Arizona Early Childhood Development & Health Board

Southwest Maricopa Regional Partnership Council

April 15, 2014 – *Draft* Meeting Minutes

Call to Order

The Regular Meeting of the First Things First Southwest Maricopa Regional Partnership Council was held on Tuesday, April 15, 2014 at Avondale City Hall, 11465 West Civic Center, Avondale, Arizona 85323.

Chair Dr. Dawson welcomed everyone and called the meeting to order at approximately 5:31 p.m.

Members Present:

Patty Avery-Schuster, Dora Barrio, Kelli Cordova Wright, Dr. Carlian Dawson, Colleen Day Mach, Kimberly Flack, Wendy Krisik, Amanda Reyes, Marithe Denys Sandoval and David Schwake

Please Note: Council Member Reyes joined the meeting via Teleconference.

Members Absent:

None.

Call to the Public:

Steven Chung, Intro and Community Service/Outreach, Domestic and International Corps – Mr. Chung mentioned that Domestic and International Corps is based at GangPlank in Avondale, AZ and was established on September 11, 2013. Mr. Chung provided information about his background and talked about the program. The program provides disaster and situational awareness and they offer CPR and First Aid training for staff as well as families. The GangPlank organization made it possible for the company to give back to the community.

Review and Approval of February 18, 2014 Meeting Minutes:

Council Member Schwake made a motion to approve the February 18, 2014 meeting minutes as written. Motion was seconded by Council Member Barrio and carried out by unanimous vote.

Budget Setting/Fiscal Policy Discussion:

Chief Regional Officer, Michelle Katona Michelle Katona stated that the FTF Board after hearing the discretionary funding ad hoc committee's recommendation in December, asked the Finance Committee to look at the tobacco revenue tax, what the overall spending budget should be, with allocations to the regions and regional carry forward. That committee has come forward with one recommendation to the Board. Michelle reviewed the documents presented to the Council regarding the recommendation which is going to the Board starting with the revenue history document which shows the estimated FY15 ending balance (carry forward) and explained how the spreadsheet shows whether or not a particular region would be able to maintain the present amount of spending for FY16-18, of if the carry-forward funds will run out before the end of the three-year period. She noted that the total FY15 proposed allotted amount for the 28 Regional Councils is $161,797,274 vs. anticipated available revenues of

$115,380 for the councils, leaving a deficit of $44,447,984. She then reviewed the three options which the Finance Committee discussed. The Finance Committee is recommending Option 3 to the FTF Board.

Fiscal Year 2015 Contract Renewals Discussion and Possible Approval of Recommendations:
Chair Dr. Dawson discussed and reviewed the Conflict of Interest rules with the Council and explained that if any Council Member who believes that a Conflict of Interest is present, he or she must disclose that Conflict using the Member Disclosure Form and must sign the Statement of Disqualification at the bottom of the Disclosure form. Chair Dr. Dawson requested verbal declaration of Conflict of Interest and asked Council Members to state their conflict into the meeting record. Council Members who had a Conflict of Interest were as follows:

Dr. Carlian Dawson –Disclosed a conflict of interest with Agenda Item #7 Family, Friends and Neighbors – FTF-RC007-13-0394-02. Council Chair Dr. Dawson disclosed that she is an employee of Pilgrim Rest Foundation.

David Schwake –Disclosed a conflict of interest with Agenda Item #5 Food Security – GRA-RC007-13-0535-01-Y2. Council Member Schwake disclosed that he is a member on the Saint Mary's Food Bank Alliance Board of Directors.

Colleen Day Mach –Disclosed a conflict of interest with Agenda Item #5 Care Coordination/Medical Home – FTF-Multi-14-0481-02. Council Member Day Mach disclosed that she is an employee of the Maricopa Integrated Health System (MIHS) – current grantee for the Northwest and Southwest Maricopa Care Coordination/Medical Home strategy.

Wendy Krisik – Disclosed a conflict of interest with Agenda Item #5 Family Resource Centers – GRA-MULTI-14-0630-01. Council Member Krisik disclosed that she is an employed by Pendergast Elementary School District.

Kelli Cordova Wright –Disclosed a conflict of interest with Agenda Item #5 – GRA-MULTI-13-0516-01-Y2. Council Member Cordova Wright disclosed that she is employed by Maricopa County Department of Public Health.

Kelli Cordova Wright –Disclosed a conflict of interest with Agenda Item #5 – GRA-MULTI-11-0077-01-Y4. Council Member Cordova Wright disclosed that she is employed by Maricopa County Department of Public Health.

Dr. Carlian Dawson –Disclosed a conflict of interest with Agenda Item #5 Family, Friends and Neighbors – FTF-RC007-13-0394-02. Council Chair Dr. Dawson disclosed that she is an employee of Pilgrim Rest Foundation.

Please Note: Vice Chair Flack facilitated this portion of the meeting due to Chair Dr. Dawson has a conflict of interest.

Vice Chair Flack made a motion to approve the renewal of the Pilgrim Rest Foundation contract, contract #FTF-RC007-13-0394-02-Y2 addressing the regional strategy Family, Friends & Neighbors, for fiscal year 2015 in the amount of $250,000.00. Motion was seconded by Council Member Schwake. Chair Dr. Dawson abstained. Motion was carried.

Vice Chair Flack made a motion to approve the renewal of the Maricopa Integrated Health System contract, contract #FTF-Multi-14-0481-01 addressing the regional strategy Care Coordination/Medical Home, for fiscal year 2015 in the amount of $200,000.00. Motion was seconded by Council Member Barrio. Council Member Day Mach abstained. Motion was carried.

Council Member Sandoval made a motion to approve the renewal of the Maricopa County Department of Public Health contract, contract #GRA-Multi-13-0516-01-Y2 addressing the regional strategy Nutrition/Obesity/Physical Activity, for fiscal year 2015 in the amount of $200,000.00. Motion was seconded by Council Member Barrio. Council Member Cordova Wright abstained. Motion was carried.

Council Member Schwake to approve the renewal of the Maricopa County Department of Public Health contract, contract #GRA-Multi-11-0077-01-Y4 addressing the regional strategy Oral Health, for fiscal year 2015 in the amount of $175,000.00. Motion was seconded by Council Member Barrio. Council Member Cordova Wright abstained. Motion was carried.

