

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

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

The Yuma region is located in the southwest corner of the state. It shares borders with California and Mexico and is characterized by vast stretches of desert with a small number of population centers in proximity to the Colorado River. Approximately 21,598 children ages 0 through 5 reside in the region. The growth rate for this population, between 2000 and 2007, was at 41 percent. In 2006, the median annual income for a household in Yuma County was \$37,457 compared to the median income of \$47,265 in the State as a whole. This lower median income substantiates the perception of poverty as a significant issue for the region.

When the Yuma Regional Partnership Council reviewed the findings of the local Needs and Assets Report, the Regional Council identified and prioritized needs within six areas. The first of these areas is the need to increase and enhance services for young children identified with special needs. The second area was the need for training in support of the early care and education workforce. The third area was the need for Early Childhood Development and Health stakeholders to continue networking to stay informed on current services, identify gaps, and reduce duplication of services. The fourth area was parents requesting information that would help them be better parents. The fifth area was that a large number of pregnant women do not access early prenatal care during their pregnancy. The sixth area was a concern over children entering kindergarten and not being socially and/or emotionally prepared. The Needs and Assets report indicates there are several district preschools that serve children identified with special needs. Even with this availability of service, there are lengthy and long-term waiting lists for intervention services due to the lack of professionals in the community. The Yuma Division of Developmental Disability reports the waiting list is for a minimum of nine months if not longer. Early Childhood Education stakeholders report the existence of therapists within the community who could serve this population but are prohibited from doing so due to the cost of going out of the area to obtain continuing education and required certifications. Surveys conducted by workgroup participants indicated a shortage of 21 therapists for the region.

A review of the Yuma Region Needs and Assets Report shows 24 percent of Early Childhood teachers with a Child Development Associate (CDA) credential compared to 9 percent for the State. Thirty-six percent have an Associate of Arts degree compared to 15 percent throughout the state. When a comparison is made for the Bachelor's degree, 8 percent of the region's Early Childhood teachers have a Bachelor's degree compared to 33 percent for greater Arizona. In the area of professional development, the report concludes, despite the opportunity for pursuing degrees and continuing education, the low wages in the region and costs for education are the things that prevent the pursuit of skill development for these professionals.

According to the Arizona Department of Health Services' 2006 Health and Vital Statistics Report, 60.6 percent of the women in Yuma giving birth began care in the first trimester compared to 77.7 percent for the state and 83 percent for pregnant women delivering in the US. The Yuma Regional Needs and Assets Report indicates health coverage is not the only factor that affects access to care.

Other factors for consideration regarding access include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility of services. The report further indicates the region is rural with large numbers of immigrant and linguistically isolated households.

The Yuma Regional Needs and Assets Report indicates that only 15 percent of children ages 0 through 5 within the region are enrolled in programs with some sort of licensure or certification. Workgroup participants expressed concern that children are entering school unprepared. There are 76 centers serving children throughout the region which includes 11 Head Starts, 6 Early Childhood Block Grant (ECBG) preschool programs, 5 Migrant and Seasonal Head Start programs, 11 before/afterschool programs, approximately 21 Centers subsidized through DES, 24 in-home care providers subsidized through DES and 1 known non-subsidized center. Although the reason children are not in care is not known, it can be speculated that a major factor could be attributed to the cost of care and the relative low income wages throughout the region. Another potential contributing factor to low enrollment is reduced availability of enrollment opportunities. As potential group and home care providers complete their training, they find themselves faced with unexpected costs for certification fees and liability coverage. The local Arizona Child and Family Services District IV Case Count for the Yuma area reports 183 certified home care providers and 853 undergoing eligibility processing.

The Yuma region has a wealth of dedicated, competent, and passionate community members who desire to strengthen Yuma efforts on all the issues surrounding the better coordination of service delivery within the field of early childhood education. During the strategic planning session held for the region in July of 2008, participants expressed their desire to continue meeting periodically for the purpose of: maintaining knowledge of services and making that information available to the early childhood workforce, parents and caregivers; identifying gaps; and reducing duplication in services. When addressed, the need for increased and effective communication between these entities and civic, philanthropic and economic development groups could produce sustainability of streamlined services in anticipation of dwindling funding resources. The Yuma Regional Partnership Council desires to coordinate with its neighboring region and statewide efforts in the streamlining of services for young children and communicating the promotion of these efforts.

The Yuma Regional Council has prioritized the following needs to address over the next three years are listed below.

1. Critical shortage of therapeutic services for children identified with special needs
2. Limited capacity of qualified early childhood education workforce to address the needs of children identified with special needs
3. Lack of awareness of eligibility and access procedures to obtain services for children identified with special needs
4. Limited training and loss of a well educated and prepared early childhood development and health workforce
5. Limited continuing education availability for a well educated and prepared early childhood development and health workforce
6. Lack of coordination of local resources for delivery of streamlined early childhood development and health services
7. Lack of current information on early childhood development and health for parents
Limited current information on brain development available to parents
8. Lack of access to and awareness of importance of early prenatal care
9. Limited center based enrollment opportunities for school readiness
preparation of children entering kindergarten

10. Limited home based enrollment opportunities for school readiness preparation of children entering kindergarten
11. Limited knowledge and information about the importance of investing in early childhood development and health

II. Prioritized Goals and Key Measures

NEED: Critical shortage of therapeutic services for children identified with special needs

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

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

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

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

Key Measures:

1. Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area
2. Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area
3. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems

NEED: Limited capacity of qualified early childhood education workforce to address the needs of children identified with special needs

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.

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

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.

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 #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:

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

NEED: Lack of awareness of eligibility and access procedures to obtain services for children identified with special needs

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

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

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:

1. Total number and percentage of children with health insurance
2. Ratio of children referred and found eligible for early intervention
3. 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
4. Percentage of families of 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
5. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

Need: Limited training and loss of a well educated and prepared early childhood development and health workforce

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

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

Key Measures:

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

Need: Limited continuing education availability for a well educated prepared early childhood development and health workforce

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

Key Measures:

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

Need: Lack of coordination of local resources for delivery of streamlined early childhood development and health services

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:

1. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
2. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
3. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)
4. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private and tribal systems

Need: Lack of current information on early childhood development and health for parents

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

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

Key Measures:

1. 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
2. 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

3. Percentage of families of children birth through age five who report they maintain language and literacy rich home environment (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)

Need: Lack of access to and awareness of importance of early prenatal care

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:

1. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)
3. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private and tribal systems

Need: Limited center based enrollment opportunities for school readiness preparation of children entering kindergarten

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:

1. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)
3. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private and tribal systems

Need: Limited home based enrollment opportunities for school readiness preparation of children entering kindergarten

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:

1. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system
2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)
3. Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private and tribal systems

Need: Limited knowledge and information about the importance of investing in early childhood development and health

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

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

Key Measures:

1. Percentage of Arizonans who report that early childhood development and health issues are Important
2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
3. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

III. Strategy Selection

The strategies proposed by the Regional Council to address the Identified Needs, FTF Goals and Key Measures are as follows:

