



# FIRST THINGS FIRST

Ready for School. Set for Life.

## South Phoenix Regional Partnership Council

Allocations and Funding Sources	SFY13	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts
<b>FY Allocation</b>	<b>\$14,111,127</b>	
Population Based Allocation	\$9,096,184	
Discretionary Allocation	\$2,959,255	
Other (FTF Fund balance addition)	\$2,055,688	
<b>Carry Forward From Previous Year</b>	<b>\$8,831,343</b>	
<b>Total Regional Council Funds Available</b>	<b>\$22,942,470</b>	
Strategies	Proposed Allotment	
Quality First ( <i>statewide</i> )	\$1,793,423	Approved
Child Care Health Consultation ( <i>statewide</i> )	\$272,160	Approved
Quality First Child Care Scholarships ( <i>statewide</i> )	\$2,472,222	Approved
Mental Health Consultation ( <i>statewide</i> )	\$562,500	Approved
Family Friends & Neighbors	\$700,000	Approved
Pre-Kindergarten Scholarships	\$3,063,600	Approved
Director Mentoring Training	\$311,194	Approved
FTF Professional REWARD\$ ( <i>statewide</i> )	\$200,000	Approved
Comprehensive Preventative Health	\$400,000	Approved
Developmental and Sensory Screening	\$350,000	Approved
Oral Health	\$500,000	Approved
Care Coordination/Medical Home	\$1,298,555	Approved
Recruitment Stipends/Loan Forgiveness	\$350,000	Approved
Prenatal Outreach	\$550,000	Approved
Court Teams	\$200,000	Approved
Family Resource Centers	\$2,000,000	Approved
Home Visitation	\$2,300,000	Approved
Community Outreach ( <i>FTF Directed</i> )	\$83,000	Approved
Media ( <i>statewide</i> )	\$80,000	Approved
Community Awareness ( <i>FTF Directed</i> )	\$18,000	Approved
Evaluation	\$50,000	Approved
Statewide Evaluation ( <i>statewide</i> )	\$454,393	Approved
Needs and Assets	\$45,000	Approved
<b>Proposed Allotment Total:</b>	<b>\$18,054,047</b>	
<b>Total Unallotted</b>	<b>\$4,888,423</b>	



**SOUTH PHOENIX  
REGIONAL PARTNERSHIP COUNCIL**

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

**SOUTH PHOENIX REGIONAL PARTNERSHIP COUNCIL**

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

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SFY 2013 -2015 Regional Partnership Council Budget

**Regional Allocation Summary**

Funds Available State Fiscal Years (SFY) 2012- 2015

**South Phoenix Regional Partnership Council**

<b>Allocations and Funding Sources</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>FY Allocation</b>	<b>\$14,772,245</b>	<b>\$14,111,127</b>	<b>\$14,139,349</b>	<b>\$14,192,372</b>
Population Based Allocation	\$9,941,534	\$9,096,184	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$3,145,615	\$2,959,255		
Other (FTF Fund balance addition)	\$1,685,096	\$2,055,688	\$14,139,349	\$14,192,372
<b>Carry Forward From Previous</b>	<b>\$10,858,618</b>	<b>\$8,831,343</b>	<b>\$4,888,423</b>	<b>\$2,182,400</b>
<b>Total Regional Council Funds</b>	<b>\$25,630,863</b>	<b>\$22,942,470</b>	<b>\$19,027,772</b>	<b>\$16,374,772</b>

## Section II. Review of SFY 2012 Funding Plan

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

For 2012 planning, The South Phoenix Regional Partnership Council reviewed the strategies from years prior while they consider direction for SFY 2013. The Regional Council planning was conducted from August to November 2010 across 6 meetings. The South Phoenix Regional Partnership Council committed to over 20 hours of strategic planning that included the prioritization of indicators and strategies. The combined expertise of strategic planning, budget oversight, grant writing, and other professional knowledge totaled over 105 years of experience for the South Phoenix Regional Partnership. The Regional Council ended the process by holding two additional planning meetings to complete final review and approval of the prioritized strategies. The 2012 Regional Funding Plan reflected the Regional Council's commitment to the strategic and system development work conducted thus far. The following priorities were adopted and incorporated into the Regional Council's work:

- **Quality, Access, and Affordability of Regulated Early Care and Education Settings** - Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive, and affordable early care and education programs.
- **Professional Development System** - Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.
- **Access to Quality Health Care Coverage and Services** - Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.
- **Supports and Services for Families** - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.
- **Building Public Awareness and Support** - Convene partners, provide leadership, and provide funding for efforts to increase public awareness of and support for early childhood development, health, and early education among partners, public officials, policy makers, and the public.

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

## South Phoenix Units of Service by Strategy

Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
<b>Quality First Strategy</b>		
Number of center based providers served	45	90
Number of home based providers served	31	62
<b>Child Care Health Consultation Strategy</b>		
Number of center based providers served	69	180
Number of home based providers served	119	76
<b>Mental Health Consultation Strategy</b>		
Number of center based providers served	25	23
Number of home based providers served	10	9
Number of people receiving tuition reimbursements	0	0
<b>Quality First Child Care Scholarships Strategy</b>		
Number of children receiving scholarships	210	155
<b>Family, Friends &amp; Neighbors Strategy</b>		
Number of home based providers served	420	330
<b>Pre-Kindergarten Scholarships Strategy</b>		
Number of FTF-funded pre-K children	460	509
Number of private/public partner pre-K sites receiving	12	8
Number of public school pre-k sites receiving support	10	8
<b>Director Mentoring/Training Strategy</b>		
Number of participating professionals	30	30
<b>Scholarships TEACH Strategy</b>		
Number of professionals receiving scholarships	50	155
<b>FTF Professional REWARD\$ Strategy</b>		
Number of incentive awards distributed	85	85
<b>Comprehensive Preventative Health Programs Strategy</b>		
Number of children served	0	0
Number of families served	0	0
<b>Developmental and Sensory Screening Strategy</b>		
Number of children receiving hearing screening	0	0
Number of children receiving screening	0	0
Number of children receiving vision screening	0	0
Number of children screened for developmental delays	0	0

<b>Oral Health Strategy</b>		
Number of children receiving oral health screenings	0	0
Number of fluoride varnishes applied	0	0
Number of participating adults	0	0
Number of participating professionals	0	0
Number of prenatal women receiving oral health	0	0
<b>Care Coordination/Medical Home Strategy</b>		
Number of children served	8,000	4,305
<b>Recruitment – Stipends/Loan Forgiveness Strategy</b>		
Number of participants receiving Stipends and/or Loan	10	10
Number of therapists receiving loan forgiveness	0	0
Number of therapists receiving stipends	0	0
<b>Prenatal Outreach Strategy</b>		
Number of adults attending training sessions	550	648
Number of adults receiving home visitation	495	250
<b>Court Teams Strategy</b>		
Number of children served	600	70
Number of trainings provided	15	400
<b>Family Resource Centers Strategy</b>		
Number of families served	7,500	4,600
<b>Home Visitation Strategy</b>		
Number of families served	546	561
<b>Community Outreach</b>		
no service units	0	0
<b>Media</b>		
no service units	0	0
<b>Community Awareness</b>		
no service units	0	0
<b>Capacity Building</b>		
no service units	0	0
<b>Evaluation</b>		
no service units	0	0
<b>Statewide Evaluation</b>		
no service units	0	0
<b>Needs and Assets</b>		
no service units	0	0

Notes:

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

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

## II C. SFY 2012 Funding Summary Review

## SFY 2012 Funding Summary Review

Allocations and Funding Sources	2012	
<b>FY Allocation</b>	<b>\$14,772,245</b>	
Population Based Allocation	\$9,941,534	
Discretionary Allocation	\$3,145,615	
Other (FTF Fund balance addition)	\$1,685,096	
<b>Carry Forward From Previous Year</b>	<b>\$10,858,618</b>	
<b>Total Regional Council Funds Available</b>	<b>\$25,630,863</b>	
Strategies	Allotted	Awarded
Quality First	\$1,485,250	\$1,457,916
Child Care Health Consultation	\$1,056,000	\$1,016,965
Mental Health Consultation	\$600,000	\$600,000
Quality First Child Care Scholarships	\$1,400,000	\$1,400,000
Family, Friends & Neighbors	\$650,000	\$650,000
Pre-Kindergarten Scholarships	\$3,000,000	\$3,000,000
Director Mentoring/Training	\$311,084	\$311,084
Scholarships TEACH	\$375,960	\$375,500
FTF Professional REWARD\$	\$200,000	\$200,000
Comprehensive Preventative Health Programs	\$400,000	\$400,000
Developmental and Sensory Screening	-	
Oral Health	\$580,000	
Care Coordination/Medical Home	\$1,300,000	\$1,298,555
Recruitment – Stipends/Loan Forgiveness	\$500,000	\$490,561
Prenatal Outreach	\$549,994	\$549,994
Court Teams	\$200,000	\$200,000
Family Resource Centers	\$979,644	\$979,644
Home Visitation	\$2,237,195	\$2,232,893
Community Outreach	\$100,000	\$100,000
Media	\$150,000	\$150,000
Community Awareness	\$20,000	\$20,000
Capacity Building	\$50,000	
Evaluation	\$155,000	
Statewide Evaluation	\$454,393	\$454,393
Needs and Assets	\$45,000	
<b>Total Allotted/Awarded/Expended:</b>	<b>\$16,799,520</b>	<b>\$15,887,504</b>
<b>Total Unallotted/Unawarded/Unexpended</b>	<b>\$8,831,343</b>	<b>\$912,016</b>

## II D. Review of Progress

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

### Quality Early Care and Education

The South Phoenix Regional Partnership Council funded several Quality Early Care and Education strategies that address the needs of the children and families in the region. The strategies include: 1) the expansion of Quality First in SFY 2012 (to address the number of centers that have been waitlisted); 2) investing in family, friend and neighbor trainings; 3) the funding of public/private preschool slots and 4) continued funding for regionally based child care scholarships.

In SFY2011, it was estimated that 10 percent of local child care providers were ready to engage in quality improvement programming. Child care scholarships, combined with increased regional grassroots marketing of the benefits of Quality First, helped increase provider participation to higher than projected rates. In an effort to allow for the capacity of providers and the administrative home to ramp up to increase the delivery of Quality First programming, the South Phoenix Regional Partnership Council elected to reach 12 additional homes and 5 centers in FY12. Additionally, several strategies focus on coordinating care of children and families through the Mental Health and Child Care Health Consultation strategies. With concentrated efforts to enhance quality with regionally licensed homes and centers, the South Phoenix Regional Partnership Council also recognized the imperative need to target family, friend and neighbor care providers. In FY12 it is expected that 26 trainings will be delivered in the region reaching over 330 family, friend and neighbor care providers and nearly 1000 children. Working with providers ensures quality care is being provided across the continuum of care.

Additionally, the establishment and implementation of the pre-k expansion strategy has had significant impact on children and families. The unique component to the strategy is the partnerships and collaboration occurring between community-based child care centers, school districts, First Things First and Arizona Department of Education, Early Education Division. The combined partners have had the opportunity to establish relationships to dialogue on the subject of kindergarten transition plans, early learning standards, and best practices for parent engagement and staff development. These efforts are examples of true success in creating an environment where early care and education system building can thrive and flourish—providing 599 pre-school age children the opportunity to access preschool programming.

Finally, the South Phoenix Regional Partnership Council adopted a substantial funding increase for child care scholarships to ensure access to affordable care for working families. Child care scholarships for children up to 200 percent of FPL (federal poverty level) provides additional supports for families seeking care, and impacted 175 children.