Council Member Cordova Wright made a motion to approve the renewal of the Pendergast Elementary School District contract, contract #GRA-MULTI-14-0630-01 addressing the regional strategy Family Resource Centers, for fiscal year 2015 in the amount of $100,000.00. Motion was seconded by Council Member Avery-Schuster. Council Member Krisik abstained. Motion was carried.

Council Member Krisik made a motion to approve the renewal of the City of Avondale contract, contract #GRA-RC007-13-0496-01-Y2 addressing the regional strategy Family Resource Centers, for fiscal year 2015 in the amount of $175,000.00. Motion was seconded by Council Member Sandoval and carried out by unanimous vote.

Council Member Day Mach made a motion to approve the renewal of the Buckeye Elementary School District, contract #GRA-RC011-14-0638-01 addressing the regional strategy Family Resource Centers, for fiscal year 2015 in the amount of $215,000.00. Motion was seconded by Council Member Schwake and carried out by unanimous vote.

Council Member Avery-Schuster made a motion to approve the renewal of the Child and Family Resource Inc. contract, contract #FTF-MULTI-14-0480-01 addressing the regional strategy Family Support – Children with Special Needs, for fiscal year 2015 in the amount of $100,000.00. Motion was seconded by Council Member Krisik and carried out by unanimous vote.

Council Member Barrio made a motion to approve the renewal of the Saint Mary's Foodbank, contract #GRA-RC007-13-0535-01-Y2 addressing the regional strategy Food Security, for fiscal year 2015 in the amount of $50,000.00. Motion was seconded by Vice Chair Flack. Council Member Schwake abstained. Motion was carried.

Council Member Avery-Schuster made a motion to approve the renewal of the Child and Family Resource Inc. contract, contract #FTF-RC007-14-0457-01 addressing the regional strategy Home Visitation, for fiscal year 2015 in the amount of $300,000.00. Motion was seconded by Council Member Sandoval and carried out by unanimous vote.

Council Member Day Mach made a motion to approve the renewal of the Teen Outreach Pregnancy Services contract, contract #FTF-Muti-13-0379-02-Y2 addressing the regional strategy Parent Education Community-Based Training, for fiscal year 2015 in the amount of $65,000.00. Motion was seconded by Vice Chair Flack and carried out by unanimous vote.

Council Member Krisik made a motion to approve the renewal of the Sun City Area Interfaith Services contract, contract #FTF-Muti-13-0383-01-Y2 addressing the regional strategy Parent Education Community-Based Training (Grandparent Raising Grandchildren), for fiscal year 2015 in the amount of $70,000.00. Motion was seconded by Council Member Schwake and carried out by unanimous vote.

Council Member Schwake made a motion to approve the renewal of the Pilgrim Rest Foundation contract, contract #FTF-RC007-14-0458-05 addressing the regional strategy Parent Education Community-Based Training, for fiscal year 2015 in the amount of $239,998.00. Motion was seconded by Council Member Sandoval. Chair Dr. Dawson abstained. Motion was carried.

Council Member Cordova Wright made a motion to approve the renewal of the Central Arizona College contract, contract # #GRA-Multi-13-0527-01-Y2 addressing the regional strategy Scholarships non-TEACH, for fiscal year 2015 in the amount of $25,000.00. Motion was seconded by Council Member Avery-Schuster and carried out by unanimous vote.

New Agreement Town of Gila Bend Family Resource Center Agreement, Discussion and Possible Action:

Regional Director Santiago informed Council that the current contract for the Town of Gila Bend Family Resource Center is on their third year and provided Council with a Summary of the Grantee Agreement essentials. They are still working on the details.

Council Member Cordova Wright made a motion to approve the Grantee Agreement between the Southwest Maricopa Regional Partnership Council and the Town of Gila Bend Contract #GRA-RC007-15-0706-01 for FY15 for the amount of $204,589.00 for the Family Resource Center in Gila Bend. Motion was seconded by Council Member Schwake and carried out by unanimous vote.

Cross Regional Benchmarking Recommendations, Discussion and Possible Action:

Regional Director Santiago - This vote is on the final recommendations by the Committee on the Benchmarking indicators after vetting it though the public process. The only thing for the Council to approve is the recommendations for the indicators that were selected by the Council. Regional Director Santiago provided Council with the results of the indicators that the council selected. The Southwest Maricopa Regional Partnership Council selected Indicator #10.

Council Member Day Mach made a motion to approve the Proposed Benchmark for Indicator #10: Confident Families – 50% families are competent and confident about their ability to support their child's safety, health and well-being by 2020. Motion was seconded by Council Member Krisik and carried out by unanimous vote.

Family Resource Centers Network Update:

Annette Robertson, Southwest Maricopa Regional Partnership Council Intern talked about the Family Resource Center Network and provided Council with some highlights of some of the things that the

Family Resource Network has accomplished which include, Adopted a Mission, Vision and Guiding principles, Standardized a Meeting Calendar, Established Advisory and Professional Development Committees and adopted a new Logo. The Family Resource Network meets regularly and they are working on establishing a professional development plan and schedule, a Family Resource Network website and online learning community. Ms. Robertson provided Council with a flyer with other information about the Family Resource Network.

Community Outreach Update:

Community Outreach Coordinator, Victoria Bray provided Council with a Summary of Activities (March – April 2014). Ms. Bray Shared information about the Presentations, Events, Networking Meetings, Speakers Trainings, One on One Meetings and Site Tours that she attended and mentioned that there will be more Speakers Trainings coming up in the near future.

Outreach Opportunities: Need help to table an upcoming event at the Buckeye Child Expo at the Buckeye Family Resource Center, Wednesday, April 23rd from 4:00 – 7:00 p.m. Council Members who are interested in attending should email Mrs. Bray, any help would be appreciated.

Mrs. Bray provided Council with a Community Outreach and Awareness Suggestions sheet and asked for ideas and quotes on Family Resource Centers. Mrs. Bray will need volunteers for the new Advisory Group to begin working on Google Maps. Council Members who are interested should email Mrs. Bray.

Council Member Updates:

- **Council Member Recruitment Process**

Regional Director Santiago shared information on the Council Member Recruitment Process. Interviews have been set for April 23rd and 24th. Those Council Members whose categories are terming have all been schedule for interviews. There are five seats that will need to be filled including; Child Care Provider, Educator, Health Services Provider, Business and Faith Based.

Council Member Cordova Wright – The Preventative Health Collaborative is hosting an all-day event on May 15, 2014 from 8:30 a.m. – 4:00 p.m. at the Desert Willow Conference Center. Seats are limited and registration is online. A flyer with information was provided to all Council Members.

