

## **SOUTHWEST MARICOPA REGION REGIONAL PARTNERSHIP COUNCIL FUNDING PLAN**

**July 1, 2009 – June 30, 2012**

### **OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION**

#### **I. Regional Needs and Assets**

The First Things First Southwest Maricopa Region is a predominately rural area of 4,325 square miles. This region is the geographically largest area within Maricopa County, extending across the Sonoran desert to Yuma, Pima, and Pinal counties. Almost half of Maricopa County is located in the Southwest region. The majority of residents reside in a string of suburban communities: Tolleson, Avondale, Litchfield Park, Liberty, Goodyear, and Buckeye, which are adjacent to west Phoenix; additionally, the remote communities of Gila Bend, Palo Verde, and Tonopah are in this region.

The region represents approximately 8 % of Maricopa County's population. About 4% (11,879) of the population is made up of children ages 0-5, compared to 9% for Arizona overall. The regional population has grown by 34% since 2002; suburban communities to the south and west of Phoenix have grown by 110 to 353%. However, the rural areas like the city of Gila Bend have seen the population decline by 6%. The racial and ethnic diversity of the area likely includes more Hispanics or Latinos than Maricopa County and Arizona. However, the birth rate for White, non-Hispanic mothers (44%) is higher than in the state rate of 42%, and the birth rate for Hispanic or Latino mothers (36%) is lower than the state rate (44%).

Economic indicators for the Southwest Maricopa Region vary widely by community, with unemployment running between 2.4% (Goodyear) and 5.8% (Gila Bend). The median income in Maricopa County, \$52,521, exceeds median income in Arizona by 11%. However, in the year 2000, individual communities in the region showed a wide range of median annual income, which likely continues today. For example, in 2003, about 27% of the population of Gila Bend and 19% in Buckeye was listed living at or below 100% of the Federal Poverty Level.

About 11% of births in the Southwest Maricopa Region are to mothers age 19 and under. These percentages range widely by community, and are higher in the smaller, more rural communities of Gila Bend (27%) and Tonopah (16%). On average, the rate for the region is similar to Maricopa County and Arizona. Once a young woman becomes pregnant, the risk of a second pregnancy increases.

As the region has grown, a network of programs for young children has developed. In 2006, 140 fee-paying child care settings in the region were identified; together they served on average, 4,433 students daily. In addition, the region has a network of pre-kindergarten classes and educational services for children with special needs across eight school districts. Out of a total population of 11,879 children ages 0-5, just under 3% of children in the region are enrolled in accredited care settings, and only 37% percent of children are using accredited, licensed, or otherwise regulated child care programs. The remaining 60% is assumed to be placed in mostly non regulated home care settings with no information as to the quality of care delivered. There are only four accredited child care programs and eight Head Start Programs, including five with home visiting programs. Accredited programs have a capacity of 534 children and a survey in early 2008 indicated there were 342 children enrolled.

According to the surveys of teachers, families, and Regional Council members, a significant need is for more accredited child care centers distributed across the Southwest Maricopa Region. These centers should provide care and education to families regardless of proximity to Phoenix.

Lack of access to quality care in all child care setting is one of the pressing needs of the region. The costs of care across group homes, licensed centers, and in-home care are similar regardless of setting. Cost of care in 2006 ranged from \$19.46 per day (\$4,865 per year) for a preschooler in an alternatively-approved home, to \$35.38 per day (\$8,845 per year) for an infant in a licensed center.

A pressing concern of the Southwest Maricopa Regional Partnership Council is the preparation of its early childhood and elementary school teachers. Data from two surveys of the greater county region in 2007 and 2008 show that 62% of teachers and 90% of assistants in **child care programs** had no college degree, similar to Arizona's rates. There are multiple avenues for training and certification available to professionals in this region. Different estimates suggest that about 10% of early childhood professionals in the region have earned the CDA credential.

The rate of compensation for early childhood professionals is another related concern. Full-time teachers are earning less than \$25,000 per year and teacher assistants are earning less than \$18,000 per year. For families of four these earnings fall below the federal poverty level.

Even though the Southwest Maricopa Region has only 1 hospital, West Valley Hospital, Banner Estrella also services the west region and other medical resources are present: eleven primary care and three pediatric dental practices, fifteen community health centers and school-based clinic sites, and two Prenatal / Healthy Babies programs. The Southwest Maricopa Regional Partnership Council is concerned that too few children receive developmental screening through the Arizona Early Intervention Program (AZEIP). In 2006, just over 3,000 children ages 0-36 months received AZEIP screening across Maricopa County. The AZEIP, AHCCCS data as well as Head Start regional data cannot be examined apart from the rest of Maricopa County. Although not an unduplicated count, the Division of Developmental Disabilities was able to report that they provided services to an average of 401 children per month across the region.

Interviews with Southwest Maricopa Regional Partnership Council members revealed that behavioral health services for children were thought to be the most difficult service to access, and the least affordable. More data is needed to determine the need and eligibility of children in all areas of health issues including Prenatal Care, Teen Pregnancy, and Oral Health to name a few.

Twenty-eight social service, family support and adoption / foster care resources were identified in the region and there are four libraries. Small municipal human service offices (Avondale, Goodyear and Tolleson) are significant assets for their communities. Due to its close proximity to Phoenix, there are also many resources available to Southwest Maricopa families including pediatric medical facilities, programs for children with special needs, and multiple parent support groups; however families must have access to reliable transportation in order to access these assets. This is a big concern to the Southwest Maricopa Regional Partnership Council. When asked to identify barriers to accessing services, Regional Council Members reported cost, eligibility restrictions, lack of transportation, and convenience as the major barriers. These barriers are consistent with other responses collected during the 2007 Key Informant Survey of providers and families in which cost, eligibility, and reimbursement were the key issues.

It is well documented that there are numerous organizations providing services within the region including health, child care, education, and social services. However, many of these services provide no specific information pertinent for families with children ages 0-5 years and even less frequently do service providers collaborate together to provide age-appropriate services along the entire spectrum of care for a family with young children. This early childhood system coordination problem is not only indicative of the Southwest region, but is one that has typified conditions across the state.

Many of the needs uncovered during this assessment are relative to the size and low density of the region. With its agrarian roots there is still a rural sense of distance and neighborly cooperation. However, these distances seriously impact the planning of services. Population projections indicate that the Southwest Maricopa Region is poised for a population boom similar to that of the far east part of the county and will rapidly shift from rural agrarian to suburban communities. These distances and access to services will remain problematic for city planners and the Southwest Maricopa Regional Partnership Council. Public transportation and access to services will increase in priority. The Southwest Maricopa Regional Partnership Council will be examining the 2006 report on transportation access completed by Maricopa Association of Governments to determine the barriers to traveling to services in the region when the report is released.

Based upon the needs and assets of the region, the Southwest Maricopa Regional Partnership Council has prioritized the following needs to address in the next three year period:

1. Increase access to services for families and eliminate barriers in order to provide children and families effective support.
2. Limited access to quality early care and education.

3. Increased knowledge of family/friend/neighbor child care providers working with children ages 0-5.
4. Limited education of early care and education providers working with children ages 0-5
5. Increase coordination of the network of agencies that currently provide services to children 0-5 in order to increase the impact of these services over the target population, and provide ongoing assessment of the region's needs and assets.
6. Decrease tooth decay among children 0-5.
7. Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families.
8. Increase access to and utilization of preventive health services and comprehensive development and preventive screenings.
9. Increase community outreach as part of an awareness campaign about early childhood development and health.

