| Child Care Health Consultation                   | \$220,000          | \$213,494          |  |
| Health Insurance Enrollment                      | \$100,000          | \$100,000          |  |
| Mental Health Consultation                       | \$125,000          | \$125,000          |  |
| Recruitment – Stipends/Loan Forgiveness          | \$73,488           | \$73,488           |  |
| Community Awareness                              | \$2,000            | \$2,000            |  |
| Community Outreach                               | \$13,000           | \$13,000           |  |
| Media  | \$10,000           | \$10,000           |  |
| Needs and Assets                                 | \$50,000           |                    |  |
| Evaluation                                       | \$75,000           |                    |  |
| Statewide Evaluation                             | \$69,515           | \$69,515           |  |
| <b>Total Allotted/Awarded</b>                    | <b>\$2,309,803</b> | <b>\$2,163,789</b> |  |
| <b>Total Unallotted/Unawarded</b>                | <b>\$784,887</b>   | <b>\$146,015</b>   |  |

## II D. Review of Progress

Over the previous three fiscal years the regional council identified and aligned their paramount priorities: early learning settings are of high quality and are accessible; families are connected and supported; children are healthy and receive individualized support so that they are prepared to learn. They recognized the interconnectedness of priorities and have worked to weave strategies together to ensure streamlined access to and delivery of services. As an example of the interwoven strategies, they understand that quality early care and education settings often are not achievable without professional development opportunities for providers, which is why they supported Quality First as well as a variety of professional development strategies. While the regional council strove to weave their own strategies together to strengthen the early childhood system, they also recognized the need to integrate existing community assets in to the web of services. Understanding both that their funds were limited and that they would need to narrow if they wanted to see greater impact, they began the Fiscal Year 2012 funding plan process identifying where strategies could be streamlined.

The regional council has been engaging in strategic thinking since the previous funding plan was complete in December of 2010. They understood at that time streamlining would need to occur in order to have a greater impact on the lives of over 18,400 children birth through five in the region and their families. During their renewal process they delved into deep discussion about each of the strategies they were funding in an effort to better understand each strategy and what impact it was currently having on children. This process allowed them to review narrative and data reports and discuss how the continuum of supports was working in concert.

The family support strategies were successful in the first quarter of Fiscal Year 2012. Both community-based parent education—which reached 75 adults—and home visitation—which reached 74 families—are successful at reaching populations of people who are often not connected to the early childhood education system. Many families who live in rural areas of North Pima face challenges such as lack of accessible transportation which can limit access to services and increase isolation. The Family Support Alliance works to reduce the barriers service providers face when delivering services to families. The Alliance brings together First Things First funded and unfunded partners to learn about important community resources and work together to ensure improved service delivery. As an example, home visitors were providing services to many refugee families. Often there is a language barrier when working with these families and the home visitors reached out to the Alliance in an effort to brainstorm a solution to eliminate this barrier to optimum service delivery. The International Rescue Committee joined the Alliance and offered translation services during home visits. This makes refugee families feel more comfortable and supported and able to effectively reap the benefit of home visitation services.

The quality, access, and affordability strategies succeeded in improving the quality of early care and education in several ways. The expansion strategy increased the number of regulated child care homes by 13 throughout the region and provided support services to ensure they maintain higher quality settings. Quality First filled all of the 34 available slots and maintained a waiting list for interested child care settings. Providers have been very involved in improving the level of quality.

Professional development strategies showed overall success over the previous fiscal years. While TEACH scholarships were underutilized, filling only half the allotted slots made available with region-only funding, the scholarships aided professionals in educational endeavors. The region saw an increase in child care professionals returning to school, which allowed child care settings to improve their levels of quality. This was one area where the regional council saw low expenditures and could potentially streamline. REWARD\$ incentives were very well utilized, providing financial awards to 84 professionals at the end of Fiscal Year 2011, over twice the regional target service number and expending all funds. These incentives encouraged

professionals to remain in child care settings for increased amounts of time and supported teachers in positions that frequently offer low wages. The Consultation: Language and Communication strategy provided valuable coaching services to child care center staff to increase their competence in identifying and referring children who have possible speech and language delays. In Fiscal Year 2012 they met their target service number in the first quarter while continuing to support 8 programs from previous years. This strategy targeted non-Quality First participants in order to have a positive impact on child care programs who were not participating in other quality improvement programs and thus, not already benefiting from coaching services.

Health strategies experienced mixed success. The health insurance outreach strategy fell far short of meeting the target number of families assisted in enrollment or renewal of health care coverage, reaching only 8 families in the first quarter of Fiscal Year 2012 to offer enrollment assistance in public health care programs, due to mitigating factors often outside of the grantee's control. Changes to KidsCare, Arizona's Children's Health Insurance Program and AHCCCS, Arizona's Medicaid program, made many families ineligible for services. The grantee employed a number of strategies to increase service numbers, which have been moderately successful. The other two components of the strategy, encouraging physicians to use developmental screening tools and educating parents on health and nutrition issues, faced challenges as well, such as a hesitation on the part of physicians to modify the way in which they deliver services to families and parents' limited time to attend health education sessions. This was another area in which the regional council considered streamlining.

Several key collaborations strengthened the network of services accessible to families in North Pima. The Family Support Alliance, as mentioned above, continues to strengthen the relationships of agencies throughout Southern Arizona and ensure an effective referral network. The Director of Community Mobilization works with the Family Support Alliance through the Community-based Parent Education strategy to connect families to community partners and the services they provide. The Director of Community Mobilization also works to bridge relationships between child care providers throughout the region to allow them a forum to learn from one another and network. This position has been a link between families and services, creating a resource guide for parents in the region. A monthly meeting, the Early Childhood Partnership, also provides a forum for early childhood professionals and interested community partners to network and share resources.