Vice Chair Flack – There will be a special event about Keeping Children Safe: Ask An Expert on Monday, April 21, 2014 at 8:00 p.m. Burton Barr Library is hosting a free special engagement from 9:00-10:00 a.m. on Friday, April 25, 2014 at El Dia de Los Niño's with Daniel Tiger. Space is limited so reserve your space. Registration can be done online. Flyers for both events were provided to all Council Members.

Chair Dr. Dawson informed Council that she was selected by First Things First to attend the Smart Start Conference in North Carolina in May 2014. Mrs. Dawson will be presenting at the Buckeye Child Expo on April 23, 2014.

Adjourn:

There being no further business, Chair Dr. Dawson adjourned the meeting at 8:28 p.m.

SUBMITTED BY:

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Eric Santiago, Southwest Maricopa Regional Director

Approved:

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Dr. Carlian Dawson, Chair

Recorded by Cynthia E. Gandara

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Cynthia E. Gandara, Administrative Assistant II

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

Arizona Learning Institute (Readiness Basket Parent Trainings) – Gila Bend

Activity	Target Audience	Frequency of Activity	Number Reached
<u>Sustainability:</u> **Gila Bend:** **Readiness Basket Parent Education Training Sessions** **Parent Network, Support Group Classes @ Care 1st Gila Bend Resource Center** **Out Reach & Recruitment** **Weekly follow-up phone calls were done throughout the last three months.** **Program registration was done during monthly community food distribution.** **End of the day school registration and reminder phone calls.** **Recruitment through participants passing the information and invite other parents.** **Home visits also were done.**	Targeted audience is made up of Bilingual & Spanish speaking parents, grandparents and other caregivers with children birth to 5 in the Gila Bend area. Two groups are currently attending to the Readiness Basket Project. The Readiness Basket Parents Training and The Readiness Basket Parent Support Network.	During this quarter, The Readiness Basket Parents Training Sessions and the Parents Network Support groups participated together in the following activities: • The Readiness Basket Parent Training, met weekly for 6 times during February and March. • For recruitment and outreach: One day home visitation was done. • Program registration was done at the local food distribution day. • During session 5, 15 children were weighed and measured in order to complete the information for the car seat distribution. • For session 6, Safety & Dental Care Collaboration w/ Readiness Basket: March 28, the group had two great activities. One was a car seat installation presentation and car seat	Adults attended: 58 Children attended: 50 Community members contacted: 136 (participants not included) Total people contacted: Adults attendees, children and community members) 244 Phone calls contacts: 280 Home visits to outreach: 12 **Resources Distributed:** Fliers distributed: 300 Participant's handout materials: 220 Play to Learn Learn to Play activity books 15 Certificates: 13 certificates for the car seat installation

		distribution. The second was dental screening. These two preventive health and safety was done in partnership with SNACK and First Teeth First. The session was a very successful, 20 children received car seat and 19 children had dental screening. • The Readiness Basket Parents Network, support Group started planning a bonding welcome party for a new baby of one of the participants.	instruction, provided by SNACK.
	Groups 1 & 2 Members are targeted for retention.	Parent Education Basic Training Sessions and The Parent's Network, Support Group Classes had weekly follow-up and case management phone calls done by trainers/facilitators. Also a participant/trainee is playing an active leadership role, doing phone calls, flyers distribution and supporting other parents and neighbors. Retention has also been done through personal contact, & home visitations.	Snacks for adults and children: 160 Car seat. Distributed by SNACK: 20 Dental Screening by First Teeth First: 19 Referral: 5

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1. **Describe any particular successes with these activities:**

   The collaboration with SNACK and First Teeth First allows a sharing of information with Readiness Basket facilitators and allows input in the Gila Bend ASQ data base for tracking children and case management follow-up by Readiness Basket facilitators.

2. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

   As other quarters, the program has never canceled a session due to lack of participants.

   During this quarter the collaboration with SNACK and First Teeth First has been strengthen and it has been valuable for the community. Just when you think that the area is becoming saturated, more new parents are attending and asking for resources.

3. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

   It has being difficult to coordinate with Gila Bend School's administration due to the Principal leaving at the beginning of the second semester. This is in regard to outreach and collaboration of activities.

4. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   During last semester and the current quarter, the Readiness Basket team has been working very hard to bring SNACK and First Teeth First to the Town of Gila Bend in a joint activity. SNACK did a car seat presentation to 13 parents/caregivers and gave away 20 car seats. First Teeth First provided 20 dental screenings to children 2 months to 5 years old.

   In addition, Arizona Learning Institute's Readiness Basket continues to be a strong player among the agencies and group that are working in the area of Gila Bend.

   a. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

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Program Participants' Comments:

- "I realized how important is to have a parents support network to raise our children. Because we cannot do this important job alone. The role that parents have as first teacher of our children is now really important to be. I am always learning more when I go to the support group. I loved this particular class. Also as we worked in the support network and the activity we did (writing the names of our supporter and making a "chain" with those names) was really fun. Especially to have a parents network here in Gila Bend, due to the distance, although it is not too far for the services system, but we are far from the resources."
- As a Parents Network Support Group, we created a routine of walking together when we are not in class. We walk every evening with our children. We use this time of learning about the environment, listening to the environment, and environment and community care. When we participated in the Gila Bend clean up day, our children learned how much effort it was to clean our community."
- This is my first time in the Readiness Basket Parents Training. These classes energize me each week, the experience shared in the group is helpful; the welcoming that all parents experience, gave us safety and we are learning so much on how to prepare our children since they born."

SOURCE OF ALL REFERRAL INTO PROGRAM		Number
	Two new English speaking mothers were referred to the Readiness Basket program by Care1st.	2
	New grandmother was referred to the program by the Care 1st Center and to the Readiness Basket Program due to her new situation with CPS.	2
	New grandparents from Dateland referred themselves to the Readiness Basket program when hearing about the collaboration on Car Seats	1
	Referral from Readiness Basket to school	2
	Referral from Readiness Basket to doctors	1

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Pilgrim Rest Foundation – Parenting Training Community Based:

1.

