

NORTHWEST MARICOPA REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

In 2008, the Northwest Maricopa Regional Partnership Council conducted its first Regional Needs and Assets Assessment report. This report highlights child and family indicators that illustrate children's health and readiness for both school and life, and provides an introductory assessment of the current early childhood development and health system. Although outcomes of the assessment were not overly surprising, they did provide greater insight into the region, and a starting point for need prioritization, asset development, and strategic planning.

The 2008 Regional Needs and Assets Assessment report revealed that a large number of disparities exist within the region. One such example includes information on family composition. Although the majority of children living in Northwest Maricopa live in households with two parents, areas within the region where large numbers of single parent households do exist, including areas of Glendale where 37% of the children live with a single parent. A second example identified in the assessment focuses on annual income and poverty. The average median household income for the Northwest Maricopa Region is \$52,680, higher than both the state and national averages. Although the regional median household income is an accurate value for the region as a whole, the value is deceiving. In the Northwest Maricopa Region, many areas contain household incomes at or below federal poverty guidelines, including: Aguila, El Mirage, Youngtown, Wittmann, and the 85301 zip code of Glendale. The next disparities observed relate to pregnancy outcomes and teen pregnancy. In general, the region's statistics for low birth weights, prenatal care, preterm births, and teen pregnancy align with both County and State statistical rates. However, close examination of community statistics shows that the smaller communities within the region, including Aquila, Wickenburg, and Wittmann, have a greater percentage of preterm births, low birth weight babies, inadequate prenatal care, and teen pregnancies. A final disparity identified in the assessment relates to access to medical and dental care. Although the region does have four hospitals and four safety net clinics within its boundaries, areas within the Northwest Maricopa region exist that are recognized by the federal government as either a Health Professional Shortage Area or a Medically Underserved Area or Population. The impact of the shortage of healthcare professionals and underserved populations can be observed in the reduced physical and oral health status of children residing in lower income sections of El Mirage, Glendale, and Surprise. For example, in the community of Wickenburg, only 41% of children are immunized by age 2. Also, on average, 46% of the children 6 –8 years of age, living in the communities of El Mirage, Glendale, and Surprise have untreated tooth decay. And finally, the communities of Glendale, Surprise, and El Mirage show a hospitalization rate for asthma that is more than triple the national rate.

The assessment on the status of the region's early childhood development and health system produced outcomes that mirrored the perceptions of parents living in the region. The assessment revealed that the region was deficient in high quality early care and education programs. Among early child care professionals in the Northwest Maricopa Region; only 6% of teachers have Child Development Associate credentials as compared to statewide rates of 9% for teachers. Twelve percent of teachers possess a bachelor's degree,

which is 7% lower than the statewide rate. Subsequently, of the region's 170 licensed centers, only 26 were nationally accredited. Moreover, with over 38,000 children ages 0-5 in the region, and only 13,000 children (28%) in any types of early care and education programs, clearly an insufficient number of early care and education programs of any type are available for working parents and those who want or need a development program for their children. As a result of the lack of quality care within the region, and the high cost of licensed care (\$40 more per week than unlicensed care), the majority of care for working families still takes place in informal or unregulated settings.

In addition to decreased access to high quality early childhood care and education, the assessment revealed that families of the Northwest Maricopa Region lack strong family support services. This is not to say that services do not exist, however, community awareness is minimal, and the regional growth has exceeded the capacity of most of the regional family support organizations. For this reason, many families in the Northwest Maricopa Region are still traveling to Phoenix for support services. In addition, many of the organizations servicing the Northwest Maricopa Region are working in proverbial silos and are unable to provide families with a holistic approach due to lack of communication and coordination. The lack of support and services is especially true in the areas of parent education, family literacy, developmental screenings with adequate follow through, and behavioral health services.

The Northwest Maricopa Regional Partnership Council has undertaken an intensive strategic planning process to identify those needs that are most pressing. Based upon the needs and assets of the region, the Northwest Maricopa Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Limited access to affordable quality care and education.
2. Limited access to adequate health and dental services, including preventative services, screening services, and follow up services.
3. Lack of a highly skilled and well prepared early childhood development and health workforce.
4. Limited access to family support service, educational programs, and resources.
5. Lack of coordination among state, federal, and local organization to improve the coordination and integration of regional programs, services, and resources for young children and their families.

II. Prioritized Goals and Key Measures

The Northwest Maricopa Regional Partnership Council has prioritized the First Things First Goals and Key Measures as follows:

Quality and Access

Need: Access to affordable quality care and education.

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

Goal #3: FTF will increase availability and affordability of early care and education 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 of identified improvements in regulatory and monitoring standards.
- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

Health

Need: Access to adequate health and dental care services, including preventative services, screening services, and follow-up services.

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

Goal #6: FTF will expand use of early screening in health care settings to identify children with developmental delay and other health needs.

Key Measures:

- Total number and percentage of children receiving appropriate and timely oral health visits.
- Total number and percentage of children receiving appropriate and timely well-child visits.
- Ratio of children referred and found eligible for early intervention.

Professional Development

Need: Highly skilled and well prepared early childhood development and health workforce.

Goal #8: FTF will build a skilled and well prepared early childhood development and health workforce.

Goal #9: FTF will increase retention of the early care and education workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.
- Retention rates of early childhood professionals.

Family Support

Need: Access to educational programs, services, and resources.

Goal #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.

Key Measures:

- 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 with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

Coordination

Need: Coordination among state, federal and local organizations to improve the coordination and integration of regional programs, services, and resources for young children and their families.

Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Goal #14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.

Key Measures:

- Collaborate among all systems to coordinate and improve child find and early intervention efforts.
- Collaborate with public and private organizations to identify and apply for grants that support the First Things First goals.
- Coordinate with other agencies to align standards that impact quality practices, program access and service delivery across early childhood systems.
- Total number and percentage of public and private partnerships using the database who report the information to be accurate.

III. Strategy Selection

The proposed strategies build on the foundational strategic planning of the Northwest Maricopa Regional Partnership Council. These initial strategies will serve as the beginning of the work of the Northwest Maricopa Regional Partnership Council; as initial stages of improving the services to families and children. These improvements are designed to be a part of our larger strategic plan which, in upcoming years, will increase the coordination, communications, and efficiency of our early childhood system.

The Northwest Maricopa Regional Partnership Council has also identified strategies for this plan that will support the growth of a comprehensive and coordinated early childhood system in Arizona. For example, the Northwest Maricopa Regional Partnership Council proposes the use of regional funds to expand *Quality First!* and T.E.A.C.H. in the region, and to participate in cross regional coordination. Additionally, in order to be responsive to the diversity expressed by our Stakeholders and to meet the distinct geographic needs of the region, some of the strategies proposed in this plan are broadly defined. The Northwest Maricopa Regional Partnership Council expects this will permit Stakeholders to propose a variety of innovative solutions that are truly community-based and locally-relevant.

The Northwest Maricopa Regional Partnership Council will continue to engage with other Stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Northwest Maricopa Regional Partnership Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work. Results from the RFGA process and data from our first year of implementation will inform future strategy development and funding priorities.

The following strategies have been identified to address the goals and key measures and are as follows:

Identified Need	Goal	Key Measures	Strategy
<p><i>Quality and Access</i></p> <p>Access to affordable quality care and education.</p>	<p>Goal #1: FTF will improve access to quality early care and education programs and settings.</p> <p>Goal #3: FTF will increase availability and affordability of early care and education settings.</p>	<ul style="list-style-type: none"> • 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 of identified improvements in regulatory and monitoring standards. • Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five. 	<ol style="list-style-type: none"> 1. Provide scholarships to families with incomes up to 200% of the federal poverty level to help supplement the cost of <i>quality</i> early care and education, as defined by: accreditation through an Arizona recognized national accreditation system, enrollment in the <i>Quality First!</i> Program, or participation in a demonstrated recognized quality improvement program. 2. Support the statewide initiative <i>Quality First!</i> - Quality Improvement and Rating System, by increasing <i>Quality First!</i> participation opportunities for early care centers and family child care providers in the Northwest Maricopa Region.