In planning for the next three fiscal years, the regional council recognized a need to streamline services. As they faced the long term fiscal reality that they could not continue to fund at the current level without seeing a deficit in coming years, moving forward they chose to narrow priorities and the strategies to impact outcomes for children. They identified existing community services and resources throughout the planning process that currently work to address regional council priorities. As existing assets were identified, the regional council gained a better sense of services in the community which were needed and which were already being provided. One example of an identified asset is community organizations that provide health insurance outreach in the community. These organizations have experienced wider success in reaching families than have regional council efforts have seen. The regional council recognized that partnering with these service providers rather than supporting separate efforts would be a greater benefit to the community and strengthen the early childhood system. This process allowed them to narrow their priorities to those which most needed sustained or increased support.

## **Section III.**

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

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

The regional council gathered information from its 2010 Needs and Assets Report, data from strategies currently implemented, and feedback from the community to review priorities and progress. This information gathering set the foundation for work on the Fiscal Year 2013-2015 funding plan process, providing a lens through which they would frame their vision for the region over the coming fiscal years. With many cuts to agency budgets that comprise the early childhood system, the regional council understood the need to support many vital supports to families, though also faced difficult fiscal choices.

The regional council framed the conversation by first looking at the need to narrow and refine priorities and the strategies to address them. They had a clear sense, after a review of strategies and progress, how they might refine their funding plan. They then utilized information from their needs and assets report to gauge the current environment for families, especially as related to the economic climate and cuts to vital services in the state. They then looked toward the fiscal challenges they faced as a regional council, specifically the changes to the Quality First model; the inclusion of child care scholarships presented the regional council with difficult financial decisions. Funding Quality First at the same level they had previously would have required the regional council to allot nearly all their population, discretionary, and other funding allocation in the first fiscal year. It is through these lenses that the regional council began engaging in funding plan discussions.

The regional council, in narrowing their priorities, focused on professional development as a way in which they could support quality to a level which would have great impact in the region while maximizing resources. They recognize the high cost of improving and supporting high quality early childhood settings. One key indicator of a high quality setting is advanced educational attainment of early childhood professionals. Supporting professional development opportunities for educators was identified as a way in which the regional council could impact many children with fewer dollars than it takes to support high quality through other means such as Quality First.

As the regional council selected indicators, they focused on their goals to develop an early childhood system, support high quality environments, and prepare families to grow their confidence in supporting their young child's learning.

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

The regional council elected to engage in a number of planning sessions to allow many opportunities for community feedback and regional council member conversation. The first session focused on review of strategies to ensure member knowledge of funded strategy components and level of impact at the current funding level. The following sessions engaged the community in setting regional priorities based on their expertise and understanding of the greatest needs in the region. Main priorities identified by both regional council members and community members were then compiled; both sets of feedback were strongly aligned. The regional priorities were then grouped by statewide priority roles and the priority roles were ranked by each of the council members.

Once this process was complete, the full council elected to allow a small group of members to review the ranked priority roles and based on the copious regional council discussion up to that point, to identify recommendations to present to the full regional council for discussion and approval. The small group again

used narrative and data reports during the session to aid them in developing recommendations. Their approach used several principles to guide them as they endeavored to streamline strategies: if a strategy was not meeting its target service number they would consider defunding the strategy; if an entity could likely find other funding streams they would consider defunding the strategy; if a strategy was being provided through Quality First they would consider defunding the region-only strategy.

As the small group recommendation was intended to be a starting point for discussion and decision of the full regional council, lengthy discussion took place prior to final approval of the plan, especially with regard to family support services and Quality First. In the end, the strong intention of the full council was to provide a level of family support that would not vastly reduce the number of families able to access services, to ensure that the children with greater numbers of risk factors be prioritized as family support services are offered, and that professional development be expanded in an effort to provide higher levels of quality to greater numbers of children throughout the region.

As a result of this planning process the regional priorities have shifted, but overall still build upon what the regional council has grown over the last three years. Professional development ranked as the highest regional priority due to recognition that it is the foundation upon which all other priorities build. The regional council sees that quality in child care settings is improved through increased educational attainment of professionals who work in the settings. The regional council understands that health outcomes for children could be improved if early childhood educators better recognized developmental milestones and understood how referrals for early intervention services can be made. In understanding the limitations of funding available to the full Quality First package, the regional council chose to shift financial support in an effort to provide a continuum of services, though their support for high quality early childhood experiences for all children in North Pima does not wane.

The regional council relied on data from their needs and assets report to aid them in identifying regional priorities and selecting indicators. Several key data impressed them, causing them to address priorities that would work to improve outcomes in identified areas of need. Several of these data points caused them to identify professional development as the paramount priority. Low wages, low educational attainment, and low retention rates of teachers are all realities in Arizona early care and education settings (North Pima Regional 2010 Needs and Assets Report, pp 50-51). These factors all greatly impact the quality of the experience that young children have in child care and preschool. In order to improve the level of quality in these settings and increase the number of teachers who receive higher wages and remain in the same classrooms for greater lengths of time, the regional council identified this as their highest priority.

The needs and assets data also provided information about the low number of children birth through five in regulated care settings. This encouraged the regional council to identify quality and access as a high priority, wishing to increase the number of regulated settings in the region, as well as allow more children, especially those whose families cannot afford high quality care, access to regulated care. One of the steps to achieving higher levels of quality is becoming regulated, so the regional council wished to both increase regulation as well as maintain supports to improve quality at levels which they are able due to funding constraints.

Data also demonstrates low levels of health coverage and knowledge in the region. Families often either do not recognize the importance of well child checks or have difficulty accessing these services. Though the regional council elected not to support as many health, nutrition, or physical activity strategies they still recognize the need to address these issues in the community. While recognizing their funding barriers, they are interested in incorporating health education opportunities in to family support strategies in an effort to increase awareness of important health and nutrition information. They found a dearth of children consistently receiving well child checkups and so selected this indicator to measure vital doctor visits, hoping to increase frequency. It is their desire to address these priorities through family support strategies such as home visitation.