Activity	Target Audience	Frequency of Activity	Number Reached
January 6th – Buckeye Family Resource Center	Buckeye Valley Families	As needed	BFRC Executive Director
January 8th – Avondale Care1st House and Resource Center	Grantees who work out of Avondale Care1st	Monthly	30 professionals
January 13th – Boys and Girls Club 301 W. Western	Families in City of Avondale	As needed	Gerald Szoftak, Boys and Girls Club Director
January 14th – Pendergast Family Resource Center	Pendergast School District	As needed	LuLu Rood, Director
January 16th – Faith Council Roundtable in Goodyear	Faith-based leaders	Quarterly	25 leaders
January 16th – Gangplank	Community business entrepreneurs	Weekly	7 entrepreneurs
January 25th – Avondale Care1st Resource Center Fair	Families in the Avondale Community	Monthly	25 adults
February 4, 11, 18, 25th Pass out flyers	Families visiting Avondale Care1st	Weekly	100 families
February 5th – Avondale Care1st Network meeting	Families in the Avondale Community	Monthly	17 adults
February 6th – Avondale DES \WIC Clinic	Pass out class recruitment flyers	Weekly	10 adults
February 19th – Care1st Avondale Care Seat Training	pass out recruiting flyers for classes	Monthly	25 families
February 24th - Pilgrim Rest Foundation Team Training	Nurturing Parents Raise Great Kids and KidsWatchAZ staff	Monthly	8 staff
March 7th - Littleton School District Family Resource Center	Child care providers	As scheduled	5 potential referrals

Describe any particular successes with these activities:

The NPRGK staff participated in 14 outreach and/or professional events seeking individuals in Southwest Maricopa who could register and participate in one of four 12-week parenting classes. Over 300 flyers were distributed to parents/families of all types including teen parents, grandparents and foster parents in various locations.

2. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

While one-half of the teaching staff was on maternity leave for the first 3 months of 2014 (January thru March) *English only* classes were offered. There were 17 classes provided with a total duplicated count of 189 adults and 131 children in childcare.

3. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

Our faith-based community outreach has been a challenge and now seems to be working. Due to our participation on the Goodyear Faith Based Community Council, churches are requesting our team to provide the Nurturing Parents series on Sundays during their congregants' 2 hr. parent group meetings. We stated in our proposal we would meet people where they play, pray, and pay; consequently, beginning in April we are holding Nurturing Parents classes at two church locations Palm Valley and Christ Evangelical Lutheran.

Our next challenge is getting more African Americans and Caucasian American adults to participate in the parenting classes. These two groups responses are similar implying "they have no problem with CPS"; "I've raised 5 children and don't need help"; "I'm a grandmother, I've raised my children, now I have grandchildren". However, Hispanics, are especially anxious and excited to attend and participate in the program and bring their friends.

The lack of response of Caucasian Americans in our class is being resolved via the Goodyear Faith-based Community meetings. In April we began a class at Palm Valley Church. Most of the 20 attendees are Caucasian foster parents. Christ Evangelical Lutheran Church will also begin in April. African American church representatives are not yet attending the Goodyear Faith-based Community meetings, as a result the Nurturing Parents team has to be more intentional in finding and meeting them. We plan to address this by attending African American churches on Sunday or Wednesday evenings for relationship building and program introduction.

Collaboration and Communication:

4. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

Our collaboration continues to develop and grow with the newly opened Buckeye Family Resource Center, Gangplank Avondale, Pendergast Elementary School District – Pendergast Elementary School District. The Executive Directors at these respective locations are very supportive and markets the parent training through their network.

5. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

   Two adults attending classes at the Avondale Care1st and Garden Lakes Elementary School (Pendergast District) learned about the program 1 week short of being able to receive a Certificate of Completion (75% attendance) at same location while the other was 2 weeks short of being able to receive a Certificate of Completion. They respectively decided to attend sessions at other locations which started later in order for them to be able to complete the program according to the FTF requirements. As a result and after completing the program in May, one participant tells us CPS will allow her an opportunity to get her children back while the other participant will become a state certified foster parent. Both adults need a Certificate of Completion for family reunification.

   A husband and wife team brings their 3 children (2 under 4 years) to class weekly. They originally began attending a series in October of 2013 and by the end of that first series had only attended the last 5 classes. They both received Certificates of Participation and while they were happy they were not satisfied with the certificate and jointly, children included, decided to re-enroll in the first 4 classes of the 2014 series to complete the process and receive their Certificate of Completion. They only needed to attend the first 4 classes. The 4th class happened in March and they shared how much they enjoy coming and have decided to stay until the class series end in April.

6. **What specific assistance or guidance do you need from FTF staff to ensure the success of your program?**

   Clarity has been made on the issue of duplicated vs. unduplicated numbers. Our unduplicated target service unit has been set at 150 adults. As we move forward working to reach this number, should we exceed then we will ask for the target service number to be readjusted. Our intent is to reach the greatest number at the lowest price per family.

7. **Describe any additional information you would like to share about program implementation.**
   During the third quarter the NPRGK staff netted 130 returning adults and 85 children (duplicated) who participated in the second series.

First Things First – 3rd Quarter Narrative Report

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Grandparents Raising Grandchildren:

Activity	Target Audience	Frequency of Activity	Number Reached
1/15/14	Adelante Healthcare - Buckeye	1x	1
1/15/14	WIC - Buckeye	1x	1
1/16/14	Goodyear-Faith Roundtable	Quarterly	25
1/30/14	Buckeye Family Resource Center	1x	2
2/4/14	FTF Capacity Bldg. Resources	1x	20
2/5/14	Touchstone Behavioral Mgmt	1x	50
2/11/14	Buckeye Family Resource Center	1x	2
2/20/14	Buckeye Family Resource Center Grand Opening	1x	40
2/27/14	Targeted Needs Committee Resource Fair	1x	40
3/5/14	Care 1st Avondale SW Networking	1x	40
3/7/14	Estrella Elementary Resource Fair	1X	75
3/15/14	Grandfamilies Conference	Yearly	45
3/18/14	Avondale Mayor and City Council	1x	25
3/20/14	Touchstone	1x	9
3/24/14	West Valley Human Alliance	Quarterly	21
3/24/14	Southwest Community Partners	Monthly	25

Describe any particular successes with these activities:

1. Duet's Kinship Care Specialist has developed a collaboration with the new Buckeye Family Resource Center, Coordinator, Joyce Gross. As a result, Duet will begin offering PECBT classes,

beginning, April, 2014, together with the Powerful Families Modules. Additionally, we will hold our 1st Family Outing, which will be a Movie Night in Buckeye, May, 2014.