Identified Need	Goal	Key Measures	Strategy
<p><i>Health</i></p> <p>Access to adequate health and dental care services, including preventative services, screening services, and follow-up services.</p>	<p>Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p> <p>Goal #6: FTF will expand use of early screening in health care settings to identify children with developmental delay and other health needs.</p>	<ul style="list-style-type: none"> • Total number and percentage of children receiving appropriate and timely oral health visits. • Total number and percentage of children receiving appropriate and timely well-child visits. • Ratio of children referred and found eligible for early intervention. 	<p>3. Implement, expand, or enhance programs which improve health outcomes of children ages 0-5 years residing in the Northwest Maricopa Region.</p>
<p><i>Professional Development</i></p> <p>Highly skilled and well prepared early childhood development and health workforce.</p>	<p>Goal #8: FTF will build a skilled and well prepared early childhood development and health workforce.</p> <p>Goal #9: FTF will increase retention of the early care and education workforce.</p>	<ul style="list-style-type: none"> • Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. • Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. • Retention rates of early childhood professionals. 	<p>4. Provide early childhood development and health professionals working in the Northwest Maricopa Region additional encouragement and opportunities for professional development by providing trainings, scholarships and incentives to individuals pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.</p> <p>5. Develop and implement program that provides Northwest Maricopa high school students both exposure to the field of early care and education, and opportunities to work directly with early childhood development professionals.</p>

Northwest Maricopa Regional Partnership Council
REGIONAL COUNCIL 2010 Allocation: \$6,328,813

Identified Need	Goal	Key Measures	Strategy
<p><i>Family Support</i></p> <p>Access to educational programs, services, and resources.</p>	<p>Goal #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>	<ul style="list-style-type: none"> • 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 with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health. 	<p>6. Support, enhance, and implement programs and services that provide parents and caregivers in the Northwest Maricopa Region access to information, resources, and high-quality social support.</p>
<p><i>Coordination</i></p> <p>Coordination among state, federal and local organizations to improve the coordination and integration of regional programs, services, and resources for young children and their families.</p>	<p>Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.</p> <p>Goal #14: FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>	<ul style="list-style-type: none"> • Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children . • Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system. • Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems. 	<p>7. Collaborate on a regular basis with other Regional Partnership Councils in Maricopa County to enhance the coordination and communication of services, programs, and resources for young children and their families across Regions.</p> <p>8. Conduct and complete a Regional Needs and Assets Report.</p> <p>9. <u>Unfunded Strategy:</u> <i>Include in all Northwest Maricopa RFGAs, a condition that requires funding applicants to incorporate a strategy for achieving both a FTF coordination and communication goal within their proposal.</i></p>

Strategy Worksheet

Strategy #1

Provide scholarships to families with incomes up to 200% of the federal poverty level to help supplement the cost of *quality* early care and education, as defined by: accreditation through an Arizona recognized national accreditation system, enrollment in the *Quality First!* Program, or participation in a demonstrated recognized quality improvement program.

In the Northwest Maricopa region, many areas contain households where the median annual income is at or below federal poverty guidelines. For a family of four, the Federal Poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).ⁱⁱⁱ Youngtown, Wittmann, Aguila, El Mirage, and even some portions of Glendale report median annual incomes that fall below these poverty levels.

Children from these low-income homes are more likely than any other group to show up for kindergarten unprepared. For these children, this is the beginning of an achievement gap that if not addressed may widen and become more costly and difficult to close as the child gets older. High quality early education can help close the achievement gap and prepare children for kindergarten, but these programs can be expensive making them inaccessible to low-income families.

The average annual cost for an infant in full-time center care in Arizona is almost \$8,000. Full-time infant care in a family child care home is \$6,250. Full-time care for a 4 year old in center or home care is about \$6,400. These costs represent 12% of the median family income of Arizona married couples with children under 18.²

Department of Economic Security provides Child Care Assistance for families participating in various Department of Economic Security programs, and this assistance is invaluable to families in subsidizing the cost for care, however, the assistance is often not enough to meet the cost of obtaining quality. In addition, in those cases where there is an income eligibility requirement, family income cannot exceed 165% of the federal poverty level. It is generally recognized that 200% of FPL constitutes low-income, thus many low-income families who need assistance do not qualify and thus have difficulty affording quality child care. And while Head Start and some other individual programs offer support, only approximately 60% of low-income children are currently served.³

To assist lower income families in obtaining high-quality early care and education, the Northwest Maricopa Regional Partnership Council has allocated funding in the form of scholarships to families with incomes up to 200% of the federal poverty level. This is a bottom-up, market-oriented system that first and foremost empowers at-risk families and keeps decision-making about individual services at the micro level with early childhood development providers. The Scholarship Program will provide low-income families with scholarships and assistance to send their children to high quality programming, and maintain the level of needed services until children enter kindergarten. Scholarships will be provided to offset the cost of providing high quality care, therefore relieving the burden of unaffordable costs to the parent. Scholarships will only be available to families who meet income guidelines and who

enroll their children in quality early care programs, as defined by accreditation, enrollment in the *Quality First!* Program, or participation in a recognized quality improvement program. Scholarships

amounts will be established using a sliding fee scale based on family income. Scholarships will result in reducing the cost of quality early care and education so that it does not exceed 10% of a family's income. It is estimated that a subsidy of up to \$17.00 per day may be needed to make quality child care affordable to low income families. Scholarships may be used to supplement Arizona Department of Economic Security subsidies - only after Department of Economic Security has paid and the family has paid the obligatory co-pay. All families that apply for a scholarship must show proof of income and those families whose income fall within the Department of Economic Security eligibility guidelines must agree to apply for Department of Economic Security assistance or provide a copy of their DES Child Care Subsidy determination letter.

Research has shown that in order for businesses to stay competitive and keep their overhead costs low, many employers especially small businesses; do not pay wages that are high enough to cover the cost of purchasing child care. Thus, when child care subsidies are available to low-income working families, it is actually helping many small businesses recruit and retain employees.⁴ Indeed, as a result of increased workforce participation and the growth in low-paying jobs, the provision of child care subsidies has helped millions of parents to obtain and maintain employment. In 2001, \$5.2 billion in federal and state child care funds were made available to low-income families.⁵ Research shows that most parents who receive child care subsidies work in the service and retail sectors, which are the most rapidly growing employment sectors in the U.S. economy.⁶ The Northwest Maricopa Regional Partnership Council believes that making scholarships available to lower income families residing in the region will compound the positive effects generated by Department of Economic Security subsidies. By linking the scholarships to quality early care and education, the scholarships will: increase parents' access to high quality care, increase awareness of the value of quality care and recognition of quality care, incentivize centers to improve and sustain quality, and increase school readiness among lower income children.

Reference:

¹ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

² Arizona Department of Economic Security. (2006). *Child care Market Rate Study: 2006*.

³ The Minnesota Early Learning Foundation. (2008, April). *Annual Report: 2008*.

⁴ Stoney, L., Warner, M. E., Woolley, A. E., & Thorman, A. (2003). *Investing in the Child Care Industry: An Economic Development Strategy for Kansas*. Kansas City MO: MARC. www.economicdevelopment.cce.cornell.edu

⁵ U.S. Department of Health and Human Services. Administration for Children & Families. (2004). *Temporary Assistance for Needy Families (TANF): Fifth Annual Report to Congress* (No. 0160690153). Washington: U.S.G.P.O. <http://www.acf.hhs.gov/programs/ofa/annualreport5/index.htm>

⁶ Okuyama, K., & Weber, R. B. (2001). *Parents Receiving Child care Subsidies: Where Do They Work?* Albany OR: Linn-Benton Community College. <http://www.lbcc.cc.or.us/familyresources/researchpartner/>

Lead Goal:

Goal #3: FTF will increase availability and affordability of early care and education settings.

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

Key Measures:			
<ul style="list-style-type: none"> Total number of infants and toddlers enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age three. Current cost of early care and education for families as a proportion of the median income for a family of four. 			
Target Population:			
Families with children 0-5, residing in the Northwest Maricopa Region, with incomes up to 200% of the federal poverty level.			
Proposed Service Numbers –	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	155	155	155
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> Number of children served at early care and education settings rated at level 3 or higher. Number of low socio-economic level children at quality early care centers /Actual service number. Number of children served at target quality level / Proposed service number. 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy will build on the existing child care provider network and will allow them to increase quality without passing the costs on to families. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: Collaborate with existing high quality programs or those participating in the Quality First! Project. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$822,085		
Budget Justification:			
The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 13% of regional funds to this strategy.			
Scholarships of up to \$17 per day or \$4420 per year will be available, totaling \$685,200. Scholarships should reach a minimum of 155 children.			
20% for administration and operational cost of strategy (program administration, salaries, EREs, travel,			

recruitment cost, outreach, equipment, office supplies, program materials, etc.) = \$136,886
TOTAL: \$822,085

Strategy #2

Support the statewide initiative *Quality First!* by increasing *Quality First!* participation opportunities for early care centers and family child care providers in the Northwest Maricopa Region.

According to the Northwest Maricopa 2008 Regional Needs and Assets Assessment, there are 192 DHS licensed early education centers and 131 Department of Economic Security approved child care homes available to families in the Northwest Maricopa Region; yet, only 26 of those facilities are accredited. This low percentage (8%) of accredited facilities in the Northwest Maricopa region demonstrates an obvious need for improved quality among programs.

To meet the need for additional quality early care and education programs in the Northwest Maricopa Region, the Northwest Maricopa Regional Partnership Council will increase the number of *Quality First!* slots available to early care centers and family care providers operating in the Region.

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 levels¹.

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 Carolina³, Pennsylvania, Tennessee, and Oklahoma⁴, 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!*

References:

- 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. (2006, August). *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 #3: FTF will increase availability and affordability of early care and education settings.

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 of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five.