The regional council recognizes that much of the North Pima region is rural and largely isolated from vital services in more populated areas. Residents of these outlying areas face challenges such as lack of transportation to access services. The regional council wants to ensure that these families have access to support programs by providing these services in their local communities. The regional council also recognizes children with risk factors face greater obstacles and must receive higher levels of support in order to diminish the impact these obstacles have on their future achievement.

The regional council has elected to address the following five school readiness indicators which align to the subsequent priority roles:

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

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.

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.

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

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.

- #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars  
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.

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

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

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.

## **Strategic Approach to System Building**

First Things First is only one entity among many who support and grow the early childhood system in the region. In order to build a strong system, the regional council and community partners have worked together to identify existing assets, recruit additional funding partners to maximize resources, and engage entities both within and outside early childhood in order to grow available services and provide a wider referral network. This system building work has improved the way in which families access services by providing multiple entry points in to the early childhood system. When family support providers are talking to health outreach staff, child care center staff, and community mobilizers there is a greater understanding of available services and more people who are able to engage and direct families to the appropriate service.

The regional council was intentional about linking strategies together to create the greatest impact on school readiness indicators. Professional development strategies work to improve quality throughout the region, moving all selected indicators, as the regional council views professional development as a foundation for improving quality, improving child care provider knowledge about health issues, and increasing their ability to support parents in feeling confident about raising their children. Quality and access strategies continue to support further infrastructure development of high quality environments in the region while linking child care settings to other valuable resources in the community; awareness of supports available to child care providers works to increase quality as well, shifting several selected indicators. Family support strategies create multiple access points for families to enter the early childhood system and educate them on community resources and early childhood development and health issues. These strategies impact children's school readiness and the confidence and competence of parents to recognize healthy development in the areas of health, social-emotional, language and literacy, cognitive, and motor/physical. The communications strategies reach out to wider audiences who have a vested interest in early childhood, growing the umbrella of the early childhood system and engaging more community members to spread the importance of early childhood issues.

**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<br>Correlated to the needs and priority roles  | FTF Priority Roles<br>in the Early Childhood System  | SFY 2013-2015 Strategies  |
|--|--|--|---|
| <p>Increase professional development opportunities for early childhood educators, especially that which leads to degree</p> <p>Increase access to high quality care and education settings</p> <p>Increase family support and education</p> <p>Increase access to health services</p> <p>Build public awareness of the importance of early childhood education and understanding of child development</p> <p>Increase access to nutrition information in early care and education settings</p> | <ol style="list-style-type: none"> <li>1. #/% of children demonstrating school readiness at kindergarten entry in the developmental 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 enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</li> <li>8. #/% of children receiving timely well child visits</li> <li>10. % of families who report they are competent and confident about their ability to support their child's safety, health, and wellbeing</li> </ol> | <p><b>Professional Development System</b> - Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.</p> <p><b>Quality, Access, and Affordability of Regulated Early Care and Education Settings</b> – 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><b>Supports and Services for Families</b> - 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><b>Access to Quality Health Care Coverage and Services-</b> 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><b>Building Public Awareness and Support</b> - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public.</p> <p><b>Nutrition and Physical Activity</b> - Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children.</p> | <p>Innovative Professional Development*</p> <p>REWARD\$</p> <p>Consultation: Language and Communication (FY13 Only)</p> <p>Quality First<br/>Additional TEACH</p> <p>Expansion: Increase Slots/Capital Expense</p> <p>Home Visitation</p> <p>Community Based Parent Education</p> <p>Coordination: Community Partnerships*</p> <p>Community Awareness</p> <p>Community Outreach</p> <p>Mental Health Consultation</p> <p>Statewide Evaluation</p> <p>Recruitment: Stipends/Loan Forgiveness (Admin. Costs)</p> <p>(* ) Indicates new strategy for this Regional Partnership Council</p> |

**Section III C.**

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

|   |
|---|
| <p><b>Strategy: Community Based Professional Development Early Care and Education Professionals</b></p>   |
| <p><b>Strategy Description</b><br/>                 Provides quality education and training in community settings to early care and education professionals.</p>  |
| <p><b>Strategy Narrative</b><br/>                 Early childhood professionals often have low educational attainment and low wages. Providing educational opportunities in settings that are both more accessible and less intimidating for students was a key priority of the regional council, as they recognize there are a variety of barriers to obtaining a degree and they are determined to eliminate as many barriers to increasing high quality educational opportunities for young children as possible. The regional council recognizes the key to increasing the number of high quality settings in the region is employing teachers who are dedicated to continuing their education.</p> <p>The Community Based Professional Development and Education for Professionals strategy will deliver high quality, best practice, and community-based professional development opportunities to early care and education teachers and administrators via a Community of Practice model which includes ongoing education sessions, seminars, lectures and college level classes to enhance their skills and knowledge in working with children birth through age five. This strategy will offer early childhood professionals a continuum of education that is long-term, cohort-based, and tied to college credit. In addition, it will provide opportunities for participants to apply newly learned theories and knowledge to hands-on practice in early care and education settings and will convene each learning community to hear various speakers such as local, state, and national early childhood education leaders and subject matter experts. Each community of practice will include innovative, evidence-based and informative topics that are directly linked to early childhood best-practice and inclusive of the Arizona Early Learning Standards (and/or Head Start Performance Standards) and involve subject matter experts, such as visiting faculty, published authors, and researchers working directly with the cohort participants, facilitating the sessions and providing opportunities for interactions and discussions.</p> <p>It is the regional council’s desire to cross-regionally collaborate throughout Pima County to leverage dollars and build a more comprehensive and accessible professional development system. During the strategic planning process, regional boundaries were identified as a significant barrier to accessing services. The regional council wanted to limit these barriers to access as much as possible, thus cross-regional collaboration on shared priorities was identified as one means by which to accomplish this goal.</p> <p>Traditional classroom settings often present challenges for early childhood professionals. For educators who wish to or are required to remain teaching while attending classes, the path toward a credential or degree can be daunting. The regional council wishes to eliminate some of these barriers by creating an educational pathway that delivers services in community settings that help professionals feel at ease and are in more convenient locations at more convenient times. Utilizing the communities of practice model, a learning method that brings together groups with shared interests and educational goals, cohorts of students will learn and be able to apply knowledge in an environment where they are supported by peers.</p> |

