

YAVAPAI REGIONAL PARTNERSHIP COUNCIL
FUNDING PLAN
July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

The Yavapai Regional Partnership Council began its Strategic Planning process in August 2008. The Regional Council reviewed the needs and assets of the region, taking into consideration the regional needs and assets report, community input, expertise and experience of leadership and key stakeholders in the region, and community reports and data. From this review the Regional Council identified the priority needs to be addressed with First Things First funding.

I. Regional Needs and Assets

According to the 2008 Yavapai Regional Needs and Assets Assessment, there are approximately 12,730 children, birth to 5 years of age, living in the Yavapai Region. Children comprise 6 percent of the total population. Many babies are born at-risk due to their mother's young age, lack of adequate prenatal care, low educational attainment and economic status. The percentage of births to teen mothers in Yavapai County has averaged 14 percent during the last five years, which is over the state average of 12 percent. In the Yavapai Region, 64 percent of births in 2006 were paid for by a public source. Statewide, 54 percent of births are paid for by a public source.

While much of the Yavapai Region has the appearance of affluence, poverty is as prevalent as in the rest of the state and the nation. Median household income for Yavapai County in 2006 was \$40,649 which was about 15 percent less than the median income (\$47,265) for Arizonans in general. Nine percent of all families in the region live in poverty with income that is less than 100 percent of the Federal Poverty Level. However, in families with children under the age of 5, 26 percent live in poverty. In the region, 20 percent of all children under the age of 5 live in poverty.

The most at-risk families have access to several high-quality home visiting programs currently operating in the region. These programs, however, are only able to serve a small portion of eligible families. While there are numerous parenting education programs, there is no mechanism to ensure that at-risk populations receive the information they need. Coordination among these family support programs is lacking due to limited resources.

There are too few quality early care and education programs in the region. Only six early care and education programs in the region are accredited. This represents only 7.7 percent of total licensed / registered centers. Statewide, 22 percent of early care and education centers are accredited.

Access to services is limited for a large number of people because of transportation issues. The Yavapai Region is geographically large, measuring over 100 miles in length and width at its extremes. There are a limited number of transportation corridors due to the large amount of vacant Federal and State land. Travel within the region is affected by distances between communities, terrain, and weather. Individuals living outside the more populated communities have to travel significant distances to access services. Public transportation is lacking throughout the region, even in the larger cities and towns. Therefore, even travel within populated areas is difficult for some residents who lack personal transportation.

There are many challenges and opportunities in the Yavapai Region related to ensuring that all children are healthy and ready for success. The Yavapai Region is challenged with the following predominant issues:

- Transportation and geographic distance hinders access to services;
- There are too few quality early care and education centers;
- There is inadequate access to early care and education settings for infants, toddlers, children with special needs, children living outside population centers and children needing services outside of normal operating hours;
- At-risk families do not all receive the family support they need;
- Parents have limited knowledge regarding child health and development;
- Families have limited awareness of existing programs and services;
- Families struggle with economic issues associated with a high cost of living, low-paying jobs and a lack of benefits; and
- There is a need for more collaboration among service providers.

Prioritized Needs:

Based upon all of the available information about needs and assets in the region, the Yavapai Regional Partnership Council identified and prioritized the following needs to address in the next three year period:

1. There is not enough quality care for infants and toddlers.
2. Many parents do not have the information they need to be the best parents possible.
3. Existing programs do not have the capacity to serve all of the families that qualify or need their services.
Child care providers lack professional training.
There is little public awareness of existing programs.
4. There is a high level of teen pregnancy in the region and a need for teen parent support.
There is a need for child abuse and family violence prevention services.
There is a need to support families to improve their children's health care, including access to health insurance, dental care, preventative care, etc.
There is a lack of Child Care Resource and Referral in the region.
5. There is not enough quality child care available throughout the region.
There is not enough quality child care available for children with special needs throughout the region.
There is a lack of infant/toddler mental health consultation services available. There is inadequate public awareness of infant/toddler mental health.
6. Support for infants and toddlers in foster care is lacking.
Paraprofessionals require education regarding child social, emotional, and physical development.

II. Prioritized Goals and Key Measures

During the second phase of strategic planning, the Yavapai Regional Partnership Council aligned the identified needs with the appropriate First Things First Goals and Key Measures. Those needs with similar themes were grouped together, resulting in the needs associated with family support ranking

highest, followed by the needs associated with quality and access, support for infants and toddlers in foster care, public awareness and professional development. Based on this regrouping, the Goals in priority order are as follows:

NEEDS:

- Many parents do not have the information they need to be the best parents possible.
- Existing programs do not have the capacity to serve all of the families that qualify or need their services.
- There is a high level of teen pregnancy in the region and a need for teen parent support.
- There is a need for child abuse and family violence prevention services.
- There is a need to support families' to improve their children's health care, including access to health insurance, dental care, preventative care, etc.
- There is a lack of infant/toddler mental health consultation services available. There is inadequate public awareness of infant/toddler mental health.

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

Key Measures:

- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.

NEEDS:

- There is not enough quality care for infants and toddlers.
- There is not enough quality child care available throughout the region.
- There is not enough quality child care available for children with special needs throughout the region.

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

Key Measures:

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

- Number and percentage of early care and education programs with access to a Child Care Health Consultant.

NEEDS:

- Support for infants and toddlers in foster care is lacking.

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

Key Measures:

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.

NEEDS:

- There is little public awareness of existing programs.

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

Key Measures:

- Percentage of Arizonans who report that early childhood development and health issues are important.
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- 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.

NEEDS:

- Child care providers lack professional training.
- Paraprofessionals require education regarding child social, emotional, and physical development.

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

III. Strategy Selection

During the third phase of Strategic Planning, the Yavapai Regional Partnership Council and community experts worked together to develop the strategies that would most likely reduce the needs identified.

Strategies were presented, clarified and refined to represent the most viable options available. During phase three, further work to define implementation considerations and costs associated with the strategies was accomplished. During this phase, the Regional Council developed their funding philosophy, which states:

The Yavapai Regional Partnership Council will build an early childhood system that:

- Mobilizes the community around young children;
- Improves the way early childhood service providers operate and work together;
- Supports collaboration that improves outcomes for young children and provides a benefit to participants; and
- Responds to unmet early childhood system needs within the region.

Strategies in Support of Improving Family Support: Goal 11

- I. Develop and maintain a Family Support Collaborative consisting of a Parenting Education Coalition, Home Visiting Coalition, and Child Care Provider Coalition, for the purpose of increasing collaboration among family support programs and increasing awareness of parenting resources.
- II. Provide effective family support to parents of children 0-5 by expanding parenting education programs, expanding and coordinating home visiting programs and providing outreach and enrollment assistance for public health insurance.
- III. Expand access to Health-E Application by supporting community enrollment assistance centers so more families will enroll in and retain public health insurance and other public benefits for their young children.

Strategies in Support of Improving Quality and Access: Goal 1

- I. Expand access to high quality infant and toddler care.
- II. Ensure access to quality early care and education by providing funding to early care and education providers serving low-income families to provide scholarships.
- III. Increase quality early care and education by increasing access to child care health consultation.
- IV. Increase quality early care and education by increasing access to mental health consultation.
- V. Expand participation in *Quality First!*, Arizona's Quality Improvement and Rating System.
- VI. Conduct a comprehensive Child Care Study.
- VII. Expand Head Start in the region.

Strategies in Support of Improving Health and Wellbeing of Children in Foster Care: Goal 11

Improve overall health and development of high-risk infants/toddlers in foster care.

Strategies in Support of Improving Communications: Goal 15

Increase awareness about early childhood development and health, FTF, and programs and services available to families in the region.

Strategies in Support of Improving Professional Development: Goal 8

Expand TEACH scholarships beyond those provided through participation in *Quality First!*

Strategy Worksheets

Strategy #1: Develop and maintain a **Family Support Collaborative** consisting of a Parenting Education Coalition, Home Visiting Coalition, and Child Care Provider Coalition, for the purpose of increasing collaboration among family support programs.

The goal of the Family Support Collaborative is to ensure that all families have the information and support they need to be effective parents by creating a coordinated network of services. Currently there is no mechanism to coordinate services, identify and address gaps in service, reduce duplication, or ensure that families are referred to the services that best fit their needs.

The Yavapai Region has a number of effective programs. However, the services are not coordinated. Programs are provided by numerous organizations and may have different eligibility requirements, enrollment processes and outreach efforts. There is a lack of knowledge about what is available. The Family Support Collaborative provides the mechanism for parenting education programs and home visiting programs to develop comprehensive service systems. It will also provide the forum for child care providers to begin to meet and develop strategies for improvement.

The Collaborative will meet at least quarterly. The Collaborative will be charged with making a report to the Yavapai Regional Partnership Council within 6 months and annually thereafter of the existing family support services, gaps in service (taking into consideration availability of services by location and to all target populations) and recommended improvement strategies. It is envisioned that within the Collaborative there will be sub-committees to address service coordination within particular service sectors. The following sub-committees or coalitions will be developed:

The Parenting Education Coalition will be responsible for coordinating parenting education programs; identifying existing programs and recommending changes so there are programs that address the unique needs of teen parents, families with Court or CPS referrals, families living in outlying communities, and other target populations identified by FTF; and increasing awareness of programs by developing a monthly Parenting Education Calendar. These activities will result in improved coordination of parenting education programs currently operating in the region.

In the annual report, the Parenting Education Coalition will identify the communities and target populations that lack access to effective parenting education. The Regional Council will strategically expand parenting education programs to address these identified gaps in service (see Strategy #2). Recipients of First Things First funding to provide parenting education programs will be required to participate in the Parenting Education Coalition.

The Home Visiting Coalition will be responsible for developing a comprehensive home visiting system by convening home visiting program managers, developing methods to coordinate home visiting programs to ensure the needs of the most at-risk families are addressed; coordinating outreach activities; reviewing referrals; and gathering and reviewing data. These activities will result in improved coordination of home visiting programs currently operating in the region.