Target Population:

Centers and licensed home care providers throughout the region who serve children birth through age five. A special emphasis will be made on recruiting participation from centers and licensed home care providers serving low socio-economic children.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	35 + Centers / Homes	35 + Centers / Homes	35 + Centers / Homes
Performance Measures SFY 2010-2012 <ol style="list-style-type: none"> 1. Number of ethnic or low socio-economic level children at early care centers /Actual service number. 2. Number of centers served / Proposed service number. 3. Number of centers moving from 1 star rating to 3 star rating. 4. Number of quality early care and education programs increasing score / proposed service number. 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This proposed expansion, in July 2009, more than doubles the number of early care and education settings participating in the Quality First! system in the region. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: The Northwest Maricopa Regional Partnership Council will monitor the participation and progress of all of the centers and homes enrolled in Quality First! Additionally, the Northwest Maricopa Regional Partnership Council is finalizing plans to contact the centers and homes, and to define additional resources available in the community which might support the centers and homes. The Northwest Maricopa Regional Partnership Council also plans to work on increasing community awareness and understanding of quality improvement for early care and education. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$1,260,000	
Budget Justification: The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 20% of regional funds to this strategy. The Northwest Maricopa Regional Partnership Council proposes to provide funding for a minimum of 35 centers and or homes to participate in <i>Quality First!</i> : Due to the high number of large centers in the region, funding was allocated at \$36, 000 (large center cost) per center to ensure that adequate funding was available to cover a minimum of 35 centers. 35 large child care centers @ \$36,000 each = \$1,260,000.			

Strategy #3

Implement, expand, or enhance programs which improve health outcomes of children ages 0-5 years residing in the Northwest Maricopa Region.

For families and their children, good health, beginning with a healthy birth is an essential element integrally related to their learning, social adjustment and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social, and emotional wellbeing necessary for them to succeed when they reach school age. Children's healthy development benefits from access to information and education, preventive care, and comprehensive developmental screenings. These include screening and early identification of delays or issues which negatively affect milestones, vision, hearing, oral health, healthy physical development, and social-emotional health.

To improve the health status of children 0-5 years living in the region the Northwest Maricopa Regional Partnership Council has adopted a strategy enhance, expand, or implement programs that provide health education and screening activities in the Northwest Maricopa Region.

Health and Safety Prevention and Education Programs

According to the Center for Disease Control and Prevention, increasing our investment in high-impact, cost-effective preventive services will not only save valuable healthcare dollars, but more importantly, will significantly improve the health status of the U.S. population. One of the most effective approaches we can take in both the public and private sectors is to direct more attention and more resources to preventive health services.¹

The Northwest Maricopa Regional Partnership Council supports the recommendations of the Centers for Disease Control and Prevention, and has allocated funding for the provision of proven or promising practices Health and Safety Prevention and Education Programs. All proposals must clearly demonstrate coordination with other grantees and community resources to ensure that existing efforts are not duplicated. Additionally, all programs must convey a strategy to ensure that referrals include follow-up to help ensure service delivery. Finally, all grantees must provide a clear and realistic sustainability plan following this three year funding opportunity.

Examples of programs to be funded may include:

Obesity Prevention Programs:

The rate of obesity among school-age children has become a national concern, with the number of overweight children aged 6 to 11 more than tripling over the past three decades.¹ "In 2000, the total cost of obesity for children and adults in the United States was estimated to be \$117 billion, \$61 billion in direct medical costs alone".² Data from two most recent National Health And Nutrition Examination Surveys (1976–1980 and 2003–2004) conducted by the Center for Disease Control and Prevention show that the prevalence of overweight is increasing: for children aged 2–5 years, prevalence increased from 5.0% to 13.9%; for those aged 6–11 years, prevalence increased from 6.5% to 18.8%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.4%.³ Research shows that between 70 and 80 percent of overweight children and adolescents remain overweight or become obese as adults.⁴ The impact of the

current culture of the nations overweight and obese youth will have dire social consequences, especially as they relate to student educational success, health status, and financial implications.

Childhood weight problems are a medical concern, not a cosmetic issue. One of the greatest consequences of overweight and obesity is the acquisition of one or more chronic diseases. Chronic diseases most commonly associated with weight problems include: elevated blood cholesterol and blood pressure, gallbladder disease, osteoarthritis and joint problems, asthma, heart disease, Type II diabetes, depression, anxiety, and sleep apnea. Many of the aforementioned chronic diseases were rarely seen in children, however today once thought only adult diseases like Type II diabetes, once called adult onset diabetes, and heart disease are presenting in children in alarming numbers. Poor nutrition and lack of physical activity contribute to 27 percent of children age 5–10 having one or more adverse risk factors for heart disease. Among overweight children, 61 percent of this age group has at least one risk factor for heart disease.⁵

Chronic diseases such as heart disease, cancer, and diabetes are leading causes of disability and death in the United States. Every year, chronic diseases claim the lives of more than 1.7 million Americans.⁶ These diseases are responsible for seven of every ten deaths in the United States. Chronic diseases cause major limitations in daily living for more than one of every ten Americans, or twenty-five million people. Chronic diseases account for more than 70% of the \$1 trillion spent on health care each year in the United States.⁷As the nation's obesity epidemic continues to spread, the cost to the nation will only continue to grow.

Injury Prevention Programs:

Childhood injuries are the leading cause of death for Arizona's children. Sixty-six percent of preventable child deaths in Arizona in 2003 were due to unintentional injury (accidents), according to the Child Fatality Review Board. Between 2004 and 2007, there were about 184,000 nonfatal unintentional injuries resulting in visits to emergency departments or inpatient hospitalizations among children birth to 5 years olds.

Motor vehicles accidents are the most common cause of injury. Consider the following :

- One in five of the child passengers who died in motor vehicle accidents in 2003 were using a restraint. Almost half were sitting in the right front passenger seat.⁸
- Over 10 percent of Arizona's children ride unrestrained and more than 80 percent of child safety seats are installed, placed, or used incorrectly.⁹

Drowning is the second most common cause of injury. In 2003, the Arizona Child Fatality Review Board identified that 25 children (most between 1 and 4 years of age) died of preventable drowning accidents.

Injuries at home are frequent among young children. The youngest children are most at risk in the home, simply because they spend the most time there. Nearly 40 percent of injuries while children are at home. The most common cause of injuries at home is falls. Burn related injuries are also not uncommon. While children age 1-4 make up only 6 percent of the population in Arizona, they accounted for 15 percent of hospitalizations and 17 percent of emergency department visits due to fire/burn-related injuries in 2003. Latino and African-American children may be most at risk. Data from the National Survey on Early Childhood Health

disparities in safety measures in the reports of Latino and African-American parents.¹⁰

Unsafe sleeping practices among young children are another cause of unintentional injury. The Child Fatality Review Program categorizes an infant's death as unexpected when a previously healthy child dies suddenly. In 2006, there were 90 unexpected infant deaths in Arizona, which accounted for eight percent of all child deaths. Suffocation was the cause of 23 of these unexpected infant deaths and 28 deaths were identified as SIDS. In 90 percent of unexpected infant deaths, unsafe sleeping environment was identified as a contributing preventable factor, and unsafe sleeping position was a factor in 50 percent of unexpected infant deaths. Co-sleeping was identified as a preventable factor in 35 percent of the deaths. The State Child Fatality Team and the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome have both issued a recommendation to educate parents and other caregivers on safe sleep environments for infants.

Oral Health Programs:

In Arizona, 50% of Kindergarten students experienced tooth decay in 2003 and 35% had untreated decay. In the Northwest Maricopa Region, 59% of children aged 6 to 8 experienced dental decay in 2003 and 39% were left with untreated decay¹¹. Each child had 5.92 teeth impacted by tooth decay. Each child with untreated dental decay needs 6.23 fillings. In 2004, 315 patients visited an emergency room for dental problems.

Dental decay can be prevented by promoting access to regular dental care beginning at infancy and continuing throughout life. In 2003, fewer than 5 percent of Arizona's children ages 1 to 2 years enrolled in Medicaid received dental care although dental care is a covered benefit fewer than half of those children received a beneficial preventative treatment.

The Northwest Maricopa Regional Partnership Council will release grants to address the significant oral health needs of children birth through age five throughout the region. The grants will require communities and providers to articulate the needs and barriers of preventative oral services, to indicate the numbers currently served and potential service numbers and identify evidence-based approaches to improve preventative oral care.

Vision and Hearing Screenings:

If not detected and treated early, vision and hearing problems in children can lead to a variety of long-term consequences. Children are often unaware that they are seeing or hearing "less" than they should, and they often do not complain of visual or auditory difficulties. An understanding of the importance of vision and hearing screening by child care programs, teachers, school nurses, and parents is critical to the outcome of a student's academic success.

During a child's first twelve years, nearly 80 percent of learning depends upon their visual sense. Vision deficits are a common problem in the preschool population. Early detection and treatment of these deficits will lessen the possibility of any damaging long-term effects and have a direct impact on each child's academic performance.