## II. Prioritized Goals and Key Measures

The Southwest Maricopa Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

### Family Support

Need: Increase access to services to families and eliminate barriers in order to provide children and families effective support.

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

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

#### *Key Measures:*

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

### Quality and Access

#### Need: Increase access to quality early care and education

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

#### *Key Measures:*

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

### Professional Development

#### Need: Increased knowledge of family/friend/neighbor child care providers working with children ages 0-5.

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

#### *Key Measures:*

- Total number and percentage of professionals, who work with young children outside of early care and education settings, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.
- Retention rates of early childhood development and health professionals.

### Professional Development

#### Need: Limited education of early care and education providers working with children ages 0-5

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

#### *Key Measures:*

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

## Coordination

Need: Increase coordination of the network of agencies that currently provide services to children 0-5 in order to increase the impact of these services over the target population, and provide ongoing assessment of the region's needs and assets.

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

### *Key Measures:*

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.
- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems.

## Health

Need: Decrease tooth decay among children 0-5.

Goal # 5: FTF will collaborate with existing AZ early childhood health systems to improve children's access to quality health care.

### *Key Measures:*

- Total number and percentage of children receiving appropriate and timely oral health visits.

## Health

Need: Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families.

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

### *Key Measures:*

- Total number and percentage of children with health insurance.

## Health

Need: Increase access to and utilization of preventive health services and comprehensive development and preventive screenings.

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

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

Goal#7: FTF will advocate for timely and adequate services for children identified through early screenings.

### *Key Measures:*

- Ratio of children referred and found eligible for early intervention.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resource on child development and health.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.
- Total number and percentage of children receiving appropriate and timely well-child visits.
- Percentage of children receiving appropriate and timely follow-up / intervention services.

## Communication

Need: Increase community outreach as part of an awareness campaign about early childhood development and health.

Goal #15: FTF will expand public awareness of and financial and political support for early childhood development and health efforts in the region.

### *Key Measures:*

- Total number and percentage residents who report that early childhood development and health are important.
- Total number and percentage of SW region residents who identify themselves as strong supporters of early childhood and health matters.

### III. Strategy Selection

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

The Southwest Maricopa Regional Partnership Council will continue to engage with other stakeholders and partners to plan for and evaluate the implementation of the strategies toward the goals and key measures. The Southwest Maricopa Regional Partnership Council will continue our strategic planning process for the next two years, as we develop further understanding and a baseline of work. The Southwest Maricopa Regional Partnership Council has committed to continue in this ongoing planning and improvement process with child care providers and others.

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

Identified Need	Goal	Key Measures	Strategy
Increase access to service to families and eliminate barriers in order to provide children and families effective support.	<p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p> <p>-Percentage of families of children birth through age five who report they maintain language and literacy rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children).</p> <p>-Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.</p>	To expand/enhance family resource centers to offer comprehensive services including, parenting education, early literacy development, social support opportunities and access to additional community resources.

<p>Increase access to quality early care and education</p>	<p>Goal: FTF will improve access to quality early care and education programs and settings.</p>	<p>-Total number of early care and education programs participating in the QIRS system</p> <p>-Total number of children enrolled in early care and education programs participating in the QIRS system</p> <p>-Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale</p> <p>-Total number and percentage of early care and education programs participating in the QIRS system improving their environmental rating score</p>	<p>Increase the number of child care centers and home child care centers participating in the statewide initiative Quality First!</p> <p>Service Number:</p> <p>11 centers</p> <p>4 homes</p>
<p>Increase knowledge of early childhood development among those working with children 0-5 provided by friends and family child care providers</p>	<p>Goal: FTF will build a skilled and well prepared early childhood development workforce.</p>	<p>-Total number and percentage of professionals, who work with young children outside of early care and education settings, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.</p> <p>-Retention rates of early childhood development and health professionals.</p>	<p>Increase and improve skills and support for early care and education home providers, with an emphasis on family/friends/neighbors caregivers.</p>
<p>Increase knowledge of early childhood development among those working with children 0-5</p>	<p>Goal: FTF will build a skilled and well prepared early childhood development workforce.</p>	<p>- Total number and percentage of professionals, who work with young children outside of early care and education settings, who are pursuing a credential, certificate, or degree in early childhood development.</p> <p>-Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate, or</p>	<p>Expand access to T.E.A.C.H. Early childhood Arizona.</p> <p>Increase the number of tuition-based college coursework scholarships available beyond the statewide FTF initiative.</p>

		degree	
Coordinate the network of agencies that currently provide services to children 0-5 in order to increase the impact of these services over the target population, and provide ongoing assessment of the region's needs and assets.	Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resource for young children and their families.	<p>- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.</p> <p>-Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.</p> <p>-Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems.</p>	Collaborate on a regular basis with other Regional Councils in Maricopa County to enhance the coordination and communication of services, programs, and resource for young children and their families across Regions.
Decrease tooth decay among children 0-5	Goal: FTF will collaborate with existing AZ early childhood health systems to improve children's access to quality health care.	- Total number and percentage of children receiving appropriate and timely oral health visits.	Provide oral health screenings by a trained oral health provider in child care facilities as well other community settings centers; apply fluoride varnish, coordinate referrals for follow up treatment and provide oral health prevention information for parents and caregivers.
Increase outreach and enrollment assistance for public health insurance to eligible but not yet enrolled families. support.	Goal: FTF will collaborate with existing AZ early childhood health systems to improve children's access to quality health care.	- Total number and percentage of children with health insurance.	Outreach to both metro and rural areas of the region in order to increase enrollment to AHCCCS and Kids Care programs.
Increase access to and utilization of preventive health services and comprehensive development and	Goal: FTF will collaborate with existing AZ early childhood health systems to improve children's access to quality health care.	<p>- Ratio of children referred and found eligible for early intervention.</p> <p>-Percentage of families with children birth through age five who report they are satisfied with the</p>	Expand children's access to developmental screenings through the implementation of an early childhood development

<p>preventive screenings.</p>	<p>Goal: FTF will expand use of early screening in health care settings to identify children with developmental delay.</p> <p>Goal: FTF will advocate for timely and adequate services for children identified through early screenings.</p>	<p>accessibility of information and resource on child development and health.</p> <p>-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</p> <p>-Total number and percentage of children receiving appropriate and timely well-child visits.</p> <p>-Percentage of children receiving appropriate and timely follow-up / intervention services.</p>	<p>consultation model training pediatricians, primary care physicians and staff.</p>
<p>Increase community outreach as part of an awareness campaign about early childhood development and health.</p>	<p>Goal: FTF will expand public awareness of and financial and political support for early childhood development and health efforts in the region.</p>	<p>-Total number and percentage residents who report that early childhood development and health are important.</p> <p>-Total number and percentage of SW region residents who identify themselves as strong supporters of early childhood and health matters.</p>	<p>Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona's top priorities.</p>

## Strategy Worksheets

**Strategy 1:** To expand/enhance family resource centers to offer comprehensive services including parenting education, early literacy development, social support opportunities and access to additional community resources.