In the annual report, the Home Visiting Coalition will identify the communities and target populations that lack access to effective home visitation services. The Regional Council will strategically expand home visiting programs to address these identified gaps in service (see Strategy #2). Recipients of First Things First funding to provide home visiting services will be required to participate in the Home Visiting

<p>Coalition.</p> <p><u>The Child Care Coalition</u> will be the forum for bringing child care providers together to identify issues affecting access to quality early care and education and to develop approaches to increase quality and access. Information and recommendations of the Child Care Coalition will be forwarded to the Regional Council as part of the annual report. Participants of the Child Care Coalition will also assist the Regional Council in developing the components of the Child Care Study (see Strategy #10).</p>			
<p>Lead Goal: #11: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.</p> <p>Goal: #13: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.</p> <p>Goal: #14 FTF will collect and disseminate accurate and relevant data related to early childhood development and health.</p>			
<p>Key Measures:</p> <p>Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.</p> <p>Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.</p>			
<p>Target Population (Description of the population to reach):</p> <p>Family support agencies and programs, including parenting education programs, home visiting programs and child care providers.</p>			
<p>Proposed Service Numbers</p>	<p>SFY2010</p> <p>July 1, 2009 – June 30, 2010</p>	<p>SFY2011</p> <p>July 1, 2010 – June 30, 2011</p>	<p>SFY2012</p> <p>July 1, 2011 - June 30, 2012</p>
	<p>1 annual report, 12 parenting education calendars</p>	<p>1 annual report, 12 parenting education calendars</p>	<p>1 annual report, 12 parenting education calendars</p>
<p>Performance Measures SFY 2010-2012</p> <ol style="list-style-type: none"> 1. % of families reporting an increase in parenting knowledge and satisfaction with level of coordination. 2. % of Family Support Collaborative participants / stakeholders reporting an increase in knowledge about other service providers and satisfaction with level of coordination. 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>Currently most family support programs operate independently. While there are many excellent</p>			

<p>programs, there is no coordination among programs. This strategy will bring providers together and provide the structure and support for the development of a service network where one currently does not exist.</p>	
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>By providing consistently scheduled and facilitated Collaborative and Coalition meetings this strategy will create numerous opportunities for parenting education, home visiting and child care providers to collaborate. The meetings will provide the forum for service providers to share information, reduce duplication, maximize resources, and address service gaps. Recipients of FTF funding to provide family support programs will be required to participate in the Family Support Collaborative.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$15,000</p>
<p>Budget Justification:</p> <p>Staffing to support the quarterly Collaborative meetings will come from the FTF Yavapai Regional Office staff. Support will also be provided to Coalition meetings during the start-up phase, with the goal of transitioning Coalition operations to their membership. The budget will support contracting with a facilitator to assist in initial development of the collaborative and in the collection of data for the first Family Support Report, and miscellaneous meeting supplies; and paper, printing and postage associated with distribution of the monthly Parenting Education Calendar.</p>	

Strategy #2: Provide effective **family support** to parents of children 0-5 by expanding parenting education programs, expanding and coordinating home visiting programs, and providing outreach and enrollment assistance for public health insurance.

The Yavapai Regional Partnership Council would like to ensure that every family has the information and support they need to be effective parents. The Regional Council recognizes that for many families, receipt of the *Arizona Parents Kit* will fulfill their need for parenting information and family support. Other families, however, will need more information and greater support. As identified in the 2008 Needs and Assets Report, many babies are born at-risk due to their mother's young age, lack of adequate prenatal care, low educational attainment, and economic status. Additionally, many parents are not well informed about child development and what they must do to support their child's healthy development. Ideally, family support will be provided in a variety of formats to meet the needs of families throughout the region.

Through this strategy, the Yavapai Regional Partnership Council will 1) expand availability of parenting education to those areas and individuals who have limited access, 2) initiate a nurse home visiting program for infants and toddlers in foster care, 3) expand home visiting programs that provide high risk families with information and support before and after their child's birth, 4) increase the effectiveness of home visiting programs by supporting outreach and program coordination efforts, and 5) offer public health insurance outreach and enrollment assistance activities.

Expand parenting 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.¹ 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.²

The Yavapai Regional Partnership Council recognizes the need for family support / parenting education to be available in the community at a variety of venues. Parents should be able to access educational presentations in their community on a variety of child development topics. Additionally, there is a demand from service providers and the court system for community-based parenting education courses to which parents can be referred to address identified concerns and shortcomings. Information about where and when parenting education programs are available needs to be easily accessible by all interested persons. Creation of a monthly Parenting Education Calendar will be accomplished by the Parenting Education Coalition (see Strategy 1). Delivery of additional parenting education curriculum to strengthen parenting skills will occur strategically as a result of this strategy. While research supporting utilization of a parenting education program is important, it should be noted that many programs that lack a formal evidence base may still produce desired outcomes and improvements for participants.³

¹Child Welfare Information Gateway. Parent Education: Issue Brief. www.childwelfare.gov/pubs/issue_briefs/parented/.

²Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September

2005. Coordinated Care Services, Inc.

³ibid.

Expansion of parenting education programs will occur strategically in the region. The Family Support Collaborative will provide a report to the Regional Council that describes existing parenting education services, gaps in service (taking into consideration availability of services by location and to all target populations) and recommended improvement strategies (see Strategy #1). Based on these recommendations, Parenting Education programs will be expanded to fill the identified gaps and recommendations.

This strategy provides an opportunity for existing community-based parenting education programs to expand to rural and underserved areas in the region or to target certain at-risk populations that currently do not have adequate access to parenting information resources. Collaboration among organizations serving families, such as schools, faith-based organizations, early care and education facilities, and even businesses where parents are employed, will be encouraged.

Nurse Home Visiting Program for Infants and Toddlers in Foster Care: The Yavapai Regional Partnership Council has identified the need to provide additional support to infants and toddlers in foster care. With this strategy, the Regional Council will implement a Nurse Home Visiting program specifically targeting very young children (birth – 3 years of age) who have been placed in foster care. Approximately 100 infants/toddlers are placed in foster care in Yavapai County each year.

Infants and toddlers in foster care face far greater risks to their healthy development and future well being than older children in foster care and even babies living in poverty. In addition, many of the infants/toddlers in foster care are born prenatally exposed to drugs (80%), prematurely or with low birth weights (40%) – increasing the likelihood they have a serious or chronic medical condition. More than half have developmental delays or disabilities.⁴

Infants are the largest group of children to enter, remain and re-enter the child welfare system. One-third of infants discharged from foster care re-enter the child welfare system. The strain of meeting the complex health needs of these infants can make it more difficult to manage the daily challenges of parenting. If left undetected and unaddressed, the health needs of infants in foster care can jeopardize not only their healthy development but their prospects for a permanent home.⁵

Through Nurse Home Visitation for infants and toddlers in foster care, the Yavapai Regional Partnership Council intends to respond to the recommendation of the Zero to Three Policy Center, which stated: “Our nation’s courts and child welfare systems are at the front line for linking the new knowledge about infants with child welfare practice. We would move closer to achieving the goal of healthy development and permanency for every infant in foster care if at least one person involved in the court process – one judge, one lawyer, one Court Appointed Special Advocate (CASA), one caseworker – would ask basic questions to spotlight that infant’s needs and integrate those needs with permanency planning efforts.” In the Yavapai Region that one person will be the nurse home visitor.

The nurse home visitor will work closely with Child Protective Services (CPS) and the Court System. Upon referral from a CPS caseworker, the nurse home visitor will initiate services that will include: health and developmental screening of the child, and education and support to caregivers regarding age appropriate health and development. The nurse home visitor will be available, as a health resource, to professionals and resource and biological parents involved in the care of the child. The nurse home

⁴Zero to Three Policy Center. Ensuring the Healthy Development of Infants in Foster Care: A Guide for Judges, Advocates and

Child Welfare Professionals, page 4, January 2004.

⁵ Ibid.

visitor will model appropriate caregiver/child interaction and make referrals to other community resources on behalf of the child. He/she will attend Child Family Team meetings, and other meetings as requested, to represent the health needs of the child, advocate for appropriate medical services, and to improve the understanding of how the child's medical conditions may impact care giving and placement. He/she will provide health-related training to court personnel, CASAs, CPS case managers and resource parents. The nurse home visitor will not replace, but will enhance, the important role of the child's primary care provider. Important health information will be reinforced, practical guidance will be provided in the home setting, and professionals and resource and biological parents will have increased access to medical expertise.

This program will be similar to the Nurse-Family Partnership (NFP) program, a nationally-recognized home visiting program. However, a variation of NFP will be developed because the target population (children in foster care) does not exactly correlate with NFP enrollment criteria which limit participation to first time parents and children younger than two years of age. Additionally, the role of the nurse home visitor as a resource to child welfare professionals and a participant in Child Family Team meetings is not consistent with the Nurse-Family Partnership program.

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

In addition to providing home visiting services specifically to infants and toddlers in foster care, the Yavapai Regional Partnership Council will expand home visiting programs to other high-risk families. The Yavapai Region is fortunate to have three nationally-recognized home visitation programs, Healthy Families, Nurse-Family Partnership and Early Head Start, currently operating in the region. Healthy Families is a nationally-recognized, voluntary service that connects overburdened expectant parents and parents of newborns with free child development assistance in their home. It promotes positive parenting and child health and development, thereby preventing child abuse, neglect and other poor childhood outcomes.⁶ A number of studies have documented that Healthy Families prevents child abuse and neglect.⁷ Nurse-Family Partnership is an evidence-based community health program that partners first time mothers with a registered nurse who teaches positive health and development behaviors between a mother and her baby during ongoing nurse home visits. Thirty years of research indicate the following outcomes: reduction in child abuse and neglect, reduction in emergency room visits for accidents and poisonings, reductions in arrests at child age 15, reduction in behavior and intellectual problems at child age six and fewer convictions of mothers at child age 15.⁸ Additionally, Early Head Start is provided at five Head Start centers throughout the region. Early Head Start provides quality early education, both in and out of the home; parenting education; comprehensive health and mental health services, including services to women before, during, and after pregnancy; nutrition education and family support services. National evaluation has documented the positive impacts on outcomes for

⁶ Healthy Families: Program Facts and Features. www.healthyfamiliesamerica.org/about_us/index.shtml.

⁷ Because You Care...Learn More: Research Spotlight on Success: *Healthy Families America Prevents Child Maltreatment*.

www.healthyfamiliesamerica.org/about_us/index.shtml.