In Arizona, over 100,000 local children are at risk for permanent vision loss. An estimated 5 million adults have irreversible vision loss due to early childhood eye diseases, which would have been detected with school vision screenings. Statistics show that 19 percent of children require glasses. However, studies estimate that 4 out of 5 children do not have their vision

screened before entering school.¹¹

Hearing loss can also have devastating effects on academic, social and communication development. Permanent hearing loss is the most common birth defect in the United States. Approximately 1 out of every 300 children in the U.S. is born with a significant hearing loss. However, Early Hearing Detection and Intervention (EHDI) can identify infants with hearing loss by the time they are 1 month old so that their hearing loss is diagnosed and defined no later than 3 months of age. When hearing loss is identified early, babies can be enrolled in appropriate early intervention programs (including being fit with hearing aids) by 6 months of age or younger. When infants with hearing loss are diagnosed early and enrolled in early intervention, they have positive speech, language, and listening outcomes regardless of communication modality. As a child matures and is able to provide hearing results behaviorally, an audiologist is able to plot hearing information with even greater specificity.¹²

Asthma Control Programs:

According to the Center for Disease Control and Prevention, asthma is a major public health problem of increasing concern in the United States. From 1980 to 1996, asthma prevalence among children increased by an average of 4.3% per year, from 3.6% to 6.2%. Low-income populations, minorities, and children living in inner cities experience disproportionately higher morbidity and mortality due to asthma. Asthma's effects on children and adolescents include the following:

- Asthma accounts for 14 million lost days of school missed annually.
- Asthma is the third-ranking cause of hospitalization among those younger than 15 years of age.
- The number of children dying from asthma increased almost threefold, from 93 deaths in 1997 to 266 in 1996.
- The estimated cost of treating asthma in those younger than 18 years of age is \$3.2 billion per year.¹³

Currently, there are no preventive measures or cure for asthma; however, children and adolescents who have asthma can still lead quality, productive lives if they control their asthma. Control programs to be considered for funding will address issues such as: reducing the burden of asthma in the home, child care center, and school; identifying and managing asthma triggers; increasing parent knowledge on asthma control and management; and innovative collaborative approaches to improve overall asthma management among children 0-5 years.

Promotion and Provision of Developmental Screenings

According to the Center for Disease Control and Prevention, developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental delays. It can allow for earlier detection of delays and improve child health and well-being for identified children. Developmental screening can be done by various professionals in healthcare, home, community, or school settings, regardless; many children are not being screened and developmental delays are not being identified early. In the United States, 17% of children have a developmental or behavioral disability.¹⁴ In addition, many children have delays in language or other areas, which also impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missed.¹⁴

To ensure that all children in the Northwest Maricopa Region are being screened in a timely manner, the Northwest Maricopa Regional Partnership Council has allocated funding for programs that will increase developmental screenings through access and awareness. All programs to be funded will need to be evidence based best practices or promising practices. Additionally, all funded proposals must clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated and to ensure that families receive comprehensive services. Finally, all grantees must provide a clear and realistic sustainability plan.

Examples of programs to be funded may include:

Mobile Play-Based Screening and Intervention Activities:

Mobile unit brings play-based activities to serve as parent educational outreach, facilitated family support, and child development screening to local communities and neighborhoods. Specific schedule is set so that families know when and where unit will be and can begin to plan for its arrival and allow for ongoing participation. The mobile play units set up a traveling classroom or play experience where caregivers and children come together in a park or community center and includes therapists or other professionals who are available to provide child development questionnaires or screening activities. The mobile play unit provides for facilitated family support on building caregivers' abilities to support children's optimal growth and development. Information on child development and play supports are provided to parents and caregivers, and social service connections/referrals are made when necessary. Additional community information (e.g. location of local play groups, library programs, or Quality First! participating child care centers/homes) is available to parent and caregivers as desired. In order to be effective, mobile units must be staffed by highly skilled and appropriately qualified therapists, early childhood specialists, and/or interventionists. Screening activities must include a standardized, widely accepted instrument such as Ages & Stages.

Health Care Provider Education:

Developmental screening can be done by various professionals in healthcare, community, or school settings. The role of health professionals has become particularly important, because of the greater emphasis placed on early identification of children with delays. Through well-child visits, health professionals have regular contact with children 0 to 3 years-of-age, allowing them an opportunity to monitor development through periodic developmental screening. This has led healthcare professional organizations, such as the American Academy of Pediatrics (AAP) and the American Academy of Neurology, to recommend that all infants and young children be screened for developmental delays periodically in the context of office-based primary care. Because the role that the health care provider plays in the early detection and identification of developmental delays, it is vital that providers are adequately educated on when and how to screen for developmental delays, and how to assist families in securing necessary follow-up services. Physician education is a quality improvement initiative with the goal of promoting the healthy development of all children. This approach is aimed at enhancing physician office assessment of parents concerns; promoting tracking and follow up mechanisms for children referred to AzEIP and other programs that serve children with mild or moderate delays; and assisting practices in identifying community resources that support child development based on the needs of the child and family.

Expected Impacts and Change

- Increase in the number of physicians that provide developmental screenings using

standardized screening tools at scheduled well child visits

- Increase in the numbers of children appropriately identified and referred for developmental services based on their level of delay and decrease the number of unnecessary referrals
- Increase physician understanding of the early intervention system and the additional resources for assisting children with mild delays or parental concerns
- Improve pathways of communication with early intervention programs and resources and reduce frustration of medical providers and families regarding the early intervention system
- Increase in physicians' use of parent surveys and other tools to enhance communication around parent perceptions and education

Education and Awareness:

The Northwest Maricopa Regional Partnership Council will fund programs to expand and/or enhance programs designed to community and parental increase awareness of the importance of developmental screenings and that provide education on developmental milestones.

Applicants funded through this strategy will be required to demonstrate:

- Evidence that the proposed approach will have demonstrated impact and measureable outcome.
- Initial planning for sustaining the approach following 2012.
- Service plans which address the diversity and vast geography of the region.
- Clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated.
- Demonstrate that services will be delivered in un-served or underserved areas in the region.
- Provide a clear and realistic sustainability plan.

Reference

¹ Nussbaum, S. (2006). Prevention - the Cornerstone of Quality Health Care. *American Journal of Preventive Medicine*, 31(1), 107-108.

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⁶ Action for Healthy Kids. (2004). *The learning connection: the value of improving nutrition and physical activity in our schools*. Retrieved November 1, 2008, from: http://www.actionforhealthykids.org/pdf/LC_Color_120204_final.pdf

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⁹Governor’s Office of Highway Safety. (2008). www.azgohs.gov

¹⁰National Center for Children in Poverty. (2008). www.nccp.org

¹¹Arizona Department of Health Services. (2004). *Community Health Profile 2003*. www.azdhs.gov

¹²Arizona Department of Health Service. (nda). *Prevent blindness America, in collaboration with professionals in ophthalmology, optometry, and nursing*.

¹³Center for Disease Control and Prevention. (2008). *Asthma’s impact on children and adolescents*. www.cdc.gov

¹⁴Center for Disease Control and Prevention. (2005). *Child development: Developmental Screening*. www.cdc.gov

Lead Goal:

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

Goal #6: FTF will expand use of early screening in health care settings to identify children with developmental delay and other health needs.

Key Measures:

- Total number and percentage of children receiving appropriate and timely oral health visits.
- Total number and percentage of children receiving appropriate and timely well-child visits.
- Percentage of children receiving appropriate and timely follow-up / intervention services.

Target Population:

All children 0-5. With consideration to target at risk and vulnerable populations, including low income families, teen parents, minority families, and families with children with special needs.

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

Performance Measures SFY 2010-2012

1. Number of children receiving preventative services/ Proposed service number.
2. Number of children receiving screening services / Proposed service number.
3. Percentage of children receiving appropriate and timely follow-up/ Intervention services.
4. Number of children receiving dental care by age one /Proposed service number.

• How is this strategy building on the service network that currently exists:

This strategy will allow for building on existing resources while allowing them to expand to serve areas or target populations they do not currently serve.

• What are the opportunities for collaboration and alignment:

All outreach efforts conducted under this strategy should be aligned with existing outreach efforts conducted by other community entities. Such efforts would include those that are implemented by state and county health agencies and other social service organizations. Grantees under this strategy could connect with existing providers that serve as a point of contact for families with young children to disseminate information. In addition, opportunities for alignment exist with other Regional Partnership Councils in the West Valley who are implementing a similar strategy.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$1,260,000
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Budget Justification:

The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 20% of regional funds to this strategy.

\$760,000 will be available to fund a minimum of 6 Health and Safety Prevention and Education Programs at \$75,000 - \$125,000 each.

\$500,000 will be available to fund programs that focus on promoting or providing developmental screenings.

The Northwest Maricopa Regional Partnership Council wishes to entertain creative alternatives which may be able to provide comprehensive programs to the largest number of children.

Strategy #4

Provide early childhood development and health professionals working in the Northwest Maricopa Region additional encouragement and opportunities for professional development by providing trainings, scholarships, and incentives to individuals pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.

Because young children, including infants and toddlers, spend so much time in settings outside their own homes, it is especially important to ensure that early care providers and teachers understand what promotes learning and healthy social and emotional development, and know how to help when development is not progressing as it should. Whether babies, toddlers, and preschoolers are cared for by other family members, by neighbors, or in formal center-based care, every encounter with a young child is an opportunity to promote learning, and social and emotional competence. Unfortunately, many of those caring for young children do not have the information or the experience they need to help children maximize learning, identify developmental delays, or how to address inappropriate behaviors.