Although the region is located near the Phoenix area, families are still struggling to access services. Families are not aware of services; services are fragmented or unavailable in some areas; and services are inaccessible due to transportation issues. The Southwest Maricopa Regional Partnership Council will support families by providing funding to family resource centers in the region. These resource centers may be diverse in size and services provided, however, all will be located in areas where families routinely congregate (churches, schools, early care and education centers, libraries, etc.) and all will provide parenting education, early literacy development, social support opportunities, and access to local community resources.

The Regional Partnership Council has targeted three geographic areas; Avondale to be the main hub for the surrounding population, Gila Bend, and Buckeye for the further west communities in the region. In addition, based on the Needs and Assets assessment in the region, the Southwest Maricopa Regional Council has also identified the need for services for teen parents. Approximately one out of 10 children in the region in 2006 were born to mothers aged 19 years or younger, with Gila Bend reporting 19% of children born to teen mothers, which is higher than the state average of 12%. Parenting education targeting teens is a need in the region and can be achieved through the family resource centers.

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

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

They are family-friendly community-based sites that offer a comprehensive array of social services to families. Family Resource Centers are considered a "One Stop Shop," which provides services and support systems that build on family strengths. The services provided are offered in partnership with private and public agencies working together to enhance each family's capacity to become self-sufficient. A Family Resource Center is a vehicle for engaging local community organizations and local government in the identification and resolution of community concerns.

Typical Family Resource Centers offer:

- Counseling
- Advocacy Services
- Domestic Violence Programs
- Parent Involvement and Education
- Case Management Services
- Information and Referral Services
- Crisis Intervention
- Food and Clothing Assistance
- After School Programs
- ESL Classes

The promise of family resource centers is putting into action the concept of family support, and the premises and principles of the family support movement. Family resource centers are the places in neighborhoods where families can go for direct services that empower and strengthen their roles as parents, nurturers, and providers; places where programs are comprehensive and provide a range of social, educational, and recreational activities, where they focus on preventing problems, and where parents can go for the knowledge, services, and resources they need to raise healthy children.<sup>2</sup>

It is in family resource centers that the most essential community, social, and systems change can begin to take place. It is where communities can begin to turn around notions about families, neighborhoods, and the provision of services, child well-being, and community capacity.<sup>1</sup>

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

Family Resource centers can incorporate parent education programs and early language and literacy programs.  
*Parent Education Programs:*

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills

necessary to build a healthy family. Effective parenting education develops nurturing and attachment, knowledge of parenting and of child development, parental resilience, and social connections and support for parents.<sup>2</sup> Research suggests that improving fundamental parenting practices reduces the likelihood of problem behaviors in children. It has been shown that parent-child relationships can be enhanced through parent training and family strengthening programs.<sup>3</sup>

*Early Language and Literacy Programs:*

One component of children’s readiness for school consists of their language and literacy development. Learning to read and write starts long before first grade and has long-lasting effects. Children’s early experiences with books and print greatly influence their ability to comprehend what they read. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children’s knowledge related to language and literacy. One strategy to increase a child’s language and literacy development is through early language and literacy programs that are family centered and that include:

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

This strategy will enhance the network of agencies supporting families in the region. This strategy targets expansion of those resources to underserved locations in the region. This strategy provides an opportunity for services to expand to rural and underserved communities within the region, but also allows for the development of new services. Applicants will identify the evidence to support the programming proposed will be coordinated and aligned across the community with the other community organizations providing services. In addition, applicants will also be required to utilize The Arizona Parents Kit while assisting families with young children.

<sup>1</sup> The Los Angeles County Children’s Planning Council. (2001, April). *Family Resource Centers: L.A.’s Opportunity to Strengthen and Support Families -A report to the Los Angeles County Children and Families First Proposition 10 Commission*. Los Angeles, CA: Los Angeles County.

<sup>2</sup> Child Welfare Information Gateway. Parent Education: Issue Brief. [www.childwelfare.gov/pubs/issue\\_briefs/parented/](http://www.childwelfare.gov/pubs/issue_briefs/parented/)

**Lead Goal:** FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.

**Goal:** FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures**

-Percentage of families with children birth through age five who report they are competent and confident about their

ability to support their child's safety, health, and well-being.

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

**Target Population:**

The strategy will target families in our region with children ages 0 through five.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
		500 families	500 families
<b>Performance Measures SFYs 2010 – 2012</b>  -Total number of teen parents showing increases in parenting knowledge and skills. -Total number of parents receiving early literacy development skills. -Percentage of families with children birth through five years of age who report that they are satisfied with the accessibility of information and resources on child development and health. -Total number and percentage of families receiving community based education program services/ proposed service number. -Total number of community based education programs/ proposed service number. -Total number and percentage of families utilizing community resource centers/ proposed service number.			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:                              Currently social services agencies are unable to meet the demand of the growing population in the area. This strategy will enhance the network of agencies supporting families in the region. This strategy targets expansion of those resources to underserved locations in the region. This strategy provides an opportunity for services to expand to rural and underserved communities within the region, but also allows for the development of new services.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:                              The Regional Council has identified a partnership with the City of Avondale through its partnership with Care 1<sup>st</sup> in developing a family resource center and also will collaborate with regional Arizona Department of Economic Security (DES)/Arizona Division of Developmental Disabilities (DDD) offices. Both the City of Avondale and Goodyear are developing new library centers; this will expand the opportunities to collaborate in early literacy development programs as well.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy		\$ 387,981	
<b>Budget Justification:</b>  \$7,981 for the purchase and utilization Arizona Parent Kits @ \$25 per Kit (shipping cost included in the budget amount).  \$80,000 for expansion of early language and literacy programs and teen parent education classes.  \$300,000 for the coordination/provisions of services in at least three geographic areas, Avondale to be the main hub for the surrounding population, Gila Bend, and Buckeye for the further west communities in the region.  Some costs to implement this strategy may include staffing and outreach materials.			

**Strategy 2:** Increase the number of child care centers and child care homes participating in the statewide initiative Quality First!

This strategy would expand the number of child care centers/homes participating in Quality First! in the Southwest Maricopa Region beyond those funded through the statewide initiative. Of the 58 centers and 52 certified homes in the region, only 6 centers (10%) and 3 homes (6%) will be participating in Quality First! through statewide funding. This proposed funding strategy is also addressing the findings from the Needs and Assets Report indicating that only 9% of early childhood and education settings in the region participate in accreditation programs. With the implementation of Quality First!, the Regional Council is increasing the quality of care among centers/homes not participating in quality improvement programs due mainly to the cost associated with some of these programs and also increasing the impact of the statewide initiative by leveraging funds to increase the overall percentage of centers/homes in the region participating in Quality First!.

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

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

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

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

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

Research conducted in five states with long-term systems and evaluation designs, e.g. Colorado, North Carolina<sup>3</sup>, Pennsylvania, Tennessee and Oklahoma<sup>4</sup>, show significant improvement in the quality of participating programs/settings. Locally, the Tucson *First Focus on Quality* pilot program evaluation found significant improvement in 46 centers in key quality components such as physical learning environment, adult-child interactions, school readiness strategies, health & safety, and director and staff qualifications.<sup>4</sup> A new study of the Colorado's Qualistar Quality Rating and Improvement System by the RAND Corporation<sup>5</sup> suggests that the quality indicators which

produce child outcomes measure not only the quality of the environment, but also the quality of interactions, in early care and education settings. Arizona is incorporating this research into its development of *Quality First!*

1 Vandell & Wolfe (2002); Cost, Quality and Child Outcomes Study Team; (1995); Helburn & Bergmann (2002); Phillips, (1995)  
 2 Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina’s 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center  
 3 Norris, D., Dunn, L., & Eckert, L. (2003). *“Reaching for the Stars” Center Validation Study: Final report*. Norman, OK: Early Childhood Collaborative of Oklahoma.  
 4 LeCroy & Milligan Associates, Inc. (August 2006). *First Focus on Quality: Final Evaluation Report*.  
 5 Zellman, Gail L., Perlman, Michal, Le, Vi-Nhuan, Messan Setodji, Claude (2008). *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Rand Corporation.