⁸Nurse-Family Partnership: Overview. www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFP_Overview.pdf. low-income families with infants and toddlers, to include: improved cognitive development, receptive language, and social-emotional development for children participating in Early Head Start. Additionally, parents are more emotionally supportive and more likely to read to their children daily.⁹

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

The research literature suggests that the best home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. The primary focus of home visiting services is clearly to promote effective parenting, but, home visitors may also encourage families to enroll in health insurance, receive prenatal care and seek medical care from a consistent medical home. The home visitor works with families to help them obtain necessary life skills that will result in their self-sufficiency, while modeling good parenting skills, and providing education about child development and health.

Within the Yavapai Region, home visitation family support services are provided to a small portion of those families that are eligible and in need of such services. In 2006, Healthy Families served approximately 250 of an estimated 1,100 eligible families. It was estimated that 726 families were eligible for Nurse Family Partnership. Currently 100 are served. Early Head Start is able to serve only 48 infants and toddlers. The Yavapai Regional Partnership Council is proposing to expand and strengthen these programs to serve more families and to improve service quality.

It is expected that home visiting services funded under this strategy will offer a comprehensive program to the families they serve. Specifically, each family should receive information and support in each of the focus areas below:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Health (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)
- Child/Family literacy

Increase Effectiveness of Home Visiting Programs by supporting outreach and program coordination efforts: The services of the home visiting programs operating in the Yavapai Region are not coordinated. The programs are operated independently by several organizations (Yavapai County Community Health Services, Yavapai Regional Medical Center, Verde Valley Medical Center and various

⁹Strategic Goals: Early Head Start, RESULTS. www.results.org/website/article.asp?id=2529.

Head Start centers). Each program has different eligibility requirements, enrollment processes, and outreach efforts. As a result, there is a lack of understanding of available programs by service providers and no assurance that at-risk families are enrolled in the program that is best able to meet their specific needs.

Even though it is well documented that many at-risk families are not served, the home visiting programs struggle to maintain full caseloads because of ineffective outreach, an overall lack of awareness by other service providers of the benefits of program participation, confusion about differences in eligibility requirements and who to call to get information.

These issues will be addressed by creating a single point of contact (1 for west Yavapai and 1 for Verde Valley) that links the home visiting programs. The goal is to not only provide more home visiting services, but to coordinate home visiting programs to ensure that resources are used effectively and families are enrolled in the program that is best able to meet their needs. Two outreach workers will reach out to service providers and community members informing them about the availability and benefits of existing home visiting programs. Outreach pamphlets that include information about all home visiting programs will be distributed to public places frequented by women with children. The outreach workers will know each program's eligibility requirements and, therefore, be able to screen pregnant and parenting women and assist with enrollment into the most appropriate home visiting program. The outreach workers will participate in the Home Visiting Coalition (a sub-committee of the Family Support Collaborative described in Strategy #1) and will participate in identifying and implementing service improvement measures. The outreach workers will also provide information about other support services for families including information about public health insurance.

Provide Public Health Insurance Outreach and Enrollment Assistance Activities: Approximately 15% of children in the region are uninsured. This represents approximately 2,000 children birth through five years of age. Studies show that 70% of uninsured children are eligible for public health insurance, but are not enrolled. There are a number of barriers that keep parents from enrolling their eligible children in public health insurance. These include: lack of knowledge about available health insurance programs and eligibility requirements, lack of understanding of the importance of obtaining health insurance, and transportation and language barriers. This strategy proposes to increase the number of children with health insurance by providing information to potentially eligible families. Outreach pamphlets will be distributed to public places frequented by women with children. Enrollment assistance will be provided to potentially eligible families.

Children who do not have health insurance typically do not receive routine preventative care and postpone treatment when they are ill. Delayed treatment can result in routine conditions becoming more serious and therefore, more expensive to treat. It has been demonstrated that intensive outreach efforts and application assistance can increase the number of eligible children enrolled in public health insurance programs.

In the Yavapai Region, outreach and enrollment assistance for public health insurance will be accomplished by the two full-time home visiting outreach workers. Additionally, community organizations will have the opportunity, through request for grant application process, to provide

health insurance outreach and enrollment assistance through a variety of strategies they propose.

The Yavapai Regional Partnership Council will build on and enhance existing efforts of community-based organizations that provide services to families who are likely to be eligible for public health insurance. Organizations serving more rural areas of the region or locales where the uninsured are likely to experience more barriers to enrollment will receive preference. Families up to 200% poverty level will be urged to enroll in available public health insurance programs.

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

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

Key Measures:

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

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

Total number and percentage of children with health insurance.

Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.

Target Population (Description of the population to reach):

All families with children, prenatally through age five, with special attention to at-risk families (teen parents, families with Court/CPS referrals, parents in recovery, and others as defined by FTF) and other families who need additional support (first-time parents, those living in under-served locations, Spanish-speaking, special needs children, single parents, fathers, grandparents/relative raising children).

	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	200 additional parents receiving parenting education 100 additional families receiving home visiting 6,000 outreach	300 additional parents receiving parenting education 100 additional families receiving home visiting 6,000 outreach	300 additional parents receiving parenting education 100 additional families receiving home visiting 6,000 outreach

	contacts made 300 people assisted/ health insurance applications completed 200 new children enrolled in KidsCare	contacts made 300 people assisted/ health insurance applications completed 200 new children enrolled in KidsCare	contacts made 300 people assisted/ health insurance applications completed 200 new children enrolled in KidsCare
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Performance Measures SFY 2010-2012

1. # of parents receiving parenting education / proposed service #
2. # of families receiving home visiting services / proposed service #
3. % of families reporting an increase in parenting knowledge and satisfaction with level of coordination.
4. # of outreach contacts made / proposed service #
5. Children aged 0-5 enrolled in AHCCCS or SCHIP in the region/children aged 0-5 living at or below 200 percent of the Federal Poverty Level.
6. Health insurance applications completed by outreach workers and at community locations receiving FTF mini-grants
7. Health insurance applications completed by outreach workers and at community locations receiving FTF mini-grants resulting in enrollment/applications completed

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

This strategy will directly impact the creation of a service network that currently does not exist, while building on successful programs that are operating within the region.

Currently, most parenting education programs operate independently. There is little coordination among programs, resulting in both overlaps and gaps in services. This strategy will build on currently offered parenting education programs to fill the gaps identified by providers participating in the Family Support Collaborative (strategy 1). The result will be a coordinated service network of parenting education classes that meet the needs of families throughout the region.

Similarly, there is no coordination among home visiting programs operating in the region. As a result there is confusion about benefits of program participation and how to apply. Through this strategy, existing, successful home visiting programs will be expanded and linked through a single point of contact (one for the western Yavapai Region, one for the Verde Valley) to build a home visiting service network that will help to ensure that families are linked to the program that is best able to meet their needs. The system will further be strengthened by the inclusion of public health insurance outreach and enrollment assistance provided concurrently with home visiting outreach. This will result in improved service delivery to families through coordination of information and enrollment assistance for both home visitation programs and public health insurance.

Additionally, the Community Outreach and Enrollment Assistance portion of this strategy partners with existing service providers to reach families they already serve with information about public health insurance eligibility.

• What are the opportunities for collaboration and alignment:

This strategy creates numerous opportunities for collaboration. Successful applicants (both home visiting and parenting education) will be required to participate in the Family Support Collaborative

(strategy 1). Through the Collaborative participants will have opportunities to collaborate, reduce duplication, address gaps in service and coordinate service delivery. The outreach workers will further facilitate collaboration among various home visiting programs.

The Nurse Home Visiting Program for Infants and Toddlers in Foster Care aligns directly with Strategy #6 – Court Teams. Much of the information needed to complete the checklist of questions required by the juvenile court judge will be provided by the nurse home visitor. Development of a nurse home visitation program for young children in foster care is a recommendation of the *Best for Babies* court team.

While the Family Support Collaborative (strategy #1) creates the forum for service providers to recommend operational changes that improve the system, Strategy #2 allows for the implementation of those recommendations. Additionally, the outreach workers that provide home visiting outreach and enrollment assistance will also provide public health insurance outreach and enrollment assistance.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	
Expand Parenting Education: \$166,800	\$866,800
Nurse Home Visiting/Foster Care: \$100,000	
Expand Home Visiting Programs: \$450,000	
Home Visiting Coordination (2 FTE): \$140,000	
Health Insurance Outreach/Community Providers: \$10,000	

Budget Justification:

Costs for parenting education programs vary. An amount was recommended that would allow for expansion from what is currently being provided. Funding will be allocated as part of a competitive process, based on strategies identified by the Family Support Collaborative.

The estimated cost of implementing a nurse home visiting program for infants and toddlers in foster care is estimated to be \$100,000, which is consistent with the amount needed to support one professional nurse as a Child Care Health Consultant. It is recommended that this position, while not part of Nurse-Family Partnership, be organizationally aligned with the NFP program. This will allow for administrative and supervisory savings.

Costs for home visiting programs vary. The budgeted amount (\$450,000) was arrived at by assuming an increase of 50 families in both Healthy Families and Nurse Family Partnership with approximate costs of \$3,058 per family for Healthy Families and \$5,000 per family for Nurse Family Partnership. The actual increase in program case loads will be determined through a competitive RFGA process which will be open to all interested providers of home visitation services.

Cost for two full-time outreach workers was estimated at \$140,000 or \$70,000 each (inclusive of salary, ERE, supplies and mileage reimbursement). The administrative entity that will employ and supervise the outreach workers will be determined through a competitive RFGA process.

In addition, \$10,000 is included in the budget to support mini-grants to community organizations to

provide public health insurance outreach and enrollment assistance to potentially eligible individuals. The Regional Council intends to request a \$30,000 federal match from AHCCCS to supplement this funding. If successful in obtaining the match, there will be \$40,000 available to community organizations through this strategy.

Strategy #3: Expand access to high quality infant and toddler early care and education.

The Yavapai Regional Partnership Council has identified that there is a shortage of early care and education in quality settings for infants and toddlers throughout the region. Precise information about the number and availability of infant and toddler care in the region is not well known. A June 2008 Data Report from Child Care Resources and Referral identified 33 family child care providers and 15 child care centers that provide infant and toddler care in the Yavapai region. Nationally, 34 percent of children utilize center-based care. Based on this figure, it can be estimated that approximately 800 infants and 800 toddlers need child care throughout the region. It is clear that the 48 centers and homes identified by Child Care Resource and Referral are not able to provide this level of child care to area families. There is a great deal of anecdotal information from families about the lack of availability of quality infant and toddler care in the region. A Healthy Families case worker reported that a mother of twins had to place her infants with two different providers because of a shortage of infant care.