The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children¹.

According to the Northwest Maricopa 2008 Regional Needs and Assets Assessment Report, only 67% of teachers and 90% of classroom assistants do not possess any type of degree. This fact has prompted the Northwest Maricopa Regional Partnership Council to recognize the need to support the professional development of the early care and education workforce as a priority.

The Northwest Maricopa Regional Partnership Council understands the need to provide a variety of options to engage providers in professional development. In addition to college coursework, other types of professional development are helpful when used as an enticement to encourage an individual who has been away from formal schooling to return to the classroom. The Northwest Maricopa Regional Partnership Council would also like to target owners and directors and encourage them to participate in professional development opportunities.

There are multiple levels to this strategy. It is the intent of the Northwest Maricopa Regional Partnership Council to engage **ALL** providers, directors, and owners at **ALL** levels of professional development.

1. Provide additional T.E.A.C.H. Scholarships to professionals working in the region.
2. Provide Professional Career Pathways Project (PCPP) scholarships to those who do not qualify for a T.E.A.C.H. scholarship.
3. Increase the availability of, and participation in, high quality professional development opportunities for those working with or preparing to work with children ages 0 – 5 through community based trainings.
4. Provide scholarships to those professionals working with children ages 0-5 outside of the early care and education sector (i.e. health professionals, counselors, social workers, case managers, etc.) for additional training and education in appropriate specialty areas.

TEACH

Programs enrolled in *QUALITY FIRST!* will have access to T.E.A.C.H. Early Childhood Arizona. The Northwest Maricopa Regional Partnership Council wants to expand T.E.A.C.H. to those programs not yet enrolled in *Quality FIRST!*

Benefits to children: higher quality, stable and more capable professionals; improved care and services; better developmental outcomes for children.

Benefits to families: early childhood professionals who remain with their programs and continuously advance their skills and knowledge are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

The Northwest Maricopa Regional Partnership Council recognizes and supports all four elements of the scholarship program:

Scholarships - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.

Education - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

Compensation - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.

Commitment - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

Information about the T.E.A.C.H. project is available on the web at www.childcareservices.org/ps/teach.html State contacts are available at www.childcareservices.org/ps/statecontacts.html

Professional Career Pathways Project:

Professional Career Pathways Project (PCPP) scholarships would be available to those who do not qualify

for a T.E.A.C.H. scholarship and would cover only early childhood coursework that prepares them to be eligible for a Child Development Associate credential. PCPP has been supported in the state for over ten years and has supported hundreds of practitioners to achieve their Child Development Associate, certificates of completion and two-year degrees.

The Professional Career Pathways Project is a scholarship program offered at community colleges throughout Arizona for Early Childhood Education classes. Funding is provided through the Arizona Department of Economic Security, Child Care Administration. To be eligible, individuals must be employed or volunteer in center-based programs, family child care provider homes or family group homes. The program pays tuition and registration fees for specific courses in Early Childhood Education, including those leading to the Child Development Associate (CDA) credential, Community College Certificate of Completion and Associate of Applied Science degree in Early Childhood Education, or other related education goals.

Participants must work with an Early Childhood Education advisor to identify a Pathway (Goal) and pursue the Early Care and Education coursework that accomplishes that Pathway. In addition, participants must complete all courses paid for by the Professional Career Pathways Project with a grade of "C" or better to be eligible for continued scholarships. All coursework must meet the requirements to obtain the Child Development Associate, certificate of completion or 2-yr. degree in early childhood. Individuals receiving scholarships will be required to either work in the region at the time the credential or certificate is obtained, or commit to work in the region upon receiving his or her degree. Level of commitment will be determined by the level of funding provided.

The Professional Career Pathways Project Offers:

√ Tuition for 1 to 6 credits per semester (Total of 12 credits per school year)

√ Textbook stipend of \$10 per credit each semester

√ For Department of Economic Security (DES) certified Family Child Care and Department of Health Services (DHS) licensed Family Group Home providers: the PCPP will pay the cost associated with either the— initial CDA (*Child Development Associate Credential* assessment fee paid (\$325) or initial NAFCC (National Association of Family Child Care Accreditation) fee paid (\$495)

Community Based Trainings:

Early Care and Education providers are often nontraditional in their approach to professional development. The Arizona Department of Health Services Office of Child Care licensure requires practitioners to obtain ongoing training or continuing education to remain qualified for a position and remain in compliance with regulatory standards. These requirements typically set a specific number of clock hours annually. In addition to the above strategies it is the desire of the Northwest Maricopa Regional Partnership Council to use community based trainings as an enticement to encourage individuals who have been away from formal schooling to return to the classroom.

While community based training has not been well evaluated, it does provide another logical stepping stone to more formal and credit bearing professional development. Participants will be encouraged and supported to eventually continue their education through college credit coursework and/or participation in T.E.A.C.H and **Quality First!**

Participants in these community based trainings must be registered with the state's career registry,

S*CEEDS and provide evidence that they are receiving training in the at least one of the six competency goal areas of the Child Development Associate credential (CDA): establishing a safe, healthy learning environment; advancing physical and intellectual competence; supporting social and emotional development and positive guidance; establishing positive productive relationships with families; ensuring a well run purposeful program responsive to participant needs and maintaining a commitment to professionalism.

All professional development trainings must be either a proven or promising practice. In addition, all professional development trainings will be required to show successful outcomes, either through an assessment process or a follow-up visit by a mentor or coach to determine if professional practice has been changed based upon what was learned in the training.

The Northwest Maricopa Regional Partnership Council invites innovative and creative ways to provide high quality professional development in the region. The broad nature of this strategy allows Stakeholders to collaborate in a variety of innovative and creative ways to increase access to professional development in the region.

Professional Development Opportunities for Health and Mental Health Specialists

Increase the number of health and mental health specialists with expertise in the 0-5 population by supporting continuing education for existing health and mental health professionals. There is a high need for professional level specialists to serve the 0-5 population. To address the need for more trained specialists in these areas, the Northwest Maricopa Regional Council would provide for individuals to attend graduate certificate programs that address the professional needs of the 0-5 health and mental health profession.

Funding will be available support the continuing professional development and advancement of individuals who work with children 0-5 years who are pursuing training and education in an appropriate specialty area. All certificate programs and continuing education must be either a proven or promising practice. A special effort will be made to support additional training and education for individuals in areas related to working with children with special needs and their families.

References:

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: This paper was funding by the Department under the commission of the School Readiness Solutions Group. This paper was developed by Jana Fleming.

Lead Goal:

Goal #9: FTF will increase retention of the early care and education workforce.

Goal #8: FTF will build a skilled and well prepared early childhood development and health workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.
- Total number and percentage of professionals working in early childhood care and education who

are pursuing a credential, certificate, or degree.

- Retention rates of early childhood professionals.

Target Population:
 Early childhood development and health professionals working in the Northwest Maricopa Region.

	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	Teach Scholarships: 100 PCPP: 100 Community Based Trainings: TBD Other Prof Dev: TBD	Teach Scholarships: 100 PCPP:100 Community Based Trainings: TBD Other Prof Dev: TBD	Teach Scholarships: 100 PCPP: 100 Community Based Trainings: TBD Other Prof Dev: TBD

Performance Measures SFY 2010-2012

- Number of professionals pursuing degree in early childhood/ Actual service number.
- Number of professionals working in early childhood with a bachelor’s degree or higher / Actual number of professionals.
- Number of early care and education teachers retained for three years / Actual number of professionals.
- Number of early care and education directors retained for five years / Actual number of professionals.

• How is this strategy building on the service network that currently exists:

Many providers have the coursework/workshop hours necessary to apply for their CDA, but need addition funding for the assessment fee and support in compiling the application. The Professional Career Pathways Project scholarship program offers scholarships to a limited number of family child care providers. The proposed funding will include scholarships for center-based as well as increase the number of scholarships available to family child care providers.

• What are the opportunities for collaboration and alignment:

Community-based training opportunities are offered statewide to all types of child care providers and include on-site technical assistance.

Contracts between the Department of Economic Security and community based training agencies provide a range of training. Many of these include competencies that prepare providers for the Child Development Associate credential. For many, this would be a starting point of professional development and with encouragement and success; providers would then proceed to enroll in college coursework to continue their educational pathways.