The combined strategies in Quality Early Care and Education collectively impacts over 3,300 children and over 1,500 families—addressing the quality gap that exists within the region and establishing capacity within the current infrastructure. Families will not only have access to affordable care—but quality care as well.

### **Professional Development**

To increase capacity and quality of early education and child health professionals the Regional Council has focused on several professional development strategies. The professional development strategies for early care and education include: child care director mentoring, professional childhood incentives and stipends, and the expansion of T.E.A.C.H. Director mentoring targets child care directors, administrators, and licensed home providers and utilizes evidenced based measures. This program helps to bolster professional development of the directors and builds on current efforts underway within Quality First to provide supports that increase quality. Collaboration has already begun between the Quality First administrative home, the Rio Salado Director Mentoring program, T.E.A.C.H., and First Things First to ensure the coordination of supports for licensed homes and centers. An integral component to the provision of high quality care is highly qualified staff. To further build staff qualifications, knowledge, skills and education, the Regional Council identified the need to support additional incentives in the region. The Regional Council prioritized a combination of retention, recruitment, and professional development strategies to ensure an increase in the number of highly qualified early care and education workforce serving young children. In SFY 2012 the Regional Council sought to address the current challenges facing the utilization of T.E.A.C.H. enrollment and retention service numbers by funding REWARD\$ as an additional incentive to 85 qualifying scholars. As a cadre of services: Director Mentoring, T.E.A.C.H., and REWARD\$ work in combination to support the First Things First *Professional Development System* priority.

The remaining professional development strategies focus on child health providers. The South Phoenix Regional Partnership Council funded the professional childhood incentives and stipends strategy. This strategy provides incentives and stipends for health professionals who work in specialty fields and serve the South Phoenix region for no less than 2 consecutive years. The specialty fields targeted include: occupational therapists, child psychologists, and speech language pathologists. The work done through this strategy helps provide an increase in capacity to serve children and families in the region and supports the overall First Things First goal area of health. These specialty professionals are recruited nationally through First Things First's partnership with Arizona Department of Health Services, which requires the professionals to fulfill contracted obligations to serve the region for up to 2 years—thus increasing the region's capacity to serve all children zero through five that require referral of services for specialty care.

While the Professional Development goal area only represents a small percent of the total budget in SFY 2012, it will help to create some of the largest impacts for children and families in the region. Overall, 30 directors will receive training to become better administrators, at minimum 10 additional health professionals will be recruited to serve families, and T.E.A.C.H. will provide scholarships to aspiring early educators—in all, providing capacity that will support over 80 professionals and impacting over 2,600 children.

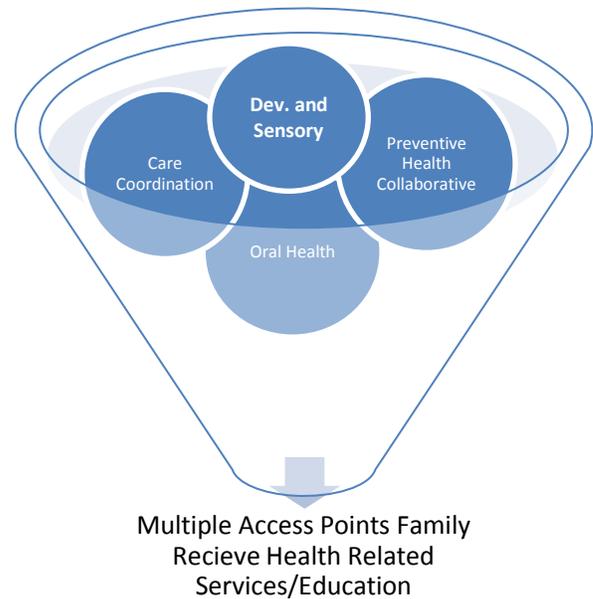
**Health**

The South Phoenix Regional Partnership Council has continued to refine and work towards the effective delivery of health programming. Overall, while movement on the implementation of several health strategies has been filled with challenges—the dedication by the Regional Council to children’s health has not been swayed. There continues to be a need to reduce the rates of obesity, respiratory illness, increase injury prevention, and education for children and families about the importance of nutrition and wellness—among other important health prevention needs facing children and families that require systemic solutions.

The South Phoenix Regional Partnership Council continued to experience the challenge of funding oral health screening and varnishing. Unfortunately, the Council did not receive successful applicants for the oral health strategy, and much of the challenges were related to the ability to provide direct care for screened children. After a very thorough Council dialogue, which included engaging community stakeholders and a local pediatric dental provider, the Council tasked the Regional Director to develop a strategy that would address all the gaps in the current system. First Things

First Senior Health Policy Specialist and South Phoenix Regional Director have worked jointly to research and discuss some barriers to successfully awarding grant(s) for oral health screening and varnishing. Research included discussions and feedback from various community stakeholders including St. Luke’s Health Initiatives and the Maricopa County MOLAR coalition. The recommendation and discussion with St. Luke’s Health Initiatives included a three prong approach to addressing the gaps in the oral health system for children 0-5. The first component would build on current MCDPH oral health and screening services being conducted at the WIC and immunization clinics. First Things First South Phoenix Regional Partnership Council would work with Arizona Department of Health Services, Office of Oral Health, to provide a model for cost re-imbursement structure for those children who are being scene at either the WIC or immunization clinics who are also AHCCCS eligible. After a successful meeting with both ADHS and MCDPH,

it is expected that the model would be similar to the dental sealant program currently being conducted by ADHS Office of Oral Health. The second component, would establish a relationship with Maricopa County Community College, Phoenix College, School of Dental Hygiene and School of Nursing, where the two schools would partner, cross collaborate, and conduct community based oral health screening, varnishing and education. Phoenix College would also interface with Quality First enrolled child care centers and family, friend, and neighbor providers to layer services for children impacted by other strategies in the region—thus building systemic integration of services for children ages 0-5 within and across priority areas. Finally, the third approach would establish a network of no-cost, low cost and or sliding fee scale dental providers that families could be referred to for follow up. The creation of the referral network and recruitment into the network is yet to be determined but could feasibly be maintained and established by a current community stakeholder or group of stakeholders.



In SFY 2011 and SFY 2012 the South Phoenix Regional Partnership Council successfully funded 3 grantees for the care coordination strategy. This success was overdue with previously unsuccessful RFGA releases in the areas of care coordination. Care coordination was a critical component of the health continuum that the Council hopes to establish in the region. It is expected that care coordination will provide services to nearly 5,000 children.

In the priority area of health, the Regional Council aspired to fund an early intervention coalition consisting of local school districts, AZEIP, DDD families, and service providers to collectively identify gaps related to Based on possible supplanting and duplication of services, the recommendation from First Things First leadership, program and policy staff, the recommendation to vested councils was to seek a different strategy initiative. In order to better utilize current fiscal year funding (SFY 2012) the Regional Council elected to zero out the funding for the strategy and use the funding to support the expansion of the prekindergarten scholarship strategy.

The South Phoenix Regional Partnership Council visionary approaches to the delivery of health programs and supports across the service continuum included the development of the comprehensive preventive health strategy. The strategy uses asset based community development to promote health prevention program while bringing in smaller nonprofit and faith organizations that are mentored by larger agencies. The unique relationship increases community capacity to provide and promote health prevention programming such as wellness education and scald burn prevention. There are over 20 organizations that make up the South Phoenix Preventive Health Collaborative as either a partner or grantee and includes the following groups:

- A Mother's Worth Birth Services
- American Academy of Pediatrics, Arizona Chapter
- Center for African American Health Arizona
- Father Matters
- Fountain of Life
- Golden Gate Community Center
- Healthy Mothers Healthy Babies, Maricopa County
- Infant Toddler Mental Health Coalition of Arizona
- Maricopa County Asthma Coalition
- Maricopa Integrated Health System
- Mountain Park Health Center
- Native Health
- Never Shake A Baby Arizona
- Phoenix Day
- Prevent Child Abuse Arizona
- Rehoboth Community Development Corporation
- Roosevelt School District
- South Phoenix Healthy Start
- Southwest Human Development
- St. Vincent DePaul Children's Dental Clinic

The strategy continues to work towards full implementation which includes date template development and ongoing feedback from the South Phoenix Regional Partnership Council.

### **Family Support**

In the South Phoenix Region, families experience struggles and hardship that cause undue stresses which impact the quality of parent/child engagement and overall well-being of children zero through five. Knowing this, the Regional Council has also concentrated funding efforts to target family support programs and services. Family Support is an especially crucial goal area in First Things First system building efforts for the South Phoenix Region—which is evident in the level of funding the South Phoenix Regional Partnership has invested, nearly \$4 million or 24 percent of the SFY 2012 budget.

Family Support programs and services include strategies such as: home visitation, family resource centers, and pre and post natal outreach (shared across the goal area of Health). Combined, these strategies help to support families across a continuum and enhance services and programs currently being offered by Arizona Department of Health Services, AHCCCS, Department of Economic Security, Arizona Department of Education, City of Phoenix, the Maricopa County Department of Public Health, and various community stakeholders. Referral and coordination is crucial to the system building efforts in South Phoenix and Maryvale, where traditionally services, education, advocacy, and outreach are done at the fundamental grassroots level. Thus, the Regional Council funded family resource centers to support families in the locations and in the community where current system work is being done or can be established.

To date, the South Phoenix Region is experiencing an increased level of coordination, collaboration, and partnership driven by the common purpose—to serve families and children in the region. Currently- funded family resource centers make connections with home visitation providers in the region such as Maricopa County Department of Public Health (Pre/post natal and Nurse Family Partnership), Southwest Human Development (Healthy Families, Nurse Family Partnership), South Phoenix Head Start and Roosevelt School District. Another example is where cross program work is also occurring among unique partnerships such as the joint funding of the Roosevelt Early Childhood Family Resource Center located at the Roosevelt Elementary School District Early Learning Center Campus (located at the Martin Luther King School). The Early Learning Center Campus drew on a variety of resources and partners to share a campus that provides a host of early learning and education opportunities for children and families. Head Start, City of Phoenix, First Things First and Roosevelt Elementary School District as well as corporate sponsors all help to fund an excellent example of coordination and collaboration. This level of collaboration and partnership has been the direct result of First Things First funding and joint involvement with community stakeholders—systems are being created in the South Phoenix region. Thus, with family resource centers serving as a conduit for outreach to families, other First Things First funded programs such as home visitation and family, friend and neighbor care can be offered to families. The layering of multiple strategies provides supports to over 8,000 children and families.