While some child care providers and centers may be interested in providing care to children 0-3 years of age, many are unable to due to the additional cost associated with higher teacher to child ratios. From a business standpoint, it may be more feasible for an early care and education provider to designate more child care slots to older children which allow larger group sizes and less adult supervision.

The National Association for the Education of Young Children (NAEYC) indicates the following staff to child ratio guidelines:

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria, <http://www.naeyc.org>.

The Department of Economic Security (DES) Market Rate Survey conducted in 2006 reports the following daily cost differences for children in early care and education settings at different ages:

- *Full time care, for a child under the age of one year:* The median daily charge ranged from \$21.60 to \$35.00 across the Arizona districts with a statewide median charge of \$34.00.

- *Full time care, for a child one to two years:* The median daily charge ranged from \$20.00 to \$32.00 across the Arizona districts with a statewide median charge of \$30.00.
- *Full time care, for a child three, four or five years:* The median daily charge ranged from \$19.00 to \$28.00 across the Arizona districts with a statewide median charge of \$26.00.

Another barrier to providing increased care to infants and toddlers pertains to classroom/space size requirements. In a survey conducted by Child Care Resource & Referral in the Central Pima region in November 2008, space was identified as the most significant barrier to providing additional care to infants and toddlers by 32% of 91 centers that responded. While a similar survey of the Yavapai region has not been conducted, it can be assumed that a similar portion of early care and education settings would also identify space as a barrier to providing infant and toddler care.

Renovating pre-existing early care and education settings to increase capacity would address this barrier. However, most early care providers do not have the available financial resources. Other states, such as New York and California currently have programs through the Low Income Investment Fund (LIIF) that provide early childhood professionals grants to improve, renovate, and expand early care and education settings.

The Yavapai Regional Partnership Council is interested in increasing the number of quality child care slots available to infants and toddlers. A multi-pronged approach will support centers and homes interested in expanding care to infants and toddlers by making available 1) planning grants, 2) accessibility grants, and 3) a tuition stipend. Quality will be a required component to all new infant and toddler slots. Early care and education centers and homes applying for assistance to add infant and toddler care must be accredited, participating in *Quality First!* or committed to participate in *Quality First!* within one year of receiving Infant and Toddler Funding.

During the first year, an applicant can not apply for more than one of the three grant opportunities. The applicant will apply for the funding that best responds to the type of assistance they require. It is understood that some recipients of the planning grant may determine that adding infant / toddler care is not feasible.

Planning Grants: New or existing early care and education providers who are considering adding infant and toddler care may apply for a planning grant to determine feasibility of construction and business sustainability. The planning grant can be used to conduct strategic planning, which may include business consultation to complete a business plan and market analysis. It may also be used to complete architectural drawings. During FY2010, funding for up to 3 planning grants of up to \$20,000 each will be available.

Accessibility Grants: New or existing early care and education providers who are considering adding infant and toddler care may apply for an accessibility grant if the addition of such care requires construction, renovation or purchase of facilities. The accessibility grant can be used for construction, land or building purchase or remodeling a child care center or family home. The applicant must have a 50% secured match in order to obtain this grant. Up to \$100,000 for one or more construction grants will be available in FY2010.

Tuition Stipends: New or existing early care and education providers who add infant and toddler care may apply for tuition stipends to offset the higher cost of providing infant and toddler care. The purpose of this grant is to directly offset the increased cost of providing infant and toddler care so that

charges to families remain affordable. If approved for the tuition stipend, a center or home will receive \$10 per day for each new infant or toddler slot it has filled. These must be new infant and toddler slots. Twelve new slots can receive the stipend in the first year, with additional slots added in subsequent years.

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

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

Key Measures:

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

Target Population (Description of the population to reach):

Quality new and existing early care and education providers with the interest and ability to expand capacity to care for infants and toddlers. Infants and toddlers (children 6 weeks to 3 years of age) in need of quality early care and education.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	3 planning grants, 1 construction grant, 12 new infant/toddler slots	2 planning grants, 2 construction grants, 24 new infant/toddler slots (36 total)	1 planning grants, 1 construction grants, 24 new infant/toddler slots (60 total)

Performance Measures SFY 2010-2012

- # of new infant/toddler slots / proposed service number

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

This strategy recognizes that child care providers face barriers and risks associated with providing infant and toddler care. The Yavapai Regional Partnership Council will support existing and new child care providers to address some of the barriers that may be keeping them from offering infant and toddler care.

- What are the opportunities for collaboration and alignment:

There are opportunities to learn successful strategies for expanding infant and toddler early care and education from centers and homes that add infant and toddler slots through this strategy. This information may help additional child care providers take the necessary steps to add infant/toddler services.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$195,000
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Budget Justification:

Funding for FY2010: \$195,000

Planning Grant: 3 or more grants at up to \$20,000 each = \$60,000

Accessibility Grant: one or more grants up to a total of \$100,000 = \$100,000

Tuition Stipend: \$10 per day (\$2,520 per year) x 12 new slots = \$35,000

	Year 1	Year 2	Year 3
Planning Grant	\$60,000	\$40,000	\$20,000
Accessibility Grant	\$100,000	\$200,000	\$100,000
Tuition Stipend	\$35,000	\$104,000	\$173,000
TOTAL BUDGETED	\$195,000	\$344,000	\$293,000
Amt from Current Year Budget	\$195,000	\$300,000	\$250,000
Amt from Fund Balance		\$44,000	\$43,000

This strategy has increasing costs in FY2011 (\$344,000) and 2012 (\$293,000) therefore, \$87,000 will be held in reserve from the FY2010 allocation to support future year's funding.

Strategy #4: Ensure access to quality early care and education by providing funding to early care and education providers serving low-income families to provide scholarships. (**Access & Affordability**)

Many children and families living in the region experience tremendous need. Twenty-six percent of families with children under the age of 5 live in poverty (income below 100% of the Federal Poverty Level).¹⁰ Information about low income status is not available for all communities in the region, however, it is known that in 2003, 42 percent of people living in Cottonwood were low income, with income less than 200 percent of FPL.¹¹ Low income status may create barriers for families to have access to high quality early care and education. The average annual cost for an infant in full-time center care in Arizona is almost \$8,000. Full-time infant care in a family child care home is \$6,250. Full-time care for a 4 year old in center or home care is about \$6,400. These costs represent 12% of the median family income of an Arizona married couple with children under 18.¹²

DES may provide Child Care Assistance for families participating in various DES programs. In those cases where there is an income eligibility requirement, family income cannot exceed 165% of the federal poverty level.¹³ It is generally recognized that 200% of FPL constitutes low-income. There are a number of low-income families who do not qualify for child care subsidy (either because their income is above 165% of FPL or because they are not DES participants) and, therefore, have difficulty affording quality child care. There are also situations when a child who no longer qualifies for DES subsidy leaves a quality center for a less expensive setting when the subsidy is no longer available.

As efforts to improve the quality of early care and education are implemented in the region, additional attention will need to be paid to how quality interacts with affordability of care, and how strategies can best be designed to support families, especially low income families that chose quality care.

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

The Yavapai 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 will enable the inclusion of a regionally located center or home in the pilot. The center or home would meet specified conditions to participate (including participation in all aspects of the study and participation in a quality improvement effort). Participation in the pilot study will also result in evaluation of the particular affordability strategy adopted by the Yavapai Regional Partnership Council. Through the evaluation that is part of the pilot, the Regional Council will gain an understanding of the effectiveness

¹⁰ U.S. Census Bureau, American Community Survey, 2006, Table B17010 – Poverty Status.

¹¹ Arizona Department of Health Services, Community Health Profile, 2003.

¹² 2008 Child Care in the State of Arizona, National Association of Child Care Resource & Referral Agencies: Fact Sheets.
www.naccrra.org/randd/data/docs/AZ.pdf.

¹³Frequently Asked Questions, Arizona Department of Economic Security, Child Care Administration. www.azdes.gov/child-care/faq.asp.

of the strategy funded in FY2010 which will inform them when determining whether to continue or modify it in future years.

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?

Scholarships to Address Affordability: As part of participation in the multi-region pilot study, the Yavapai Regional Partnership Council will implement a cost reduction strategy whose goal is to ensure that low income families (those with income less than 200% of federal poverty level) have access to quality early care and education programs. Through this strategy, centers and homes may apply for funding to implement a scholarship program. Centers and homes serving low income families would receive reimbursement to offset the costs of lowering fees to families meeting the criteria established by the center/home and approved by FTF. This strategy will reduce, not eliminate, the parent's contribution toward quality child care.

Applicants will demonstrate a commitment to quality by being accredited, participating in *Quality First!* or agreeing to participate in *Quality First!* within 1 year of entering the scholarship program.

One way this could be accomplished is through a sliding fee scale based on income. Reducing the cost of quality early care and education so that it does not exceed 10% of a family's income may be the goal. It is estimated that a subsidy of between \$12 and \$15 per day may be needed to make quality child care affordable to low income families.

The affordability strategies implemented as part of this strategy will be evaluated to determine their impact on increasing access to quality early care and education to low-income children. The results of evaluation will guide future year's funding, ensuring that the most effective strategies are employed.

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

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

Key Measures:

Current cost of early care and education for families as a proportion of the median income for a family of four.

Target Population (Description of the population to reach):

Low income families, with children birth to 5 years of age, in quality early care and education settings.			
Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	60 low-income children enrolled in quality child care	80 low-income children enrolled in quality child care	90 low-income children enrolled in quality child care
Performance Measures SFY 2010-2012			
1. # of low income children enrolled in quality regulated center or home / # of low income children enrolled in regulated center or home			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: This strategy will support the existing child care provider network by allowing them to increase quality without passing the costs on to families. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: This strategy aligns with the multi-region pilot study that will identify effective cost reduction strategies. This will provide valuable information to the Regional Council to inform them as future strategies are determined. It also aligns with the Child Care Study (strategy #10) that will be developed to obtain and analyze region specific early care and education information. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy		\$285,151	
Budget Justification:			
<p>Per FTE, participation in the multi-region pilot study will cost \$80,000 - \$100,000 for distribution of vouchers, scholarships, or financial supports to families or centers/homes participating in the study, evaluation and analysis. The Yavapai Region has allocated \$80,000 for this purpose. One center/home will participate in the pilot study.</p> <p>An additional \$205,151 will be made available to centers and homes through a competitive RFGA process to develop and implement a cost reduction program for low income families. It is estimated that at an average cost of \$14 per day (\$3,528 per year) \$205,151 can support scholarships for approximately 60 children per year.</p>			

Strategy #5: Expand access to quality early care and education by increasing access to **Child Care Health Consultation** in the region.