Identified Need	Goal	Key Measures	Strategy
<p>Critical shortage of therapeutic services for children identified with special needs</p>	<p>Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p> <p>Goal: FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Goal: FTF will build a skilled and well prepared early childhood development workforce</p> <p>Goal: FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy development of young children.</p>	<ol style="list-style-type: none"> 1. Retention rates of early childhood development and health professionals 2. Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area 3. Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area 4. Total number and percentage of public and private partners’ who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems 	<p>Strategy #1:</p> <p>Increase availability of therapeutic services for children identified with special needs</p>

<p>Limited capacity of qualified early childhood education workforce to address the needs of children identified with special needs</p>	<p>Goal: FTF will improve access to quality early care and education programs and settings.</p> <p>Goal: FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Goal: FTF will build a skilled and well prepared early childhood development workforce.</p> <p>Goal: FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.</p> <p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: FTF will 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>	<ol style="list-style-type: none"> 1. Total number and percentage of children expelled from early care and education services 2. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children 3. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system 4. Total number and percentage of public and private partners who report they are satisfied with the extent and quality of coordination between public, private and tribal systems 	<p>Strategy #2:</p> <p>Increase capacity of qualified early childhood education workforce to address the needs of children identified with special needs</p>
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<p>Lack of awareness of eligibility and access procedures to obtain services for children identified with special needs</p>	<p>Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p> <p>Goal: FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development</p>	<ol style="list-style-type: none"> 1. Total number and percentage of children with health insurance 2. Ratio of children referred and found eligible for early intervention 3. 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 4. Percentage of families of 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 5. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children 	<p>Strategy #3:</p> <p>Assist families in accessing services for their children, from birth to five, identified with special needs</p>
<p>Limited training and loss of a well educated and prepared early childhood development and health workforce</p>	<p>Goal: FTF will build a skilled and well prepared early childhood development workforce</p> <p>Goal: FTF will increase retention of the early care and education workforce</p>	<ol style="list-style-type: none"> 1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development 2. Total number and percentage of professionals working in early childhood care and education settings who are pursuing a credential, certificate, degree 3. Retention rates of early childhood development and health professionals 	<p>Strategy #4:</p> <p>Provide for a well educated and prepared Early Childhood Development and Health (ECDH) workforce through TEACH</p>

<p>Limited continuing education availability for a well educated and prepared early childhood development and health workforce</p>	<p>Goal: FTF will build a skilled and well prepared early childhood development workforce</p>	<ol style="list-style-type: none"> 1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development 2. Total number and percentage of professionals working in early childhood care and education settings who are pursuing a credential, certificate, degree 	<p>Strategy #5:</p> <p>Expand continuing education for a well educated and prepared Early Childhood Development and Health (ECDH) workforce</p>
<p>Lack of coordination of local resources for delivery of streamlined early childhood development and health services</p>	<p>Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families</p>	<ol style="list-style-type: none"> 1. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children 2. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system 3. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making) 4. Total number and percentage of public and private partners who report they are satisfied with the extent and quality of coordination between public, private and tribal systems 	<p>Strategy #6:</p> <p>The Regional Council has not fully developed the strategy to address this need and goal for this region. The Regional Council will focus on the direct service strategies and continue to develop the approach that will improve service delivery. The Regional Council will come back to the Board at a later date with a recommended strategy.</p>

<p>Lack of current information on early childhood development and health for parents</p>	<p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development</p> <p>Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families</p>	<ol style="list-style-type: none"> 1. 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 2. 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 3. Percentage of families of children birth through age five who report they maintain language and literacy rich home environment (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) 	<p>Strategy #7:</p> <p>Increase parent awareness and education of early childhood development and health, with an emphasis on brain development, through the utilization of the Arizona Parent Kits and Brain Boxes</p>
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<p>Lack of access to and awareness of importance of early prenatal care</p>	<p>Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development</p>	<ol style="list-style-type: none"> 1. Percentage of families who report they are satisfied with the decision making and planning opportunities in the early childhood system 2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making) 3. Total number and percentage of public and private partners’ who report they are satisfied with the extent and quality of coordination between public, private and tribal systems 	<p>Strategy #8:</p> <p>Increase access to and awareness of importance of early prenatal care</p>
<p>Limited center based enrollment opportunities for school readiness preparation of children entering kindergarten</p>	<p>Goal: FTF will improve access to quality early care and education programs and settings</p> <p>Goal: FTF will increase availability and affordability of early care and education settings</p>	<ol style="list-style-type: none"> 1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five 2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making) 	<p>Strategy #9:</p> <p>Increase center based enrollment opportunities for school readiness preparation of children entering kindergarten</p>

<p>Limited home based enrollment opportunities for school readiness preparation of children entering kindergarten</p>	<p>Goal: FTF will improve access to quality early care and education programs and settings</p> <p>Goal: FTF will increase availability and affordability of early care and education settings</p>	<ol style="list-style-type: none"> 1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five 2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making) 	<p>Strategy #10:</p> <p>Increase home based enrollment opportunities for school readiness preparation of children entering kindergarten</p>
<p>Limited knowledge and information about the importance of investing in early childhood development and health</p>	<p>Goal: FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families</p> <p>Goal: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<ol style="list-style-type: none"> 1. Percentage of Arizonans who report that early childhood development and health issues are important 2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters 3. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts 	<p>Strategy #11:</p> <p>Increase knowledge of the importance of investing in early childhood development and health through communications campaign</p>

Strategy 1: Increase availability of therapeutic services for children identified with special needs

The successful early identification of developmental delays has brought to light the critical shortage of professionals throughout the region. Local survey data indicate a shortage of 15 Speech Language pathologists in the area. The results also indicate a need for two additional Occupational Therapists, two Physical Therapists, and two Speech Therapists. These therapists would address the needs of children already identified with developmental delays but whose names have been placed on waiting lists for services. Children are currently waiting nine months to begin receiving services. Best practices indicate that if a child has a disability or delay in their development, providing the necessary therapy in the first few years will help the child reach their maximum potential.¹ This lack of access to therapists results in a loss of critical developmental skills at this important developmental period.

The Yuma Regional Partnership Council is seeking a grantee to administer the provision of scholarships and incentives to recruit these needed professionals. This strategy is intended to provide incentives through stipends for potential therapists to complete their externship within the Yuma Region. Therapists would be recruited to work with children birth to age five with added emphasis on serving in rural areas. Therapists receiving tuition reimbursement who complete their education with an emphasis on birth through age five would be asked to commit to three years of service within a rural area of the region. It is expected that efforts would be coordinated between payment entity and contracted providers serving the community. There is a typical minimum 3 year requirement to the community/provider with payments made annually at the completion of each year of the contract. A balloon payment at the end of the 3rd year of the contract increases changes of the individual remaining with the program for the full-term of the contract. For example: Year 1 bonus \$3,000; Year 2 bonus \$3000; Year 3 bonus \$6000. Or, Year 1 bonus \$2000; Year 2 bonus \$4500; Year 3 bonus \$7000.