### **Coordination and Collaboration**

Over the last three years the Regional Council worked with adjoining councils across multiple strategies and efforts. First, the South Phoenix Regional Partnership Council worked with the Central Phoenix Regional Partnership Council in 2009 in the areas of prenatal outreach during the inaugural RFGA release and currently shares grantees for the strategy. A second example has occurred during the transition of the 85042 zip code from Central Maricopa Regional Partnership Council, where the South Phoenix Council agreed to ensure the transition of families and grantees across multiple strategies ongoing support. Especially important, was the impact to programs and services being provided to Quality First participants and the pre-kindergarten

scholarship strategy. Nevitt Elementary in Tempe Elementary School District is located in the 85042 zip code and serves many children from South Phoenix that borders Tempe. It was the intent that the children and families did not experience discontinuity of services; therefore the Regional Council did not hesitate to support an additional district partner for the pre-k strategy by increasing funding to support expansion. Additionally, the Regional Council has funded pre-kindergarten scholarships with districts and partners that may cross multiple regional council areas—examples include Sheely Farms and Desert Oasis in the Tolleson Elementary School District, and Villa de Paz School in the Pendergast Elementary School District which spans across the Northwest and Southwest Maricopa Regional Partnership Council regions. In an ongoing effort to increase coordination and collaboration between and across regions, the South Phoenix Regional Partnership Council Regional Director presented to the Gila River Indian Community Regional Partnership Council about the possible partnership and coordination of family, friend and neighbor services in the 85339 zip code. The Gila River Indian Community Regional Partnership Council Regional Director successfully worked with the Regional Council to allow the delivery of family, friend and neighbor training in districts 6 and 7 to serve the shared zip code (85339) between the two regions. The 14 week session will be provided with funding from the South Phoenix Regional Partnership Council. Gila River's 2011 Needs & Assets Report, found this area to be underserved. This collaboration is a continuing effort to build a comprehensive system for families and children who historically have moved between the two regions. Both Regional Councils believed that in the interest of children and families that the region could share contracted services. Therefore, the South Phoenix Regional Partnership Council voted to amend the current contract for family, friend and neighbor to allow for expansion with funding provided by the Gila River Indian Community Regional Partnership Council. This inter-regional coordination effort between Gila River Indian Community and South Phoenix is the second level of strategic coordination between the two councils. In SFY 2011, GRIC and South Phoenix coordinated to fund T.E.A.C.H. scholarships to serve 4 scholars in the shared zip code. The coordination on FFN strategies is the second layering of services (occurring in SFY 2012) between the two councils, with a third proposed in SFY 2013 for pre-kindergarten Quality First participation. The three tiered system of inter-regional coordination will provide the necessary infrastructure for kindergarten readiness for those children who live in GRIC and will potentially begin kindergarten within the boundaries of South Phoenix in future years.

Based on the most recent data from the 2010 South Phoenix Region Needs and Assets and data provided by Department of Economic Security, the number of children ages 0-5 removed from parents' custody and under jurisdiction of the family court in 2009 in the South Phoenix region totaled 775. In an effort to meet the highly specialized need of these vulnerable children—the council voted to add the court team strategy. This strategy ensures the decisions and mechanisms within current welfare/court/child protective systems will focus on the developmental needs of young children, improve outcomes and prevent future court involvement in the lives of very young children. In the South Phoenix Region, Best for Babies/Court Teams provides training and technical assistance to local stakeholders to increase knowledge of the best practices for meeting the unique needs of infants and toddlers in the child welfare system. It will also identify and implement systems improvements across agencies that increase the odds young children will be able to heal from adverse experiences and thrive developmentally and emotionally throughout the journey to permanency. Court Teams for Maltreated Infants and Toddlers Program will service approximately four hundred professionals receiving training and seventy children with a service checklist within one month of entry into the child welfare system. The court team provides trainings to 400 individuals and provides court teams to support 70 foster children a year. Additionally, the First Things First South Phoenix Regional Partnership Council investment helped propel the strategy as a larger regional priority by encouraging

additional investments by the Maricopa County Juvenile Court. As an internal champion, Judge Ed Ballinger has worked with the County Board of Supervisor's to secure a permanent home for the newly established baby court.

As a result of the Regional Council investment in 2012, the Council anticipates that nearly 20 percent of the region's children ages 0-5 will be directly impacted by the collective programming. It is expected that the Regional Council will continue to seek other opportunities to bring current program to a larger scale by leveraging community partnerships and external funding.

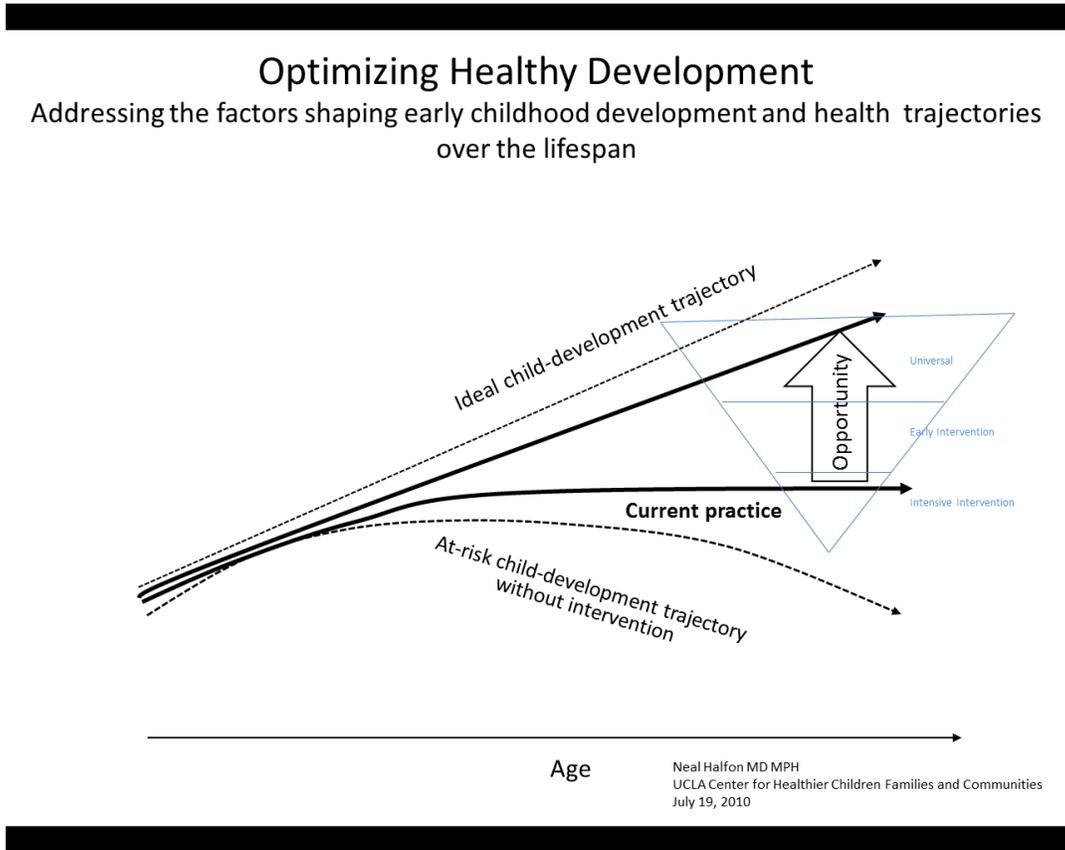
In order to address the South Phoenix Regional Partnership Council's aspiration to provide the community with information about the importance of early childhood development and health, the Council is funding Community Awareness, Community Outreach, and Media. The Regional Partnership Council's Community Outreach and Community Awareness strategies are staff directed and are a part of the statewide, cross-regional communications campaign. The regional Community Outreach strategy employs community outreach staff to engage target audiences in conversations about early childhood health and education issues. Outreach staff attended community events, developed presentations for target groups, and interacted with media with a goal of growing relationships in the community and identifying early childhood advocates. The Community Outreach Coordinator has distributed important information about First Things First, as well as information on child development, parenting and literacy. The Outreach Coordinator has recruited 212 Early Childhood Champions, represented First Things First at 222 community events (both jointly with other outreach staff or solo) and has made 25 media contacts. The regional Community Awareness strategy is a comprehensive strategy developed by the Regional Partnership Council that includes sponsorships, event participation, educational materials distribution, and promoting the First Things First brand. The South Phoenix also found additional success in the areas of community outreach, awareness and media outreach.

In addition to supporting the staff directed Community Awareness and Outreach strategies, the Regional partnership is also investing in media. The Regional Partnership Council is partnering with those Regional Partnership Councils serving Maricopa to invest in a countywide media campaign.

**Section III. Three Year Strategic Direction: SFY 2013-2015 Regional Funding Plan**

**III A. Overview**

**Setting the Strategic Direction**



(Diagram #1)

The South Phoenix Regional Partnership Council has continuously strived to build and conduct system level strategic implementation by prioritizing community needs and assets, looking at system gaps, and seeking possible partnerships to leverage non-FTF resources to promote optimal system impacts. The Regional Council used Halfon’s mental model and the First Things First inverted pyramid (*diagram #1* above) as a model for the strategic approach for the region. As demonstrated in the model, the Regional Council conducted an environmental scan to drive the strategic planning discussion, to assess current practices and to determine how services could impact not only the number of children but also serve as systemic change agents.

The Regional Council engaged in several regional planning sessions from August to November 2011. They discussed how they could serve the best interests of children and families by focusing on research and best practice models. As described by South Phoenix resident and At-Large Council Member, Jennifer Quillin, “Our funding plan discussions followed our values of encouraging agency collaboration, reaching the most number of children with the highest impact and prioritizing strategies that are most likely to achieve our vision: that all Arizona children will have a solid foundation for success in school and life because we have

worked together to create a family-centered, comprehensive high-quality early childhood system that addresses our children's development, health and early education. South Phoenix faces unique challenges and barriers to raising healthy children, but we agree there is hope and possibility in providing solutions to improve the welfare of our community.” The Regional Council was engaged in a multi-stage strategic planning process that included the discussion of the 10 school readiness indicators and the subsequent Board approved indicators. The council ambitiously chose 8 of the possible 10 indicators after arduous deliberations about system building and how they could improve current practice and move more children towards a positive child development trajectory. The following school indicators were chosen based on the current needs, assets, and opportunities for system change:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
- % of children with newly identified developmental delays during the kindergarten year
- # of children entering kindergarten exiting preschool special education to regular education
- #/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
- #/% of children receiving timely well child visits
- #/% of children age 5 with untreated tooth decay
- % of families who report they are competent and confident about their ability to support their child’s safety, health and well being

The South Phoenix region faces a multitude of competing needs; therefore, the South Phoenix Regional Partnership Council has targeted their efforts to build an early care and education and health system by focusing services on children and families across the entire delivery system.

Identified needs included:

- Lack of affordable quality early care and education
- Lack of services and support for family, friend, and neighbor care
- Limited capacity in existing preschools serving low income children
- Lack of quality early care and education professionals who have access to quality professional development opportunities
- Utilization, implementation of preventive health care and programming including outreach education and health screenings (oral, physical, developmental)
- Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children
- Lack of access to pre-natal/postnatal services and support
- Lack of intensive family support programs and services for families and children in crisis
- Lack of access to parent education, information, and support
- Limited number of effective, comprehensive family support programs (strength-based) including home-visiting programs
- Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts

- Lack of community capacity, leadership development, community awareness and grassroots awareness of the importance of early care and education movement
- Lack of accurate and comprehensive regional data to develop and enhance strategies

The Regional Council begins the next three-year funding cycle with the daunting task of assisting young children and families that continue to face numerous obstacles on the path to school readiness.

Nonetheless, the region possesses much strength to propel the work of the Regional Council and further build regional capacity. Assets include schools, faith groups, community-based agencies, community health centers, and nontraditional partners that are invested in the well-being of children and families. The proposed strategies build on the 2008 foundational strategic planning of the South Phoenix Regional Partnership Council.

## **Strategic Approach to System Building**

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

With changes to the Quality First flagship program, the structure, and package components had several adjustments and the addition of child care scholarships to the package increased the cost of Quality First for the South Phoenix region. With appropriately planning over the last three years, the South Phoenix Regional Partnership Council maintained a carry forward balance to allow for increased funding and capacity building for grantees. Due to cost savings from delayed strategy roll out or development, the Regional Council experienced additional savings. These savings were predominately invested in the areas of early care and education. As a result of intentional carry-forward, unexpended dollars from 2011, and delays in program implementation, the Regional Council has appropriate levels of funding to sustain Quality First investments.

In SFY 2013, the South Phoenix Regional Partnership Council continues to fund several Quality Early Care and Education strategies that address the needs of the children and families in the region. The strategies include: 1) the expansion of Quality First in SFY 2013 (to address the number of centers that have been waitlisted); 2) investing in family, friend and neighbor trainings; 3) the funding of public/private preschool slots.