A Child Care Health Consultant (CCHC) is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health and social services. In addition to their professional credentials as nurses or other health professionals, CCHC's receive 60 hours of specialized instruction.

CCHC's offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care. CCHC's also provide expert information and consultation on working and communicating with families of children enrolled in child care and provide referral and follow-up for needed community based services.

Child Care Health Consultants:

- Support and improve children's health, and safety in child care settings.
- Improve and support the quality of interactions to support the social-emotional development of children.
- Increase early identification of developmental concerns.

Results of Child Care Health Consultation includes:

- Reduction of hazards and risky practices in child care settings related to safe active play, emergency preparedness, nutrition and food safety, utilization of safe sleep practices, and SIDS risk reduction.
- Reduction of infectious disease outbreaks, reduction of lost work time for parents, improved written health policies, increased preventive health care for children.

Programs enrolled in *Quality First!* will have access to Child Care Health Consultation. In the Yavapai region, fourteen centers and five homes will receive the benefits of a Child Care Health Consultant as a result of participation in *Quality First!*. The Regional Council also wants to make CCHC available to 60 additional early care and education programs not enrolled in *Quality FIRST!* The Child Care Health Consultant will also be available to provide phone consultation to unregulated child care providers concerning health and safety questions or to provide information about the process and benefits of becoming regulated. The Child Care Health Consultant, in addition to providing trainings in individual centers and homes, will provide community training that will be open to parents and unregulated home-based child care providers.

Providing Child Care Health Consultation is considered a proven practice. There are more than 21 published outcomes studies and 58 additional evaluations, presentations and monographs that validate the impact of CCHC on early care and education programs.

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

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

Key Measures:

Number and percentage of early care and education programs with access to a Child Care Health Consultant.			
Target Population (Description of the population to reach):			
Early Care and Education providers, that are not participating in <i>Quality First!</i> .			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	60 early care and education providers	60 early care and education providers	60 early care and education providers
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> 1. Number of child care homes and centers receiving a visit from a Child Care Health Consultant. 2. Number of accidents or injuries in regulated child care centers or homes in the region. 3. Number of infectious disease outbreaks in regulated child care centers or homes. 4. % of children enrolled in child care centers or homes in the region having health insurance. 5. Number of participants attending Child Care Health Consultant community-based training. 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: <p>This strategy capitalizes on the Statewide Initiative for Child Care Health Consultation. The Regional Council will build on the infrastructure elements established by the FTF Board with <i>Quality First!</i> and CCHC to improve the quality of early care and education in the Yavapai region.</p>			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: <p>The Statewide Initiative for Child Care Health Consultation will provide the system infrastructure to implement this strategy including an administrative home, and training and supervision of staff. Regional Council participation with the administrative agent will provide the financing for additional Child Care Health Consultants to provide support to centers and homes not participating in <i>Quality First!</i> in the region.</p>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$200,000		
Budget Justification:			
FTF has estimated the cost for CCHC salary, ERE and administrative cost at \$100,000 per full-time equivalent. Each FTE can carry a caseload estimate of 30 centers or homes. There are approximately 80 centers and homes that will not be participating in <i>Quality First!</i> . The Yavapai Regional Partnership Council has allocated funding for two additional full-time CCHCs through this strategy.			

The addition of two Child Care Health Consultants will add to the Child Care Health Consultation provided through the state and regional *Quality First!* strategy, resulting in almost 75% of the regulated centers and homes in the region having access to this service.

Strategy #6: Improve overall health and development of high-risk infants and toddlers in foster care by supporting a **Court Team** in the region.

As discussed in Strategy 2, the Yavapai Regional Partnership Council has identified the need to provide additional support to infants and toddlers in foster care. Very young children in the child welfare system are at great risk for long-term harm because their brains are developing more rapidly than at any other time in their lives.¹⁴

In 2004, the Yavapai County Juvenile Court Judge became the first juvenile court judge in the state to order the use of a checklist of questions developed by the National Council of Juvenile and Family Court Judges. The checklist, entitled "*What Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System*" acknowledges that an increasing number of infants and toddlers with complicated and serious physical, mental health, and developmental problems are being placed in foster care. Through creation of the checklist, the National Council of Juvenile and Family Court Judges advocates for child welfare professionals to be responsive to these unique needs.¹⁵

Court Teams provide the mechanism for legal professionals in the child welfare system to make decisions and advocate for programs and policies that are informed by the science of early childhood. Model court teams accomplish this through the application of several identified key components. The core components include: judicial leadership, formation of a community team, partnership with child development/mental health, availability of training/technical assistance, and monthly case reviews. It has been found that judicial leadership plus community partners result in enhanced and more coordinated services for infants and toddlers in the court system.¹⁶

As a result of the judicial leadership provided by Yavapai County's Juvenile Court Judge, a community team was formed to explore how to implement the checklist. The community team, which is named *Best for Babies*, brought service providers together at monthly meetings to discuss service delivery to young children in the court system, identify problems, and develop and implement plans for improvement. Training on early child development has been provided to court personnel, CPS caseworkers, CASAs and foster parents. This pilot program has been successful in coordinating and streamlining services. It has also successfully assisted service providers gain the knowledge they need to best serve very young children in the court system. As a result of these successes, *Best for Babies* has been identified as a model court-community partnership by the American Bar Association Center on Children and the Law and Zero to Three Policy Center.¹⁷ As a pilot program, *Best for Babies* has received limited funding from The Kieckhefer Foundation and Yavapai County Community Foundation. It, however, has no ongoing financial support. Funding ends in September 2009.

¹⁴ *Healing the Youngest Children: Model Court-Community Partnerships, Practice & Policy Brief*. American Bar Association, Center on Children and the Law and Zero to Three Policy Center. Page 1. March 2007.

¹⁵ National Council of Juvenile and Family Court Judges, *Questions Every Judge and Lawyer Should Ask About Infants and Toddlers in the Child Welfare System: Technical Assistance Brief*, page 3, December 2002.

¹⁶ Langer, Lester (The Honorable) and Youcha, Victoria Ed.D., *Impact of Abuse and Neglect on Early Development*, March 30, 2006, PowerPoint presentation, slide 41.

¹⁷ American Bar Association, Center on Children and the Law and Zero to Three Policy Center, *Healing the Youngest Children: Model Court-Community Partnerships, Practice & Policy Brief*, pages 8-9. March 2007.

The success of *Best for Babies* has gained attention throughout the state. As a result, the Department of Economic Security and the Arizona Administrative Office of the Courts has provided funding for technical assistance for the establishment of additional court teams. During state fiscal year 2009, technical assistance will be provided to eight Arizona counties interested in implementing court teams.

The Yavapai Regional Partnership Council believes that court teams are a cost-effective strategy that addresses the needs of young children in foster care. A court team, staffed by a child development specialist, brings together providers of health care, mental health, early intervention, foster care, parent aids, attorneys for children, and Court Appointed Special Advocates to assure timely, coordinated services are provided to infants and toddlers in out-of-home care. Continuation of *Best for Babies* in the Yavapai region is prevention strategy supported by the Regional Council.

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

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

Target Population (Description of the population to reach): Children, birth to age 3, in foster care and their families. Child welfare system professionals.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	12 Court team meetings, 75 children benefiting from Court Team efforts	12 Court team meetings, 75 children benefiting from Court Team efforts	12 Court team meetings, 75 children benefiting from Court Team efforts

Performance Measures SFY 2010-2012	
1. % of court team participants / stakeholders reporting an increase in knowledge and satisfaction with level of coordination.	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: The child welfare service system is comprised of a number of agencies and service provider staff. Child welfare professionals tend to have large workloads and demanding service requirements. There is little coordination between service providers and little opportunity to take a systems approach to service delivery. The regional court team will support existing service providers by ensuring there is a forum for service providers to meet to coordinate services so that the system operates effectively. Monthly case management meetings allow for the identification of service issues and problem resolution. 	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: <i>Best for Babies</i> brings service providers together and provides the forum for collaboration of providers involved with families and very young children in the court system. This strategy aligns with strategy #2 – Nurse Home Visitation Program for Infants and Toddlers in Foster Care. The nurse home visitor will participate in <i>Best for Babies</i> meetings and will provide child health and development training through <i>Best for Babies</i> sponsored events. The nurse home visitor will be the health resource to the <i>Best for Babies</i> participants. 	
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)	
Population-based Allocation for proposed strategy	\$40,000
Budget Justification: \$40,000 is needed to assist in implementation of the Court Team in the region.	

Strategy #7: Expand participation in *Quality First!*, Arizona’s Quality Improvement and Rating System.

The First Things First Board approved funding to design and implement *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.

State licensing regulations are considered adequate. However, they do not include quality determiners, such as optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. These important factors of quality care are currently only evaluated through national accreditation.

In the Yavapai Region, only six early care and education centers (less than 8 percent) are accredited by a national accreditation system, currently the only measure of high-quality available in the state. Three of the accredited centers are Head Start programs, whose enrollment is limited due to eligibility requirements. The remaining three accredited early care and education centers provide services to children three to five years of age. There is very limited access to early care and education in the region that meets the definition of quality. In the state, 15 percent of early care and education centers are accredited.

Through *Quality First!*, Arizona will now have a system of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state. 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.

The *Quality First!* Statewide Initiative will allow 7 centers and 2 homes in the Yavapai Region to participate in the QIRS program. The Yavapai Regional Partnership Council intends to double participation in *Quality First!* through this strategy, with additional early care and education providers participating in subsequent years.

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

Key Measures:

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

Target Population (Description of the population to reach):

FY2010: 7 child care centers and 3 child care homes.