In order to implement this strategy, the Regional Council expects the grantee to provide for recruitment, retention and support of therapists by addressing the following:

- Increasing the number of speech/language pathologists supporting children birth to age five by providing externship stipends and tuition reimbursement.
- Recruitment and retention of 2 additional therapists; 1 Occupational (OT), 1 Physical (PT) by providing externship stipends and tuition reimbursement.
- Increase in locally available high quality and relevant professional development opportunities for existing providers

The Regional Council appreciates that shortages in this area are a national concern and therefore will support innovative ideas that make the Yuma region enticing for prospective service providers. The Regional Council expects that potential grantees would coordinate efforts with all First Things First grantees. The Regional Council is also looking for coordinated efforts with local philanthropy to financially support loan forgiveness and other financial incentive activities.

To implement this strategy, the Regional Council would seek proposals from the community through the RFGA process. Grant applicants could include (but are not limited to) school districts, private child care

providers or preschools, or community-based organizations, or collaborations among such entities.

Research Notes:

¹EARLYSTART, Providing Additional Early Childhood Intervention for Children with a Disability and Their Families, Department of Ageing, Disability and Home Care, November 2008.

- Goal:** FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.
- Goal:** FTF will advocate for timely and adequate services for children identified through early screening.
- Goal:** FTF will build a skilled and well prepared early childhood development workforce
- Goal:** FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy development of young children.

Key Measures:

1. Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area
2. Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, or degree in early childhood development or other appropriate specialty area
3. Total number and percentage of public and private partners’ who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems

Target Population: Early childhood professionals in health and developmental settings providing interventions services for children, birth through age five, identified with special needs. These professionals are to have a service commitment to the Yuma region.

	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
Proposed Service Numbers	3 Speech Language Pathologists	3 Speech Language Pathologists	3 Speech Language Pathologists
	2 Therapists (1 OT and 1 PT)	2 Therapists (specialties TBD)	2 Therapists (specialties TBD)
	Continuing Education numbers TBD	Continuing Education Numbers TBD	Continuing Education Numbers TBD

Performance Measures SFY 2010-2012

<ol style="list-style-type: none"> 1. Increase in the number of speech, occupational, and physical therapists serving children identified with special needs in the Yuma Region. 2. Reduction in the waiting time for therapy to begin following diagnosis and eligibility for special needs services. 3. Number of providers that increase their credentials and capacity to serve children identified with special needs. 4. Retention rates of early childhood development and health professionals 	
<p>How is this strategy building on the service network that currently exists: The region currently has greater capacity for the early identification of developmental delays than for the provision of therapeutic services to address those identified needs. This strategy promotes continuity of care. The strategy also provides opportunities for graduates of higher education institutions to focus their work on very young children in communities that have limited support in early intervention.</p>	
<p>What are the opportunities for collaboration and alignment: This is a statewide need and opportunities to collaborate with other regions in the West Region exist as Regional Councils move forward with the approval of strategies. The infrastructure exists locally for recruitment of health professional through the local hospital as well health service providers throughout the region.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$187,500</p>
<p>Budget Justification:</p> <p>This allocation is primarily based on the cost of service delivery, with the exception of administrative costs to the applicant for implementing the program. FTF cost analysis review indicates a range of \$12,000-\$25,000 per therapist brought to the community.</p> <p>Recruitment and retention is budgeted at the high end of \$25,000. An additional amount of \$50,000 is being allocated for continuing education facilitation which can be combined with resources available after the minimum recruitment of 5 therapists has been achieved.</p>	

Strategy 2: Increase capacity of qualified early childhood education workforce to address the needs of children identified with special needs

According to a 2005 study of pre-kindergarten expulsions conducted by the Yale University Child Study Center, the national pre-kindergarten expulsion rate is 3.2 times higher than the rate for K-12 students. In Arizona, the rate of preschool expulsions is nearly 3 times higher than that for K-12 students in the state.¹ When caregivers in early care and education programs do not have adequate guidance and support to deal with these behaviors, they often resort to expulsion of the child from the facility. While the expulsion rate for the Yuma region is not known, early care and education providers in the Yuma region have shared concerns over a lack of specialized training and/or support in working with children with special needs in early care and education settings. "Research has shown that developmental gains for children with disabilities may not occur by simply placing children with disabilities in programs with typically developing children. Successful inclusion requires continued commitment, planning, and collaboration. The key to successful inclusion of young children in child care is the provision of training, technical assistance, and support to involved staff."²

If intervention is not provided in the early years, young children who exhibit challenging behaviors indicative of developmental delays continue to struggle in their adolescence years and even into their adult years. Challenging behaviors may include physical aggression towards others, inappropriate language, consistent refusal to participate in classroom activities, frequent yelling and screaming, and self-harming behaviors. With the intent of more immediately increasing the number of early care and education settings within which children with special needs can be provided with services and supports, the Regional Council will fund (a) grantee(s) to provide technical support for both center and home based providers throughout the region (ongoing instruction, consultation, mentoring for teachers, and special equipment) to foster an inclusionary environment to increase capacity and competency in provision of services for this population.²

To implement this strategy, the Regional Council will seek proposals from the community through the RFGA process for an organization or organizations to provide technical assistance and training to programs to serve children with special needs and increase the number of programs that are able to serve children with special needs. Funding provided could only be used to increase the number of enrollment opportunities in early education and care settings for children with special needs.

Funded entities would be required to document that funding would expand environments to allow participation of children with a current IEP. The grantee would also be expected to coordinate activity with all local **First Things First** grantees for resource development and program sustainability.

Research Notes:

¹FOUNDATION for CHILD DEVELOPMENT, *Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Programs*, Walter S. Gilliam, PhD, FCD Policy Brief Series No. 3, May 2006.

²National Child Care Information and Technical Assistance Center, 1999. *Issue 21, Inclusive Child Care – Quality Child Care for All Children*, Washington, DC: Department of Health and Human Services.

- Goal:** FTF will improve access to quality early care and education programs and settings.
- Goal:** FTF will advocate for timely and adequate services for children identified through early screening.
- Goal:** FTF will build a skilled and well prepared early childhood development workforce.
- Goal:** FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.
- Goal:** FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development.
- Goal:** FTF will 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:

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

Target Population: This strategy targets early care and education programs in both center and home based settings throughout the region that serve children birth through age five focusing on supporting and maintaining children with special needs in these settings.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	10 Centers	5 Centers	3 Centers
	20 Home Based Providers	10 Home Based Providers	5 Home Based Providers

Performance Measures SFY 2010-2012

1. Number of early care and education providers receiving proposed technical assistance
2. Number of providers that increase their credentials and capacity to serve children identified

- with special needs children
3. Number of children with special needs served in ECE programs
 4. Number of children with special needs remaining in care for at least six months

How is this strategy building on the service network that currently exists: Since all school districts in the region are required to enroll children, ages 3-5, with a current IEP (Individual Education Plan), this strategy would encourage networking within the region to place children in an inclusionary environment in either a public, private or federal program. This strategy would also require collaboration with existing state agencies, including DDD, AzEIP, and other early intervention entities working with children age 0-3. This strategy builds on services that are currently provided through state intervention agencies.