Many opportunities to collaborate with community colleges that are providing the coursework to prepare for the CDA.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$1,207,000
<p>Budget Justification:</p> <p>The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 19% of regional funds to this strategy, with 4% designated for T.E.A.C.H. and 15% designated for other professional development opportunities.</p> <p><u>TEACH</u></p> <p>Estimated costs for 100 participants will cost: \$235,000</p> <p>Full year participation \$1600 per year X 100 = \$160,000.</p> <p>When the Northwest Maricopa Regional Partnership Council reviewed the T.E.A.C.H. budget, the Northwest Maricopa Regional Partnership Council determined it was necessary to provide additional supports to the scholars and early care and education settings which include: Additional reimbursement for travel, books, and paying for the costs of the release time for the scholars when it requires having a substitute (4 hrs/wk while enrolled in courses). = \$750 each X 100 = \$75, 000</p> <p><u>PROFESSIONAL CAREER PATHWAYS PROJECT</u></p> <p>Maricopa Community College System and Department of Economic Security estimates a cost of \$105 per credit hour (includes tuition and costs of administering the program). The cost to apply for the CDA credential is \$350. The Northwest Maricopa Regional Partnership Council would also like to support a mentor to help the candidate compile the resource file and complete the formal observation it is estimated to be about \$1700 per student. It is estimated that there would be about 10 - 20 hours of work for the mentor to complete the observation, plus the costs to administer the program. For budgeting purposes an average of \$2200 will be used. There are 100 slots allotted to Professional Career Pathways = \$220,000.</p> <p><u>COMMUNITY BASED TRAININGS</u></p> <p>The Northwest Maricopa Regional Partnership Council wishes to entertain creative alternatives which may be able to provide effective and comprehensive programs to the largest number of service providers. A total of \$250,000 has been allotted.</p> <p><u>OTHER PROFESSIONAL DEVELOPMENT SCHOLARSHIPS/ TRAINING</u></p> <p>The remaining \$502,000 will be used to fund professional development and training opportunities for health and mental health specialists. Note: continuing education and credentialing program costs vary.</p>	

Strategy #5

Develop and implement programs that provide Northwest Maricopa high school students both exposure to the field of early care and education, and opportunities to work directly with early childhood development professionals.

Tech Prep is a national initiative linking career and technical education programs offered at the high school level to degree and certificate programs at the post-secondary level. In the Tech Prep Education Act of 1990, this initiative was implemented to strengthen education programs for youth who might not earn a four-year post-secondary degree.

At the national level, the goals of Tech Prep legislation were to (1) prepare students for promising careers, (2) to improve the quality of both academic and career and technical education and enhance effectiveness of preparing students for careers by more closely integrating them, and (3) to improve education for the “neglected majority,” those students in the middle quartiles who would most likely finish high school but were unlikely to complete a four-year post-secondary education program.¹

Employers were concerned that young people lacked both the social and technical skills required to succeed in even entry-level jobs. Increasingly, employees in many fields do not require a four-year degree, but do require specific technical training.

In Arizona, Tech Prep takes a local approach to addressing these issues. Eleven local Tech Prep Directors work with consortium high schools and post-secondary institutions to oversee articulation efforts and provide activities that help connect students to their futures. Arizona Tech Prep has tailored this national initiative to serve each community’s unique population.

Viewed as one of the most innovative and effective educational reform efforts in American history, Tech Prep connects learning to career pathways and provides students with the knowledge, skills and behaviors they need to compete successfully in the technologically advanced workplace of tomorrow.

Tech Prep provides each student with:

- A career pathway with an identified sequence of courses which leads to employment, employability and technological skills.
- Advanced occupational training identified in partnership with business and industry.
- Articulated programs leading to certification and/or a degree.
- A curriculum integrating academic and occupational learning and application.¹

According to the Arizona Department of Education, 10 high schools located in the Northwest Maricopa Region participate in the Early Childhood Education Tech Prep program. The Early Childhood Education program is designed to prepare students for employment in early childhood settings. The program includes instruction in child growth and development, child health, nutrition, safety, planning and supervision of developmentally appropriate play and learning activities. Child guidance, family relationships, parenting and applicable legal and administrative requirements are addressed, as well.

Preparation for the development and management of effective early childhood programs and facilities is included. In addition to technical skills, students completing this program will also develop advanced critical thinking, applied academic, career development, life and employability skills, business, economic and leadership skills required for entry into Early Childhood Education occupations. The program utilizes a delivery system made up of four integral parts: formal/technical instruction, experiential learning, supervised occupational experience and the Career and Technical Student Organization, FCCLA.

The following describes the recommended sequence of courses organized on the basis of industry-recognized skills necessary for initial employment or continued related education. All the state-designated Early Childhood Education standards are addressed in this instructional sequence.

- **Fundamentals of Early Childhood Education:** This course prepares occupational students to understand the physical, mental, emotional and social growth and development of children. It is recommended that a portion of class time be spent observing young children.
- **Early Childhood Education Applications:** This course prepares students for occupations in early childhood education in both the public and private sector. At least 50% of the students time should be spent working with children below grade three. High school students may receive certifications such as the Child Development Association (CDA) upon completion of the program.
- **Early Childhood Education - Internship:** This course provides Career and Technical Education students an opportunity to engage in learning through participation in a structured work experience that can be either paid or unpaid and does not necessarily require classroom instruction that involves the application of previously developed Early Childhood Education knowledge and skills
- **Early Childhood Education - Cooperative Education:** This course utilizes a cooperative education methodology to combine school-based and supervised work-based learning experiences directly related to the standards for the Early Childhood Education program

The Northwest Maricopa Regional Partnership Council would like to support the efforts of the local Early Childhood Education Tech Prep programs and has allocated funding to support quality improvement grants to each of the programs located in the region. This funding will be used to supplement the funding provided by the Career and Technical Education State Block Grant and will be used to improve quality. Quality Improvement Grants must be used to improve the quality of the school's Early Childhood Education Tech Prep Program. Funding may be used for such things as: program supplies, curriculum development / purchase, child care center improvements, instructor professional development, etc.

References:

¹ Arizona Department of Education. (2008). *Welcome to Arizona tech prep!* <http://www.aztechprep.org/>

Lead Goal:

Goal #8: FTF will build a skilled and well prepared early childhood development and health workforce.

Key Measures:			
<ul style="list-style-type: none"> Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree. 			
Target Population:			
Northwest Maricopa high school students – Potential future early care and education workforce.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	10 high schools	10 high schools	10 high schools
	1500 students	1500 students	1500 students
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> Increase in the number and percentage of community college students pursuing degrees in early childhood. Number of high school students working with early childhood development workforce / proposed number. 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy will allow for the enhancement of existing resources by providing funding for quality improvement. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: This strategy will increase the collaboration among regional High Schools, Community Colleges, and Early Care and Education centers. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$150,000	
Budget Justification:			
The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 2% of regional funds to this strategy.			
Grants up to \$15,000 will be made available to 10 regional high schools = \$150,000			

Strategy #6

Support, enhance, and implement programs and services that provide parents and caregivers in the Northwest Maricopa Region access to information, resources, and high-quality social support.

According to the Northwest Maricopa 2008 Regional Needs and Assets Assessment Report families of the Northwest Maricopa Region lack strong family support and education services. This is not to say that services do not exist, however, community awareness is minimal, and the regional growth has exceeded the capacity of most of the regional family support organizations. Additionally, many rural families find services to be inaccessible due to transportation issues. Moreover, many of the organizations servicing the Northwest Maricopa Region are working in proverbial silos and are unable to provide families with a holistic approach due to lack of communication and coordination. The lack of support and services is especially true in the areas of parent education, family literacy, and resource and referral.

To address this need, and ensure that all children in the Northwest Maricopa Region, especially the most vulnerable, have an opportunity to succeed in school, the Northwest Maricopa Regional Partnership Council has allocated funding toward programs and services that provide parents and caregivers access to information, resources, and high-quality social support. The Northwest Maricopa Regional Partnership Council understands that the level of support needed and that the preferred learning environment for families varies, and that no one service delivery mechanism could appropriately meet the needs of all families. For this reason, the Northwest Maricopa Regional Partnership Council has chosen to make funding available for family support programs and services in a variety of venues. Programs to be funded include: home visiting programs, community resource centers or “one stops”, and community education / support programs. All programs funded must be proven or promising practices, and must be able to demonstrate positive outcomes for families. Additionally, all funded proposals must clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated and to ensure that families receive comprehensive services. Finally, all grantees must provide a clear and realistic sustainability plan.

Programs providing family education and support services through this strategy must be family centered and must address each of the following focus areas:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Parenting Education
- Child/Family literacy

Home Visiting

Home visitation is a service delivery strategy that is essential to better support our region’s youngest children. Five of the leading national home visitation programs (Healthy Families America, HIPPPY, Nurse-Family Partnership, Parents as Teachers and the Parent-Child Home Program), in their shared vision statement assert that communities are best served by a range of quality home visitation program

options and that families nationwide need access to early childhood home visitation services.

A home visiting professional is a person trained in child development who makes regular, scheduled visits to homes with infants or young children or families expecting a child, to answer questions, provide information and resources, assist parents in their parenting, or provide early detection of any developmental problems in the children. Home visiting programs provide families with one on one support to address multiple risk factors in a setting that is comfortable and non-threatening for families. The home visitor also works with families to identify and coordinate the services that they need and the social services to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

The research literature suggests that the best home visiting programs have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions, and increase linkages with community services including health and social services. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family rather than the other way around. In addition, because home visitors actually see the households of their clients, they may be better able to tailor services to meet family needs.¹

The primary focus of home visiting services is clearly to promote effective parenting and support parents as their child's first and most important teacher. One area where home visiting has been shown to be highly effective with regard to promoting effective parenting is the area of preventing abuse and neglect. The recent report titled *Youth Violence* by the Surgeon General, using several measures of violent outcomes, concludes that nurse home visitation "has shown significant long-term effects on violence, delinquency, and related risk factors in a number of studies."² The Center for the Study and Prevention of Violence recommends nurse home visitation for preventing child abuse and neglect and child violence, among other benefits. The Office of Justice also gives a high rating to early home visitation by nurses, other professionals, and trained paraprofessionals for preventing crime and its risk factors.³ The Centers for Disease Control and Prevention cites the home visitation approach among the best practices for preventing youth violence.⁴ Similarly, Developmental Research and Programs, Inc. cites several early home visitation programs among its recommended preventive strategies.⁵ Finally, the Canadian Task Force on Preventive Health Care recommends early childhood home visitation programs for preventing child maltreatment in disadvantaged families.⁶ It notes that the strongest evidence exists for the nurse-delivered programs that start before the child is born and continue for 2 years after birth.