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

**Key Measures**

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

**Target Population:**

Child care settings eligible to participate in Quality First! Priority will be given to those centers in the region serving low income families.

	<b>SFY2010 July 1, 2009 – June 30, 2010</b>	<b>SFY2011 July 1, 2010 – June 30, 2011</b>	<b>SFY2012 July 1, 2011 - June 30, 2012</b>
<b>Proposed Service Numbers</b>	10 child care centers  5 homes	10 child care centers  5 homes	10 child care centers  5 homes

**Performance Measures SFYs 2010 – 2012**

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

What are the opportunities for collaboration and alignment:

This will allow for alignment with the statewide initiative in addition to helping expand the number of centers participating. Northwest Maricopa region will be participating in the project as well, providing opportunities for cross-regional collaboration.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 445,000.00
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**Budget Justification:**

The Regional Council is using estimates provided by FTF for the implementation of QIRS!

\$33,795 per center X 10 centers= \$337,950

\$21,245 per home X 5 homes-\$106,225

**Strategy 3:** Increase and improve skills and support for early care and education home providers, with an emphasis on family/friend/neighbor caregivers.

There were approximately 12,000 children 0-5 living in the Southwest Maricopa Region in 2007. The number of children being cared for in child care homes is unknown. However, national estimates suggest that as many as 60 percent of children need child care due to parent's employment, and of these, as many as 50 percent of children aged 5 and under are cared for in home-based settings. In the Southwest Maricopa Region, just 3% of children are enrolled in accredited care settings, and only 37% percent of children are using accredited, licensed, or otherwise regulated child care programs. The remaining 60% is assumed to be place in mostly non regulated home care settings with no information as to the quality of care delivered. These children are likely being cared for by family, friends or neighbors in the region.

Child care provided by family, friend, and neighbor caregivers – home-based child care that is for the most part legally exempt from regulation- is of growing concern to parents and policymakers for several reasons. One of the top reasons is that nationally it is the most common type of child care for children under age 5 whose parents work (Maher & Joesch, 2005; Snyder, Dore, & Adelman, 2005). Nearly half of all children spend their days – and sometimes their nights – in these types of settings (Boushey & Wright, 2004). Additionally, in recent years, the question of what kinds of child care programs best prepare children for kindergarten has emerged as a dominant issue in the early care and education public policy agenda. This has been propelled to the forefront due to two main factors – the national focus on children's school achievement and the widespread creation of state-funded prekindergarten programs for 3 and 4 year old children. Growing awareness that so many children are in these unregulated settings and concerns about school readiness have generated increasing interest in efforts to support these caregivers. (Research to Policy Connections No. 5, Assessing Initiatives for Family, Friend, and Neighbor Child Care, March 2007)

Evidence suggests that training provided to home-based family, friend and neighbor caregivers can result in positive outcomes for children. For example, recent evidence from the Association for Supportive Child Care and Valley of The Sun United Way partnership "Kith and Kin" program that provided training and support to family/friend/neighbor caregivers shows that 81 percent of providers indicated making specific changes in the care provided to the children as a result of their involvement in the program. Impact was noted in the following areas: 1) Safety in the home environment, particularly fire safety; 2) Establishing a daily schedule for the children; 3) Encouraging providers to join their local library; 4) Setting up a written agreement with parents regarding child care arrangements; and 5) Increased knowledge regarding the Child and Adult Food Program. Participants in this program have also identified that their motivation to provide care is not monetary, and consequently, while identifying an interest in becoming a better provider, most are not interested in becoming "regulated" and provide services to other children in the community. These providers are family, friends and neighbors who do not intend to serve more than 4 children for compensation.

Funding is designed to support programs to be implemented in the six major communities of the region with an additional program in the rural area.

Specific approaches to implement this strategy will include, but are not limited to:

- Early language and literacy programs
- Innovative approaches to address the specific training/skill enhancement needs of the family/friend/neighbor population in the Southwest Maricopa Region
- Partnerships that expand access to services in non-traditional settings, including homes, public schools, other “education” settings
- Raise public awareness about the importance of improving skills for this provider population.

Approaches to implement this strategy will be required to build on current funding streams where possible. Preference will be given to approaches that are research-based and applicants who can demonstrate positive outcomes for this specific population.

**Lead Goal.** FTF will build a skilled and well prepared early childhood development workforce.

**Key Measures**

- Total number and percentage of professionals, who work with young children outside of early care and education settings, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area.
- Retention rates of early childhood development and health professionals.

**Target Population:**

Family, friend, neighbor home childcare providers serving children ages 0-5. The number of lawful unregulated in-home providers in the region is unknown. However, a very rough estimate assumes that sixty percent of the children ages 0-5 in the region (there are approximately 7,200 children in the region according to 2007 State Census estimates) are cared for by home-based providers in the region.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	175 Providers	175 Providers	175 Providers

**Performance Measures SFYs 2010 – 2012**

1. Number of child care professionals receiving family, friend or caregiver training
2. Number of home-based child care providers receiving training on language and literacy development in young children.

- How is this strategy building on the service network that currently exists:  
 This strategy seeks to connect training to caregivers in existing home-based caregiver settings in the region. Community colleges in the region are starting to implement early childhood curriculum in their programs. There are also trainings offered by public libraries and the Association for Supportive Child Care’s Kith & Kin available as well. The Regional Council will partner with programs targeting child care providers in the rural areas.

- What are the opportunities for collaboration and alignment:  
 The Regional Council will begin discussion with local education and technical assistance programs designed to outreach to this community of providers and build curriculum that meet the learning needs of these providers. The Northwest Maricopa Region and the North Phoenix Region are also interested in implementing a similar strategy. Opportunities exist for collaborating in outreach, grant development, and implementation.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 147,000.00
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**Budget Justification:** Using cost estimates from a model utilized by an existing community program, the Regional Council is estimating to spend approximately \$21,000 in each of the seven targeted communities, serving 25 child care providers in each community.

**Strategy 4:** Expand access to T.E.A.C.H. Early Childhood Arizona.

Identifying ways to support the professional development of the early care and education workforce is one of the top priorities of the Southwest Maricopa Regional Partnership Council. The key to quality child care is linked to the education and stability of the early education workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is extensive research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children.

The strategy will identify child care providers, caregivers and directors who need additional professional development in the form of college credit. Programs enrolled in QUALITY FIRST! will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST!

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

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

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

The Council recognizes and supports all four elements of the scholarship program:

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

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

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

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

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

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

<sup>1</sup>Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH: This paper was funded by the Department under the commission of the School Readiness Solutions Group.