What are the opportunities for collaboration and alignment: Collaboration opportunities exist with school districts, Head Starts, and private child care entities to provide services in an inclusionary environment for children with special needs. Partnerships could also be developed with community-based organizations that serve or advocate for children with special needs, and government agencies that serve this population. Applicants who apply to administer these services will coordinate with existing early intervention specialists as well as with the early care and education facilities that participate. This is a statewide need and opportunities to collaborate with other regions in the West Region exist as regional councils move forward with the approval of relevant strategies.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$231,000
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Budget Justification:

The Yuma Regional Partnership Council anticipates serving 10 centers and 20 home care providers in FY10. The second year of funding will provide continued support for these facilities, though at a less intensive level. In addition, five new centers and 10 new home based providers will receive support in FY11. In the third funding year, 3 new centers and 5 home based providers will participate, and decreased support will continue for the participants from the previous two years.

\$7,000 per year per center for technical assistance/training (assuming facilities are open year-round for materials, supplies, 8 hours of training per month per facility, with a \$50 per hour trainer costs) for a total of \$140,000

\$1,250 per year per home based providers (6 hours of training per month, with providers trained simultaneously whenever possible for cost efficiency) for a total of \$25,000

\$45,000 (i.e. part-time personnel costs; maintaining contact with providers; developing program materials; coordinating specialists' schedules and sites; etc.).

\$21,000 Administrative costs

This allocation is primarily based on the cost of service delivery, with the exception of administrative costs to the applicant for implementing the program. An applicant could apply to support a full-time specialist if one were available. The grantee is expected to coordinate with local **First Things First** grantees for collaborative resource development and program sustainability.

Strategy 3: Assist families in accessing services for their children, from birth through age five, identified with special needs

During a Town Hall meeting held in the Yuma County Commissioner's auditorium, both parents and service providers expressed passionate concern regarding the shortage of services for children identified with special needs. Parents expounded on both the costs barriers and just not knowing what to do to access services for their children. This strategy will offer support, training, information and referral to families accessing special education services for their children with special needs who do not qualify for part C (early intervention) or part B (early childhood special education). It will also address the need to empower parents to strengthen their role as participants in the provision of appropriate educational services for their children with special needs. Concern reported by parents is that many children who have developmental concerns do not meet the criteria and are ineligible to receive services through the state early intervention systems. Their children, who do have some developmental challenges, fall in the gap between children who are typically developing and those who are eligible for services because of a significant delay. Parents wish to obtain some degree of intervention for their children, but even if they could find someone to provide the desired service, they do not know how to access services and often cannot afford the services their children need.

In order to implement this strategy, the Regional Council seeks a grantee to provide supportive case management for the purpose of increasing parent capacity to support their child both directly as caregivers and "first teachers" as well as improving their ability to access and advocate for services. The focus of such program should include but should not be limited to:

- Providing information, support, technical assistance, training and education to families who have children with disabilities and the professionals who work with them
- Providing individualized practical information related to advocacy, workshops, community resources, school programs, disability information and law, collaboration, parent education on referral process and formal state funded screening and/or intervention services and other areas of concern

- Linking families to existing related community resources

The Regional Council will coordinate and further develop this strategy with the Arizona Early Intervention Program and the Department of Education and school districts to ensure services are not being duplicated and to develop the coordination mechanisms that are necessary so that parents and caregivers have access to the necessary services and supports for their children. The grantee would also be expected to coordinate activity with all local **First Things First** grantees for resource development and program sustainability.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.
Goal: FTF will advocate for timely and adequate services for children identified through early screening.
Goal: FTF will coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse and relevant information and resources to support their child’s optimal development

Key Measures:

1. Total number and percentage of children with health insurance
2. Ratio of children referred and found eligible for early intervention
3. 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
4. Percentage of families of 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
5. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

Target Population: Parents of children 0 through 5 years of age with children identified with special needs as well as children manifesting behaviors indicative of developmental delays, yet undiagnosed and who do not meet the eligibility requirements for the state early intervention and special education services.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	140 Families	150 Families	150 Families

Performance Measures SFY 2010-2012

1. Reduction in the waiting time for special needs therapy to begin following diagnosis and eligibility for service
2. Parents reporting increase in their capacity to access services, advocate for their children, and provide services for their children identified with special needs.

How is this strategy building on the service network that currently exists: This strategy builds on services that are currently provided through state intervention agencies. Programs utilizing case management models exist within the region that can expand services to include provision of family support directed at working with families with children with special needs.

What are the opportunities for collaboration and alignment: Partnerships could also be developed with community-based organizations that serve or advocate for children with special needs, and government agencies that serve this population. Specialists can help facilitate a strengthened connection between families, early care and education programs, and a child’s home school district. This relationship can ensure that families receive appropriate information regarding available resources within their school district, as well as ensure continuity of services for children who enter public schools. This is a statewide need and opportunities to collaborate with other regions in the West Region exist as regional councils move forward with the approval of similar/related strategies.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$201,711
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Budget Justification:

\$1,200 per family (for registration, minimum of 4 visits, participation in classes, data preparation and community lay health worker access) for a total of \$168,000

Other operating (office supplies, telephone, educational material, printing, mileage) at \$16,800

Training and coordination of services/programs at \$16,911

Strategy 4: Provide for a well educated and prepared Early Childhood Development and Health (ECDH) workforce through TEACH

The Regional Council sees 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. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts developmental outcomes for children¹.

Programs enrolled in QUALITY FIRST will have access to TEACH Early Childhood Arizona. The Regional Council wants to expand TEACH to those programs not yet enrolled in Quality FIRST.

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

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

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

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

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

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

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

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

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs,

substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives

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

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

Goal: FTF will build a skilled and well prepared early childhood development workforce
Goal: FTF will increase retention of the early care and education workforce

Key Measures:

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

Target Population:

This strategy will address the professional development needs for the Early Childhood Development Workforce identified to include individuals not eligible for the TEACH scholarship program through **Quality First!**

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

Performance Measures SFYs 2010-2012

1. Number of professionals pursuing degree in early childhood/actual service numbers
2. Number of college credits held by professionals/proposed service numbers
3. Number of college credits held by professionals/actual service numbers
4. Number of family care and center providers that obtain early childhood education credentialing

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 Yuma Regional Partnership Council is building on the infrastructure elements established by the FTF

Board with Quality First! TEACH to improve the quality of early care and education in the Yuma region. Using facilities for multipurpose use, utilizing buildings that are currently available, expanding on current professional development venues available. Local non-profits exists that support professional development within the region. This strategy has potential for building on and/or enhancing these community assets.

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

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$103,800
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Budget Justification:

Cost for 30 participants in TEACH, full year participation \$1,600 per year.....	\$48,000
When the Regional Council reviewed the TEACH Scholarship budget, the Yuma Regional Partnership Council determined it was necessary to provide additional supports to the scholars and early care and education settings which include: additional reimbursement for travel as this is a rural region (5,522 square miles); costs of the release time for the scholars when it requires having a substitute (4 hrs/wk while enrolled in courses); bonus at the completion of contract (the TEACH Administrative Home will establish the formulas). The total allocation in support of this.....	
	<u>\$55,800</u>
Total Budget.....	\$103,800

The grantee is expected to coordinate activities with regional First Things First grantees for collaborative resource development and program sustainability.