**Target Population Description**

This strategy is intended to target early childhood professionals with a focus on those who are seeking credentials or degrees. There are about 800 total early childhood professionals in the region who work in regulated child care settings, so this strategy would target roughly 15% of these educators in the region. Often, professional development opportunities offer little more than certificates of participation and no substantial change in behavior of the educators. Meaningful impacts are seen in classrooms when educators engage in learning communities and weave the information about which they learned in to their everyday activities.

This strategy is only one in the professional development continuum the regional council is supporting. This is a key component to building the early childhood system as it addresses quality, creates groups of learners who not only receive their education together, but provide ongoing support and link one another to other resources in the community. Other strategies are linked in several ways, offering incentives for educators to continue professional development and scholarships to provide financial support for degree-seekers.

| <b>Target Service Units</b>           | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|---------------------------------------|--------------|--------------|--------------|
| Number of Participating Professionals | 130          | 130          | 130          |
| <b>Funding Level</b>                  | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|                                       | \$150,000    | \$150,000    | \$150,000    |

**Strategy: FTF Professional REWARD\$**

**Strategy Description**

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

**Strategy Narrative**

Low wages often discourage educated professionals from entering or remaining in the early childhood field. REWARD\$ is designed to encourage higher levels of educational attainment among early childhood professionals, in addition to retaining qualified professionals in early childhood education settings by offering financial incentives. FTF Professional REWARD\$ is a compensation and retention strategy for the early care and education workforce that acknowledges and rewards progressive education, educational attainment, and commitment to continuous employment at a qualified early care and education setting that provides services to children birth through age 5.

Incentive levels are based on tiered criteria where higher levels of education will afford professionals larger financial incentives. This is one strategy on the continuum of support in the early childhood system that addresses and endeavors to solve the problem of retaining highly qualified staff in the field.

The regional 2010 Needs and Assets Report indicated that there was a low retention rate for early childhood professionals, as well as a great need for professional development opportunities. Data showing low levels of educational attainment, low wages, and low retention rates in early childhood settings led the regional council to elect this strategy as one in concert with others to address these issues. The regional council recognizes that professional development strategies without commensurate wages or incentives as professionals advance their education would not achieve its desired goal of improving quality.

|  |              |              |              |
|--|--------------|--------------|--------------|
| <b>Target Population Description</b>   |              |              |              |
| This strategy targets early childhood professionals who work in regulated settings and are committed to improving their quality, demonstrating so by either enrolling in Quality First or obtaining accreditation. There are about 800 total professionals in the region. Though the regional council recognizes the high demand for incentive strategies to retain high quality professionals in the field, they faced limitations on the amount of funding they could allot to strategies. The number of 40 professionals identified in the previous fiscal year will remain the target service number over the next three fiscal years, which represents 5% of the total. |              |              |              |
| <b>Target Service Units</b>  | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
| Number of Incentive Awards Distributed   | 40           | 40           | 40           |
| <b>Funding Level</b>   | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|  | \$56,000     | \$56,000     | \$56,000     |

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|--|
| <b>Strategy: Consultation: Language and Communication</b>  |
| <b>Strategy Description</b><br>Provides consultations to early care and education teachers to strengthen their delivery of early language and literacy curriculum.   |
| <b>Strategy Narrative</b><br>Language and communication development are vital in a young child’s life. If delays are identified early, children have better chances of later success, spending less time in special education classes and exhibiting fewer behavioral problems. This strategy provides early childhood educators with the skills they need to allow them to identify speech and language delays in the classroom and equip them with tools to develop language and communication skills in their students.<br><br>The emphasis of this strategy is to enhance language functioning and communication skills in young children, rather than an independent focus on literacy development or therapeutic interventions. The intent of this strategy is to provide education, consultation, and mentoring for teachers and families regarding children’s language and communication development. This strategy addresses the issue of increasing professional development among early childhood educators as well as identifying language development problems through ongoing instruction, consultation, and mentoring for teachers in centers and caregivers in regulated homes.<br><br>The regional priority to increase professional development opportunities is addressed by this strategy. It also builds the capacity of early childhood educators to identify delays earlier in a child’s life by offering “red flag” trainings to early childhood professionals, helping them recognize the signs of potential delays. This works to reduce the number of students who enter kindergarten with a newly identified delay, and are thus not fully prepared to succeed in school. This strategy helps to create higher quality learning environments, as classrooms that promote language and communication development are giving children the tools they need for later achievement in the areas of literacy and social emotional wellbeing. The regional council plans to continue this strategy for one more year with the intention of encouraging the current grantee to identify other community support for this valuable program. |

| <b>Target Population Description</b>  |              |              |              |
|---|--------------|--------------|--------------|
| The identified target population is non-Quality First settings who serve all children birth through five with a specific focus on children who have potential speech and language delays. Non-Quality First settings account for roughly 160 child care programs throughout North Pima. The regional council identified a target service number of six centers and four homes based on the capacity of the current grantee to provide services, which represents about 6% of the total number of regulated care settings. |              |              |              |
| <b>Target Service Units</b>   | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
| Number of Home Base Providers Served  | 4            | 0            | 0            |
| Number of Center Based Providers Served   | 6            | 0            | 0            |
| <b>Funding Level</b>  | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|   | \$135,000    | \$0          | \$0          |