The Northwest Maricopa Regional Partnership Council will support families by providing monies to support, enhance, or implement high quality home visiting. All programs will need to be evidence based best practices or promising practices. Additionally, all funded proposals must clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated and to ensure that families receive comprehensive services. Finally, all grantees must provide a clear and realistic sustainability plan. Through an RFGA process, the Northwest Maricopa Regional Partnership Council will solicit proposals for home visiting programs that focus on each following:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Parenting Education
- Child/Family literacy

Special consideration will be given to those proposals that can demonstrate effectiveness with high risk and vulnerable populations. Special consideration also will be given to those proposals that appropriately utilize the Arizona Parents Kit in their home visiting program.

Family Resource Centers / “One Stop Center”

The literature describes a family resource center as a place in a neighborhood that anyone can enter (a child, a teen mother, a neighbor, a senior citizen, a father) to access social, educational, and health services, and family support. It will be warm and inviting, and the staff and materials will reflect the culture or cultures of the community it serves. It may be a freestanding building, an early childhood center, an office in a school, an outpost of a government agency, or a division of a community-based organization. Some centers offer a wide array of services at the center location; others offer linkages to a network of family services throughout the community.

The promise of family resource centers is putting into action the concept of family support, and the premises and principles of the family support movement. For example, family resource centers may be the places in neighborhoods where families go for direct services that empower and strengthen their roles as parents, nurturers, and providers; places where programs are comprehensive and provide a range of social, educational, and recreational activities, where they focus on preventing problems, and where parents can go for the knowledge, services, and resources they need to raise healthy children.⁷

It is in family resource centers that the most essential community, social, and systems change can begin to take place. It is where communities can begin to turn around notions about families, neighborhoods, the provision of services, child well-being, and community capacity.⁸

Perhaps one of the most significant contributions of family resource centers is their ability to serve as catalysts for broader systems-change efforts at the local and state level. In some counties and states, the presence of family resource centers is helping to reinvent how government-funded programs are designed and delivered, moving from a traditional service delivery approach (fragmented, driven by categorical funding, etc.) to services that focus on the entire family, build on family strengths, respond flexibly to community needs, are comprehensive and integrated, and are based in neighborhoods where families feel comfortable receiving the supports they need.

All families have strengths and all families need support. Family resource centers use many different strategies to support families. This evidence-based approach has promising implications for the family strengthening field and positive outcomes for families.

Typical services offered at Family Resource Center Programs:

- Counseling
- Advocacy Services

- Domestic Violence Programs

- Utility Assistance Programs

- Case Management Services

- Information and Referral Services

- Crisis Intervention
- Food and Clothing Assistance
- Workforce Development
- Home Visitation Programs
- After School Programs
- ESL Classes
- Budgeting and Personal Finance Classes
- Literature and Educational Resources
- Assistance with enrollment in publically funded programs

The Northwest Maricopa Regional Partnership Council will support families by providing monies to create or expand five Family Resource Centers within the region. The family resource center will not only address the issue of accessibility to support and education, the resources centers will also address the region's lack of coordination among service providers. These resource centers will be invaluable resources for those areas in the region with high risk populations, such as: the areas of Aguila, Whittman, and Youngtown, all of which have teen pregnancy rates significantly higher than both the State and National rates; or downtown Glendale where 37% of the families are single parent household; or El Mirage where the unemployment rate in October 2008 was at 8.7%.

These resource centers will be diverse in size and services provided, each tailored to meet the needs of the community in which it is located. For example one family resource center may provide families assistance with KidsCare applications, Women Infant and Children Services, resume preparation, and parenting literature, while another may provide families with food box referrals, Food Stamp applications, workforce development training, and literacy referrals. All community resource centers will be located in areas where families routinely congregate (churches, schools, early care and education centers, libraries, etc.), and will be available for all members of the community. It is the vision of the Northwest Maricopa Regional Partnership Council that the family resource centers will become the central location for families in the community to go for information, resources, and referrals. All resource centers will be responsible for actively referring, as appropriate, to community based education programs and home visiting programs funded with First Things First dollars. A special effort will be made to fund the development of centers in locations that reach diverse and at risk populations. Additionally, all funded proposals must clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated and to ensure that families receive comprehensive services. Finally, all grantees must provide a clear and realistic sustainability plan.

Community Based Education Programs

Community-based education programs work to enable families to build on their own strengths and capacities to promote the healthy development of children. While these programs come in different forms, they have a common goal of increasing the level of family functioning and promoting healthy child development. Programs are embedded in their communities and contribute to the community-

building process.

The Northwest Maricopa Regional Partnership Council recognizes that home visiting programs and the one on one case management services offered at community resource centers may not be appropriate for all families. Understanding that one size does not fit all, the Northwest Maricopa Regional Partnership Council supports programs that provide education and support to families through community based education programs. Parents should be able to access educational information in their community on a variety of child development topics. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons. Examples of community based education programs to be supported include:

Parent Education Programs:

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Effective parenting education develops nurturing and attachment, knowledge of parenting and of child development, parental resilience, and social connections and support for parents.⁹ Research suggests that improving fundamental parenting practices reduces the likelihood of problem behaviors in children. It has been shown that parent-child relationships can be enhanced through parent training and family strengthening programs.¹⁰

Early Language and Literacy Programs:

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. 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. One strategy to increase a child's language and literacy development is through early language and literacy programs that are family centered and that 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.

All community based education programs to be funded will need to be evidence based best practices or promising practices. Additionally, all funded proposals must clearly articulate how they will coordinate with other grantees and community resources to ensure that efforts are not duplicated and to ensure that families receive comprehensive services. Coordination efforts must include a system for referring families to their local community based resource center. Finally, all grantees must provide a clear and realistic sustainability plan. Special consideration will be given to those proposals that have been proven to be effective with at risk and vulnerable populations. Special consideration will be given to those proposals that appropriately incorporate the Arizona Parents Kits into their educational program.

Through an RFGA process, the Northwest Maricopa Regional Partnership Council will solicit proposals for community based programs that focus on each the following:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)

- Natural support for families/peer support
- Resource and referral information
- Parenting Education
- Child/Family literacy

References:

¹Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. *Zero to Three*, 18(4) 23-29.

² Krugman, R.D. (1993). Universal home visiting: a recommendation from the U.S. Advisory Board on Child Abuse and Neglect. *Future Child*, 3:184 –200.

³Sherman, L. W., Gottfredson, D.C., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S.D. (1997). *Preventing crime: what works, what doesn't, what's promising. A report to the United States Congress* (NCJ 171676). Washington DC: U.S. Department of Justice, Office of Justice Programs.

⁴ Thornton, T. N., Craft, C. A., Dahlberg, L.L., Lynch, B.S., & Baer, K. (2000). *Best practices of youth violence prevention: a sourcebook for community action*. Atlanta, GA: Centers for Disease Control and Prevention.

⁵ Developmental Research and Programs, Inc. (2000). *Communities that Care prevention strategies: a research guide to what works*. Seattle WA: Developmental Research and Programs, Inc.

⁶ MacMillan, H. L., Feightner, J. W., & Goldbloom, R. (2000) Preventive health care, 2000 update: prevention of child maltreatment. *CAMJ*, 163(145), 1–8.

⁷The Los Angeles County Children’s Planning Council. (2001, April). *Family Resource Centers: L.A.'s Opportunity to Strengthen and Support Families -A report to the Los Angeles County Children and Families First Proposition 10 Commission* . Las Angeles, CA: Los Angeles County.

⁸ Knitzer, J., & Lefkowitz, J. (2005, November). *Resources to Promote Social and Emotional Health and School Readiness in Young Children and Families*. New York, NY: National Center for Children in Poverty. www.nccp.org

⁹ Child Welfare Information Gateway. Parent Education: Issue Brief. www.childwelfare.gov/pubs/issue_briefs/parented/.

¹⁰ Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

Lead Goal: Goal #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.

Key Measures:

- 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 with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

Target Population:

Families residing in the Northwest Maricopa Regions with children ages zero to five years. A special emphasis will be made to target at risk and vulnerable populations, including low income families, teen parents, minority families, and families with children with special needs.