Strategy 5: Expand continuing education for a well educated and prepared early childhood development and health (ECDH) workforce

Stakeholders, inclusive of parents, identified continuing education for the early childhood development workforce as a high priority in the region. Many early care and education professionals in the region are interested in ongoing education and training, however, there are limited local opportunities and the cost of travel outside of the region is prohibitive. For many early care and education professionals in the region, this is a requirement for continued certification by state licensing and/or certification entities. Many times, this is a cost incurred by these professionals. The Regional Council recognizes that community based trainings have the potential to entice and encourage professionals who have been away from school for some time or who have never been engaged in formal schooling to return to the classroom or to enter the classroom for the first time. For that reason, the Regional Council is especially interested in partnerships, contracts and/or agreements with higher education institutions to offer credit hours for these community-based trainings.

The Regional Council sees the need to expand and provide for professional development of the early care and education workforce through high quality/best practice continuing education. The key to quality child care is linked to the education and stability of the early childhood workforce. The ongoing professional development of early educators is a key component of a high quality early learning system. There is an extensive body of research showing that the education and training of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children¹.

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

Benefits to families: early childhood professionals who continuously advance their skills and knowledge

are better able to build relationships with children and families and to foster their growth and development.

Benefits to programs and staff: Ongoing high quality continuing education leads to higher staff quality.

The Regional Council will invite grantees to submit innovative and creative approaches to provide high quality professional development and/or bring subject matter experts (visiting faculty, published authors, researchers, etc.) to early childhood educators within the Yuma region. The grantee will be required to demonstrate capacity to deliver best practice, high quality, and local trainings on topics related to early childhood development and health. Training topics may include, but are not limited to:

- Documentation, assessment and evaluation in early childhood education
- Safe and healthy learning environments
- Maintaining a commitment to professionalism
- Developmentally appropriate practices
- Early childhood development
- Early childhood mental health
- Role of creativity in learning
- Role of materials in the classroom
- Role of the arts in academic and social-emotional growth and development
- Role of the environment and environmental design in children's learning
- Role of the teacher/educator as researcher

All professional development trainings will be required to show successful outcomes, either through an assessment process or other method as proposed by the grantee. The grantee will be expected to coordinate activities with local First Things First grantees for resource development and program sustainability.

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.

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

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

Key Measures:

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

Target Population:			
Early childhood development workforce, such as early care and education providers, directors, caregivers and others working directly with children ages 0 through 5.			
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		
Performance Measures SFYs 2010-2012			
<ol style="list-style-type: none"> 1. Number of professionals pursuing degree in early childhood/actual service number 2. Number of college credits held by professionals/proposed service numbers 3. Number of college credits held by professionals/actual service numbers 4. Number of family care and center providers that earn an ECE credential or degree 			
How is this strategy building on the service network that currently exists: This strategy will benefit children, families and programs by addressing workforce under-education which negatively impacts the quality of early care and education. The Yuma Regional Partnership Council is building on existing infrastructure elements within the region by using facilities for multipurpose use, utilizing buildings that are currently available, and/or expanding on current professional development venues available. Local non-profits exists that support professional development within the region. This strategy has potential for building on and/or enhancing these community assets.			
What are the opportunities for collaboration and alignment: The grantee will facilitate joint ventures between districts, private and public partnerships and existing entities that support professional development opportunities for the ECE workforce. Community-based training opportunities are offered statewide to all types of child care providers and include on-site technical assistance. The local community college and contracts between the Department of Economic Security and community based training agencies provide a range of opportunities. Many of these include competencies that prepare providers for the Child Development Associate credential. For many, this would be a starting point of professional development and with encouragement and success, providers would then proceed to enroll in college coursework to continue their educational pathways.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$110,000		
Budget Justification:			
Community based trainings: Using this funding level, stakeholders will be invited to submit specific costs and service numbers to implement this strategy.....			\$100,000

Administrative costs	<u>\$10,000</u>
Total Budget.....	\$110,000
The grantee is expected to coordinate activities with local First Things First grantees for collaborative resource development and program sustainability.	

Strategy 7: Increase parent awareness and education of early childhood development and health, with an emphasis on brain development, through the utilization of the Arizona Parent Kits and Brain Boxes.

The Yuma Regional Partnership Council would like to ensure that every family of children birth to five years of age has the information and support they need to be effective parents and promote the healthy development of their children. As part of the regional needs and assets process, focus groups were conducted in June 2008. Members of the Yuma County community came together and discussed ideas for strengthening family supports and addressing current gaps in providing the kind of support parents and caregivers will find meaningful and supportive. The group reported the need for a resource directory focus on young children and the need for parent outreach and education in early childhood.

Successful parent outreach and education programs help parents acquire and internalize parenting and problem solving skills necessary to build a healthy family and promote the healthy development and brain development of their children. Protective factors, which benefit both parent and children, that occur as a result of effective parenting education include nurturing and attachment, knowledge of parenting and of child development, parental resilience, and social connections and support for

parents.¹

The Regional Council will partner with family support programs in the Yuma region to enhance child development information and educational materials to parents with children age zero through five utilizing the Arizona Parent Kit and Baby Brain Boxes.

The Arizona Early Childhood Development and Health Board expanded the distribution of the Arizona Parent Kit statewide. FTF will implement this strategy in partnership with the Virginia Piper Trust Foundation through 2010. Parents of newborns in all birthing hospitals across the state will have opportunities to receive the kit. The Regional Council will expand the distribution and utilization of the Parent Kit to families with children under age six.

The Baby Brain Box™ was created by New Directions Institute to help parents and caregivers promote healthy brain development during the baby's first year. The patented box contains eight items with instructions for play as well as toy safety and disinfecting information. An activity card for each item provides a complete guide for the parent (or caregiver) on how to use the item interactively with the child. Activities follow the [S.T.E.P.S. to Early Brain Development](#)sm system, which covers five important areas of development: Security, Touch, Eyes (vision), Play and Sound. Activity guides and all the materials are provided in the boxes which promote adult-child interaction that encourages healthy brain development. A Brain Box™ set includes 12 individual boxes: two for infants, two for babies, two for toddlers and six for preschool children. The Brain Boxes have shown to increase school readiness, increase positive parenting and parental involvement and improved child and maternal health outcomes. (www.newdirectionsinstitute.org)

Organizations will identify their approach for outreach and engagement of families whether it be through home visitation or group activities at a family center, hospital, library, etc., that bring parents and caregivers together. Organizations may already have programs in place and want to enhance their programs utilizing the Parent Kit and Brain Boxes. In addition, early care and education programs could add or build on a current parent education component currently in place integrating the Parent Kits and Brain Boxes into their program. Practitioners working with families will also support families in connecting with additional resources and information to support their children.