As a result of recent developments, the Quality First package ties quality programming, the Quality First package, to access and affordability for families, the Scholarship strategy. It is expected that 73 centers and 35 homes will have access to the Quality First program over the next three years providing stable, consistent funding to ensure ongoing quality improvements to increase school readiness for the children of South Phoenix. Additionally, several of the center slots will also accommodate and interface with the pre-kindergarten scholarship strategy. The pre-kindergarten scholarship strategy will reach 460 children and 401 children will receive scholarships through the Quality First package, for a total of 861 children. While the accessibility and affordability strategy will impact a small percentage of the region's children, it will build on the current agreement and baseline level funding by DES through the child care subsidy. Current licensed child care centers was approximately 69 which was a decrease from 180 centers before the economic downturn, the recessive economy, the additional budget reductions to DES subsidy, and the increased costs for DHS child care licensing—all impacted the region's already low child care capacity levels. Thus, the region is able to provide quality supports to the remaining centers and homes in the region. Overall quality early care education will impact nearly 10,000 children.

### **Professional Development**

The Regional Council prioritized a combination of retention, recruitment, and professional development strategies to ensure an increase in the number of highly qualified early care and education workforce serving young children. The Regional Council sought to address the challenges facing the utilization of T.E.A.C.H. scholarships and retention service numbers by funding continuing to fund REWARD\$ as an additional incentive for the child care workforce in South Phoenix. For SFY 2013, the Regional Council will not continue to support the non-Quality First T.E.A.C.H. scholarships. It is anticipated that Quality First participating child care centers and homes will better utilize T.E.A.C.H. scholarships made available to each site in their package of services. Through the Quality First package 164 child care professionals will be supported to continue their education and enhance their skills. In addition, REWARD\$ will be available to 148 of these qualifying professionals in SFY 2013.

The Regional Council will continue to support the Recruitment /Stipends/Loan Forgiveness strategy with reductions occurring over the next three years to better align with implementation. The funding reductions will also be utilized to support the Quality First expansion in SFY 2013 and sustain levels into SFY 2014 and 2015. The number of health professionals recruited is expected to be a total of five professionals per year with staggered terms of service.

Combined, over 180 early care, health and education professionals will be impacted by the investments in State Board funded T.E.A.C.H and regionally funded REWARD\$ and the Director Mentoring strategies.

### **Health**

Previously presented in Section II, the Regional Council continues to support strategies in the area of health by remaining committed to currently funded efforts and or maintaining strategies that remain to be fully implemented. As a whole, the group of health strategies has a unique opportunity to collectively shift system work resulting in a more integrated approach to serving families with children 0-5.

The investment in care coordination in various medical settings is a crucial component to the promotion of a medical home. As a strategy, care coordination, serves as a crucial basis for which families would have the appropriate levels of follow up for their children 0-5. The South Phoenix Regional Partnership Council funded grantees in the region that are self-contained hospital/health care systems that include the joint partnership of Phoenix Children's Hospital, Adelante Health, and Mountain Park Community Health Centers (one group) and Maricopa Integrated Health System's Community Clinics (including both the South Phoenix and Maryvale Clinic sites, second group). The addition of individual medical practices through Academy of Pediatrics ensures a continuum, increased scope, and reach that will provide more services to children across the socio-economic spectrum. The regional challenge was how to best reach the pediatric providers who also serve many children and families in the region. Therefore, across the various medical settings every child would have access to care coordination, thus allowing for a continuum of services in the region. Nearly 5,000 children will receive care coordination services.

The Regional Council reaffirmed their commitment to establishing a developmental and sensory screening strategy that could best build on the current system assets and address the current gaps over the next three years. The following collective gaps and barriers related to early intervention include:

1. the identification and referral of children with developmental delays or disabilities,

2. the service provision for non-qualifying children with an identified delay (below 50 percent disability),
3. the increased cost to families with parent participation fees,
4. five (5) percent provider rate reductions under DDD families and
5. the increased reduction of appropriate services available at the local school district level with increased budget reductions of educational supports such as speech and language, physical, and occupational therapies.

An opportunity exists for the South Phoenix Regional Partnership Council to work with the First Things First Health Advisory Committee and other Regional Councils to establish an ongoing workgroup to better assess the early intervention environment and develop a systemic strategy to meet the needs children and families.

In anticipation of continued partnership with Central Phoenix Regional Partnership Council, the Regional Directors in Central and South Phoenix have worked to host joint planning discussions to seek common places where coordination was feasible. With oral health and developmental screenings both being a priority in each of the regions, coordination on strategy development and implementation could be shared in each of these areas, thus addressing shared community needs and leveraging of assets.

The region maintains a commitment to the priority area of health by continuing to support prenatal outreach, care coordination, working toward community capacity with the comprehensive health strategy, and remaining dedicated to establishing service deliver in the areas of oral health and developmental/sensory screenings.

Overall, it is expected that the combined strategies in the area of health will impact over 10,000 children and families over the next three year funding plan period.

### **Family Support**

Family Support is an especially crucial goal area in First Things First system building efforts for the South Phoenix Region—which is evident in the level of funding the South Phoenix Regional Partnership has invested—nearly \$4.7 million or 25 percent of the SFY 2013 budget. Evidenced-based home visitation in South Phoenix will provide support to over 480 families and nearly 1,000 children in the region, and will work in partnership with other South Phoenix First Things First initiatives such as family resource centers (serving over 5,000 children) to foster coordination and collaboration, within and across the system.

Based on the *South Phoenix Needs and Assets Report 2010*, town hall forums conducted the summer of 2011, and the First Things First South Phoenix funded St. Luke's Health Initiative report, *Young Children of South Phoenix, Ensuring Healthy Growth and Development*, all demonstrate a need to continue to support families with knowledge about available resources and parent education opportunities. Families with young children in the region face many risk factors, particularly those with low incomes and little parental education. Strategies for family support services for families in crisis can be well matched to these needs. The intent of the Regional Council is to serve children across the family support continuum from universal to more intensive services. Examples of more intensive targeted approaches include the previously discussed home visitation services to the more broad strategy of family resource centers. Family resource centers provide a hub in various community settings where families can seek out resource and referral information, attend parent education classes, garner knowledge about the importance of the developmental stages of their children, and connect

with other parents. In SFY 2013, The South Phoenix Regional Partnership Council will be focusing one time allocations for the Family Resource Strategy line to allow for working capital; establishing family resource centers in homeless shelter settings and in settings for foster children and their families frequent (could be located in juvenile court or family advocacy center). It is the expectation of the Regional Council, that the one-time investments would require the leveraging of non-First Things First investments, which could include State and Federal dollars, and allow the awarded grantee to braid funding. This braiding of funding would promote a more sustainable systemic solution to reaching and serving these specialty populations. These efforts would build on the region's investment in the Court Teams strategy that was also seeded by the Regional Council in Maricopa County, which has subsequently helped to establish a full time baby court that would assign judges to cases impacting small children. With the establishment of the court team strategy and baby court in Maricopa County, other Regional Directors were encouraged by the South Phoenix Regional Director to leverage this success by investing additional dollars in the strategy and expand the impact on foster children ages 0-5. North Phoenix Regional Partnership Council also had a significant number of children in foster care and voted to also establish a team for North Phoenix that would leverage and build on the investments by South Phoenix. An additional example of cross collaboration and coordination was during the strategy implementation phase for family resource centers in North Phoenix region. The Paradise Valley and Deer Valley Elementary School Districts toured Murphy School District family resource centers, to assess the feasibility of implementing family resource centers within their districts. This coordinated visit across North and South Phoenix Council regions was a deciding factor in the districts' decision to pursue the family resource center strategy.

Parent education and support is an effective strategy to address many of the risk factors and challenges for families in the region. These services were identified as priorities in the community input and home visiting is already a focus of the regional funding strategies—therefore, overall, it is the expectation that nearly 7,500 children and families would be impacted by family support strategies across the continuum.

### **Coordination and Collaboration**

Regional Council vision for the next funding plan cycle for SFY 2013-2015 includes an increase in cross region coordination and collaboration. The South Phoenix Regional Council and Gila River Indian Community Regional Partnership Council have developed a positive working relationship to support families in the zip code area of 85339 which includes the Tribal Districts #6 and #7. Previous partnering has occurred in the areas of family, friend and neighbor, T.E.A.C.H., and will now include a partnership for the Quality First strategy. The South Phoenix Council funding plan vote included an increase to Quality First that would fund two additional openings reserved for pre-k and tribal participating programs, specifically reserved to support two centers in Gila River Indian Community's districts #6 and #7. An additional example of possible partnering could occur between Central and South Phoenix Councils, to better serve children in the southern portion of the Central Phoenix region. The Central and South Phoenix Councils share families that cross between Central City South (Central Phoenix zip codes) and South Phoenix. There is an opportunity to partner with Central Phoenix Partnership Council to address the continuity of services and identification of possible solutions to expanding programming that may not exist in both regions. It is the hope of the South Phoenix Council that both regions identify actionable steps that will ensure better service delivery across the continuum for children in the areas of home visitation, pre-natal outreach, and family resource centers.

**Closing Commitment**

The South Phoenix Regional Partnership Council remains committed to the success of every child in the region. The Regional Council expectation is that that they promote and support ongoing coordination, collaboration, leveraging of First Things First and non-First Things First dollars to encourage sustained positive system changes. The South Phoenix Council believes a child's most important developmental years are those leading up to kindergarten and have supported this by investing in strategies that impact children across the service delivery continuum in every goal area over the next three year funding period. The Regional Council ensures this commitment by providing consistent and sustained funding across all strategies through SFY 2015 while maintaining a balanced budget.

**Section III B.**

**Strategic Plan for SFY 2013 – 2015**

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

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>Lack of affordable quality early care and education</p> <p>Lack of services and support for family, friend, and neighbor care</p> <p>Limited capacity in existing preschools serving low income children</p> <p>Lack of quality early care and education professionals who have access to quality professional development opportunities</p> <p>Utilization, implementation of preventive health care and programming including outreach education and health screenings (oral, physical, developmental)</p> <p>Limited number of specialists in the early childhood development and health workforce to insure the healthy social-emotional development of young children</p> <p>Lack of access to pre-natal/postnatal services and support</p>	<ol style="list-style-type: none"> <li>1. <b>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</b></li> <li>2. <b>#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</b></li> <li>3. <b>% of children with newly identified developmental delays during the kindergarten year</b></li> <li>4. <b># of children entering kindergarten exiting preschool special education to regular education</b></li> <li>5. <b>#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)</b></li> <li>6. <b>#/% of children receiving timely well child visits</b></li> <li>7. <b>#/% of children age 5 with untreated tooth decay</b></li> <li>8. <b>% of families who report they are competent and confident about their ability to support their child's safety, health and well being</b></li> </ol>	<p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system.</p> <p>Quality Early Care and Education Standards, Curriculum and Assessment – Convene partners, provide leadership, and provide funding for the development and implementation of quality standards for early childhood care and education programs and related curricula and assessments.</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to support improved nutrition and increased age/developmentally appropriate physical activity levels among young children.</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.</p> <p>Supports and Services for Families – Convene partners, provide leadership, provide funding, and advocate for</p>	<p>Quality First (including Child Care Health Consultation, Scholarships TEACH, Quality First Child Care Scholarships)</p> <p>Mental Health Consultation</p> <p>Family, Friends &amp; Neighbors</p> <p>Pre-Kindergarten Scholarships</p> <p>Director Mentoring/Training</p> <p>FTF Professional REWARD\$</p> <p>Comprehensive Preventative Health Programs</p> <p>Developmental and Sensory Screening</p> <p>Oral Health</p> <p>Care Coordination/Medical Home</p>