Child care centers and homes that are not currently accredited, with priority given to having a cross-section of centers and homes located throughout 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
	7 child care centers, 3 child care homes	Continue FY2010 participants, and add 3 child care centers, 1 child care home	Continue FY 2011 participants, and add 6 child care centers, 1 child care home

Performance Measures SFY 2010-2012

1. # of centers/homes participating in *Quality First!* / proposed service #
2. # of centers/homes moving from 1 star rating to 3 star rating / proposed service #
3. # of quality early care and education programs increasing score / proposed service #

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

This strategy capitalizes on the *Quality First!* Statewide Initiative. The Regional Council will build on the *Quality First!* infrastructure elements established by the FTF Board to improve the quality of early care and education in the Yavapai region. More than twice as many centers and homes will be able to participate in the *Quality First!* program as a result of this strategy.

	SFY 2010		SFY 2011		SFY 2012		Total	
	Centers	Homes	Centers	Homes	Centers	Homes	Centers	Homes
Regional Funding	7	3	7 PLUS 3 new	3 PLUS 1 new	7 PLUS 2 new	2	12	4
Statewide Funding	7	2	7	2	7	2	7	2
Total	14	5	17	6	16	4	19	6

- What are the opportunities for collaboration and alignment:

The *Quality First!* Statewide Initiative will provide the system infrastructure to implement this strategy including an administrative home, application process, and program components. Regional Council participation will provide the financing for additional participation with the ability to target specific regional priorities.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$266,000
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Budget Justification:

This budget assumes that some providers will receive *Quality First!* funding for two years, instead of the full three. This assumption is based on the variance among participating providers; some may enter the system at a more advanced level, while others may need to participate for a longer period before receiving a rating. The Regional Council intends to support providers through both the improvement and the rating phases.

FY 2010: Estimated Cost for 7 centers and 3 homes: \$266,000

7 centers @ average cost of \$28,890 = \$202,230

3 homes @ \$21,245 = \$63,735

Estimated Cost of *Quality First!* strategy over Three Years:

	Year 1		Year 2		Year 3	
	#	Cost	#	Cost	#	Cost
Cost of Participants Continuing from Prior Year	n/a	\$0		\$265,965		\$244,720
New Centers	7	\$202,230	3	\$86,670	2	\$57,780
New Homes	3	\$63,735	1	\$21,245	0	\$0
TOTAL		\$265,965		\$373,880		\$302,500

Strategy #8: Increase awareness about early childhood development and health, First Things First, and programs and services available to families in the region. (**Public Awareness**)

The community lacks awareness of the importance of early childhood development and health. Parents lack information about early childhood development and the programs and services that are available in the community. Resource and Referral was named as the top concern during the 2007 Community Conversation (sponsored by Yavapai County Community Foundation, United Way, DES and Prescott Evening Lions Club.) There is a Community Action Team working on improving the region's Resource and Referral system, including coordinating with AZ-211.

Demand for *The Big Kids Book, A Book about People and Places that Help Children, Youth and their Families* has increased. In 2008, Yavapai County Community Foundation printed additional copies. A record 12,000 copies were distributed.

The Yavapai Regional Partnership Council will implement a multi-strategy approach to increase awareness of early childhood development and health and the early childhood resources that are available in the region. The Regional Council is committed to working with community partners to provide a comprehensive information system about services and programs through multiple formats. The approaches that will be utilized are 1) an awareness campaign that builds on the statewide communications plan, 2) compilation and distribution of information about early childhood resources that are operating in the region, and 3) development of several targeted campaigns that increase awareness of specific issues or programs.

Awareness Campaign: The Yavapai Regional Partnership Council will build on the statewide media campaign. If possible, a local perspective will be given to the FTF message. The Regional Council will assist with identifying distribution sites through local TV, radio and print. Early childhood information will also be provided by Regional Council members and staff through presentations to service clubs, service providers and organizations.

Resource Information: With staff support from the FTF, Yavapai Regional Office, the Yavapai Regional Partnership Council will expand the availability of resource information to the public. This approach will include the following activities:

- Provide information to the community and service providers about FTF,
- Collect information about programs and services that are available for families with young children,
- Develop and maintain an early childhood resource data base,
- Collaborate with other community resource and referral providers (United Way, Yavapai County Community Foundation, AZ-211, FTF) to maximize the availability of early childhood program information through available channels,
- Develop additional distribution formats and methods to include: print (inclusion of early childhood information in *The Big Kids Book*; development of a *Little Kids Book* for west Yavapai County and the Verde Valley, distribution of *The Little Kids Book* with *AZ Parents Kits* and other methods) and internet (inclusion of resource information on FTF website, the United Way Information Network and AZ-211),
- Assist with development and distribution of parenting education calendar (strategy #1).

Targeted Campaigns: Additional campaigns will be developed to increase awareness of early childhood development issues, as well as to provide information about specific services and programs. A Communication Plan will be developed to further describe the targeted campaigns.

- **Public Health Insurance and Home Visiting Programs:** A media campaign that targets families with young children to provide information about availability of public health insurance and home visiting services and where to call with questions will be provided. Contact information for the Birth to Five Helpline will also be provided.
- **Diaper Drive:** This campaign will mobilize the community, increase awareness of challenges families with young children face, and provide an emergency supply of donated diapers for distribution through various service providers. A Planning Committee, consisting of community volunteers, will be formed to implement the Diaper Drive. Corporate sponsorship will be solicited to assist with costs. Businesses, service providers and the faith-based community will be asked to serve as drop-off sites. Volunteers will collect the donated diapers and distribute them to service providers who work with low-income families, such as WIC, DES, child care providers and food banks. Stickers printed with a parenting tip and the Birth to Five Helpline phone number will be affixed to each package. (A newborn uses 12 diapers a day or 4,380 diapers in their first year, at a cost of over \$1,000. Infrequent diaper changes can result, not only in diaper rash, but infections and hospitalization.)
- **Other:** The Yavapai Regional Partnership Council will consider other low cost projects that increase awareness of early childhood issues and mobilize the community. Additional targeted campaigns can be designed to complement outreach for parenting education programs by providing information about where and how to access information about programs and services.

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

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

Key Measures:

Percentage of Arizonans who report that early childhood development and health issues are important.

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

Target Population (Description of the population to reach):

Business leaders, public officials, service organizations and individual citizens will have an increased awareness of early child development and health.

Families (parents, grandparents, teen parents), agencies and service providers will have improved access to information about existing services and programs serving young children.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	Publication of <i>Verde Valley Little Kids Book</i> , Publication of	Publication of <i>Verde Valley Little Kids Book</i> , Publication of	Publication of <i>Verde Valley Little Kids Book</i> , Publication of

	West Yavapai <i>Little Kids Book</i> , Database of early childhood resources, 20,000 donated diapers	West Yavapai <i>Little Kids Book</i> , Database of early childhood resources, 22,000 donated diapers	West Yavapai <i>Little Kids Book</i> , Database of early childhood resources, 25,000 donated diapers
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> 1. Publication of an early childhood program resource directory for west Yavapai region. 2. Publication of an early childhood program resource directory for the Verde Valley. 3. # of donated diapers / proposed service number 4. % of families reporting an increase in knowledge and satisfaction with level of coordination. 5. % of collaborating members / stakeholders reporting satisfaction with level of coordination. 			
<ul style="list-style-type: none"> • How is this strategy building on the service network that currently exists: There are many excellent programs available to families with young children in the Yavapai Region. However, families and service providers lack easy access to information about these programs and services. This strategy will support the existing service network by providing the community with accurate information about their programs. It will also be an asset to service providers who also need access to information about available services. It will also build on efforts already underway to improve Information and Referral systems in the region. 			
<ul style="list-style-type: none"> • What are the opportunities for collaboration and alignment: This strategy will build on the Statewide Communication Plan. Targeted outreach campaigns will be developed to support home visiting and public health insurance outreach, which is supportive of strategy #2. The Diaper Drive will develop collaborations with the business and faith communities. Improving access to early childhood resource information will build partnerships with Yavapai County Community Foundation, United Way, and AZ-211. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy		\$75,000	
Budget Justification:			
Estimated Costs, include:			
<ul style="list-style-type: none"> • Resource Information (including supplies, printing) = \$20,000 • Diaper Drive (publicity, collection boxes, stickers, storage) = \$10,000 • Targeted Campaign – Home Visiting Outreach (publicity, pamphlets, etc.) = \$20,000 • Other Campaigns (to be developed) = \$25,000 			

Strategy #9: Expand T.E.A.C.H. scholarships beyond those provided through participation in Quality First!

The Yavapai Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to quality child care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system.

Programs enrolled in *QUALITY FIRST!* will have access to TEACH Early Childhood Arizona. The Regional Council wants to also make TEACH available to those programs not enrolled in *Quality FIRST!*

Having more access to TEACH will benefit children by having higher quality, stable and more capable professionals; improved care and services; and better developmental outcomes for children. Families will benefit because 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. Participating programs and staff will benefit from support and financial assistance for ongoing professional development and educational pathways for staff leading to higher staff quality and better retention.

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

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

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

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

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

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

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

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

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

Goal: #10: FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Key Measures:

Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate or degree.

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

Target Population (Description of the population to reach):

Early Care and Education professionals employed in early care and education settings not participating in the *Quality First!* program.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	20 teachers or caregivers	20 teachers or caregivers	20 teachers or caregivers

Performance Measures SFY 2010-2012

1. # of teachers or caregivers pursuing a degree in early childhood / proposed service numbers
2. Number of degreed professionals in early care and education in the region.
3. Number of degreed professionals in early care and education in the region / # of professionals in early care and education in the region.
4. Local early care and education enrollment / local early care and education capacity
5. Average length of teacher retention in Yavapai region.

• How is this strategy building on the service network that currently exists:
This strategy capitalizes on TEACH Early Childhood Arizona. TEACH is a strategy benefiting children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The 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 Yavapai region. The strategy will utilize local colleges to deliver the required courses for scholars to complete their educational goals.

- What are the opportunities for collaboration and alignment:

The TEACH 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. Regional Council participation with the administrative agent will provide the financing for additional scholarships and focusing scholarships to meet our specific regional needs.