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

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

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

Key Measures:

1. 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
2. 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
3. Percentage of families of children birth through age five who report they maintain language and literacy rich home environment (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)

Target Population: Families of children birth to five years of age.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	500-1000	500-1000	500-1000
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> 1. Percent of families that report increase in knowledge of early childhood development 2. Percent of families that reported satisfaction with brain development instruction 3. Percent of families showing increase in parenting knowledge after participating in project 4. Percent of families with children birth through age five who report reading to their children daily in their primary language/ proposed service numbers 			
<p>How is this strategy building on the service network that currently exists: This strategy will serve to build on the existing infrastructure by providing families with educational support and resources. This strategy allows for building on existing resources by allowing them to expand to serve areas or populations that they do not currently serve. This strategy targets expansion of those resources to underserved locations in the region. This strategy also capitalizes on the FTF Statewide Parent Kit strategy by providing educational support to enhance the use of the Arizona Parent through incorporation within varied service delivery modalities.</p>			
<p>What are the opportunities for collaboration and alignment: Participation in a care coordination partnership will be part of the requirements to carry out this strategy. Opportunities exist for Arizona Parent Kits to be utilized by multiple programs providing home visitation, parenting classes, parent support groups, health and nutrition education, and social service supports. The proposed strategy would require the grantee(s) work with existing efforts in the region to plan, implement, and coordinate services. Demonstration must be made of efforts to eliminate duplication, to expand to new areas or methods, outreach and enrollment activities, establish an evaluation plan, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 741,586		
Budget Justification:			
<p>Costs vary widely depending upon programmatic dynamics such as providing the parent education through home visiting or through group activity. It is estimated that 2/3 of the families will be reached through group activities and a 1/3 through home visitation.</p> <p>Home visitation: 300 families x \$1500 (estimate for low intensity home visitation program) = \$450,000</p> <p>Community based programming (group activity) \$291,586 (looking to award 1 to 6 organizations to</p>			

deliver community based programming.

Strategy 8: Increase access to and awareness of importance of early prenatal care

First Things First Yuma Regional Partnership Council members were surprised by findings from the local needs and assets report which indicated a significant lack of access to early prenatal care by pregnant women throughout the Yuma region. According to the Arizona Department of Health Services/Division of Public Health Services, in 2006 there were 70 pregnancies within East County with 41% not accessing first trimester prenatal care. In South County there were 938 pregnancies with 51% not accessing first trimester prenatal care. Some resources exist within Yuma County that provide support, care and education for pregnant women. However, most of these services are located in the city limits of Yuma with very limited availability, if at all, in the rural areas. The Health Start program operated by Yuma County provides in-home support to support healthy birth outcomes for pregnant women and also focuses recruitment in the community of Wellton. While this program is an asset and is provided at no charge, the challenge still remains for these expectant mothers to access prenatal care.

Other regional resources that support early prenatal care include Baby Arizona clinics which are located in Yuma. These clinics provide a first prenatal care visit during which an application for AHCCCS is completed on a sliding fee scale offered for people above the 165% of poverty level required by AHCCCS. There is a Health Start program which has lay health workers that are tasked with serving the Wellton area. There is a Sunset Community Health Center satellite office in Wellton which provides services at a reduced fee for residents of East County. These resources indicate that there are options for these pregnant women, if outreach and case management services can be provided to help them get an appointment in the first trimester.

In order to increase the number of women in East and South County that enter care early in the pregnancy and ideally in the first trimester, the Regional Council recognizes the importance of the face to face outreach to pregnant women and those that may become pregnant in the future. This strategy relies on implementation of a Promotora model program with outcomes of initiation of prenatal care in the first trimester, healthier pregnancies, families prepared for parenthood, and improved utilization of well child care.

An effective promotora (lay health worker) program includes the following attributes:

- Promotora staff familiar with and connected to the community
- Outreach activities that identify pregnant women early in pregnancy and women that may be contemplating becoming pregnant.
- Coordination occurs with other family support programs.
- Provide referrals, support, and information that will reduce the use of cigarettes, alcohol and illegal drugs during pregnancy.
- Provide assistance to obtain WIC nutritional supplements and vitamins as well as information and education on the health and nutritional needs of the pregnant woman and children.
- Provide an assessment of family needs and connect parents to services when needed (i.e. prenatal care, infant care classes, substance abuse, child development training, birthing classes, etc.)
- For parents of newborns, educate the parents on how to utilize the Arizona Parent Kit they received from the hospital
- Provide case management for the health needs, including immunizations and well child care
- Facilitate transportation to clinic visits during the prenatal period and later for well child visits
- Function as a team with the lead agency
- Gather data to inform the project research

The Promotora works with families to identify the services that they need and the financial supports to which they are entitled; help them fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.¹ Should an assessment indicate that follow-up support to the family is indicated and the family agrees, the strategy will include the option of continued home visiting by a Promotora. The primary focus of the continued home visiting services is to promote effective parenting as they support the parents in establishing their medical home.

Baby Arizona <http://www.babyarizona.gov/BAZDoctors.aspx>- There are 3 locations in the town of Yuma. Women begin prenatal care at no cost while their eligibility is processed. If a woman is ineligible for AHCCCS once her application is processed, the Baby Arizona doctor who began her prenatal care is to work out a reasonable payment plan with her and continue care.

<http://www.co.yuma.az.us/health/hp-hstart.html>- Health Start provides home visits for prenatal through age 2, support and referral services.

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

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*.

Goal: FTF will provide outreach, information, and supports for healthy pregnancy outcomes as well a healthy growth and development after birth

Key Measures:

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

Target Population: Pregnant women not currently receiving first trimester prenatal care in East and South County.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	185		

Performance Measures SFY 2010-2012

1. Number and percent of expectant mothers in East and South County that access prenatal care in the First Trimester/ proposed service number.
2. Percent of child-bearing women in the East and South County that show an increase in knowledge of the value of early prenatal care after receiving support from the Early Prenatal Care providers funded as grantees through this strategy.
3. Percent of families that report satisfaction with home visiting support/strategic target.
4. Number of early prenatal home visits completed.
5. Number of families receiving post partum supports.

How is this strategy building on the service network that currently exists: This strategy will serve to build on the existing infrastructure by increasing the accessibility of prenatal health care and education, with a focus on women in the first trimester of their pregnancy. Regional Center for Border Health, Sunset Community Health, Yuma Regional Medical Center Mobile Unit, Yuma County Health Start Program, and the Women, Infants and Children (WIC) program will be invited to collaborate in the delivery of Prenatal Care Services to underserved areas. This Early Prenatal Strategy will be supported by the Home Visiting Strategy within this funding plan which would in addition be provided region wide. The interrelatedness of these two strategies would further support families by providing them with educational support and resources once the child is born and through the first years of life.

What are the opportunities for collaboration and alignment: With the existence of Sunset Community Health Centers, Regional Centers for Border Health, Inc. and Yuma County Public Health Services District satellite offices, opportunities currently exist for expansion of services to include outreach and case management to assist pregnant women in accessing early prenatal care.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$261,318
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Budget Justification: This would fund a part-time coordinator and a team of up to 10 Promotoras for outreach efforts throughout both South and East County.

Staffing (Promotoras, Supervision).....	\$180,000
Transportation/mileage (Promotoras).....	\$8,500
Transportation support (pregnant women).....	\$18,500
Administrative Overhead.....	\$23,818
Equipment (laptops).....	\$12,500
Costs to administer program (resource manuals, parenting education materials, supplies)....	<u>\$18,000</u>
Total	\$261,318

Strategy 9: Increase center based enrollment opportunities for school readiness preparation of children entering kindergarten

The Yuma Regional Partnership Council will increase the availability and affordability of early care and education settings by implementing a demonstration project focused on expanding accessibility to preschool settings within the region. Through analysis of data gathered for the project, the Regional Council will identify local barriers to quality early care and education.