| <b>Strategy: Quality First</b>   |
|--|
| <p><b>Strategy Description</b></p> <p>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.</p>   |
| <p><b>Strategy Narrative</b></p> <p>Quality First is pivotal to the statewide improvement of the early childhood system and key to raising the quality of early childhood education settings. Quality First provides financial supports to early childhood settings, as well as ongoing coaching, scholarships for early childhood professionals to further their education, and for low-income children to obtain access to high quality education. The program will also unveil star ratings for child care settings in the coming fiscal year to enable families to make educated choices when selecting child care for their children.</p> <p>The regional council recognizes the lead role Quality First plays, however, due to the inclusion of child care scholarships in the program model, the cost to the region significantly increased as North Pima had not previously funded child care scholarship. Due to these changes, the regional council had to make difficult strategy and funding decisions. The regional council remains committed to increasing access to high quality early care and education settings, though they have adapted their approach to ensure budgets remained balanced while quality improvements continue.</p> <p>The regional council elected to support 18 centers and 5 homes, a decrease of 10 centers and 1 home from Fiscal Year 2012. Based on 2010 North Pima Needs and Assets Report data obtained from Child Care Resource and Referral, there are a total of about 100 regulated child care programs in the region. The level of overall funding provided to the region had a strong impact on the level of funding that could be provided to each strategy. In the previous funding cycles, the regional council intended to increase the level of support to Quality First in future years. Unfortunately, changes to the Quality First model impacted the regional council’s funding decisions, causing them to face the inevitability of reducing support for strategies nearly universally across the board. It is the intention of the regional council to step down support over the three fiscal years so as to limit any negative effects of a precipitous drop-off in support in Fiscal Year 2013. If carryover funding is available in coming years, the regional council intends to maintain support to Quality First participants at the Fiscal Year 2013 levels.</p> |

**Target Population Description**  
 Quality First in the region is intended to target children accessing regulated care in settings that are dedicated to providing high quality learning opportunities, of which there are on average about 100. The various consultation services provided target child care center directors and staff with the intention of increasing their competence in supporting children’s health and social-emotional development. The inclusion of child care scholarships is intended to target low income children who otherwise would not have access to—nor would their families be able to afford—regulated, high quality child care. Many studies have demonstrated that children, especially those with numerous risk factors, benefit from high quality early education experiences. This strategy will reach about 23% of the total regulated child care programs in the region.

| <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     | 18           | 17           | 15           |
| Number of home based providers served       | 5            | 5            | 4            |
| <b>Funding Levels</b>                       | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
| Quality First                               | \$392,913    | \$374,857    | \$325,164    |
| Child Care Health Consultation              | \$57,960     | \$55,440     | \$47,880     |
| Scholarships TEACH                          | \$75,900     | \$0          | \$0          |
| QF Child Care Scholarships                  | \$812,408    | \$768,967    | \$675,991    |

| <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                      | 18           | 17           | 15           |
| Number of home based providers served                        | 5            | 5            | 4            |
| <b>Target Service Units - Scholarships TEACH</b>             |              |              |              |
| Number of professionals receiving scholarships               | 61           | 36           | 32           |
| <b>Target Service Units - QF Child Care Scholarships</b>     |              |              |              |
| Number of children receiving scholarships                    | 129          | 122          | 107          |

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

**Strategy Narrative**  
 The TEACH strategy supports professionals seeking credentials and associate’s degrees in their efforts to obtain higher levels of education while continuing employment in early childhood settings. One of the greatest measures of quality in early childhood settings is the level of education of the child care providers. As the regional council prioritized professional development, they were committed to continuing to fund TEACH beyond Quality First-provided scholarships.

The regional council is interested in exploring a system that will allow for maximum use of scholarships within the Quality First participating sites to allow settings not able or interested in utilizing the scholarships to gift them to providers interested in using a scholarship, but not able due to the fact that the allotted scholarships are already being used. As the data shows many TEACH scholarships provided through Quality First in the region are going unused, the regional council would like to better utilize these available and valuable resources and is interested in exploring alternative options to ensure resource maximization. The rationale for not providing funding in subsequent years is a hope that this option will be investigated and after such time, the regional council intends to revisit the issue.

**Target Population Description**  
 Additional TEACH scholarships are intended to support 23 scholars both in and outside of Quality First participating settings. The regional council arrived at this number after receiving information on how many scholars are somewhere in the application process; they did not want to diminish supports for child care professionals currently accessing supports. They based the funding level on this number. This strategy will reach about 3% of the total 800 child care professionals in the region.

**Strategy: Expansion: Increase Slots/Capital Expense**

**Strategy Description**  
 Recruits new or existing early childhood educators to begin to serve or expand early education opportunities and may assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs.

**Strategy Narrative**  
 This strategy works to expand the number of regulated child care homes in North Pima for children birth through five. Due to funding limitations, the regional council could not support Quality First on the scale they desired while still maintaining other vital services in the region. They also recognize the small number of children in both Quality First environments, as well as in regulated care. Considering these factors, the regional council chose to continue this expansion strategy that will improve quality in child care settings throughout the region in several ways. The strategy will seek home care providers to participate in a quality improvement program intended to aid homes in becoming licensed or certified by the appropriate regulatory body. A person knowledgeable in regulatory requirements with a focus on growing high quality child care programs will assist in this process, offering ongoing support. The strategy will also offer financial incentives designed to aid providers in purchasing items that will improve the safety or learning environment in which they are teaching children.