2. As a result of the bonding that has transpired with the Goodyear GRG Support Group, the Group is requesting that they meet twice monthly, beginning in May. The group has grown from three to six (6). The Kinship Care Specialist is following through on logistics. Additionally, the Goodyear Group continue to participate in all of the PECBT sessions.

3. Duet's Annual Grandparents' Picnic was held on Saturday, March 8th at Saguaro Ranch Park in Glendale. It was a day of relaxation, fun and a special time for grandparents and grandchildren to meet new friends . We had 150 attendees (7 -SW, 6 - NW). The partnership and support we receive from Fennemore Craig makes this event possible and we are so grateful to have them sponsor our annual event.

4. The Annual Grandfamilies Conference, held March 15th, 2014, was a tremendous success. There were over 40 grandparents in attendance, with topics covering from The First Five Years: How to Help Children Succeed in School, to Parenting the Challenging Child. After a box lunch, where grandparents bonded, a Grandparent Raising Grandchildren Panel was convened. These grandparents told their own stories of what it means to be a Grandparent Raising a Grandchild. According to the survey results, the conference was beneficial, and afforded the grandparents an opportunity to bond with one another.

5. The Kinship Care Specialist (Rosalind Polston) reduced her hours from 40 hours to 20 hours per week, with primary responsibility for the planning and conducting of educational sessions for grandparents raising grandchildren. With the decrease in hours, it afforded Duet to be creative in the hiring of an additional Outreach Specialist for the SW Corridor. The new Kinship Care Outreach Specialist (Victoria Gray) was hired to help create awareness by going to various community agencies, faith community, daycarecenters, etc, in recruiting grandparents throughout the SW Valley.

First Things First – 3rd Quarter Narrative Report

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Teen Pregnancy Outreach Services:

Activity	Target Audience	Frequency of Activity	Number Reached
Outreach visits, calls and written correspondence	Doctors, clinics, hospitals, schools, resource centers, etc.	Monthly – 70 hours	Over 130
Formal Presentations	Maricopa Family Support Alliance Strength Based Training attendees, Pendergast Hope Center, Tumbleweed Safe Place Youth Symposium, Scottsdale Health Care Women's Health case workers, Sierra Linda High School, and Apollo High School	As requested – 3 hours	Over 85
Health Fairs/Community Events	Avondale Care1st Health Fair, Community Baby Showers in Avondale, Surprise and Mesa, Adelante Family Fun Day, Table at Adelante Surprise OB office, Trevor Browne Health Fair, and Estrella High School Health/Career Fair	As scheduled – 20 hours	Over 280

Describe any particular successes with these activities:

We hosted a resource table at the Adelante Community Baby Shower in Avondale. TOPS had outreach staff present to provide information about our program and services offered. We handed out brochures, flyers, pens, and notepads and provided a Babies R Us gift card for the raffle. Two teens signed up for the program at this event.

We also hosted a resource table at the Avondale Care 1st Resource Center Health Fair. Again, TOPS had outreach staff present to provide information about our program and services offered. We had the chance to inform other organizations about our program as well as discuss collaboration. We handed out brochures, flyers, pens, and notepads and provided a gift card for the raffle.

First Things First – 3rd Quarter Narrative Report

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1. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

   During the third quarter of Fiscal Year 2014, TOPS enrolled and is currently providing services to 45 additional pregnant and parenting teen parents (30 moms and 4 dads in Northwest Maricopa and 9 moms and 2 dads in Southwest Maricopa).

   Because of the education and supportive services received, teens participating in TOPS in Northwest and Southwest Maricopa now complete our pregnancy and childbirth classes with an average 87% mastery of knowledge concerning the immediate health and safety needs of their unborn baby; a 1% increase compared to last quarter. TOPS teens also complete our parenting classes with an average of 85% mastery of knowledge concerning the early development of their child, ages 0-5 years; a 3% increase compared to last quarter.

   TOPS babies historically have positive birth and early childhood outcomes. During this quarter, we had 25 births in Northwest and Southwest Maricopa:

   - Average gestational age was 38 weeks (37 weeks or greater is considered full term)
   - Average birth weight was 6 lbs. 11 oz. (5.5 lbs. is considered full weight)
   - Only 3 babies were sent to the NICU
   - 80% of the teens reported they delivered vaginally; a 2 % increase compared to last quarter
   - 88% of the teens reported they were breastfeeding at the time of their discharge from the hospital; a 4% increase compared to last quarter

Collaboration and Communication:

2. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   During the third quarter of Fiscal Year 2014, TOPS brought 59 individuals through the doors of the Care1st Avondale Resource and Housing Center. Again, these individuals not only received services from TOPS but were also introduced to other resources housed at the center.

   In January our Outreach Coordinator and Regional Manager met with Joyce Gross to discuss TOPS service provision at, and collaboration with, the new Buckeye Family Resource Center. In addition to discuss TOPS, we also provided Joyce with child development material vendors and attended their open house.

   Father Matters was brought into the Care1st Avondale Resource and House Center so our Outreach Coordinator and Parenting Case Manager met with Vance Simms and Jessica Beresford to discuss referring to each other's programs and potentially hosting father workshops together in the future. We look forward to sharing more information about the development of this partnership.

In February we had another TOPS staff member certified to install S.N.A.C.K. car seats which will greatly benefit our teen parents in Southwest Maricopa. This individual started and will continue to assist with the monthly car seat events at the Care1st Avondale Resource and Housing Center.

Other good referral connections made by our Outreach Coordinator this quarter were with Debra Fonville-Williams at CPS and Pam Campbell at Child and Family Resources. We look forward to sharing more information about these partnerships in future reports.

In March our Outreach Coordinator and Regional Manager met with Maria Aviles and Flor Olivas to discuss outreach efforts and TOPS service provision in Gila Bend. We developed a strong plan to engage the pregnant teens of Gila Bend and look forward to sharing the outcome of our outreach collaboration and TOPS 'meet and greet' event scheduled for the end of May.

TOPS was approached by three student members of the Grand Canyon University AzHOSA Future Health Professionals this quarter, asking if they could present breastfeeding information to our teens as part of their State Leadership Conference for Health Education. The presentation went well and the teens were very receptive to the information. TOPS was happy to give these pre-nursing and pre-med students the opportunity to learn more about our organization and the population we serve.