The Regional Council recognizes high quality early childhood experiences are critical for children’s optimal health and development. Even though there are a wide variety of public preschool programs, licensed early care and education programs and certified home care providers in the region, only 14 percent of children age birth to five are in regulated child care settings. One local school administrator

reports that only 20 percent of children in her school enter Kindergarten with preschool experience. Because there are a significant number of vacancies in regulated care that could be made available to families in the region, this strategy aims to increase the number of children entering kindergarten with preschool experience.

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 age 18.¹ Many families who are living below 200% of poverty can not afford to place their children in an early care and education program. 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 because their income is above 165% of FPL. 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.

In order to address the multiple factors that impact access, the Regional Council will consider a variety of approaches **to increase access and affordability to quality care**. The Regional Council, through an RFGA, will invite early care and education providers the opportunity to submit proposals to expand or establish new early care and education programs. These may include, but are not limited to:

Planning Grants: New or existing early care and education providers who are considering expanding enrollment to serve age groups not being served 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.

Accessibility Grants: New or existing early care and education providers who are considering expanding enrollment 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.

Quality Supplements: New or existing early care and education providers who expand care may apply for quality supplements to offset the higher cost of providing quality care. The purpose of this grant is to directly offset the increased cost of providing quality care so that charges to families remain affordable. An example of a quality supplement may include a center or home will receive \$10 per day for each new preschool slot that has filled. These must be new preschool slots or slots for children identified with special needs.

As efforts to improve access, availability and affordability to quality 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. In order to make sure grantees continue to move toward quality early care and education, grantees will be required to meet the following criteria:

- Accredited through an AZ recognized national accreditation system OR
- Participating in **Quality First!** OR
Participating in a demonstrated, recognized quality improvement program (AZ Self-Study, Tucson Hands-on Quality, Head Start PRISM, VSUW Professional Development Model) **and** commit to enrolling in **Quality First!** within 2 years OR
commit to enrolling in **Quality First!** within 1 year.

Grantees would be **expected to continue in operation a minimum of two years** and maintain compliance status within standard monitoring by *appropriate, regulatory* body.

¹ 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.

² Frequently Asked Questions, Arizona Department of Economic Security, Child Care Administration. www.azdes.gov/childcare/faq.asp.

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

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

Key Measures:

1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five
2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)

Target Population: Children ages birth through five on waiting lists, children ages birth through 5 identified with special needs, and children with parents whose income is at or below 250% of the Federal Poverty Guidelines for subsidized care who are not currently participating in an early childhood development care setting.

	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
Proposed Service Numbers	85 preschool age enrollment opportunities		

Performance Measures SFY 2010-2012

1. Percentage of days in attendance per number of children enrolled in preschool programs
2. Increase in low income family’s utilization of preschool.

How is this strategy building on the service network that currently exists: The Yuma Regional Partnership Council recognizes that child care providers face barriers in increasing their enrollment opportunities for children. The Yuma Regional Partnership Council will support existing and new child care providers in addressing some of the barriers.

What are the opportunities for collaboration and alignment: Participants would be identified through home care service trainers such as Department of Economic Security Child Care Administration and Child and Family Resources, Inc. There are opportunities to learn from centers and homes that successfully increase their enrollment opportunities, especially for children with special needs. This information may help additional child care providers increase enrollment opportunities in these areas, as well.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$650,600
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Budget Justification:

The allocation of \$650,600 is based on a 2006 DES Market Rate Study for Yuma region (survey results were conducted with 48 randomly selected early childhood education centers in the region).

The expectation is that through innovative approaches as defined by potential grantees and in-kind opportunities from existing infrastructure the proposed service numbers will be significantly higher than those proposed in this strategy. This strategy will be implemented in collaboration with all the other strategies in this plan. The intent is that this demonstration project will foster support for sustainable increased access and affordability with the mustering of local economic development support subsequent to efforts through strategy 12 to develop local resources and bring about valuing of early investment in early childhood development and health.

80 preschool enrollment opportunities could be made available at an average rate of \$6,175.00 per child per year for a total of.....	\$494,000
20 preschool enrollment opportunities for children with special needs would costs an average of \$7,830.00 per year for a total of.....	<u>\$156,600</u>
	<u>\$650,600</u>

Strategy 10: Increase home based enrollment opportunities for school readiness preparation of children entering kindergarten

Through this strategy, the Yuma Regional Partnership Council will expand availability of home based child care by supporting home child care providers by providing the resources to obtain their

certification and/or liability coverage.

The population of children in the Yuma region has experienced enormous growth since 2000, with children under the age of five representing almost one out of every three new residents in the area. With this growing number and on-going migration into the region, it is evident that this population will continue to grow. Even though there are a wide variety of public preschool programs, licensed early care and education programs and certified home care providers in the region, only 14 percent of children age birth to five are in regulated child care settings. Of these, approximately 1,400 children are enrolled either in approved family child care homes or group homes. This strategy would support home care providers in making much needed enrollment opportunities available within the Yuma region.

The Regional Council recognizes the varying needs of the region’s communities. Some communities within the region have the infrastructure in place to support center based programs whereas other areas can more easily support home based child care. Whether parents opt for home or center based child care, the Yuma Regional Partnership Council intends to support parents’ choice in child care and ensure that standards of high quality are provided for all children in all settings.

During the development of the Needs and Assets report, it was learned that potential home care providers complete their required training to become home care providers only to find they are unable to startup their home care service due to unanticipated costs. Per Department of Economic Security Child Care Administration staff, costs for group home operating certificates can range from \$300.00 to \$375.00. Unanticipated liability coverage costs for home care providers can range from \$300.00 to \$800.00. These providers already incur significant costs in the preparation of a safe and appropriate environment for approval by relevant regulatory bodies. Participants would be expected to continue in operation a minimum of two years and maintain compliance status within standard monitoring by appropriate, regulatory body.

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

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

Key Measures:

1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of total population birth to age five
2. Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, facilitates family interaction with early care and education professionals, offers the possibility of family and community input at all levels of decision-making)

Target Population: Home care providers meeting DES certification requirements except for certification fee and liability insurance coverage.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
40 providers serving a total			

	of 80-100 children		
Performance Measures SFY 2010-2012			
<ol style="list-style-type: none"> 1. Total number of home care providers obtaining certificates and liability coverage. 2. Total number of funded home care providers operating for 1 year following receipt of assistance. 			
<p>How is this strategy building on the service network that currently exists: The Yuma Regional Partnership Council recognizes that child care providers face barriers and risks associated with increasing their enrollment opportunities for children and especially in providing services for children with special needs. The Yuma Regional Partnership Council will support existing and new child care providers in addressing some of the barriers. The infrastructure currently exists for interested individuals to become prepared for and to start up their own home care program. Potential home care providers who have completed the required training but lack the resources to cover the costs of their certificate and the liability coverage required will have the opportunity to proceed in making enrollment opportunities available by accessing these resources.</p>			
<p>What are the opportunities for collaboration and alignment: Participants would be identified through home care service trainers such as Department of Economic Security Child Care Administration and Child and Family Resources, Inc. Child and Family Resources, Inc. will be able to inform parents of increased enrollment opportunities for their children in home based care settings.</p>			
SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)			
Population-based Allocation for proposed strategy	\$45,500		
<p>Budget Justification:</p> <p>The grantee will identify recipients for the provision of certificate fee and liability coverage for startup home care using standard practice methods. The grantee is expected to cover the identified costs for 40 providers for approximately 80-100 available child care slots at a total cost of \$23,500.</p> <p>An additional \$22,000 is provided for administrative costs including: outreach, recruitment, meetings, documentation, supplies, materials, and travel. It is expected the grantee would provide in-kind resources for full implementation of the strategy. Data analysis/collection for the demonstration project would cost about \$5,000.00.</p> <p>The allocation was determined subsequent to inquiry with local DES Child Care Administration staff as per individual cost for group home required certification and home child care required liability coverage.</p> <p>\$375 each for 20 providers = 7,500</p> <p>\$800 each for 20 providers = \$16,000</p> <p>Total: \$23,500.00</p> <p>5,000 (partial salary coverage)</p>			