**Target Population Description**  
 The target population is children birth through age five who are not in regulated care; recruitment efforts are targeted at unregulated homes interested in becoming regulated and being offered supports to improve the quality of their care. An estimate of children in unregulated care is difficult to define, as numbers of children enrolled in regulated care is not readily available; enrollments are often shifting and most numbers are based on available child care slots, not actual children enrolled in a child care setting. There are currently 18 unregulated homes that are registered with Child Care Resource and Referral, but this is likely a very low number of the actual unregulated homes in the region. Though the regional council wishes to impact a greater number of children, the target service number is based on funding limitations and a desire to support strategies across the spectrum to provide families and the early childhood community a variety of entry points in to the early childhood system.

| Target Service Units                                 | FY 13    | FY 14    | FY 15    |
|--|----------|----------|----------|
| Number of Home Based Providers Served                | 7        | 7        | 7        |
| Number of Increased Slots for Participating Children | 35       | 35       | 35       |
| Funding Level  | FY 13    | FY 14    | FY 15    |
|  | \$75,000 | \$75,000 | \$75,000 |

|  |
|--|
| <p><b>Strategy: Home Visitation</b></p>  |
| <p><b>Strategy Description</b></p> <p>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.</p>   |
| <p><b>Strategy Narrative</b></p> <p>It is vital to support parents as the first teachers of children, as well as connect them to other services in the community; home visitation services enables parents to feel competent and confident in their abilities to raise their children. Regular visits by a home visitor provide the consistency that many at-risk families need to feel supported and gain parenting skills. Home visitors are able to assess challenges in the home life which may affect healthy development in a child or that may negatively impact the parents’ abilities to support a child’s learning, social-emotional wellbeing, or health needs.</p> <p>The regional needs and assets report revealed a great number of children who are not in regulated child care settings and may not otherwise be engaged in the early childhood system. Home visitation often reaches these families, allowing them to access valuable services and is often one of few entry points in to the early childhood system for families. Many families in rural areas also face transportation barriers to accessing services, and home visitation alleviates this challenge.</p> <p>The regional council is concerned by the number of health services throughout the community that are underfunded or no longer available. In an effort to decrease barriers to access and information to health and other community resources, the regional council desires to include links to community health services and education on health, nutrition, and physical activity issues. They want also to ensure that home visitors are receiving education on these issues so they can provide educational support on health topics during home visits.</p> <p>The regional council elected to decrease support to many strategies across the spectrum in an effort to support prioritized services, though at a lower rate due to mitigating fiscal factors. The regional council will continue supporting a home visitation strategy, though at a reduced funding level. The rationale for the reduction stemmed from their reprioritization and the ultimate decision that professional development was a key priority.</p> |
| <p><b>Target Population Description</b></p> <p>The target population is families with risk factors such as single-parent homes, low income families, or refugees. A rough estimate of at-risk families in the region derived from the Children’s Action Alliance Kids Count data which is based on data collected in 2008. One indicator on which they collected data was babies born at risk, which they define as “births during the calendar year with two of four risk factors: the mother is under age 20, the mother has less than 12 years of education, the mother is unwed at the time of the birth, or Medicaid has paid for the birth.”<sup>1</sup> In Pima County they estimate this number to be at 44%. The North Pima region tends to have fewer families and children with risk factors compared to the rest of the county, so it can be assumed that this number is slightly lower in North Pima. Evidence-based home visitation services have demonstrated greater impact and shifts in behavior when provided to at-risk populations.</p> <p><sup>1</sup> Children’s Action Alliance and The Annie E. Casey Foundation. <i>Kids Count</i>. Retrieved from <a href="http://datacenter.kidscount.org">datacenter.kidscount.org</a></p>  |

| Target Service Units      | FY 13     | FY 14     | FY 15     |
|---------------------------|-----------|-----------|-----------|
| Number of Families Served | 100       | 100       | 100       |
| Funding Level             | FY 13     | FY 14     | FY 15     |
|                           | \$300,000 | \$300,000 | \$300,000 |

**Strategy: Parent Education - Community Based Training**

**Strategy Description**  
 Provides classes on parenting, child development and problem-solving skills.

**Strategy Narrative**  
 Community based parent education provides educational support to parents in community settings to enable them to feel competent and confident in raising their children. Classes offer support to aid parents in managing challenging behaviors and educate them on how to promote healthy development, encourage language and literacy development, cultivate positive parent-child bonding and relationships, and foster social-emotional wellbeing in the child. Topics should also include nutrition and physical activity components, as the regional council prioritized including these issues in family support services.

The regional council is particularly interested in providing these services in areas of the region that are more rural and often underserved. With lack transportation and minimal access to services presenting barriers to families who reside in rural areas, increased family support closer to home will allow these families to improve their children’s school readiness.

The regional council recognized the need to offer families a number of entry points in to the early childhood system and that community based parent education is an accessible and non-threatening service that affects this priority.

**Target Population Description**  
 The target population for this strategy is universal, engaging in outreach activities to all children birth through five in the region, which is over 18,400 and their families which totals almost 7,000. The regional council recognizes the need of all parents to receive services to increase their confidence in supporting their child’s learning and healthy development. Many strategies focus on more targeted and at-risk populations, but all families can benefit from early childhood education. The regional council recognizes the challenge of reaching this many families through one strategy and will work to coordinate with other entities providing services in the region to attempt to reach as many young children as possible through coordination with other providers of family support services.