Lack of intensive family support programs and services for families and children in crisis

Lack of access to parent education, information, and support

Limited number of effective, comprehensive family support programs (strength-based) including home-visiting programs

Limited understanding and information about the importance of early childhood development and health and limited support by the community around early childhood development and health efforts

Lack of community capacity, leadership development, community awareness and grassroots awareness of the importance of early care and education movement

Lack of accurate and comprehensive regional data to develop and enhance strategies

development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families

Recruitment – Stipends/Loan Forgiveness

Prenatal Outreach

Court Teams

Family Resource Centers

Home Visitation

Community Outreach

Media

Community Awareness

Evaluation

Statewide Evaluation

Needs and Assets

(\* ) Indicates new strategy for this Regional Partnership Council

**Section III C.**

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

<b>Strategy: Quality First</b>			
<b>Strategy Description</b> Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.			
<b>Strategy Narrative</b> Quality First is Arizona’s voluntary quality improvement and rating system designed to improve the quality of early care and education so that young children can begin school safe, healthy and ready to succeed. Quality First does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.  The South Phoenix Regional Council has historically been committed to this comprehensive approach to improving access to high quality early learning settings for children in the South Phoenix region and will continue to support all the center and home providers that are enrolled to date. Improving the quality of an early childhood program requires a significant investment in commitment by the staff and leadership of a program as well as intensive, targeted, and meaningful supports. Quality First is designed to provide supports through eight program components: coaching, financial incentives, licensure fee assistance, Child Care Scholarships, T.E.A.C.H. Arizona scholarships, program assessment, assignment of Star Rating and specialized technical assistance. As programs improve their quality, there will be more high quality options available for families. The addition of child care scholarships to this strategy will provide families with limited incomes the ability to select higher quality programs for their children.  Quality First and the related strategies including child care health consultation, child care scholarships and TEACH will address the regional need of limited access to high quality, affordable early care and education programs for children living in the South Phoenix Region. In SFY 2013 the council increased the strategy allotment to allow for expansion and maintain funding into SFY14-15.			
<b>Target Population Description</b> Child care centers and homes; it is the expectation that slots will be utilized by pre-k strategy sites and child care centers in the region would enroll in Quality First to access the package of services that help improve care for children. Based on the rate of enrollment, regional capacity, and retention of centers in Quality First, it is feasible for the program to reach approximately 90 percent of centers in the region.			
<b>Target Service Units - Quality First</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	73	73	73
Number of home based providers served	35	35	35
<b>Funding Levels</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Quality First	\$ 1,793,423	\$ 1,793,423	\$ 1,793,423
Child Care Health Consultation	\$272,160	\$272,160	\$272,160
Scholarships TEACH	\$0 - (funded by FTF State Program funds)	\$0 - (funded by FTF State Program funds)	\$0 - (funded by FTF State Program funds)

QF Child Care Scholarships	\$2,472,222	\$2,472,222	\$2,472,222
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<b>Target Service Units - Child Care Health Consultation</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Number of center based providers served	73	73	73
Number of home based providers served	35	35	35
<b>Target Service Units - Scholarships TEACH</b>			
Number of professionals receiving scholarships	164	164	164
<b>Target Service Units - QF Child Care Scholarships</b>			
Number of children receiving scholarships	402	402	402

**Strategy: Mental Health Consultation**

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

**Strategy Narrative**  
 Early childhood mental health consultation (MHC) builds the capacity of early care and education providers to nurture the social-emotional development of young children, as well as to prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 and their families. MHC requires a collaborative relationship between a professional consultant who has mental health expertise and an early care and education professional.

In program-focused mental health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address problem behaviors or organizational problems within the setting that may be affecting one or more of the children, families, or staff.

Research findings indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence and adulthood.

The Regional Council voted to reduce the strategy after SFY 2013 to assist with the funding of the Quality First package but will maintain funding from SFY 2014-2015. The number of centers and homes impacted is minimal and it is the Regional Council’s expectation is that those centers who have not received services would be able to access the program.

**Target Population Description**  
 Child care centers, child care homes, and family, friend and neighbor providers. The impact on centers and homes may be higher than the target service unit depending on the level of need per center and home. Based on the current TSU close to 36 percent of centers and nearly 10 percent of homes will receive consultation services.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of home based providers served</b>	7	2	2
<b>Number of center based providers served</b>	25	19	19
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$562,500	\$369,000	\$369,000

**Strategy: Family, Friend and Neighbors****Strategy Description**

Family, Friends and Neighbors Care is a strategy to provide support, training, resources and referral for unregulated providers caring for children in their homes in order to increase quality of care provided.

**Strategy Narrative**

Family, friend and neighbor care is a highly utilized means for care for families in the South Phoenix and Maryvale regions. As demonstrated by the South Phoenix Regional Needs and Assets 2010 Report many barriers to affordable quality early education and care are prevalent in the region. Additionally many families in the region seek family; friend and neighbor care based on cultural, family values and cost factors. In addition, The 2011 Arizona Child Care Demand Study cites that the majority of parents reported using between one and three types of child care, reflecting national trends towards families using a “patchwork of care”.

There are several different models and components for delivery of this service:

- Group meetings and trainings delivered in a series of sessions (14 weeks, for example) bring home-based providers together with qualified and experienced staff to learn elements of quality care and safety.
- In-home visits and the use of an environmental rating instrument (FCERS or CCAT-R) to measure quality improvements.
- Financial incentives to help purchase safety and quality improvement equipment/materials.
- Additional resources and financial supports for providers toward certified or licensed.

Although the number of children cared for in family, friend or neighbor care is unknown because there is no existing source of data; one can look at the number of children from birth through five in the region and compare that to a reasonable estimate of the number of formal child care/education slots available. Additionally, the South Phoenix Regional Partnerships Council invested in the Child Care Capacity and Demand Study. The demand portion which was statistically significant, noted not only the types of care needed but also used—with over 60 percent of respondents noting that their children are cared for in their home or that of a friend or relative.

According to 2010 Needs and Assets Report, nearly two-thirds of the households with children younger than 18 had all parents in the work force—indicating a large need for child care. Parents expressed that their top worry is finding high quality affordable child care. The study reports that the most common child care provider was a grandparent or relative, with more than 45 percent of families using this type of care.

This strategy has been highly successful in the region, and will continue to add to the continuum of the early childhood system in the region, targeting a population that has not yet been specifically targeted through other strategies. In Arizona, home-based child care providers can legally care for 4 children for pay, with a maximum limit of 6 children under the age of 12, including their own. For these homes, there is no licensing or regulatory requirement; therefore, there is no mechanism or support system in place to assist these providers in creating high-quality environments for the children in their care. Child care provided by family, friend, and neighbor caregivers, which is typically home-based child care, is for the most part legally exempt from regulation and, is of growing concern to South Phoenix Regional Partnership Council to ensure that children are in healthy and safe places with quality care. Evidence suggests that training provided to home-based family, friend, and neighbor caregivers can result in positive outcomes for children.

In a study including Arizona home-based providers, impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing and maintaining a daily schedule for the children; 3) Encouraging providers to utilize the resources of their local library; 4) Developing a written

formalized child care services agreement with parents, and 5) Increased knowledge regarding the Child and Adult Food Program.

**Target Population Description**  
 The Council identified the Family, Friends and Neighbors (FFN) strategy as a mechanism to improve the quality of child care in unregulated settings in an urban setting, expanding the strategy in FY2013. The Regional Council has the expectation that the strategy would be maintained through SFY 2015. The number of FFN providers is unknown although it is expected that nearly 2,000 children will be impacted by this strategy per year. It should also be noted that the per year target service unit is an exponential growth since the training and cohorts do not typically have duplicative participants. Thus, the number of FFN providers impacted is 1,680 after a three year funding period with a large portion being non-duplicative numbers.

Target Service Units	FY 13	FY 14	FY 15
Number of home based providers served	560	560	560
Funding Level	FY 13	FY 14	FY 15
	\$700,000	\$700,000	\$700,000

**Strategy: Pre-Kindergarten Scholarships**

**Strategy Description**  
 Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children.

**Strategy Narrative**  
 The Pre-Kindergarten Scholarships strategy will provide funding and technical assistance for high quality, full-time, classroom-based early education for children ages three and/or four years of age from low-income families for children enrolled in public school early care and education programs.

This strategy supports those children who may not otherwise have access to high quality early care and education during the two years prior to their kindergarten entry. Inherent in this strategy is the principle that all families, regardless of income, children’s abilities or other factors, have the right to access a high quality early childhood program.

This strategy also recognizes the importance of the link between pre-kindergarten programs and kindergarten, which is reinforced by a technical assistance/mentoring component designed to ensure the communication and connections between pre-kindergarten and kindergarten programs as they develop and implement a transition plan for children and their families. The program year for Pre-K may follow the school year or operate for 10 months.

The South Phoenix Regional Partnership Council has identified access to high quality early education programs as one of the highest priority needs in the region. Developing the capacity to provide early education programs in rural communities has proven exceptionally challenging. After several other attempts to address this need, the approach that has proven most effective has been to work with school districts to provide early childhood programs in these small rural communities. School districts provide an existing infrastructure upon which to build and through developing a relationship with districts and providing information to superintendents and school boards on the relationships between high quality early education programs and kindergarten readiness, several small districts have been willing to provide inclusive early education programs for children ages three and four years of age.

Pre-k has significant, persistent benefits. Research has consistently shown that quality pre-kindergarten programs benefit not only individual students, but school districts and communities. Nobel-Prize-winning economist James Heckman estimates that every dollar spent on early childhood education returns 10 cents annually over the life of a child (Heckman 2011).

The South Phoenix Regional Partnership Council voted to increase the strategy slightly to better align with the anticipated increased costs to the pre-k strategy. It is the expectation that the target service unit would remain consistent from SFY 2013-2015.

**Target Population**

It is the Regional Council expectation that quality early learning pre-kindergarten experiences are target for children with the highest need and risk factors. Research suggests that it is the most at risk that have the most to gain from quality early learning environments such as prekindergarten programs. It the expectation that regional funding help leverage local school district dollars to maximize the scope and reach and ensure sustainable partnerships that endure shifts in funding. This will allow a continuum within the early care and education system so that parent choice is available to families. The Regional Council expectation is that both public and private preschool providers establish an ongoing partnership that ensures kindergarten transition plan, promotes quality, and allows innovative cross collaboration. There are 12 districts in the region and with the current target service unit, 80 percent of possible public partners could participate from SFY 2013-2015.

<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of public school pre-k sites receiving support</b>	10	10	10
<b>Number of FTF-funded pre-K children</b>	460	460	460
<b>Number of private/public partner pre-K sites receiving support</b>	12	12	12
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$3,063,600	\$3,063,600	\$3,063,600

**Strategy: Director Mentoring**

**Strategy Description**  
 This strategy focuses on enhancing administrative, leadership, and business skills of early childhood education administrators.

**Strategy Narrative**  
 Professional training and credentialing of professionals appears to be lacking in the South Phoenix Region. Nearly 65 percent of child care teachers have no degree. Advanced education also appears to be lacking among early care and education administrators (See the following two charts).

**Child care professionals' educational background**

Degree Type	South Phoenix 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	65%	83%	61%	82%	20%	12%
CDA	7%	6%	9%	7%	N/A	N/A
Associates	15%	8%	15%	8%	47%	45%
Bachelors	14%	3%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

\* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

\*\*U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelor's degree or more was used for Bachelors and Master's degree.