This paper was developed by Jana Fleming.			
<b>Lead Goal.</b> FTF will build a skilled and well prepared early childhood development workforce.			
<b>Key Measures</b>			
-Total number and percentage of professionals working in early childhood development settings with a credential, certificate, or degree in early childhood development.			
-Total number and percentage of professionals working in early childhood development who are pursuing a credential, certificate, or degree.			
<b>Target Population:</b>			
Child care providers who are identified as needing additional professional development in the form of college credit. Scholarships would target scholars in regionally funded Quality First! centers/homes. Scholarships would additionally be available for those in centers and homes not participating in Quality First!			
<b>Proposed Service Numbers</b>	<b>SFY2010 July 1, 2009 – June 30, 2010</b>	<b>SFY2011 July 1, 2010 – June 30, 2011</b>	<b>SFY2012 July 1, 2011 - June 30, 2012</b>
	104 students	104 students	104 students
<b>Performance Measures SFYs 2010 – 2012</b>			
-Total number and percentage of professionals working in early childhood development pursuing a credential, certificate, or degree.			
-Total number and percentage of professionals pursuing a credential in early childhood development currently working at a child care settings.			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists: Via the statewide initiative T.E.A.C.H., scholarships will be provided for Quality First! participants – additional scholarships will increase the service numbers. The Southwest Maricopa Regional Council is building on the infrastructure elements established by the FTF Board with Quality First! and TEACH to improve the quality of early care and education in the Southwest Maricopa region</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment: The T.E.A.C.H. Early Childhood Arizona program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with colleges/universities and evaluation.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy	\$ 208,000.00		

**Budget Justification:** The Regional Council determined the funding per student to be approximately \$2,000 per student per year. This was determined using the estimated cost per student of \$1,600, plus an additional \$400 bonus was added for each student.

**Strategy 5: Collaborate on a regular basis with other Regional Councils in Maricopa County to enhance the coordination and communication of services, programs, and resources for young children and their families across Regions.**

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

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

There are six components to this strategy:

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

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

**Key Measures**

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.
- Total number and percentage of public and private partners' who report they are satisfied with the extent and

quality of coordination between public, private, and tribal systems.

**Target Population:**

Regional Council Members throughout Maricopa County, service providers, policy makers, local business, faith based community, nonprofit community, philanthropic organizations, local governments, community based organizations, schools, service organizations, and families.

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

**Performance Measures SFYs 2010 – 2012**

1. Development of a mechanism for service coordination.
2. Number of MOUs with public and private organizations/strategic target.
3. Amount of grant and donation dollars obtained for achievement of Regional strategies/ strategic target.
4. Number of families represented at Southwest Regional Partnership Council meetings/strategic target.
5. Number of partners satisfied with quality of coordination/strategic target.

- How is this strategy building on the service network that currently exists:  
 Efforts at the state level will strengthen the ability of Regional Partnership Councils to achieve their goals and build a statewide comprehensive system of cross-coordination. Agencies that are currently providing services will be asked to participate in information and resource sharing.

- What are the opportunities for collaboration and alignment:  
 Regional Partnership Councils will collaborate and work together with service providers, key community leaders, and families to develop a mechanism for seamless service delivery and coordination within Maricopa County.  
  
 Regional Partnership Councils will collaborate to problem solve and find solutions for Countywide issues that could not feasibly be addressed at the local level.  
  
 Regional Partnership Council Members will work together to share expertise.  
 Councils will collaborate to secure additional funding to support First Things First Goals.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 55,000.00
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**Budget Justification:**

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

**Strategy 6:** Provide oral health screenings by a trained oral health provider in child care facilities as well as other community settings, apply fluoride varnish, coordinate referrals for follow-up treatment and provide oral health prevention information for parents and caregivers.

Results from the region's Needs and Assets Report indicated that untreated tooth decay in children ranges from 14% in Goodyear to 49% in Tolleson.

This strategy would provide oral health screening in child care facilities as well as other community settings, by a trained oral health provider to identify oral health needs, apply fluoride varnish and refer for follow-up treatment as indicated. Local dental health providers who use a dental home model would serve as contact points for referrals for follow-up and treatment. The use of a hygienist affiliated with the dental home could provide the fluoride varnish and screening.

Agencies awarded funding would work with regulated and licensed child care settings in the region to provide oral screenings and fluoride varnish to enrolled children under the age of five years. They would also provide oral health education for parents of enrolled children and child care staff, including implementing tooth brushing programs in the child care settings.

The effectiveness of fluoride varnish when applied to young children is a proven intervention when properly applied to reduce the incidence of dental caries (tooth decay) in young children.

The American Academy of Pediatrics recently announced their recommendation for the need of an oral assessment, including anticipatory guidance and establishment of a dental home for children one year of age deemed at risk<sup>1</sup>. This parallels earlier recommendations by the American Academy of Pediatric Dentistry<sup>2</sup>, the American Dental Association and the Arizona Academy of Pediatric Dentists<sup>3</sup> calling for the first oral examination by one year of age. These recommendations reflect a growing knowledge of the need for early intervention and treatment of oral disease as well as understanding that oral health is an integral part of overall health.

Dental disease "...is one of the most common childhood diseases..."and "...is five times more common than asthma..." according to a report from the Surgeon General in 2000.<sup>4</sup> Although there is a higher incidence in low socio-economic populations and certain cultural groups, it is found across all segments of our society.

The Centers for Disease Control and Prevention (CDC) reports that "Dental decay is one of the most common chronic infectious diseases among U.S. children."<sup>5</sup>

In Arizona, 35% of 3-year old children and 49% of 4-year old children were found to have dental caries ( a transmissible bacterial infection) in a survey of preschool children conducted by the Arizona Department of Health Services, Office of Oral Health.<sup>6</sup>

1American Academy of Pediatrics: [www.aap.org](http://www.aap.org)

2American Academy of Pediatric Dentistry: [www.aapd.org](http://www.aapd.org)

3Arizona Academy of Pediatric Dentists policy statement, page 7

4 US Dept. Health and Human Services. Oral Health in America: A Report of the Surgeon General

5 Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

6 Arizona Dental Survey of Preschool Children, (1994-1995). Arizona Department of Health Services, Offices of Oral Health

**Lead Goal.** FTF will collaborate with existing AZ early childhood health systems to improve children’s access to quality health care.

**Key Measures**

-Total number and percentage of children receiving appropriate and timely oral health visits.

**Target Population:**

The strategy will target the population of families in our region with children ages 0 through five.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	5,000 children	5,000 children	5,000 children

**Performance Measures SFYs 2010 – 2012**

- Total number of children screened for tooth decay
- Total number of children receiving fluoride varnish
- Total number of parents and caregivers receiving oral health prevention education

- How is this strategy building on the service network that currently exists:  
 Coordination with local dental health providers will be a key factor for this strategy. The Regional Council will seek partnerships from local county health department, community health centers, and local dental providers, as well with child care settings.