| Target Service Units           | FY 13     | FY 14     | FY 15     |
|--------------------------------|-----------|-----------|-----------|
| Number of Participating Adults | 183       | 183       | 183       |
| Funding Level                  | FY 13     | FY 14     | FY 15     |
|                                | \$100,000 | \$100,000 | \$100,000 |

| <b>Strategy: Coordination: Community Partnerships</b>  |              |              |              |
|--|--------------|--------------|--------------|
| <b>Strategy Description</b><br>Establish partnerships to promote innovation and to leverage resources.   |              |              |              |
| <b>Strategy Narrative</b><br>The development of community partnerships is a system-level intervention designed to establish or strengthen the working relationship of two or more family service agencies or organizations. The primary goals of community partnerships are to: increase availability of services to families and children, develop a strategic plan to serve the community based on identified needs and gaps, foster leadership capacity among service providers, and share expertise and training resources. Partnership activities include identifying and addressing key community issues for which there is shared concern, strategic planning, sharing program and service information, and designing an operational structure that promotes communication and provides for accountability.<br><br>North Pima, over the previous three fiscal years, was addressing this need through a community mobilizer who was funded through two regional strategies: Community-based Parent Education and Expansion-Increase Slots/Capital Expense. The intention was to connect families to services and service providers to one another in order to increase the accessibility of services in the community as well as bridge the spectrum of North Pima regionally funded strategies. The community mobilizer also connected non-First Things First funded partners in an effort to grow the early childhood system in the region. The regional council recognized funding a coordination strategy to continue this work would allow for a more direct focus on building and growing a system of supports for families in North Pima. In order to work toward this goal, the regional council intends to increase communication between community organizations in order to decrease duplication of services, spread awareness of available services, and expand learning opportunities for early care and education professionals to increase their capacity to care for young children in high quality environments. |              |              |              |
| <b>Target Population Description</b><br>This strategy is intended to target the early childhood community including early care and education professionals and providers of early childhood services, as well as parents of children birth through five in an effort to connect them to services in the community.   |              |              |              |
| <b>Target Service Units</b>  | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|  | N/A          | N/A          | N/A          |
| <b>Funding Level</b>   | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|  | \$39,600     | \$0          | \$0          |

| <b>Strategy: Community Awareness</b>  |  |  |  |
|---|--|--|--|
| <b>Strategy Description</b><br>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><br>The regional council identified the need to increase the level of awareness about early childhood health and development throughout the region. This strategy provides access to a variety of community-based  |  |  |  |

activities and materials to increase public awareness on the importance of early childhood development and health through participation in community events, and the dissemination of educational materials.

This strategy is a component of the cross regional communications plan with the South Pima, Central Pima, Pascua Yaqui Tribe and Tohono O’odham Nation Regional Partnership Councils to collaborate on the distribution of information and educational materials throughout Pima County.

**Target Population Description**  
The target audience is the general public to increase awareness of early childhood education, development, and health issues with particular focus on parents, educators, health providers, and policy makers in Pima County.

| Target Service Units | FY 13   | FY 14   | FY 15   |
|----------------------|---------|---------|---------|
|                      | N/A     | N/A     | N/A     |
| Funding Level        | FY 13   | FY 14   | FY 15   |
|                      | \$2,000 | \$2,000 | \$2,000 |

| <b>Strategy: Community Outreach</b>   |
|---|
| <p><b>Strategy Description</b><br/>Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.</p>   |
| <p><b>Strategy Narrative</b><br/>The regional council understands the imperative to build public awareness of the importance of early childhood education and understanding of child development. This strategy employs community outreach staff to engage target audiences in conversations about early childhood health and education issues. Outreach staff attends community events, develops presentations for target groups, and interacts with media with a goal of growing relationships in the community and identifying early childhood advocates.</p>  |
| <p><b>Target Population Description</b><br/>The target populations for this strategy are outlined in the Southeast Area Cross-regional Communications Plan. In the previous and current fiscal year, key audiences were as follows:</p> <ul style="list-style-type: none"> <li>• Parents and Caregivers</li> <li>• Civic-minded Arizonans</li> <li>• Regional Partnership Councils</li> <li>• Grantees</li> <li>• Early Childhood Development and Health Related Providers</li> <li>• Early Childhood Coalitions/Advocacy Organizations</li> <li>• Medical Community</li> <li>• Researchers</li> <li>• Women’s Organizations</li> <li>• Faith Organizations</li> <li>• K-12 community</li> <li>• Elders/seniors</li> </ul> <p>In the coming fiscal year, audiences will shift to the following:</p> |

- Public Officials and Candidates
- University/post-secondary
- All target audiences listed above within Arizona's Tribal communities, as applicable
- Business leaders

These audiences were identified because they encompass many of the key partners in a successful early childhood system. In order to ensure a consistent, comprehensive effort statewide, it was imperative to educate early childhood stakeholders on appropriate messaging and how to communicate with a consistent voice. In addition, these audiences represent the individuals and organizations in the community who have a vested interest in getting children ready for school and set for life.

| Target Service Units | FY 13    | FY 14    | FY 15    |
|----------------------|----------|----------|----------|
|                      | N/A      | N/A      | N/A      |
| Funding Level        | FY 13    | FY 14    | FY 15    |
|                      | \$13,000 | \$13,000 | \$13,000 |

**Strategy: Mental Health Consultation**

**Strategy Description**

Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce.

**Strategy Narrative**

This strategy is designed to improve the capacity of child care providers to support the healthy social-emotional development of children in their care. A mental health consultant works with educators to increase their knowledge of healthy development and enable them to identify challenging behaviors and employ techniques to address and resolve conflicts that develop due to challenging behaviors. This strategy addresses the regional priority to increase access to health services by ensuring healthy social-emotional development in young children. Mental health consultants also aid in the growth of the early childhood system by acting as a liaison between early childhood educators and other community resources in the health community; if children are expressing a need that is outside the capacity of the educational setting, the consultant is able to provide referral services and educate the child care staff on how to talk with parents about their child’s behavior and what resources are available to them to improve social-emotional development. The regional council chose to continue support for this strategy at the same level due to their commitment to support healthy development in young children.