**Child care professionals' capacity in the Phoenix South Central Region**

Number of Early Childhood Teachers and Administrators in the Phoenix South Region - 2004 & 2007		
	2004	2007
# Teachers	407	456
# Assistant Teachers	239	290
# Teacher Directors	47	39
# Admin. Directors	51	49
# Part Time Teachers	87	64
# Part Time Assistant Teachers	114	125
#Part Time Teacher Directors	3	3
# Part Time Administrative Directors	2	2
<b>Total</b>	<b>950</b>	<b>1,028</b>

Source: Compensation and Credentials Report 2007.

While support of T.E.A.C.H will go a long ways towards enhancing professional development among early care and education providers in the region, the Regional Council also recognizes that there is a need to support additional skill development among early care and education providers. The Regional Council believes that additional efforts are needed to build leadership skills among administrative directors and teacher directors in early care and education in the region. There is also a need to enhance their business skills so that they can effectively and efficiently manage the business side of running early care and education programs in the region, and a need to foster mentorship opportunities among administrators.

Key informant interview with program administrators in the region corroborated these identified needs.

Research demonstrates that the most effective types of professional development interventions include content-based workshops as well as hands-on, one-on-one mentoring, coaching or consultation (Paulsell, et al., 2008). A national, multi-state evaluation on consulting as professional development concluded that on-site consultation resulted in improvements in observed quality over time, and strong improvement for both center-based care as well as family child care on factors on Harms’ environmental rating scales (Bryant, 2007). In addition, researchers and policy makers across the country are beginning to put more focus on enhancing leadership and administrative skills among child care administrators in order to enhance program quality. Research has consistently found that overall administrative practices are crucial for ensuring high-quality outcomes for children and families (Bloom 1989, 1996; Whitebook, Howes, & Phillips, 1990). Without quality systems in place at the organizational level, high-quality interactions and learning environments at the classroom level cannot be sustained.

The Regional Council voted to maintain the funding and target service unit for the Director Mentoring strategy from SFY 2013 through SFY 2015.

**Target Population Description**

Licensed child care and family child care directors or administrators, impacting an estimated 21 percent of the combined homes and centers in the region. Furthermore, it is the expectation that this figure will be cumulative due to the nature of the strategy that moves cohorts of directors through the program which means that after a 3 year funding plan period nearly 70 percent of child care directors (in home or centers) will be impacted by SFY 2015.

Target Service Units	FY 13	FY 14	FY 15
Number of participating professionals	30	30	30
Funding Level	FY 13	FY 14	FY 15
	\$311,194	\$311,194	\$311,194

**Strategy: FTF Professional REWARD\$**

**Strategy Description**

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

**Strategy Narrative**

Within the South Phoenix region, the average length of employment for teaching assistants is relatively short. According to the 2010 Needs and Assets report, 35 percent had worked one year or less, while 60 percent had worked less than two years. It may be argued that these figures are a result of a number of factors including: remuneration rates and/or the fact that a teaching assistant position is in some ways a temporary or transitory (step-up) position. Regardless of the underlying cause for retention rates, this situation may have a number of potentially negative impacts for children due to issues such as lack of personnel continuity and changes in teaching styles.

The FTF Professional REWARD\$ is a compensation and retention strategy for the early care and education workforce that acknowledges and rewards progressive education, educational attainment and commitment to continuous employment at qualified early care and education centers and homes that

provides services to children birth through age 5. The incentives are offered twice each fiscal year, with each enrollment period open to applicants who may have received the incentive previously as well as new applicants. Applicants must meet specific criteria and receive an incentive based upon a tiered reimbursement scale containing 9 levels. The 2010 Needs and Assets report referenced the National Prekindergarten Study which stated that 71 percent of teachers in the study were also found to make less than 200 percent of the poverty level.

The Regional Council, maintained funding for REWARD\$ through SFY 2013 to allow continued strategy ramp up, since the strategy was new to the region in SFY 2012.

It is the expectation of the Regional Council that strategy allotment would be reduced in SFY 2014-2015 to allow for continued funding of the Quality First package of services.

**Target Population Description**

Early care and education teachers across the South Phoenix Region that qualify for the program.

Target Service Units	FY 13	FY 14	FY 15
Number of incentive awards distributed	148	129	129
Funding Level	FY 13	FY 14	FY 15
	\$200,00	\$175,000	\$175,000

**Strategy: Comprehensive Preventive Health Programs**

**Strategy Description**

Decreases preventable and chronic health issues in young children. Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families.

**Strategy Narrative**

The South Phoenix Regional Partnership Council visionary approaches to the delivery of health programs and supports across the service continuum included the development of the comprehensive preventive health strategy. The strategy uses asset based community development to promote health prevention program while bringing in smaller nonprofit and faith organizations that are mentored by larger agencies. The unique relationship increases community capacity to provide and promote health prevention programming such as wellness education and scald burn prevention. There are over 20 organizations that make up the South Phoenix Preventive Health Collaborative as either a partner or grantee. The strategy continues to work towards full implementation which includes data template development and ongoing feedback from the South Phoenix Regional Partnership Council.

Based on Asset Based Community Development model, the grantee has proposed a model that will increase community capacity to provide health prevention programming while promoting community capacity building. Therefore, the Regional Council elected to reduce funding over several years and utilize those dollars to support Quality First in SFY 2014 and SFY2015.

**Target Population Description**

Children ages 0-5 and their families. The number of children and families potentially impacted by the health prevention strategy ranges from 1,500 to 3,000 children and or families.

Target Service Units	FY 13	FY 14	FY 15
Number of children served	TBD	TBD	TBD
Number of families served	TBD	TBD	TBD
Funding Level	FY 13	FY 14	FY 15
	\$400,000	\$325,000	\$300,000

**Strategy: Developmental and Sensory Screening**

**Strategy Description**  
 An opportunity exists for the South Phoenix Regional Partnership Council to work with the First Things First Health Advisory Committee and other Regional Councils to establish an ongoing workgroup to better assess the early intervention environment and develop a systemic strategy to meet the needs children and families.

**Strategy Narrative**  
 In the priority area of health, the Regional Council aspired to fund an early intervention coalition consisting of local school districts, AZEIP, DDD families, and service providers to collectively identify gaps related to: 1) the identification and referral of delays or disabilities, 2) the service provision for non-qualifying children with an identified delay (below 50 percent disability), 3) the increased cost to families with parent participation fees, 4) five (5) percent provider rate reductions under DDD families and 5) the increased reduction of appropriate services available at the local school district level with increased budget reductions of educational supports such as speech and language, physical, and occupational therapies. Based on possible supplanting and duplication of services, the recommendation from First Things First leadership, program and policy staff, the recommendation to vested councils was to seek a different strategy initiative. In order to better utilize current fiscal year funding (SFY 2012) the Regional Council elected to zero out the funding for the strategy and use the funding to support the expansion of prekindergarten scholarship strategy. While the developmental and sensory screening strategy has proven to be more challenging to implement, the Regional Council, reaffirmed their commitment to establishing a strategy that could best build on the current system assets and address the current gaps over the next three years.

**Target Population Description**  
 Children ages 0-5 at risk of delay that may not qualify for other State funded programs and services, and or children who may be eligible but are at risk due to current system barriers.

Target Service Units	FY 13	FY 14	FY 15
Number of children receiving screening	TBD	TBD	TBD
Number of children screened for developmental delays	TBD	TBD	TBD
Number of children receiving vision screening	TBD	TBD	TBD
Number of children receiving hearing screening	TBD	TBD	TBD

Funding Level	FY 13	FY 14	FY 15
	\$350,000	\$350,000	\$350,000

<p><b>Strategy: Oral Health</b></p>
<p><b>Strategy Description</b>                  Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.</p>
<p><b>Strategy Narrative</b></p> <p>The South Phoenix Regional Partnership Council continued to experience the challenge of funding oral health screening and varnishing. Unfortunately, the Council did not receive successful applicants for the oral health strategy, and much of the challenges were related to the ability to provide direct care for screened children. After a very thorough Council dialogue, which included engaging community stakeholders and a local pediatric dental provider, the Council tasked the Regional Director to develop a strategy that would address all the gaps in the current system. First Things First Senior Health Policy Specialist and South Phoenix Regional Director have worked jointly to research and discuss some barriers to successfully awarding grant(s) for oral health screening and varnishing. Research included discussions and feedback from various community stakeholders including St. Luke’s Health Initiatives and the Maricopa County MOLAR coalition. The recommendation and discussion with St. Luke’s Health Initiatives included a three prong approach to addressing the gaps in the oral health system for children 0-5. The first component would build on current MCDPH oral health and screening services being conducted at the WIC and immunization clinics. First Things First South Phoenix Regional Partnership Council would work with Arizona Department of Health Services, Office of Oral Health, to provide a model for cost re-imburement structure for those children who are being seen at either the WIC or immunization clinics who are also AHCCCS eligible. After a successful meeting with both ADHS and MCDPH, it is expected that the model would be similar to the dental sealant program currently being conducted by ADHS Office of Oral Health. The second component, would establish a relationship with Maricopa County Community College, Phoenix College, School of Dental Hygiene and School of Nursing, where the two schools would partner, cross collaborate, and conduct community based oral health screening, varnishing and education. Phoenix College would also interface with Quality First enrolled child care centers and family, friend, and neighbor providers to layer services for children impacted by other strategies in the region—thus building systemic integration of services for children 0-5 within and across priority areas. Finally, the third approach would establish a network of no-cost, low cost and or sliding fee scale dental providers that families could be referred to for follow up. The creation of the referral network and recruitment into the network is yet to be determined but could feasibly be maintained and established by a current community stakeholder or group of stakeholders.</p> <p>Please note due to expected cost savings from the delay of this strategy in SFY 2012—contracted services are not anticipated to begin until SFY 2013. Therefore, it is expected that the oral health strategy would begin SFY 2013. Based on the delay start of the strategy and the need to have a balanced budget in the outlying years, the Regional Council’s expectation is that funding remains flat from SFY 2013-2015.</p>

<b>Target Population Description</b> Children ages 0-5 years in various settings which includes WIC and immunization clinics, child care centers, public health events, and family, friend and neighbor play and learn training sessions.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
Target Service Units	SFY 13	SFY 14	SFY 15
Number of children receiving oral health screenings	TBD	TBD	TBD
Number of fluoride varnishes applied	TBD	TBD	TBD
Number of participating adults	TBD	TBD	TBD
Number of participating professionals	TBD	TBD	TBD
Number of prenatal women receiving oral health screenings	TBD	TBD	TBD
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
Oral Health	\$500,000	\$500,000	\$500,000

<b>Strategy: Care Coordination/Medical Home</b>
<b>Strategy Description</b> Improves children’s health care and future development by ensuring they have a regular source of care. Provides children and their families with effective case management, and connect them to appropriate, coordinated health care.
<b>Strategy Narrative</b> For many years, the term “medical home” has been used in various ways. At a basic level, it is used to address access to health care. In this context, the term ‘medical home’ implies a primary care relationship between a patient and a health care provider, and one marker is if a family or patient can identify a practice or provider by name as their usual source of care. At a more complex level, the term “medical home” has been used to define the type of primary care practice, particularly in the context of care for children with special health care needs.  The American Academy of Pediatrics describes the medical home as a model of delivering primary care <i>that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and</i> culturally effective care.  The concept of the medical home is currently being promoted as an approach to providing comprehensive primary care for children, youth, and adults. There is now considerable discussion at the public policy level about the benefits of the medical home, accompanied by an emerging understanding of the need to pay physicians and other primary care providers appropriately to provide the services necessary to create a quality medical home.  Regions wishing to address the broad concept of medical home may wish to address one or many points along this continuum. Families and children face access to care issues, including access to health insurance coverage. But coverage alone does not guarantee the relationship and provision of health care that many envision when using the term “medical home.”  Care Coordination

1. *Provide resources (usually funding) to the practices that they can use to pay for care coordination.* Rhode Island Medicaid, for example, pays providers participating in its PCCM (Primary Care Case Management) program who have a nurse case manager more than those who do not have a nurse case manager.
2. *Pay for care coordination through a separate system (or contract) that is designed to support the Primary Care Physicians and is linked to their practice.* Oklahoma, for example, has dedicated state staffs that accepts referrals from PCPs (and others) and are tasked with assisting providers and program participants in accessing and coordinating care.