	SFY2010 July 1, 2009 –	SFY2011 July 1, 2010 –	SFY2012 July 1, 2011 -

Proposed Service Numbers	June 30, 2010	June 30, 2011	June 30, 2012
Home Visiting Programs 100 children			
Resource Centers 1500 Families	Resource Centers 1500 Families	Resource Centers 1500 Families	Resource Centers 1500 Families
Community Based Programs 1000 persons			

Performance Measures SFY 2010-2012

1. Number of Home Visiting programs/ proposed service number.
2. Number and percentage of families receiving home visiting services/ proposed service number.
3. Number and percentage of families receiving community based education program services/ proposed service number.
4. Number of community based education programs/ proposed service number.
5. Number and percentage of families utilizing community resource centers/ proposed service number.
6. Number of Community resource centers / proposed number.

• How is this strategy building on the service network that currently exists:

Several agencies currently operate home visiting programs and parent education classes and related services. This strategy builds on existing resources by allowing them to expand to serve areas or target populations they do not currently serve. This strategy targets expansion of those resources to underserved locations in the region.

This strategy provides an opportunity for services to expand to rural and underserved communities within the region, but also allows for the development of new services.

• What are the opportunities for collaboration and alignment:

This strategy emphasizes collaboration among numerous community and neighborhood-based entities. Not only will existing services be able to expand further into the region, but additional partnerships can develop among the various community and neighborhood settings listed above.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$1,250,000
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Budget Justification:

The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 20% of regional funds to this strategy.

Home Visiting Programs = \$5,000.00 per child X 100 = \$500,000.

Community Based Education Programs and Resources Centers = \$750,000.

Expand /establish 1 - 5 community based programs with an average cost of \$50,000 - 100,000 per program.

Expand /establish a maximum of 5 community resource centers with an average cost of \$50,000 - \$150,000 per center.

*There is an option to combine the community based education programs and the family resource centers.

The Northwest Maricopa Regional Partnership Council wishes to entertain creative alternatives which may be able to provide comprehensive programs to the largest number of children. Targeted Service Numbers = 10% of 0-5 population.

Strategy #7

Collaborate on a regular basis with other Regional Partnership Councils in Maricopa County to enhance the coordination and communication of services, programs, and resources for young children and their families across Regions.

While there is strong recognition of the many programs and service providers who have come together in their efforts to serve young children, a need exists for even greater coordination and collaboration among public and private agencies. Several key informant interviews conducted among the Maricopa Regions in 2008 revealed that service providers felt that the lack of services in the region and the lack of coordination of services are preventing the development of a support system for children and families that is so desperately needed. In addition, the surveys revealed that the Maricopa Region as a whole lacks a well-identified point of entry or coordination of services that can support parents in obtaining the information and services they need to ensure children have the greatest chance of success in school.

To correct this in the Maricopa Regions, the Central, Northwest, and Southwest regions have banded together to fund a strategy to address cross regional coordination. With this strategy, the regions will work together to: develop a mechanism for service coordination, secure funding to support First Things First goals, share knowledge and expertise, problem solve issues that cross regional boundaries, collect data, share resources, and establish a seamless system of delivery with strong continuity across providers. Coordination efforts will assure that duplication of service provision is avoided, that communities can build on and enhance currently existing, high-quality services, that both public and private dollars are effectively leveraged for the highest return on the state's early childhood investment, and assist in data collection for ongoing and timely continuous improvements to the system structures and services.

There are six components to this strategy:

- Development of a mechanism for service coordination.
- Data collection and information sharing.
- Development of resources to be shared across regions.
- Enhance collaboration by creating planning opportunities for all Maricopa Regional Partnership Councils to align goals and work together on issues that cross regional boundaries.
- Dedicate specific funding to seek out, identify, and apply for grants that support the First Things First goals.
- Provide advocacy education and training to service providers and community members.

<p>Lead Goal:</p> <p>Goal #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.</p>			
<p>Key Measures:</p> <ul style="list-style-type: none"> • Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children . • Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system. • Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems. 			
<p>Target Population:</p> <p>Regional Partnership Council Members throughout Maricopa County, service providers, policy makers, local business, faith based community, nonprofit community, philanthropic organizations, local governments, community based organizations, schools, service organizations, and families.</p>			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
<p>Performance Measures SFY 2010-2012</p> <ol style="list-style-type: none"> 1. Development of a mechanism for service coordination. 2. Amount of grant and donation dollars obtained for achievement of Regional strategies/strategic target. 3. Number of families represented at Regional Partnership Council meetings/strategic target. 4. Number of partners satisfied with quality of coordination and communication/Strategic target 5. Number of identified improvements in coordination and communication/Strategic target 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Efforts at the state level will strengthen the ability of Regional Partnership Councils to achieve their goals and build a statewide comprehensive system of cross-coordination. Agencies that are currently providing services will be asked to participate in information and resource sharing. The Northwest Maricopa Regional Partnership Council will build on existing partnership, including our local Arizona Early Education Fund group and others, to mobilize the public around early childhood issues.</p>			

• **What are the opportunities for collaboration and alignment:**

The broad nature of this strategy allows Stakeholders to collaborate in a variety of innovative and creative ways to better coordinate, integrate and communicate services in the region. In order to promote collaboration and alignment, the Northwest Maricopa Regional Partnership Council will require a Coordination and Communication Plan from every grant applicant. Regional Partnership Councils will collaborate and work together with service providers, key community leaders, and families to develop a mechanism for seamless service delivery and coordination within Maricopa County. Regional Partnership Councils will collaborate to problem solve and find solutions for Countywide issues that could not feasibly be addressed at the local level. Regional Partnership Council Members will work together to share expertise. Regional Partnership Councils will collaborate to secure additional funding to support First Things First Goals.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based allocation for proposed strategy	\$189,864
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Budget Justification:

The decision was made by the Northwest Maricopa Regional Partnership Council to allocate approximately 3% of regional funds to this strategy.

Coordination and Communication = \$189,864

Potential costs to implement this strategy include: development of mechanism for service coordination, training, educational materials, information sharing, data collection, staffing, (i.e. consultants, grant writers, etc.), meeting costs, communication/outreach costs, etc.

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

Revenue	
Population Based Allocation SFY2010	\$6,328,813.00
Expenditure Plan for SFY2010 Allocation	
Strategy 1: Scholarships	\$822,085.00
Strategy 2: Quality First!	\$1,260,000.00
Strategy 3: Health and Dental Prevention/ Education/Screening	\$1,260,000.00
Strategy 4: Professional Development	\$1,207,000.00
Strategy 5: Early Childhood Education Workforce Recruitment	\$150,000.00
Strategy 6: Family Support	\$1,250,000.00
Strategy 7: Coordination and Communication	\$189,864.00
Needs and Assets Report / Evaluation	\$189,864.00
Subtotal of Expenditures	\$6,328,813.00
Fund Balance (undistributed regional allocation in SFY2010)*	\$0.00
Grand Total (Add Subtotal and Fund Balance)	\$6,328,813.00

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

		(estimated)	(estimated)	
Population Based Allocation	\$6,328,813	\$6,328,813	\$6,328,813	\$18,986,439
Fund Balance (carry forward from previous SFY)	N/A	\$0	\$0	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1: Scholarships	\$822,085.00	\$822,085.00	\$822,085.00	\$2,466,255
Strategy 2: Quality First!	\$1,260,000.00	\$1,260,000.00	\$1,260,000.00	\$3,780,000
Strategy 3: Health and Dental Prevention/ Education/Screening	\$1,260,000.00	\$1,260,000.00	\$1,260,000.00	\$3,780,000
Strategy 4: Professional Development	\$1,207,000.00	\$1,207,000.00	\$1,207,000.00	\$3,621,000
Strategy 5: Early Childhood Education Workforce Recruitment	\$150,000.00	\$150,000.00	\$150,000.00	\$450,000
Strategy 6: Family Support	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	\$3,750,000
Strategy 7: Coordination and Communication	\$189,864.00	\$189,864.00	\$189,864.00	\$569,592
Needs and Assets Report / Evaluation	\$189,864.00	\$189,864.00	\$189,864.00	\$569,592
Subtotal Expenditures	\$6,328,813	\$6,328,813	\$6,328,813	\$18,986,439
Fund Balance* (undistributed regional allocation)	\$0	\$0	\$0	
Grand Total	\$6,328,813	\$6,328,813	\$6,328,813	

***Budget Justification:**

The Northwest Maricopa Regional Partnership Council is maintaining the level of service recommended in year one in SFY 2011 and 2012. None of the allocation is undistributed.

Discretionary and Public/Private Funds

The Northwest Maricopa Regional Partnership Council would like to request discretionary funding to fund additional strategies related to professional development and family support.

With regards to professional development, the Northwest Maricopa Regional Partnership Council would like to use discretionary funding to implement program(s) that will address the issue of low salaries and wages among the early care and education workforce, including any statewide strategies.

With regards to family support, the Northwest Maricopa Regional Partnership Council would like to invest funding into increasing parent and community awareness of issues related to positive parenting. Funding would be used for the purchasing and distribution of community education resources (including Parent Kits) that have been proven to increase knowledge and skills relating to positive parenting. In addition, funding would be used to increase awareness and utilization of the new statewide web-based information systems.