The Yavapai Regional Partnership Council will work with local colleges (Yavapai College, Prescott College) to ensure there are sufficient courses available. The Regional Council will also collaborate with other Regional Councils in northern Arizona to ensure that articulation to the universities is seamless.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$43,600
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Budget Justification:

Based on information from FTF policy staff, the funding per scholar will be \$2,180 per scholar per year. This amount is based on the estimated cost per scholar of \$1,600 provided by FTF policy staff. In addition, the allocation allows for a \$500 bonus as well as up to 10 hours of release time at \$8.00 per hour per scholar. Exact bonus and release time hours will be established by the administering agency and are unavailable at this time. These proposed amounts may need to be adjusted to align with the TEACH model for Arizona once it is finalized.

Estimated Cost: \$2,180 per year per person x 20 people = \$43,600

Strategy # 10: Conduct a comprehensive Child Care Study.

The Yavapai Regional Partnership Council lacks a comprehensive understanding of the status of child care in the region. The demand for child care is not documented. Additionally, the amount of child care, its location, and how well it is utilized is not well understood. A Child Care Study will document and analyze available child care information to identify availability and gaps in service. Additionally, a child care survey will be developed and administered to families to determine the key determinants for choosing child care, and their definition of quality and affordability. Child care providers will be surveyed to evaluate current cost structures, and identify barriers to providing quality care. This Child Care Study will be developed in collaboration with the multi-region pilot program on child care affordability described in Strategy #4. The information from the Child Care Study will be used to educate the Yavapai Regional Partnership Council as they work to identify the most effective strategies to improve quality and access to child care in the region.

The Yavapai Regional Partnership Council will hire a consultant to work with the Regional Council and the key stakeholders of the community to design and complete the Study. Opportunities to combine the study elements with those in the pilot project will be explored. The study design will complement, not duplicate, the pilot project.

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

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

Key Measures:

Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system.

Target Population (Description of the population to reach):

Early care and education providers in the region. Parents of children, birth to 5 years of age.

	SFY2010	SFY2011	SFY2012
Proposed Service Numbers	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	1 Report	N/A	N/A

Performance Measures SFY 2010-2012

1. # of Child Care Reports / 1 – proposed service number

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

The Regional Council intends to create affordable, high quality care and education for children ages zero through five years. In order to do so, the Regional Council will study the current environment.-- assess the existing child care service network.

The Study will assist the Regional Council in determining the strategies that will best support the child care service providers in providing quality early care and education.

- What are the opportunities for collaboration and alignment:

This strategy is aligned with the multi-region pilot study on child care affordability described in Strategy #4. Opportunities to combine the study elements with those in the pilot project will be explored. The study design will complement, not duplicate, the pilot project.

Additionally, the Child Care Providers Coalition (Strategy 1) will be involved in the design of the study and included in determining how best to compile the information for the study. Information from the study will also be provided to the Child Care Providers Coalition for their use in recommending strategies to the Regional Council.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

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

The Yavapai Regional Partnership Council will contract with an individual to complete the Child Care Study during FY 2010. The study will include research and documentation of existing child care providers, design of surveys and administration of surveys to families and providers. The exact cost of the study is not known and is being estimated at \$50,000.

Strategy # 11: Expand Head Start within the Yavapai region.

The Yavapai Region has experienced significant growth in population. The region's population increased 27 percent from 2000 to 2007, exceeding the rate of overall population growth in the State. Yavapai County is the second fastest growing county in Arizona. The number of children, birth to 4 years of age, living in the region grew by 23 percent. Additionally, the level of poverty in the Yavapai region is comparable to other parts of the State. Nearly 26 percent of families with children under the age of 5 live in poverty (income less than 100% of Federal Poverty Level).

Population growth in the Yavapai region has resulted in increased demand for Head Start services which cannot be supported with federal Head Start funding. According to the Northern Arizona Council of Governments (NACOG), which administers Head Start programs in the region, all recent increases in federal funding have been directed to the Yavapai region in response to the region's population growth. NACOG also has responsibility for Head Start programs in Coconino, Apache and Navajo counties. In order to maintain equitable services across their service area, NACOG does not anticipate being able to address any further service expansion within the Yavapai region.

NACOG has identified the following Head Start priorities for the Yavapai region: 1) expansion of Head Start in Chino Valley, 2) expansion of Head Start in Prescott Valley and 3) developing a Head Start site in Beaver Creek. Chino Valley's population has grown over 38 percent since 2000. Twenty-four percent of the children living in Chino Valley live in poverty. The population of Prescott Valley grew over 60 percent since 2000. Seventeen percent of the children living in Prescott Valley live in poverty. Currently, the Beaver Creek school district buses 20 children, 3 to 5 years of age, to the Camp Verde Head Start. Additional children are driven to the Sedona Head Start by parents who work in Sedona. Current population and poverty information is not available for the Beaver Creek area.

The Yavapai Regional Partnership Council recognizes the significant contribution of Head Start programs to the early care and education system within the region. Substantial research finds that Head Start programs provide educational and health benefits to its participants. Head Start parents read to their children more frequently than those parents of child who were not enrolled in Head Start. Additionally, there are significant economic benefits. Society receives nearly \$9 in benefits for every \$1 invested in Head Start. These benefits include increased earnings, employment, and family stability, and decreased welfare dependency, crime costs, grade repetition, and special education.¹⁸

¹⁸ National Head Start Association, *Benefits of Head Start (HS) and Early Head Start (EHS) Programs*.
www.nhsa.org/research/research_benefit.htm.

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

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

Key Measures:

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

Target Population (Description of the population to reach):			
Children living in poverty and eligible for Head Start programs living in the communities of Chino Valley, Prescott Valley and Rimrock/Lake Montezuma (Beaver Creek).			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> # of low-income children enrolled in quality, regulated center or home / # of low-income children enrolled in regulated home. # of low-income children enrolled in regulated home or center. 			
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy will build on a highly successful program by increasing its capacity to serve additional children. 			
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: There are numerous opportunities for collaboration that would be explored. Ability to expand Head Start capacity will result in additional dialogue with community partners to address site and facility changes that would be required to accommodate additional classrooms. Other community providers would be mobilized to leverage FTF funding to its greatest advantage. 			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$500,000 (There is not sufficient funding in the regional allocation to support this strategy.)		
Budget Justification:			
<p>NACOG estimates the cost per child to participate in Head Start is \$7,000 per year. Further work would need to occur to quantify the amount of expansion needed to address the demand for Head Start services. Roughly estimating an increase of 20 in Chino Valley, 20 in Prescott Valley and 30 in Beaver Creek results in an estimated cost of \$500,000 (\$7,000 x 70 = \$490,000)</p> <p>If expansion resulted in development of full day Head Start programs, the Regional Council will require Head Start to utilize the DES subsidy.</p>			

Strategy # 12: Provide **mental health consultation** to early care and education centers and homes.

Parents throughout the Yavapai region are facing numerous stressors – economic, social, and emotional. The presence of these stressors impacts their interactions with their children and in turn, their children’s interactions with peers and care providers. In addition, interviews with key community informants, particularly early care and education professionals indicate a serious concern for how to effectively manage children in early care settings that exhibit challenging behavior.

Research shows that Behavioral/Developmental/Mental Health coaching delivered in typical early childhood settings is an effective preventive intervention that addresses mental health, behavioral and developmental problems in early childhood. The literature suggests that children who struggle with behavioral and emotional problems at this young age have a 50 percent chance of continuing to struggle into adolescence and adulthood.

Research findings further indicate that prevention and intervention efforts to address mental health problems in early childhood may reduce significant personal and social difficulties in later childhood, adolescence, and adulthood. The earlier the intervention begins, the better the prognosis. Early childhood providers have indicated that the most helpful types of assistance to support them in caring for children with challenging behaviors are: on-site consultation with a mental health expert, workshops on behavior management strategies, and written materials on behavior management strategies.¹⁹

Directors and administrators of early childhood programs are being challenged to build their staff’s capacity to address the mental health concerns of children and families living with many risks and stressors. Providing staff support and mental health skill development increases early care provider’s problem solving skills, increases staff confidence in coping with difficult situations, provides a wider range of concrete strategies to help children and families, and the provides a safety valve which enables staff to share their frustrations and to celebrate the victories of their work.²⁰

A study of pre-kindergarten expulsions conducted by Yale University Child Study Center report that more than 10.4 percent of pre-kindergarten teachers expelled at least one child. Expulsion rates were lowest in classrooms in public schools and Head Start and highest in faith-affiliated centers and for profit centers. When teachers reported having access to a mental health consultant that was able to provide classroom based strategies for dealing with challenging student behavior on a regular basis the rates of expulsion were significantly lower in all settings.²¹

Two Mental Health Consultants (MHC) will provide on-site or telephone consultation to early care and education providers concerning specific challenging behaviors being exhibited by a child in the care setting. The Mental Health Consultants will be called in as needed to supplement services provided by the Child Care Health Consultant. The MHCs will have specific skills and understanding relevant to early childhood. Collaborative relationships among the consultant and early care and education providers are the essential contexts in which support for early social and emotional development and intervention for mental/behavioral health concerns takes place. The MHCs will provide center-based or community

¹⁹Tableman, B., *Keeping early education positive (KEEP) survey review*. Unpublished manuscript. 1998.

²⁰Yoshikawa, H., & Knitzer, J. *Lessons from the field: Head Start mental health strategies to meet changing needs*. National Center for Children in Poverty. 1997.

²¹ Gilliam, Walter S. PhD, Yale University Child Study Center, "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems, May 2005.

trainings to increase the knowledge and skills of early care professionals.

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

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

Key Measures:

Number and percentage of early care and education programs with access to a Child Care (Mental) Health Consultant.

Target Population (Description of the population to reach):

Ideally, the target population would be all early care and education providers in the region. It is assumed, due to limited resources and unknown demand for MH consultation that the target population will be limited to early care and education providers with a Child Care Health Consultant.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	20 staff trainings, 60 centers with access to MH consultation	20 staff trainings, 60 centers with access to MH consultation	20 staff trainings, 60 centers with access to MH consultation

Performance Measures SFY 2010-2012

- # of staff trainings / proposed service number
- # of early care and education providers with access to mental health consultations / proposed service number

- How is this strategy building on the service network that currently exists:
This strategy will support existing early care and education providers who have specifically requested this type of support and assistance in dealing with children with behavioral issues.