**Support Sensory Screening within medical home**

- Work with primary care practices to update sensory screening tools/equipment/techniques to improve quality and frequency of sensory screening

**Support Developmental Screening within medical home**

- Support primary care practices through referral/evaluation process when a screen shows potential delay
- Fund/create programs that create in-house or community resources to help families whose children are at-risk for delay

**Support primary care practices to achieve National Committee on Quality Assurance (NCQA) certification for Medical Home**

- Financial incentive to practice to work toward/achieve NCQA certification. This is a time- and labor-intensive process that will yield support for FTF principles
- Encourage practices to use well-child care provision and developmental screening as two of the three required conditions in quality monitoring.
- Offer financial support to practices to employ or work with a care coordinator

The South Phoenix Regional Partnership Council voted to maintain funding in SFY 2013 and is expected that the strategy would remain flat funded through SFY 2015.

**Target Population Description**

Children ages 0-5 with high risk health factors and or targeted areas in the community with high CNI rates, where families lack medical home and or adverse health factors that may include obesity, diabetes, special needs or delayed children, and or other complicating health factors contributing to poor school readiness outcomes for children ages 0-5.

Target Service Units	FY 13	FY 14	FY 15
Number of children served	4500	4500	4500
Funding Level	FY 13	FY 14	FY 15
	\$1,298,555	\$1,298,555	\$1,298,555



**Strategy: Recruitment—Stipends/Loan Forgiveness**

**Strategy Description**

Improves the quality and range of therapeutic and intervention services in underserved communities.  
Offers professionals financial incentives to work in underserved communities.

**Strategy Narrative**

Arizona, much like the rest of the country, has a documented shortage of health professionals in certain parts of the state. For a variety of reasons such as: increasing population base, increased age of population, and the decreased capacity for universities to graduate trained professionals, the appropriately trained professional is not always available to provide services in a given community. At the federal level, the U.S. Department of Health and Human Services establishes Health Professional Shortage Areas (HPSA's) to identify these gaps in service related to primary care, mental health care and dental providers.

Programs throughout the country provide student loan repayments for qualified, credentialed professionals in return for serving patients in these locations. In Arizona this program is called the Arizona Loan Repayment Program. Though extremely important in filling the primary care gaps, these programs do not address shortages of Registered Nurses, therapists (speech language pathology, physical therapy and occupational therapy) and other allied health professionals.

In Arizona, children who are suspected of or identified with a developmental delay receive therapy services through either the Arizona Department of Economic Security (DES) or the Arizona Department of Education (ADE) depending upon the age and circumstance of the child. In many instances, agencies that provide these services to children have difficulty recruiting and retaining appropriately trained and qualified therapists. This can result in service delays for children and families badly in need of help. The need for services is expected to continue to increase. For example the United States Bureau of Labor Statistics estimates that between 2008 and 2018, the demand for Speech Language Therapists will grow by 19 percent, Occupational Therapists by 26percent and Physical Therapists by 30 percent.

In order to address this concern, First Things First Regional Partnership Councils established a Therapist Loan Forgiveness and Stipend strategy. This strategy is modeled after the Arizona Loan Repayment Program and aims to provide repayment for student loans and/or stipends to qualified, trained, eligible therapists in return for an agreement to provide services in a region for a predetermined period of time. Provider Loan Repayment and/or Stipend Program provides financial incentives for the purpose of recruiting and/or retaining therapists and other intervention professionals to work in underserved communities where access to therapeutic services is limited. Providers commit to a time of service obligation in return for the financial benefits. The first component of the program is established to pay off portions of education loans. The program additionally provides recruitment incentives to agencies to support the hiring and retention of professionals. The strategy is administered through the Department of Health Services which provides the following:

- Oversight and management of the distribution of loan repayment funds to financial institutions on behalf of eligible clinicians as well as distribution of stipend payments.
- Outreach and recruitment of potentially eligible clinicians.
- Oversight and maintenance of service obligations attached to funds distribution

The therapist program is modeled after the National Health Service Corp program which provides loan repayment to doctors and other health care professionals. The U.S. Department of Health and Human Services Health Resources and Services Administration reports that over 28,000 primary health care

providers have participated and of them, over 70 percent of NHSC clinicians stay working in underserved areas after they complete their service commitment ( <a href="http://nhsc.hrsa.gov/loanrepayment/nhsclrpaib.pdf">http://nhsc.hrsa.gov/loanrepayment/nhsclrpaib.pdf</a> )			
<b>Target Population Description</b> Health professionals in the targeted specialty areas identified			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of therapists receiving loan forgiveness</b>	5	5	5
<b>Number of therapists receiving stipends</b>	5	5	5
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$350,000	\$279,825	\$279,825

<b>Strategy: Prenatal Outreach</b>			
<b>Strategy Description</b> Increases healthy pregnancies and good birth outcomes. Provides outreach and education to pregnant women and their families and links pregnant women to sources of prenatal care.			
<b>Strategy Narrative</b> The purpose of prenatal outreach strategies is to ensure that women enter prenatal care services early enough to prevent preterm births and poor birth outcomes. The foundation of prenatal outreach is to identify at-risk, culturally diverse pregnant women in isolated and low-income communities throughout Arizona.  Implementation of prenatal outreach includes: increased timely medical and behavioral health care access for all pregnant women; reduced infants being admitted to the neonatal intensive care unit after birth; culturally appropriate support and information to pregnant women and to facilitate their access into prenatal care; and provision of advocacy and referrals and enrollment assistance into programs as needed.  There is a significant body of evidence that supports a women’s early entry into prenatal care improves birth outcomes and prevents many childhood health problems.  The council voted to maintain funding into SFY 2013 and it is expected with the projected revenue forecast that the prenatal outreach strategy would remain funded through SFY 2015.			
<b>Target Population Description</b> High risk expectant mothers, first time mothers, Latino and African American teen parents, including the most at risk of poor birth outcomes or infant morbidity and mortality.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of adults attending training sessions</b>	550	550	550
<b>Number of adults receiving home visitation</b>	495	495	495
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$550,000	\$550,000	\$550,000

**Strategy: Court Teams****Strategy Description**

Promotes children's wellbeing and reduces recurrence of abuse and neglect. Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system.

**Strategy Narrative**

FTF funding, in support of Court Teams, is a catalyst to initiate system change for an extremely vulnerable, high risk population of infants and toddlers involved child welfare and the court system. The principal goals of Court Teams are to improve outcomes and reduce the recurrence of abuse and neglect for infants and toddlers. These goals are achieved by developing court-community teams led by superior court judges to:

- Raise awareness of the developmental needs of maltreated infants and toddlers.
- Assure case plans that support the developmental needs of these children
- Assure a permanency plan that result in stable placements for children with foster families, relatives, or other caretakers.
- Assure continuing focus on child wellbeing when children are returned to parents, relatives, or other caretakers.

Court teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of children and supports their healthy development. The Regional Council supports the following eight core components of a Court Team:

- Judicial Leadership: Local judges in Court Team communities are the catalysts for the programs that meet the needs of vulnerable children and their families.
- Local Community Coordinator to coordinate services and resources in support of infants and toddlers in the court systems.
- Court Team made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers.
- Monthly Case Reviews including all individuals and organizations delivering court-mandated services to infants and toddlers meet together with the judge to review progress on each case.
- Court-ordered service referrals have been expanded in Court Team sites to include a variety of services for children.
- Training and technical assistance to court personnel and community service providers on topics such as being more responsive to, and responsible for, the children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.
- Mental Health Treatment referrals for parents.
- Resource Materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.

The Regional Council is maintaining funding for the court team strategy from SFY 2013 through SFY2015.

<b>Target Population Description</b>			
Children ages 0-5 in foster care or placement or have been removed from the home.			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of children served</b>	70	70	70
<b>Number of trainings provided</b>	15	15	15
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$200,000	\$200,000	\$200,000

<b>Strategy: Family Resource Centers</b>
<p><b>Strategy Description</b></p> <p>Strengthens families of young children by providing locally-based information and instruction on health and child development issues. Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development.</p>
<p><b>Strategy Narrative</b></p> <p>Based on the <i>South Phoenix Needs and Assets Report 2010</i>, town hall forums conducted the summer of 2011, and the First Things First South Phoenix funded St. Luke’s Health Initiative report, <i>Young Children of South Phoenix, Ensuring Healthy Growth and Development</i>, all demonstrate a need to continue to support families with knowledge about available resources and parent education opportunities. Families with young children in the region face many risk factors, particularly those with low incomes and little parental education. Strategies for family support services for families in crisis can be well matched to these needs. The intent of the Regional Council is to serve children across the family support continuum from universal to more intensive services. Examples of more intensive targeted approaches include the previously discussed home visitation services to the more broad strategy of family resource centers.</p> <p>Family Resource Centers embedded in local communities provide families with young children access to information and/or education on a variety of child development and health topics. Information about where and when parenting education programs are available should be easily accessible by all interested persons. These centers can also contribute to the community building process as they serve as a central location for engaging local community organizations and local government in the identification and resolution of community concerns.</p> <p>FTF funded Family Resource Centers provide resource and referral information to identify supports and services available to families with young children and provide each family with access to information and support on topics such as parenting skills, early childhood development including social emotional, language and literacy, cognitive, physical and motor development and child health. Community based parent education sessions may also be housed and offered at resource center locations to build a more comprehensive, robust center. Through this effort, families can access programming while simultaneously building their own social connections thereby reducing isolation. There is little evidence that resource centers in and of themselves have a direct impact on outcomes for young children and their families. However, having “accurate information about raising young children and appropriate expectations for their behavior” has been cited by the Doris Duke Strengthening Families Initiative as one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect (Center for the Study of Social Policy, 2008).</p> <p>The Regional Council added funding in SFY 2013 to increase the possible request for grant application release for family resource centers in homeless shelters and ONE TIME investments for children of incarcerated parents family advocacy center (in zip codes 85040 and 85041) and Early Childhood Family Resource Center for foster children funding, and slight increase local family resource centers.</p>

<b>Target Population Description</b> Children ages 0-5 and their families			
<b>Target Service Units</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
<b>Number of families served</b>	6000	6000	6000
<b>Funding Level</b>	<b>FY 13</b>	<b>FY 14</b>	<b>FY 15</b>
	\$2,000,000	\$1,200,000	\$1,200,000

<b>Strategy: Home Visitation</b>
<p><b>Strategy Description</b> Home visitation provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. An evidence based home visitation program connects families to resources to support their child’s health and early learning.</p>
<p><b>Strategy Narrative</b> Comprehensive, evidence based home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. A variety of evidence based models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, and low income families. Home visiting professionals trained in child development and family support make regular, scheduled visits to each family’s home or other natural environments such as the library. Utilizing an evidence-based curriculum, home visitors meet with the family and their infant, toddler or with a family expecting a child, to answer questions, provide information and resources, support and advise parents on parenting skills or assist in early detection of any developmental problems in the young child. The specialized skills and qualifications of home visitors are critical to the successful implementation of home visitation programs. Home visitors build trusting relationships with each family. They observe daily routines and interactions to help parents identify and interpret their child’s cues and offer information, guidance and coaching so that families can best support their own child’s growth and development.</p> <p>Family participation in a home visitation program is voluntary, with no fee for service to families. At a minimum, visits to a family’s home occur monthly. Home visitation programs funded through the South Phoenix Regional Council must include parent-child playgroups located in community settings. High quality home visiting programs can be an effective service delivery method to support early learning in these years, ensuring that children succeed in school and beyond. In home parenting education programs are an important piece of the early childhood development system. The first three years of life are a period of intense intellectual development during which the brain forms a foundation for later learning and development and a broad body of research highlights the first three years of life as an important intervention period for influencing a child’s trajectory and the nature of the parent-child relationship.</p> <p>Research of home visiting services finds that the earlier in a child’s life this support is provided the greater the potential for having long lasting positive results. Home visiting with pregnant women specifically helps create the environment for a healthy birth by incorporating the importance of healthy behaviors throughout the pregnancy such as accessing prenatal care, appropriate nutrition, not smoking, and exercise. Additionally, research has confirmed home visiting as an effective strategy for families at risk due</p>

to poverty, health conditions of the child or parents, child maltreatment and low literacy levels. The Regional Council’s expectation is that funding be concentrated around two model types, which includes the *Nurse Family Partnership* to concentrate on the most at risk populations of teen and or first time African American or Latina expectant mothers; while the other model be more broad and flexible in programming, and would include the utilization of the *Parents as Teachers* model.