Our Parenting Case Manager has continued to attend the Fatherhood Collaborative and Arizona Fatherhood Network meetings, bringing back resources and important information for TOPS staff to have access to in order to better serve our dads.

3. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

In January we hosted a budgeting event for 21 teens/guests and 11 babies. Attendees discussed current budgets and money skills and were provided tools to identify a want versus a need. Attendees were also taught how to realistically determine how much income they need to accommodate their lifestyles. Attendees were served a light meal and raffle prizes were given.

In February we hosted a free CPR certification course for 11 teens and 4 guests. Sharon Imperiale from College America presented the course. The teens and their guests were treated to a few snacks during a break and each attendee received their CPR certification card which will be effective for the next two years. In March we hosted an Oral Health Event for 24 teens/guests and 13 babies. TOPS offered light refreshments and raffled off three prizes. First Teeth First presented information about the importance of oral health and how to access their services. After the presentation, First Teeth First offered each pregnant teen a free screening and each child a free screening and fluoride varnish treatment. Those who chose to participate in the free screenings left with information on how to follow up with their oral care in six months.

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

	SOURCE OF ALL REFERRAL INTO PROGRAM	NUMBER
	Community social service provider	5
	Education – School District	2
	Primary Care Physician	4
	Prenatal Group	8
	Government agency (please identify)	2 (WIC)
	Other (please identify)	24 (7 friend/TOPS client, 17 TOPS website, phone call/walk in)

Family Resource Center – Avondale:

Activity	Target Audience	Frequency of Activity	Number Reached
Catholic Charities Westside Head Start Policy Committee	Westside Head Start parents and staff	Monthly	30
Board Meeting	Board & Staff from SVLA	Monthly	13
Play & Learn Playgroups	Parents/caregivers and children 0-5 years old	3 times a month	162
SNACK Car Seat education class	Parents/caregivers of children 0-8 years old attending class	Monthly	31
New Directions Institute for Infant Brain Development Workshops	Parents/caregivers of children 0-5 years old	Monthly	79
Celebration of Reading Event	Children ages 0-5 and their parents/caregivers	One time	44
West Valley View articles on Resource Center events	Southwest Valley Residents	Monthly	77,000
University of Arizona, Expanded Food and Nutrition Education	Parents/caregivers of children 0-5 years old	Monthly	1

Describe any particular successes with these activities:

University of Arizona, Expanded Food and Nutrition Education Program (EFNEP): The Resource Center partnered with University of Arizona to provide a six week family-focused nutrition workshop. The course series focused on topics such as 'My Plate' food nutrition guidelines, key nutrients, food safety, stretching the food dollar, calorie and fat intake education, as well as osteoporosis prevention. We will offer these workshops in July again.

1. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

3rd Annual Health and Resource Fair: Care1st Avondale Resource and Housing Center hosted another successful health and resource fair on Saturday, January 25th. Southwest Valley residents had the opportunity to connect with 36 vendors offering beneficial services, health screenings and resources. Mayor Lopez Rogers spoke and spent time meeting attendees while JuiceBox Dance Academy dancers shared beautiful routines. Over 140 people attended; children enjoyed meeting an Avondale Police K9 Officer, exploring an Avondale Fire engine and climbing an inflatable rock wall. Guests enjoyed free food, raffle prizes and giveaways. 13 children received a hearing screening and all attendees learned about the many human and housing services available at Care1st Avondale Resource and Housing Center.

VITA (Volunteer Income Tax Assistance): Care1st Avondale Resource and Housing Center is a VITA (Volunteer Income Tax Assistance) site during tax season. Valley of the Sun United Way states, "Volunteer Income Tax Assistance (VITA) sites provide free tax preparation and financial education to those who need it most. Taxpayers who use the service say they use refunds to open a savings account, pay bills, and enroll in job training – begin a new year on fresh footing. IRS trained and certified VITA volunteers ensure families and individuals receive tax credits they qualify for including the Earned Income Tax Credit (EITC), developed to increase financial stability among working taxpayers. United Way's VITA volunteers focus on connecting every qualified Maricopa County taxpayer to a tax credit that could transform their lives." Walk-in services have been offered twice weekly from February 1st through April 15th. The services are on-going at this point and the full impact (numbers reached) will be available post tax season.

Celebration of Reading: On March 27th, families with children 0-5 years of age celebrated Read Across America month at the Care1st Avondale Resource and Housing Center. Families enjoyed making crafts and listening to special guest readers from the Police and Fire Department and Cat in the Hat himself! Each child received a free book to add to their home library.

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

Collaboration and Communication:

2. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   Valley of the Sun United Way, Readiness Basket: Partners in Participation just finished their first, 11 week parent education class called The Readiness Basket at the Care1st Avondale Resource and Housing Center. This program was offered to parents, caregivers and their young children ages 0-5. During these classes, parents discussed issues vital to parenting and also included parent-child interaction at every class. Each family created their own readiness basket throughout the 11 weeks that they can continue to use at the end of the program. We were very fortunate to have the school principal and three kindergarten teachers from Michael Anderson Elementary School present "Preparing your child for Kindergarten" to the class. Families enjoyed hearing directly from the school staff and learned about the importance of children's readiness to begin school. Families enjoyed this weekly class with an average of 20 parents attending each week. The Resource Center would like to continue offering this program next year.

3. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

An email from a parent that attended play groups and English classes at the Resource Center:

Hello Jennifer,

My family and I are moving this weekend to the Bay Area, CA. I wanted to thank you and the staff at Care 1st Avondale for the amazing work you all do. My daughter Ela enjoyed playing and learning on the

playgroup with Jamie. It was wonderful having the possibility to enjoy the program (Brain time) in both the English and Spanish language. I was able to take ESL classes in Litchfield Park, thanks to Carmen, who contacted me with those teachers.I hope you all keep on the good work and wish you the best!

We will miss you.
Salette Maidana

4. **Describe any additional information you would like to share about program implementation.**

Arizona Science Center: The Arizona Science Center brought their early childhood dinosaur exhibit to the Care1st Avondale Resource and Housing Center on Monday, February 24th. Children ages 0-5, explored paleontology and transformed into dinosaur detectives. The tiny detectives studied Arizona fossils, excavated dinosaur eggs, and investigated the fossils inside while spending quality time with their family. The Science Center activities have brought in new parents/caregivers into the Resource Center and many of these families then begin utilizing the resources and early childhood programming available at the Center and the community.