- What are the opportunities for collaboration and alignment:  
 The Regional Council has already identified a local Dental Provider who is addressing this needs among local child care facilities on a limited basis, this strategy will seek to enhance this practice and will increase the number of providers targeting the 0-5 population. Support and training would be provided to a dental office that does not currently examine children under the age of three to expand their services to examining infants/toddlers and young children with special needs for oral health.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 130,000.00
<p><b>Budget Justification:</b></p> <p>\$20,000 for fluoride varnish to targeted number of children: Estimated at \$105.00 per hour for 30 children requiring 190 hours. Cost includes supplies; this does not take into account any case management by the hygienist for follow-up on referrals, but just the varnish application alone. It also includes an assistant for the hygienist</p> <p>\$50,000 for parents and child caregiver’s oral health prevention classes including educational materials</p> <p>\$35,000 for coordination of referral services</p> <p>\$25,000 for materials to include toothbrushes, floss and tooth paste for program participants</p>	
<p><b>Strategy 7:</b> Conduct health insurance outreach and enrollment assistance for eligible children in both metro and rural areas of the region.</p> <p>Children without medical insurance have a hard time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.<sup>1</sup></p> <p>Despite advertising and outreach efforts to enroll uninsured children in the region, as many as half of children birth-5 <u>who are qualified</u> for insurance coverage remains without insurance. To cover those remaining families, enrollment efforts must be brought to the places where hard-to-reach families congregate.</p> <p>The strategy proposes to increase the number of children with health insurance is outreach and enrollment assistance in public health insurance programs. This strategy will build on and enhance existing efforts and will be launched in partnership with community-based organizations serving areas of the region where the uninsured are likely to reside or seek out other services. Families up to 200% poverty level will be urged to enroll in available public health insurance programs.</p> <p>Furthermore, the outreach efforts will also focus on educating parents about the importance of taking their children to the doctor regularly and receiving timely preventative health care for their children. The Southwest Maricopa Regional Council understands the importance of working with the health care organizations in the region to increase utilization of preventative health care.</p> <p>1.A 2007 report estimated a total of 6,546 children 0-9 ages uninsured children in our region. Arizona Health Query, as reported in Johnson, Dr. William G., et al. Health Insurance in Arizona.</p>	
<p><b>Lead Goal.</b> FTF will collaborate with existing AZ early childhood health systems to improve children’s access to quality health care.</p> <p><b>Goal:</b> FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.</p>	
<p><b>Key Measures</b></p> <p>-Total number and percentage of children with health insurance.</p>	

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

-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.

**Target Population:**

The strategy will target the population of families in our region with children ages 0 through five who are likely to qualify for public health insurance, yet are currently uninsured. Additionally, the target population includes the three areas of the Region where the number of "qualified but not insured" children is reported to be the highest: zip codes: 85323, 85326, and 85337.

Proposed Service Numbers	SFY2010 July 1, 2009 – June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
		500 eligible families with face to face encounters	500 eligible families with face to face encounters
<b>Performance Measures SFYs 2010 – 2012</b> -Total number of children with health insurance / Proposed service number -Total number of children with health insurance / Actual service number -Total number of children with health insurance under 200% poverty level			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:                              This strategy will provide the opportunity to build on the work that has taken place and promote a consistent effort to enroll children on AHCCCS or KidsCare.</li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:                              Current collaboration includes organizations that have provided outreach and enrollment assistance through community health clinics, hospitals and emergency rooms and social service agencies.                               The Southwest Maricopa Regional Partnership Council will work with AHCCCS and the State Department of Health to promote coordination. Furthermore, as more children are enrolled in Medicaid or KidsCare there will be an increase in the number of children receiving their well child visits and preventative health care. However it is likely that the Southwest Maricopa Region will still have less than 75% of its young children receiving the recommended number of well child visits and preventative health care. The funding proposed for outreach in this area will also be used to educate parents about the importance of taking their children to the doctor regularly and receiving timely preventative health care for their children. The Southwest Maricopa Regional Council understands the importance of working with the health care organizations in the region to increase accessibility for families.                               The proposed strategy would require the grantee(s) to convene an advisory group to develop a plan to identify current outreach and enrollment activities, develop a plan to coordinate with these efforts, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy</b>			
Population-based Allocation for proposed strategy		\$ 120,000.00	
<b>Budget Justification:</b> Since the region is the largest among the Maricopa regions, the budget will be divided equally to address enrollment efforts in the metropolitan area of the region as well as the rural to include Buckeye, Gila Bend and Tonopah communities. Each will receive \$60,000 for enrollment efforts; this will include materials, mileage cost for travel			

throughout the region and support systems for the enrollment process.

**Strategy 8: Expand the number of children receiving developmental screenings through the implementation of an early childhood development consultation model in child care programs and by providing training to pediatricians, family practitioners and primary care physicians and staff.**

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

According to the Center for Disease Control and Prevention, developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. It can allow for earlier detection of delays and improve child health and well-being for identified children.

Developmental screening can be done by various professionals in healthcare, home, community, or school settings, regardless; many children are not being screened and developmental delays are not being identified early. In the United States, 17% of children have a developmental or behavioral disability such as autism, mental retardation, and Attention-Deficit/Hyperactivity Disorder<sup>2</sup>. In addition, many children have delays in language or other areas, which also impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missed.<sup>2</sup>

**A: Early Childhood Development Consultation Model:**

On-site consultation with an early childhood development trained professional can provide helpful assistance to support early childhood providers and build staff capacity in caring for children. This type of consultation may also reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The role of the trained professional is to provide training and education to early care and education providers on utilization of developmental screenings including how to care and support children with developmental needs and concerns, establish a learning environment that supports young children and meets their individualized needs, and assists providers and parents with appropriate information and referrals to early intervention systems and community based services and supports. The end result for children is early identification of developmental delays and concerns, child care programs that are able to support and provide the appropriate early care and education to address children's developmental needs and therefore establishing a stable environment for the child, family and child care provider.

Research shows that childhood development consultation delivered in typical early childhood settings is an effective preventive intervention that addresses developmental problems in early childhood.

**Program Components**

- Early care and education providers have access to an early childhood developmental professional
- Comprehensive Developmental Screening of children in child care settings
- Modeling for center staff

- Ongoing training and consultation to enhance the skill level of child care providers on early childhood development and techniques and resources that address developmental and health needs of children.
- Service coordination mechanism—working with center staff, families, medical providers and children who have been determined to have special developmental, healthcare needs, to insure seamless coordination of care and services.
- Parent/staff sessions on brain development, developmental stages and behavioral management

The early childhood developmental professional is an expert in early childhood development and works collaboratively with the early care and education providers, public entities, and community based agencies to support the healthy development of young children. This model therefore has the potential of increasing the coordination and collaboration among early care and education, and the health care system.

This strategy would combine several proven models to insure that children receive developmental screening, early intervention and appropriate medical care. Parents would receive support through linkages to community resources, parenting education (literacy, behavior support, etc), and other necessary supports. With the coordination of multiple supports, this comprehensive approach will support parents and build on their abilities to nurture the physical and intellectual development of their children.

The Southwest Maricopa Regional Partnership Council recognized the need for comprehensive prevention, and screening services, and the role those services have on school readiness. For this reason, the Southwest Maricopa Regional Partnership Council has adopted a strategy to support, enhance, and when appropriate, implement new innovative programs that provide developmental screenings and prevention information and education activities in the Southwest Maricopa Region.