Home visitation is a part of the larger continuum of family support within the context of an early childhood system. The purpose of home visiting services is to build parent’s capacity and skills so they can support the healthy development of their child. Home visiting, as a key component of a comprehensive early childhood system, enhances the relationship between the parent and child to foster the child’s positive social-emotional and language and literacy development and thus their readiness for school. This strategy can work with and build upon the other strategies implemented in the region and other community assets to address the need for comprehensive parent education and information. It is important to be aware of other state funding for home visitation through agencies such as the Department of Economic Security, the Department of Health Services and the Department of Education. Home Visitation already exists in the region and has been further expanded through First Things First funding but is not yet available in all areas of the region.

Information provided in the 2010 South Phoenix Needs and Assets Report, as well as input from community members, suggests that families in the region have been heavily impacted by the recession and the added stressors with which they are dealing can have a direct negative impact on their children.

Funding for the Home Visitation strategy increases in SFY 2013 but remains flat funded through SFY 2015—the slight funding increase is to allow for possible coordinated service delivery components which may be part of the RFGA release.

**Target Population Description**

The South Phoenix Regional Partnership Council has identified providing in home parenting education services for up to 550 families in the region which is approximately a 20 percent increase over the number of families served in previous years. The intent is to build upon programs that have been supported over the past three years to provide continuity of services for families interested in continuing to participate in home visitation programs. Enrollment of new families will focus on infants and toddlers and women who are pregnant, expectant Latino and African American teen parents. Research supports that this is the age group where the greatest impact can occur.

<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Number of families served</b>	550	550	550
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Home Visitation</b>	\$2,300,000.00	\$2,300,000.00	\$2,300,000.00

<b>Strategy: Community Outreach</b>			
<b>Strategy Description</b> Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
<b>Strategy Narrative</b> The South Phoenix Regional Partnership Council participates in the Cross-Regional Communications efforts with other Regional Partnership Councils. Community Outreach efforts include support for Community Outreach consultants to assist with identifying and presenting to local organizations, organizing site visits, gathering stories related to the impact of First Things First strategies, and recruiting and retaining champions for early childhood education and health.  The South Phoenix Community Outreach strategy aligns with the First Things First Priority: Building public awareness and support by helping educate the public of the benefits of investing in early childhood development, health and early education and supporting the identification and growth of a pool of early childhood champions throughout the region.  In SFY the Regional Council voted to maintain the funding for community outreach and it is anticipated that with continued funding, that parent awareness and the grassroots education efforts will help to ensure sustainable investments in early childhood education by the community.			
<b>Target Population Description</b> Parents, educators, health providers, policy makers, and the general public throughout Maricopa County.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>No target service units identified for this strategy</b>			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Community Outreach</b>	\$83,000	\$83,000	\$83,000

<b>Strategy: Media</b>			
<b>Strategy Description</b> Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.			
<b>Strategy Narrative</b> The South Phoenix Regional Partnership Council participates in the Cross-Regional Communications Media efforts with other Regional Partnership Councils in Maricopa County. Media efforts include purchasing television and radio spots, billboards, and other approved media buys.			
<b>Target Population Description</b> Parents, educators, health providers, policy makers, and the general public throughout Maricopa County. Funding level is reduced in SFY 2013-2015 due to budgeting restraints and to support expansion of Quality First.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
No target service units identified for this strategy			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
Media	\$80,000	\$80,000	\$80,000

<b>Strategy: Community Awareness</b>			
<b>Strategy Description</b> Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.			
<b>Strategy Narrative</b> The South Phoenix Regional Council identified the need to increase the level of awareness about early childhood health and development throughout the region. This strategy provides access to a variety of community-based activities and materials to increase public awareness on the importance of early childhood development and health through participation in community events, and the dissemination of educational materials.  The South Phoenix Regional Partnership Council has decreased the allotment for Community Awareness for SFY 2013-SFY2015.			
<b>Target Population Description</b> Parents, educators, health providers, policy makers, and the general public throughout Maricopa County.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
No target service units identified for this strategy			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
Community Awareness	\$18,000	\$18,000	\$18,000

<b>Strategy: Evaluation</b>			
<b>Strategy Description</b> Regional program evaluation initiatives to better understand the successfulness of strategy development and implementation.			
<b>Strategy Narrative</b> It is anticipated the South Phoenix Regional Partnership will have received data specific to their requests which will help further their depth and knowledge of the unmet needs and potential assets in the community. Supplied with the new and more detailed data, the council is armed to make more informed decisions that will better enhance system building and increase efficiencies across programming. The South Phoenix Regional Partnership Council is confident that the coordination with the First Things First Evaluation Team will ensure the evaluation studies work will be conducted with full compliance with the current objectives of the Evaluation Division and First Things First.			
<b>Target Population Description</b> Children ages 0-5 years.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>No target service units identified for this strategy</b>			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Evaluation</b>	\$50,000	\$50,000	\$50,000
<b>Strategy: Statewide Evaluation</b>			
<b>Strategy Description</b> Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			
<b>Strategy Narrative</b> Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			
<b>Target Population Description</b> Children ages 0-5 years.			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>No target service units identified for this strategy</b>			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Statewide Evaluation</b>	\$454,393	\$454,393	\$454,393

<b>Strategy: Needs and Assets</b>			
<b>Strategy Description</b>			
Biennial, overall assessment of data on opportunities and challenges for children zero through five and their families undertaken to inform regional strategic planning. This is additional funding for specific enhancements to the baseline regional report.			
<b>Strategy Narrative</b>			
As stated in South Phoenix Regional Partnership Regional Funding Plan FY 2010, the information on children ages 0-5 and their families in the South Phoenix Region is currently very limited. While the Needs and Assets report is an important first step in compiling local data and information, much more information is needed to fully understand the needs of children and families in the region, and the current quality of care and support that they receive.			
To maximize the effectiveness of the South Phoenix Regional Partnership Council’s efforts, the Regional Council believes there is a need to collect regionally specific data and information to ensure the effective development and implementation of strategies.			
To implement this strategy, a committee was created to define regionally-funded evaluation needs. The committee, Council Members Dr. Eva Shivers and Dr. Ida Rose Florez, working in tandem with the FTF staff, has identified additional data points to be collected and analyzed around the ‘hub’ model. The smaller communities or ‘hubs’ that have been identified are South Phoenix (85041, 85042, 85040), Laveen (85339), Central South West (85043, 85009) and Maryvale/West Phoenix (85031, 85033 85035, 85037).			
It is anticipated the South Phoenix Regional Partnership will have received data specific to their requests which will help further their depth and knowledge of the unmet needs and potential assets in the community. Supplied with the new and more detailed data, the council is armed to make more informed decisions that will better enhance system building and increase efficiencies across programming.			
<b>Target Population Description</b>			
The target population includes the entire South Phoenix region			
<b>Target Service Units</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>No target service units identified for this strategy</b>			
<b>Funding Level</b>	<b>SFY 13</b>	<b>SFY 14</b>	<b>SFY 15</b>
<b>Needs and Assets</b>	\$45,000	\$0	\$0

**Section III D. Proposed Funding Summary**

SFY 2013 – 2015 Regional Partnership Council Budget

FY 2013 - 2015



South Phoenix

**Funding Plan Summary**

Allocations and Funding Sources	2013	2014	2015
<b>FY Allocation</b>	<b>\$14,111,127</b>	<b>\$14,139,349</b>	<b>\$14,192,372</b>
Population Based Allocation	\$9,096,184		
Discretionary Allocation	\$2,959,255		
Other (FTF Fund balance)	\$2,055,688	\$14,139,349	\$14,192,372
<b>Carry Forward From Previous</b>	<b>\$8,831,343</b>	<b>\$4,888,423</b>	<b>\$2,182,400</b>
<b>Total Regional Council Funds</b>	<b>\$22,942,470</b>	<b>\$19,027,772</b>	<b>\$16,374,772</b>
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Quality First	\$1,793,423	\$1,793,423	\$1,793,423
Child Care Health Consultation	\$272,160	\$272,160	\$272,160
Quality First Child Care Scholarships	\$2,472,222	\$2,472,222	\$2,472,222
Mental Health Consultation	\$562,500	\$369,000	\$369,000
Family, Friends & Neighbors	\$700,000	\$700,000	\$700,000
Pre-Kindergarten Scholarships	\$3,063,600	\$3,063,600	\$3,063,600
Director Mentoring/Training	\$311,194	\$311,194	\$311,194
FTF Professional REWARD\$	\$200,000	\$175,000	\$175,000
Comprehensive Preventative Health Programs	\$400,000	\$325,000	\$300,000
Developmental and Sensory Screening (ON HOLD)	\$350,000	\$350,000	\$350,000
Oral Health	\$500,000	\$500,000	\$500,000
Care Coordination/Medical	\$1,298,555	\$1,298,555	\$1,298,555
Recruitment – Stipends/Loan Forgiveness	\$350,000	\$279,825	\$279,825
Prenatal Outreach	\$550,000	\$550,000	\$550,000
Court Teams	\$200,000	\$200,000	\$200,000
Family Resource Centers	\$2,000,000	\$1,200,000	\$1,200,000
Home Visitation	\$2,300,000	\$2,300,000	\$2,300,000
Community Outreach	\$83,000	\$83,000	\$83,000
Media	\$80,000	\$80,000	\$80,000
Community Awareness	\$18,000	\$18,000	\$18,000
Evaluation	\$50,000	\$50,000	\$50,000
Statewide Evaluation	\$454,393	\$454,393	\$454,393
Needs and Assets	\$45,000	-	
<b>Proposed Allotment Total:</b>	<b>\$18,054,047</b>	<b>\$16,845,372</b>	<b>\$16,820,372</b>
<b>Total Unallotted</b>	<b>\$4,888,423</b>	<b>\$2,182,400</b>	<b>(\$445,600)</b>

\*Note: the Oral Health Strategy in SFY 2012 is expected to begin implementation in SFY 2013 resulting in \$580,000 carry forward. The final SFY15 balance of unexpended funding is positive \$134,400.