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

Family Resource Center – Buckeye Elementary School District:

Activity	Target Audience	Frequency of Activity	Number Reached
Chamber of Commerce Business Networking Meeting	Buckeye business owners & agency directors	Weekly meetings, attended 6 times	210
Faith Builders	Members of the faith community, town council, police department and community members	Monthly meetings, attended 3 times	60
Made Presentations Providing Information and Answering Questions about the FRC	School board meeting, Faith Builders, Avondale Networking Group meeting, Inca Elementary School staff meeting	4 presentations	115
Pendergast Community Breakfast	Agencies that serve the far west valley	1 time	30
Read On Buckeye	Organizations interested in early childhood literacy	Meetings not regularly scheduled, attended 3 times	25
School Board Meeting	Administrators, board members, school staff	Monthly meetings, attended 2 times	50
School Counselor's Meeting	Counseling staff from all schools in district	Once	12
Town Council Meeting	Town Council members, town staff, community members	Bi-weekly meetings, attended 2 times	40
Visited each school in district	School administrators and office staff	7 schools, visited each site	45
Way Out West Coalition	Police Department, Community leaders	Monthly meetings, attended 2 times	40
West Valley Human Services Alliance	Agencies that served the far west valley	Monthly meetings, attended 1time	35

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

Describe any particular successes with these activities:

1. Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

   a. In February, we had two agencies start providing services in the center and one agency that started taking referrals. Hats off to Helping Families in Need, Nurturing Parents Raise Great Kids and Teen Outreach Pregnancy Services!

   b. There are two outstanding partnerships that have influenced the positive outcomes at the Buckeye Family Resource Center! The first is between FTF and Buckeye Elementary School District (BESD). Their missions complement each other and the administrators of both organizations have assisted the coordinator in successfully opening the center and building a strong foundation. The second partnership is with the FRC Administrative Assistant, Claudia Slate. She complements the coordinator's working style and desire to carry out the mission of a FTF resource center, welcoming the community members, and building rapport with organizations and school district staff members.

   c. Attended Care1st Avondale Resource and Housing Center's Health and Wellness Fair to become familiar with the setup, activities and meet providers.

   d. Initiated networking with the Buckeye community of Verrado. Their Community Engagement Manager and Volunteer Coordinator toured the center, gathered information about the center and provided information on Verrado' s community involvement.

   e. A priority this quarter was connecting with providing agencies, building rapport, having them tour the center, and working out the details for their services to begin.

   f. Recruitment strategies to bring community members into the center have been pursued in many ways. We have sent FRC newsletters home with students, put a short blurb in the school newsletters and school menu, and sent email and/or text blasts. The FRC newsletters were distributed to area preschools, head start programs, All Faith Community Services, Buckeye Outreach for Social Services, City of Buckeye Community Center and at the various meetings attended. There have been articles in the local newspaper and in the Assistant Superintendent's quarterly newsletter "Curriculum Connection."

   g. Attended a FTF training called "The Write Way" facilitated by Victoria Bray.

   The following pictures are of the Grand Opening event, current pictures of the resource center, and a parenting class and childcare being held at the resource center.

2. Describe current issues related to staffing necessary for program implementation.

Due to the large Spanish speaking population in Buckeye, covering the center isn't as effective when the administrative assistant is out. Currently, these occasions have only been a few hours at a time. In the future, there will be training opportunities, sick days or vacation days which will be challenging.

3. Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

Options to better serve the community are being discussed. For example, telephone extensions can be transferred within the school district, possibly a bilingual staff member could work out of the center on these occasions to assist the coordinator.

Collaboration and Communication:

4. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

a. Met with many agencies to discuss providing services. The following agencies started services in March: Child & Family Services programs Building Bright Futures and Building Bright Futures Special Needs, KidsWatchAZ, New Life Center (DV), SNACK Nutrition and Activity program and Southwest Human Development. The following agencies will start providing services in April: Arizona Learning Institute, DUET and First Teeth First. Adelante WIC will start providing services in May.

b. Coordinator collaborated with coordinators from other FTF resource centers, and with Eric Santiago, providing guidance and support and helping the coordinator think outside the box and build a solid foundation for the resource center.

c. Met with Pendergast Elementary School District's Director of Community Education to become familiar with their programs and funding sources for the Pendergast Learning Center and Family Resource Center.

d. Met regularly with the principal at Buckeye Elementary School to build rapport and garner support for the FRC. She was open to all inquiries regarding the use of empty classrooms, computer lab and cafeteria for future events. She also invited the agencies working out of the center to participate in annual events such as the Parent Expo, Piñata Festival, Open House/Meet the Teacher Night and Parent/Teacher Conferences.

e. Met with community organizations that provide services in Buckeye including: All Faith Community Services, Buckeye Outreach for Social Services, Catholic Charities Westside Head Start and Early Head Start, New Life Pregnancy Center (in Buckeye once a week), and Greater

Levels a youth sports, cheerleading and dance organization. Reaching out to these organizations allowed both entities to gain knowledge about each other's programs and make referrals accordingly. All Faith and Westside Head Start have been instrumental in referring community members to the center.

Met with Southwest Family Advocacy and facilitated a meeting with a district administrator and counselor. They explained their programs on child abuse reporting, interventions after abuse, and prevention efforts. Possible classes for district staff and/or the community are being considered.

5. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public**.

A grandparent came in asking about available services as she regularly cares for her 3-year old grandson and was referred to several providing agencies. She started attending the Nurturing Parent's education classes and began in-home services with KidsWatch AZ. She is looking forward to the DUET grandparent workshops and has referred other community members to the FRC.

A family with a Down's syndrome child was referred to Building Bright Futures Special Needs and began receiving in-home services. A few weeks later the father came in to thank us for helping connect them with these services and said, "These services have made a real difference in their families lives because now they are learning how to help their son."

Other successes are from the coordinator's level of connecting with providing agencies and with existing organizations in the Buckeye. A priority and success outcome has been getting the word out to the larger Buckeye community by attending many meetings, introducing the FRC, handing out literature, and educating about the mission and available services.

Support or Additional Information:

6. **What specific assistance or guidance do you need from FTF staff to ensure the success of your program?**

Coordinator needs continued coaching from Eric Santiago and Annette Garcia-Bourne regarding FTF procedures and recommendations, being told of training opportunities, and partnering with Victoria Bray in community outreach and giving presentations.