**Research Information:**

US Department of Health and Human Services, Substance Abuse and Mental Health, *“Starting Early Starting Smart” Accessing Costs and Benefits of Early Childhood Intervention Programs* [www.casey.org](http://www.casey.org) or [www.samhsa.gov](http://www.samhsa.gov)

Gilliam, Walter S. PhD, Yale University Child Study Center, *“Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems, May 2005*

Jewish Family and Children’s Services, *The Early Childhood Mental Health Project-Child Care Center Consultation in Action*, [www.jfcs.org](http://www.jfcs.org) 2002-2003

Center for Prevention & Early Intervention Policy, *Mental Health Consultation in Child Care and Early Childhood Settings*, June 30, 2006

**B: Training for pediatricians, family practitioners and primary care physicians and staff**

Children’s good health begins prenatally and continues with access to ongoing, high-quality preventive, primary and comprehensive health services. Well-child medical and dental care is fundamental to the system of ensuring children are healthy and ready for success. A key indicator of high-quality and comprehensive health care includes developmental and health screenings for the early identification of children who may need additional supports to reach their optimal growth and development. Consequently, a key finding in a report by Sices (2007) indicated that most pediatricians and primary care physicians rely on “...informal developmental milestones and their clinical impressions” to monitor for appropriate child development. Data suggest that a full year passes between the time a parent first forwards a concern and eventual assessment and treatment (Sices, 2007). Both the American Academy of Pediatrics as well as recommendations from a report by the Commonwealth Fund indicate that increasing the use of a standardized and structured developmental screening would improve early detection of developmental concerns.

The Southwest Maricopa Regional Partnership Council will expand the availability of training to pediatricians, primary care physicians and staff in order to better prepare them to implement quality developmental screenings. Initially, the Regional Council desires to coordinate their efforts with other regions to host a conference or training in this area. According to health providers in the Southwest Maricopa Region, there is a need to improve the education of the health care staff in the area of developmental screenings. Health care physicians are required to receive 40 hours of CME (Continuing Medical Education) to retain their Arizona Medical Board Certification. This is an opportunity to develop communication and networking among regional health care physicians through an annual medical conference focused on early childhood health and development. In addition, this strategy will enhance specialized skills of the health workforce to promote the healthy development of young children through developmental screenings. One of the best ways to reach health care professionals is during initial and ongoing education and training. Other health care staff as well as physicians will be invited.

**Strategy Components**

- Plan and develop an annual early childhood development and health medical conference in collaboration with other interested regions. (possibly Pinal, other Maricopa and Phoenix regions)
- Implement an annual early childhood development and health medical conference
- Conference evaluation
- Convene a regional health advisory committee for planning of upcoming conferences

More information is needed to fully understand the educational needs and information of the health care professionals. Therefore, the Regional Council is recommending that the grantee conduct a health care provider survey for the collection of data, processing, and/or outcome report.

Using this mechanism to train physicians and their staff to do quality developmental screenings will ensure that children using a medical home have access to prevention services and screenings in a timely manner.

Reference

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

<sup>2</sup> Center for Disease Control and Prevention. (2005). *Child Development: Developmental Screening*. [www.cdc.gov](http://www.cdc.gov)

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

**Goal:** FTF will expand use of early screening in health care settings to identify children with developmental delay.

**Goal:** FTF will advocate for timely and adequate services for children identified through early screenings.

**Key Measures**

-Ratio of children referred and found eligible for early intervention.

-Percentage of families with children birth through age five who report they are satisfied with the accessibility of

information and resource on child development and health.

-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being.

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

-Percentage of children receiving appropriate and timely follow-up / intervention services.

**Target Population:**

A: The strategy will target children in our region ages 0 through five by working with child care and early education programs across the region.

B: Target population will include physicians and staff for further training.

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

**Performance Measures SFYs 2010 – 2012**

- Increase in number of centers with access to consultants

- Increase in the number of children who receive developmental screening.

-Number of children receiving coordination of early intervention services between family, center, and health professionals.

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

The goal is to build a comprehensive system that provides multiple points of entry to identify and provide coordination of care for children to insure that they are healthy and ready to succeed in school. This is one point in an overall strategy to create an interconnected system to serve children birth to five. This strategy utilizes the existing child care and early education programs to identify and provide comprehensive intervention for children with developmental or other health issues. Current programs include AHCCCS, Kids Care and various community clinics. Southwest Maricopa region lacks the ability to coordinate efforts allowing children and families to access the various resources in the area; parents are often unaware of the array resources available to them and often do not get the care and support need.

• What are the opportunities for collaboration and alignment:

This is an opportunity to create a bridge between existing child care and early education programs with the medical, social services, schools and other services in the community. Service coordination will help families to better utilize the networks already in place. There are opportunities to coordinate with resources already in place and build partnerships with clinics, community resources and programs. Possible collaboration with other Regional Partnership Councils to leverage resources.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 240,000.00
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**Budget Justification:**

Screenings and follow up: \$200,000.00

Developmental Screening Training for pediatricians, primary care physicians and staff: \$40,000. The Regional Council will collaborate with other participating Regional Councils (Pinal: \$15,000, Central Maricopa - \$30,000, Northwest Maricopa–TBD)) to host conferences or trainings devoted to developmental screening training.

**Strategy 9:** Working in partnership with the Regional Partnership Councils and FTF Board, implement a community awareness and mobilization campaign to build the public and political will necessary to make early childhood development and health one of Arizona’s top priorities

Specifically the Southwest Maricopa Regional Partnership Council will focus on the following:

- Engage families, community organizations, business, faith-based organizations, and medical institutions in community mobilization efforts to promote early childhood development and health in the region.
- Advocate for public policy change and increased resources on behalf of young children and their families.

The Southwest Maricopa Regional Partnership Council recognizes the importance and effectiveness of working in partnership with the Regional Councils and FTF Board, speaking with one unified voice for young children to mobilize the community around a call to action. The council will determine the mechanisms most appropriate for this region to deliver the messages as developed from the statewide communications plan, raising the community’s awareness, and enlisting individuals as champions for early childhood development and health.

“The problems facing our children aren’t local, state, or even national issues. They’re American issues—and they impact us all. As you go forth and promote investments in early childhood, it is critical that in order to get the most receptive audience, you relate what specifically you are talking about to how it is an American issue that affects us all.”<sup>1</sup>

Furthermore, communications is among the most powerful strategic tools to inspire people to join the early childhood development and health movement, convince policymakers, foundations and other leaders to prioritize the issues, and urge the media to accord it public attention. Every choice of word, metaphor, visual, or statistic conveys meaning, affecting the way these critical audiences will think about our issues, what images will come to mind and what solutions will be judged appropriate to the problem. Communications defines the problem, sets the parameters of the debate, and determines who will be heard, and who will be marginalized. Choices in the way early child development is framed in general must be made carefully and systematically to create the powerful communications necessary to ensure that the public can grasp the recommendations of early childhood experts and the policies proposed.<sup>2</sup>

The council also acknowledges that the development of this strategy in full is not complete and is committed to working with the Regional Councils and FTF Board to further define the community awareness and mobilization effort. The Southwest Maricopa Regional Partnership Council believes that this strategy is critical to the success of FTF in order to sustain the services and supports children need over time and will set aside \$25,000 each year.

<sup>1</sup>Luntz, Maslansky Strategic Research Analysis (2008). Communicating About Children. *Big Ideas for Children: Investing in Our nation’s Future* (pp.226-235). First Focus.

<sup>2</sup> FrameWorks Institute (2005). Talking Early Child Development and Exploring the Consequences of Frame Choices.