1,000 mileage reimbursement
8,000 supplies and materials (\$200/provider)
2,000 reporting and evaluation
6,000 outreach, recruitment, meetings, documentation, administrative
Total: \$22,000.00 administrative costs

Strategy 11: Increase knowledge of the importance of investing in early childhood development and health through communications campaign

The Yuma Regional Partnership Council will engage in a coordinated campaign to educate and mobilize the public around a call to action to raise early childhood development and health as a top priority and increase investment and policy that supports young children. The Regional Council will collaborate with the FTF State Board on a cross-regional advocacy campaign that will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona. By partnering with other Regional Partnership Councils and the FTF State Board, the Regional Council will be better able to mobilize the public and create the political will necessary to make early childhood development and health one of Arizona's top priorities.

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

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

The Regional Council acknowledges that the development of this strategy in full is not complete and is committed to working with the regional councils and FTF State Board to further define the advocacy and mobilization effort. The Regional Council believes that this strategy is critical to the success of FTF in order to sustain services and supports for children and families over time.

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

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

Key Measures:

1. Percentage of Arizonans who report that early childhood development and health issues are Important
2. Percentage of Arizonans who identify themselves as strong supporters of early childhood and health matters
3. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts
4. Total number and percentage of public and private partnerships using the database who report the information to be helpful in determining outcomes and promoting continuous improvement

Target Population (Description of the population to reach): Residents of the Yuma region, early childhood development and health stakeholders and those to be determined as cross region campaign is developed

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

Performance Measures SFY 2010-2012

1. Total funds generated from business, philanthropic and other public and private sources to support early childhood and development and health effort
2. Percentage of Yumans who report that early childhood development and health issues are important
3. Percentage of Yumans/people who report an awareness of early childhood development and health issues
4. Percentage of Yumans/people who know the meaning and purpose of First Things First
5. Media analysis on the tone and frequency of coverage on early care and health

<p>How is this strategy building on the service network that currently exists: Cradle to Kinder, Yuma County Association for the Education of Young Children, Yuma Community Foundation, United Way, Yuma Regional Medical Center, Health District, Library District are already providing marketing with some networking in existence; the goal of the Regional Council is to expand this network in order to reach and inform more providers and families. The Yuma Regional Partnership Council also intends to integrate with and support statewide and cross-regional First Things First community awareness and mobilization efforts</p>	
<p>What are the opportunities for collaboration and alignment: Build on existing network and bring in new partners not currently at the table by coordinating functions with identified participants and developing future funding resources. The Yuma Regional Partnership Council will work in coordination with the FTF statewide communications and public awareness campaign.</p>	
<p>SFY2010 Expenditure Plan for Proposed Strategy</p>	
<p>Population-based Allocation for proposed strategy</p>	<p>\$208,000</p>
<p>Budget Justification:</p> <p>\$108,000 – Participation in cross-regional community awareness, advocacy and mobilization campaign in coordination with FTF statewide communications and public awareness campaign. (calculated at 3% of the region’s allocation)</p> <p>\$100,000 – Additional local media in the form of paid media and public service announcements.</p>	

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

Revenue	
Population Based Allocation SFY2010	\$3,688,108
Expenditure Plan for SFY2010 Allocation	
Strategy 1 SN Therapeutic Services--Incentives	\$187,500
Strategy 2 SN Provider Capacity--Technical Assistance & Training	\$231,000
Strategy 3 SN Family Access to Services	\$201,711
Strategy 4 Professional Development TEACH	\$103,800
Strategy 5 Community Based Training for ECE	\$110,000
Strategy 7 Az Parent Kit and Brain Boxes	\$741,586
Strategy 8 Access to Early Prenatal Care	\$261,318
Strategy 9 Center Based Access	\$650,600
Strategy 10 Home Provider Based Access	\$45,500
Strategy 11 Communications	\$208,000
Monitoring & Evaluation	\$30,000
Regional Needs & Assets	\$25,000
Subtotal of Expenditures	\$2,796,015
Fund Balance (undistributed regional allocation in SFY2010)*	\$892,093
Grand Total (Add Subtotal and Fund Balance)	\$3,688,108

*Provide justification for fund balance: The Yuma Regional Partnership Council is retaining a fund balance of 20% for the purpose of maintaining program sustainability in the event of potential significant population changes that would result in a reduced allocation in subsequent years. Within the Yuma region, immigration, transition and mobility have impacts on families that are both documented and undocumented residents. These shifts can have greater impact for the border Yuma region geographic area. It can be expected that this could contribute to a shift in allocation based on a population shift in the area and increased populations in other Arizona areas.

In addition, the Regional Council has not fully developed a strategy to address the need for coordination of services. The Regional Council will continue to develop this strategy fully and bring it to the Board at a later date for consideration and approval.

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.

Population Based Allocation	\$3,688,108	\$0	\$	\$3,688,108
Fund Balance (carry forward from previous SFY)	N/A		\$0	
Expenditure Plan				
	FY 2010	FY 2011	FY 2012	Total
Strategy 1 SN Therapeutic Services	\$187,500			
Strategy 2 SN Provider Capacity	\$231,000			
Strategy 3 SN Family Access to Services	\$201,711			
Strategy 4 PD TEACH	\$103,800			
Strategy 5 PD Continuing Education	\$110,000			
Strategy 7 Az Parent Kit and Brain Boxes	\$741,586			
Strategy 8 Access to Early Prenatal Care	\$261,318			
Strategy 9 Center Based Access	\$650,600			
Strategy 10 Home Provider Based Access	\$45,500			
Strategy 11 Communications	\$208,000			
Monitoring and Evaluation	\$30,000			
Regional Needs & Assets	\$25,000			
Subtotal Expenditures	\$2,796,015			
Fund Balance* (undistributed regional allocation)	\$892,093		\$0	
Grand Total	\$3,688,108	\$0	\$0	

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

The Yuma Regional Council will continue to work on their three year funding plan.

VI. Discretionary and Public/Private Funds

The Yuma Regional Partnership Council has not yet identified private dollars to support its work. The Regional Council plans on utilizing a development specialist to convene key stakeholders in the community in early 2009 to discuss opportunities that exist for private funding and develop a resource development plan for the region. It is important to note that current resources in the community and the economic forecast do not indicate that financial support will be available to meet the anticipated costs of these necessities.