- What are the opportunities for collaboration and alignment:
This strategy is directly aligned with Child Care Health Consultation (strategy # 5). The Mental Health Consultant will work collaboratively with the CCHC and will support and supplement the consultation provided by the CCHC.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$200,000 (There is not sufficient funding in the regional allocation to support this strategy.)
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Budget Justification:

The cost for one full-time Mental Health Consultant is assumed to be comparable to the estimated cost for a Child Care Health Consultant at \$100,000. Two MHCs, therefore, will cost \$200,000. The caseload of a Mental Health Consultant is not known. It is anticipated the MHC involvement with a center will be intermittent, on an “as needed” bases, allowing as many centers and homes to have access to this service as possible.

Strategy # 13: Expand access to Health-E Application by supporting **community enrollment assistance centers** so more families will enroll in and retain public health insurance and other public assistance benefits.

In December 2008, AHCCCS will implement an electronic application, available on the internet, for AHCCCS and KidsCare health insurance. The universal application, known as Health-E App, will allow families to apply for and renew health coverage, as well as other family support programs such as TANF, Cash Assistance, and Food Stamps, directly over the internet.

Currently, families often have to visit DES offices to enroll and renew their enrollment in such programs. Unfortunately, many families experience barriers to service when going to DES offices. The offices are understaffed, frequently resulting in long wait times. Many families report that they feel intimidated going to such locations. The hours of operation (8 am to 5 pm) are not convenient for many families who work. DES offices are located in communities with larger populations, creating a barrier for those families who live in more rural parts of the region.

While the new internet application promises to make enrollment in public programs easier, barriers still exist. Families may not have internet access or may not be comfortable completing the application online. It is believed that many eligible families will need assistance in completing the Health-E application. In addition, families who are applying for coverage for the FIRST time will be required to submit original documentation to a DES office or a community-based agency that is “certified” by AHCCCS to accept such documentation. Currently, few such community-based providers exist.

This strategy proposes to fund 1) a community trainer who will educate community-based providers on the availability of Health-E App and how to use it 2) materials to advertise the availability of Health-E App in the region; and 3) community assistor sites (locations that families with young children frequent such as WIC offices or Head Start sites) where computers will be available for families to complete applications , technical assistance will be provided, and providers will be able to accept and submit original documentation.

A fee-based version of Health-E App is currently in use at hospitals and community health centers. It has been shown to result in timelier enrollment, and a reduction in application errors. As a result, applicants are less likely to be denied coverage.

Enrollment assistance is a proven practice for improving and increasing health coverage in public programs. Today, community application assistance occurs nationally in a wide variety of settings, including health clinics, Head Start programs, recreation centers, and homeless shelters. Reports indicate that such assistance can make a difference in getting children covered. In California, for example, 63 percent of applicants who received no community-based assistance were approved for enrollment, compared to a 79 percent approval rate for families who received assistance.²²

²²Ross, Donna Cohen & Hill, Ian, *Enrolling Eligible Children and Keeping Them Enrolled*. The Future of Children, Spring, 2003.

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

Key Measures:

Total number and percentage of children with health insurance.

Target Population (Description of the population to reach):

Low-income (income below 200% of Federal Poverty Level) uninsured families with young children, birth to age 5.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	1000 people trained or assisted	1000 people trained or assisted	1000 people trained or assisted

Performance Measures SFY 2010-2012

1. Children aged 0-5 enrolled in AHCCCS or SCHIP in the region/children aged 0-5 living at or below 200 percent of the Federal Poverty Level.
2. Applications completed at enrollment assistance centers in the region.
3. Applications completed at enrollment assistance centers in the region resulting in enrollment/applications completed.

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

Currently, a limited number of entities use Health-E App to enroll children in health coverage. These include community health centers and some hospitals. This strategy will build on the success of Health-E App by taking the new, free internet-based version of the application and making it available, with enrollment assistance, at community-based locations that are frequented by young children and their families such as child care centers, Head Starts, WIC clinics, or faith-based organizations.

• What are the opportunities for collaboration and alignment:

The Yavapai Regional Partnership Council will work closely with the AHCCCS and Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) in implementing this strategy. By collaborating, it may be possible to draw down a federal match (between 50 cents to 77 cents on the dollar allocated) for this effort, allowing further expansion.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$200,000 (There is not sufficient funding in the regional allocation to support this strategy.)
Budget Justification:	
Community Trainer (including salary, overhead, training, travel) : \$75,000	
Advertising and outreach materials: \$15,000	
1-3 Community Enrollment Assistance Sites: \$110,000 (includes part time FTE, rent, computer and FAX equipment)	

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

Population Based Allocation SFY2010	\$2,148,151
Expenditure Plan for SFY2010 Allocation	
Strategy 1 - Family Support Collaborative	\$15,000
Strategy 2 - Family Support Services	\$866,800
Expand Parenting Education \$166,800	
Nurse Home Visiting / Foster Care \$100,000	
Expand Home Visiting Programs \$450,000	
Home Visiting Coordination (2 FTEs) \$140,000	
Community Outreach & Enrollment \$10,000	
Strategy 3 - Expand Infant & Toddler Early Care & Education	\$195,000
Strategy 4 - Access & Affordability to quality Early Care & Education	\$285,151
Strategy 5 - Child Care Health Consultation	\$200,000
Strategy 6 - Court Team / Infants & Toddlers in Foster Care	\$40,000
Strategy 7 - Expand Quality First!	\$266,000
Strategy 8 - Public Awareness	\$75,000
Strategy 9 - Expand T.E.A.C.H.	\$45,200
Strategy 10 - Child Care Study	\$50,000
Strategy 11 - Expand Head Start (\$490,000)	\$0
Strategy 12 - Mental Health Consultation to Early Care and Education Providers (\$200,000)	\$0
Strategy 13 - Enrollment Assistance Centers (\$200,000)	\$0
Regional Needs & Assets	\$10,000
Subtotal of Expenditures	\$2,048,151
Fund Balance (undistributed regional allocation in SFY2010)*	\$100,000
Grand Total (Add Subtotal and Fund Balance)	\$2,148,151

The Yavapai Regional Partnership Council has determined the need to retain \$100,000 in reserve for future years. Specifically, expansion of infant and toddler care, Strategy 3 requires increased expenditures in years 2 and 3, as does Strategy #7, expansion of *Quality First!*. Growth in Strategy 4 addressing affordability of quality care is also planned. Inflationary increases have not been included in future years and could also require use of the fund balance.

The final fund balance at the end of Year 3 is estimated to be only \$13,802, which demonstrates the need for this amount to be undistributed in Year 1.

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

Use the table below to present the initial thinking of the Regional Council to implement the three year strategic plan. Use the actual allocation for SFY2010 and estimated allocation amounts for SFY2011 and SFY2012.

Yavapai Regional Partnership Council
Regional Council 2010 Allocation: \$2,148,151

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$2,148,151	\$2,148,151	\$2,148,151	\$6,444,453
Fund Balance (carry forward from previous SFY)	N/A	\$100,000	\$3,151	
Expenditure Plan				
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 - Family Support Collaborative	\$15,000	\$10,000	\$10,000	\$35,000
Strategy 2 - Family Support Services -Expand Parenting Education -Expand home visiting programs -Nurse Home Visitation -Home Visiting Coordination -Outreach & Enrollment Assistance	\$866,800	\$866,800	\$866,800	\$2,600,400
Strategy 3 - Expand Infant & Toddler Care	\$195,000	\$344,000	\$293,000	\$832,000
Strategy 4 - Ensure access and affordability of quality ECE	\$285,151	\$295,000	\$315,000	\$895,151
Strategy 5 - Child Care Health Consultation	\$200,000	\$200,000	\$200,000	\$600,000
Strategy 6 - Court Team / Infants and Toddlers in Foster Care	\$40,000	\$40,000	\$40,000	\$120,000
Strategy 7 - Expand Quality First!	\$266,000	\$374,000	\$302,500	\$942,500
Strategy 8 - Public Awareness	\$75,000	\$55,000	\$55,000	\$185,000
Strategy 9 - Expand TEACH	\$45,200	\$45,200	\$45,200	\$135,600
Strategy 10 - Child Care Study	\$50,000	\$0	\$0	\$50,000
Regional Needs & Assets	\$10,000	\$15,000	\$10,000	\$35,000
Subtotal Expenditures	\$2,048,151	\$2,245,000	\$2,137,500	\$6,430,651
Fund Balance* (undistributed regional allocation)	\$100,000	\$3,151	\$13,802	
Grand Total	\$2,148,151	\$2,248,151	\$2,151,302	

*Budget Justification: Provide information, as determined necessary, to support rationale for three year expenditure plan and include justification for fund balance.

VI. Discretionary and Public/Private Funds

Public / Private Funds:

The Yavapai Regional Partnership Council intends to identify opportunities to work with community partners resulting in cost savings, leveraging of funding and direct donations. Several

opportunities have already been identified. The Yavapai Regional Partnership Council will work with the Yavapai County Community Foundation and the Kiwanis Club of Prescott to publish and distribute *The Big Kids Book*. We will develop an index of early childhood resources and incorporate the information in the directory. We will further collaborate with the Yavapai County Community Foundation in the development of a *Little Kids Book* for western Yavapai County. By working together, we will realize a substantial discount in printing and distribution costs.

The Yavapai Regional Partnership Council will solicit corporate sponsorship for the Diaper Drive. The goal of this volunteer effort is the collection of 20,000 donated diapers, valued at over \$5,000.

The Yavapai Regional Partnership Council will apply for matching funds from AHCCCS to support public health insurance outreach efforts identified in our strategies.

Discretionary Funding:

The Yavapai Regional Partnership Council has not fully developed strategies to respond to all of the region's needs. The Regional Council intends to explore promising strategies further. This may result in the identification of additional approaches to address regional needs that will be submitted for consideration of discretionary funding.

Currently, the Yavapai Regional Partnership Council has identified three strategies that it is unable to fund within the amount of their regional allocation. Discretionary funding will be requested to support the implementation of these additional strategies:

- Expand Head Start within the Yavapai region.
- Provide mental health consultation to early care and education centers and homes.
- Expand access to Health-E Application by supporting community enrollment assistance centers so more families will enroll in and retain public health insurance and other public benefits for their young children.