**Lead Goal.** FTF will expand public awareness of and financial and political support for early childhood development and health efforts in the region.

**Key Measures**

- Total number and percentage of SW region residents who report that early childhood development and health are important.
- Total number and percentage of SW region residents who identify themselves as strong supporters of early childhood and health matters.

**Target Population:**

The strategy will target the population of families in our region with children ages 0 through five, providers, business community, local governmental agencies, educators, and local media outlet.

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

**Performance Measures SFYs 2010 – 2012**

TBD

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

The statewide communications plan has specific goals that can be enhanced with additional funding regionally. Materials and information can be disseminated through existing agencies, child care centers, schools and clinics. Other agencies, such as Valley of the Sun United Way, have awareness campaigns for early childhood education and health – collaborations will be encouraged.

- What are the opportunities for collaboration and alignment:

A collaborative effort with other regions to strategically roll out the campaign will be developed. Regions have already begun discussions in developing partnerships and investigating ways to pool resources.

**SFY2010 Expenditure Plan for Proposed Strategy**

Population-based Allocation for proposed strategy	\$ 50,000.00
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**Budget Justification:**

The Regional Council’s goal is to reach the community through print, TV, and radio news stories. Letters to the editor, video news releases and public service announcements will be considered as well. The RPC may fund the cost materials and media spots developed at the state level. Costs of such are yet to be determined.

The state communications team will provide:

- Professional support (media relations, strategic messaging and communication and graphic design).
- Collateral library files – templates for localized materials and custom projects.
- Strategic messaging (speeches, presentations)
- Training (media relations, presentations, effective communications, strategy for communication campaigns)

The council will work collaboratively with the communications team and other Regional Partnership Councils on press releases, story ideas for reporters, interviewing tips and training.

The first six months will be spent developing a marketing/communications plan. The Regional Partnership Council will work closely with the state communications team and possibly hire a marketing/communications consultant or grad student to develop the plan and implementation techniques.

Additional efforts will be made to leverage funding from private donors and businesses to produce materials in other languages and make this available to non-English speaking residents of the region.

Preliminary figures indicate that 1-3% of a regional allocation would be adequate to support this strategy.

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

<b>Revenue</b>	
Population Based Allocation SFY2010	\$1,807,981
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1 Family Support	\$387,981
Strategy 2 Quality First	\$445,000
Strategy 3 Professional Development	\$147,000
Strategy 4 T.E.A.C.H.	\$208,000
Strategy 5 Coordination in early childhood system development	\$55,000
Strategy 6 Health, Decrease tooth decay among children 0-5	\$130,000
Strategy 7 Health, Increase outreach and enrollment in public health insurance	\$120,000
Strategy 8 Health, Increase early intervention screenings	\$240,000
Strategy 9 Increase Public Awareness	\$50,000
Regional Needs & Assets/Evaluation	\$25,000

<b>Fund Balance (undistributed regional allocation in SFY2010)</b>	\$0
<b>Grand Total (Add Subtotal and Fund Balance)</b>	\$1,807,981

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

<b>Fund Balance (carry forward from previous SFY)</b>	N/A	\$0	\$0	
<b>Expenditure Plan</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>Total</b>
Strategy 1 Family Support	\$387,981	\$387,981	\$387,981	\$1,163,943
Strategy 2 Quality First	\$445,000	\$445,000	\$445,000	\$1,335,000
Strategy 3 Professional Development	\$147,000	\$147,000	\$147,000	\$441,000
Strategy 4 T.E.A.C.H.	\$208,000	\$208,000	\$208,000	\$624,000
Strategy 5 Coordination in early childhood system development	\$55,000	\$55,000	\$55,000	\$165,000
Strategy 6 Health, Decrease tooth decay among children 0-5	\$130,000	\$130,000	\$130,000	\$390,000
Strategy 7 Health, Increase outreach and enrollment in public health insurance	\$120,000	\$120,000	\$120,000	\$360,000
Strategy 8 health, Increase early intervention screenings	\$240,000	\$240,000	\$240,000	\$720,000
Strategy 9 Increase Public Awareness	\$50,000	\$50,000	\$50,000	\$150,000
Regional Needs & Assets/Evaluation	\$25,000	\$25,000	\$25,000	\$75,000
<b>Subtotal Expenditures</b>	<b>\$1,807,981</b>	<b>\$1,807,981</b>	<b>\$1,807,981</b>	<b>\$5,423,943</b>
<b>Fund Balance (undistributed regional allocation)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Grand Total</b>	<b>\$1,807,981</b>	<b>\$1,807,981</b>	<b>\$1,807,981</b>	

The Southwest Maricopa Regional Partnership Council is excited to see the three year budget plan, but recognizes that many factors will determine actual allocations for years two and three. The Regional Council recognizes that while the area is experiencing slow economic activity and growth at the moment, at the time of economic recovery in the county, this area is targeted for rapid growth as it has been the trend until recently. Therefore the council has determined to base the projected budget on level funding for the next three years. Should additional money become available the council will reevaluate the goal of developing an early childhood system and direct the additional money into programs that are showing the most promise or to fill gaps in the system identified by the evaluation process and ongoing Needs and Assets data collection. The Regional Council also acknowledges the need to identify outside funding, or to align or leverage existing funding streams which already come to the families and children in the area as it has been indicated throughout the funding plan with local cities and governmental agencies as well as with the Northwest Maricopa Regional Partnership Council.

#### **V. Discretionary and Public/Private Funds**

- Based on SFY2010 and three year expenditure plans provide recommendations for use of discretionary funds and/or plans to raise public or private dollars for Regional Council's strategic plan.

The Southwest Maricopa Regional Partnership Council has identified one recommendation for discretionary funding that will address a service gap and expand capacity to serve more children and families.

**NEED:** Quality, center-based care exists in the region, but it is not always at capacity. In other cases, quality care does not exist at capacity or is difficult to access. As more early care and education programs enhance their quality through the efforts of FTF, the cost of quality may be passed on to consumers in the form of higher co-pays or fees. It is important to understand whether financial barriers are the reason why families are or are not choosing to enroll their young children in high quality care, and if differences in parental choices exist based upon income, ethnicity, or regional characteristics. If financial barriers are a factor affecting access to quality, it is critical to understand how care can best be made more affordable to families, and how financial assistance can best be directed.

#### **Participating in a Pilot Study:**

To further develop understanding of how best to increase access and affordability to quality early care and education, a **pilot study** of multiple cost reduction or support strategies is proposed with the Regional Councils that have identified this strategy within their funding plans. Information gleaned from the study will help inform future strategy development for the regions. For example, if a critical issue is perception of quality, more resources may be targeted towards public awareness campaigns versus financial assistance to families

Southwest Maricopa Regional Partnership Council will work in partnership with the FTF evaluation division and an external contractor(s) to design and implement this pilot study. Participating in the study would require the councils to allocate **\$80,000-\$120,000 per year for three years** which enables

the inclusion of a **regionally located center or home** in the pilot and the cost of the evaluation. Centers or homes must meet specified conditions to participate (including participation in all aspects of the study and participation in a quality improvement effort). Additional funds may be allocated to increase the number of centers/homes or families/children participating per region.

This allocation provides for:

- The administration of the pilot study and distribution of financial support
- Financial assistance for centers/homes and/or families
- Interviews with community members to establish need/demand as well as impact

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

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

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

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