**Target Population Description**

Children reached in this strategy are targeted, with a focus in each child care setting on particular children who are expressing challenging behaviors that impact the function of classrooms. Nationally, it is estimated that roughly 10% of children are identified as having special needs. The mental health consultant observes both the entire classroom and individual children to help devise strategies for educators to better manage classroom dynamics and the behaviors and interactions of children in their care. The numbers of children and families selected is based on the mental health consultant strategy model and suggested target numbers identified as reasonable for one consultant. With the various other consulting models funded by the regional council and the difficulty child care settings often have in managing visits of multiple consultants, the regional council recognized that Quality First participants may not benefit from consulting services beyond what is offered in Quality First; due to this factor, the regional

council targets non-Quality First participants to receive mental health consultation services. Based on the national estimate of the number of children with special needs and an estimate of the number of children cared for in early education settings, this strategy will serve about 2% of the total of children with special needs. This strategy serves all children in that it improves classroom function, so will serve an estimated additional 2% of the total population of children in the region who have not been identified as having special needs.

| Target Service Units                    | FY 13     | FY 14     | FY 15     |
|---|-----------|-----------|-----------|
| Number of Home Based Providers Served   | 2         | 2         | 2         |
| Number of Center Based Providers Served | 5         | 5         | 5         |
| Funding Level                           | FY 13     | FY 14     | FY 15     |
|   | \$123,000 | \$123,000 | \$123,000 |

| Strategy: Statewide Evaluation  |          |          |          |
|---|----------|----------|----------|
| <p><b>Strategy Description</b><br/>                     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><br/>                     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 wellbeing of young children.</p> |          |          |          |
| Target Service Units  | SFY 13   | SFY 14   | SFY 15   |
|   | N/A      | N/A      | N/A      |
| Funding Level   | SFY 13   | SFY 14   | SFY 15   |
| Statewide Evaluation  | \$69,515 | \$69,515 | \$69,515 |

**Strategy: Recruitment: Stipends/Loan Forgiveness (Administrative funds only)**

|   |              |              |              |
|---|--------------|--------------|--------------|
| <b>Strategy Description</b><br>Offers professionals financial incentives to work in underserved communities.  |              |              |              |
| <b>Strategy Narrative</b><br>The regional council in Fiscal Year 2013 elected to eliminate this strategy due to the slow progress of recruitment of therapists. The strategy did not prove as successful as originally anticipated and the regional council members determined that resources dedicated to this strategy but not fully expended could be better utilized. The regional council is still obligated to pay 23% administrative costs for the full term of the therapist contracts. |              |              |              |
| <b>Target Population Description</b><br>The regional council will not be targeting additional therapists in Fiscal Year 2013.   |              |              |              |
| <b>Target Service Units</b>   | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
| Number of Therapists Receiving Stipends   | 0            | 0            | 0            |
| <b>Funding Level</b>  | <b>FY 13</b> | <b>FY 14</b> | <b>FY 15</b> |
|   | \$10,500     | \$0          | \$0          |

**Section III. D. Proposed Funding Summary**

SFY 2013 - 2015 Regional Partnership Council Budget

|  <b>FY 2013 - 2015</b><br><b>North Pima Funding Plan</b> |                           |                           |                    |
|---|---------------------------|---------------------------|--------------------|
| <b>Allocations and Funding Sources</b>  | <b>2013</b>               | <b>2014</b>               | <b>2015</b>        |
| <b>FY Allocation</b>  | <b>\$1,874,166</b>        | <b>\$1,877,914</b>        | <b>\$1,884,956</b> |
| Population Based Allocation   | \$1,391,568               |                           |                    |
| Discretionary Allocation  | \$168,111                 |                           |                    |
| Other (FTF Fund balance addition)   | \$314,487                 | \$1,877,914               | \$1,884,956        |
| Carry Forward From Previous Year  | \$784,887                 | \$246,257                 | \$36,392           |
| <b>Total Regional Council Funds Available</b>   | <b>\$2,659,053</b>        | <b>\$2,124,171</b>        | <b>\$1,921,348</b> |
| <b>Strategies</b>   | <b>Proposed Allotment</b> | <b>Proposed Allotment</b> | <b>Proposed</b>    |
| Community Based Professional Development Early Care and Education Professionals   | \$150,000                 | \$150,000                 | \$150,000          |
| FTF Professional REWARD\$   | \$56,000                  | \$56,000                  | \$56,000           |
| Consultation: Language and Communication  | \$135,000                 |                           |                    |
| Quality First   | \$392,913                 | \$374,857                 | \$325,164          |
| Quality First Child Care Scholarships   | \$812,408                 | \$768,967                 | \$675,991          |
| Child Care Health Consultation  | \$57,960                  | \$55,440                  | \$47,880           |
| Scholarships TEACH  | \$75,900                  |                           |                    |
| Expansion: Increase slots and/or capital expense  | \$75,000                  | \$75,000                  | \$75,000           |
| Home Visitation   | \$300,000                 | \$300,000                 | \$300,000          |
| Parent Education Community-Based Training   | \$100,000                 | \$100,000                 | \$100,000          |
| Community Partnerships  | \$39,600                  |                           |                    |
| Community Awareness   | \$2,000                   | \$2,000                   | \$2,000            |
| Community Outreach  | \$13,000                  | \$13,000                  | \$13,000           |
| Mental Health Consultation  | \$123,000                 | \$123,000                 | \$123,000          |
| Statewide Evaluation  | \$69,515                  | \$69,515                  | \$69,515           |
| Recruitment – Stipends/Loan Forgiveness   | \$10,500                  |                           |                    |
| <b>Total</b>  | <b>\$2,412,796</b>        | <b>\$2,087,779</b>        | <b>\$1,937,550</b> |
| <b>Total Unallotted/Unawarded/Unexpended:</b>   | <b>\$246,257</b>          | <b>\$36,392</b>           | <b>(\$16,202)</b>  |