7. **Describe any additional information you would like to share about program implementation.**

a. The main program requests from the community have been for assistance with AHCCCS, classes to learn English, and GED classes in Spanish. Obviously these programs do not focus on 0-5 year olds but do uphold the mission of healthy families and positive outcomes for the children in those families.

b. Helping Families in Need has been a great partnering agency and started services the week after the center opened. Their staff is dependable, and friendly, and provides a needed social service.

8. Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).

The coordinator strived to bring up the topic of a MOU, Letter of Intent, or other written agreement at the initial meeting with each providing agency, but this conversation didn't happen with 100% of the agencies. The coordinator has since entered into a Community Partnership Agreement with Catholic Charities and feels that this format meets the needs of the FRC.

Additional to all FTF funded providers in the region the following are other parterns:

Adelante WIC, All Faith Community Services, Arizona Learning Institute (ALI), BOSS – Buckeye Outreach for Social Services, Catholic Charities Westside Head Start, Child & Family Resources, New Life Center, New Life Pregnancy Center, Southwest Family Advocacy, & Southwest Valley Literacy.

Family Resource Center – Gila Bend

Activity	Target Audience	Frequency of Activity	Number Reached
First Teeth First	Bilingual Parents, grandparents, or caregivers with children ages 0-6	Month of March. Walk-ins who had children from 0-5	16 Adults
Readiness Basket	Bilingual Parents, Grandparents, or caregivers with children ages 0-5	Walk-In clients who inquired about the Readiness Basket or parents who were looking for parenting classes.	2 Adults
Southwest Behavioral	Parents/Individuals who were seeking counseling.	Once Per Week	2 Families with children 0-5
Facebook "Gila Bend People"	Parents with children 0-5	Once a week	50+

Describe any particular successes with these activities:

The Resource Center has been invited to a personal Facebook page where you can post information about upcoming events, and any deadlines. This allows for community members to know about future events as well as keep the Resource Center posted about future events happening in the Town of Gila Bend for possible outreach.

1. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

   A parent was referred to Southwest Behavioral for family counseling. The outcome of this referral has been a huge success. More parents are starting to utilize the conference room at the Resource Center to have counseling sessions with Southwest Behavioral.

2. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

   Outreach has not been a success with Spanish speaking parents. The reason for this is due to the parents not being able to read English. The monthly newsletter along with English flyers are now being translated to Spanish for those who cannot understand the English language.

   During outreach most flyers do not stay posted the required time needed for parents to be aware of an event. Most of the time they are taken down, thrown away, or put in a place where the flyers are not viewable to clients.

Collaboration and Communication:

3. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   The Resource Center Coordinator will renew her car seat certification through SNACK to continue handing out car seats and also educating parents on the importance of having a car seat installed correctly. The Resource Center Coordinator has now become a member of the CAP advisory meeting. This collaboration will permit more outreach through the members of the advisory meeting and more outreach to the community about future events happening at the resource center and vise versa.

4. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

With the current outreach efforts more young parents are seeking resources at the Care1st Gila Bend Resource Center, such as: TOPS, The Readiness Basket, and Southwest Behavioral.

Family Resource Center – Pendergast Elementary School District:

Activity	Target Audience	Frequency of Activity	Number Reached
Resource and Referral	Families with children birth to 5	daily	Family Resource Referrals January - 37 February - 257 March - 338
Parent Education	Families with children birth to 5	Classes four to five days per week	January 3 - Sessions 30 - Adults February 51 - Sessions 131 - Adults March 41 - Sessions 344 - Adults

Describe any particular successes with these activities:

We launched a comprehensive outreach strategy across all three regions and made several publicity announcements to each school in the district.

Additionally, we attended each Kindergarten Readiness night in all the schools in the district and distributed Kindergarten Readiness Bags complete with parent and child activities, a set of manipulatives for math, a sturdy book, journals for writing, a pencil, pencil grip and sharpener as

well as scissors and crayons. We provided parent education about how to use the materials in the bag with their children.

Outreach efforts were also done in urgent care facilities, a variety of community events, PTA meetings, child care facilities and city libraries. Drop Boxes for parents who are interested in resources and referrals were distributed at community sites across the regions.

We have computers available for the community and they have been utilizing them to complete and print benefits statements for AHCCS or nutrition assistance as well as to complete online applications and access resources.

We have created a resource library for parents and have created a check in and out system so that we can track the use of resources. Because of the connections with FRC staff and using the resource library, referrals to Child Find were made as well as to parent education.

The discipline and guidance curriculum Common Sense Parenting that is geared toward toddlers and preschool aged children began in January and was well received.

We began hosting Parent Connections for Child Help and they met once a month with an average of 15 parents per sessions.

We brought in Nurturing Parents Raise Great Kids in February. It is offered in both English and Spanish and is offered at a new "mini" FRC at our Garden Lakes School in the Northwest region.

We are offering a parent education program for parents of preschool students to introduce them to the Early Learning Standards.

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

We provided parent education to parents at each school site during Kindergarten Readiness nights and taught them how to use the "Kindergarten Readiness Bag" that was assembled as part of the ECQUIP Team goals. These numbers were not included in the parent education numbers and were included as resource and referral counts only.

We also did not always count our support groups. We had a Parent Connections group that met in February and since exact attendance was not collected, these numbers (approximately 15 adults) were not included.

First Things First – 3rd Quarter Narrative Report

Due the 20th following the end of each Quarter

1. **Describe current issues related to staffing necessary for program implementation.**

   We are continuing the process of hiring instructors and scheduling parent education classes geared toward families who have children with special needs. We decided to launch the special education series next year due to the lack of appropriate trainers.

   We hired three new staff members during this reporting quarter, one of which resigned mid-March. As we move into the last quarter, we are looking forward to restructuring so that we can fully execute the mobile resource center plan with clerical and financial support.

   We also have had an intern from ASU School of Social Work. She is at the FRC on Wednesdays and Fridays and has been instrumental in ensuring that phone calls are answered and parents receive resource and referral information.

Collaboration and Communication:

2. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   We are still in the process of partnering with Maricopa Integrated Health to provide health care and pediatric dental services in the near future at the Hope Center which is located within close proximity to all three FTF regions supported by this grant.

   We continue to partner with Phoenix Greater Urban League Head Start to provide special education supports and Parenting Education. We collaborated with them to bring the Kith and Kin program to the Family Resource Center. We also collaborated with them to be a presence at all of our Kindergarten Readiness night events and they helped with translation support when the FRC representative did not have the skills to translate the parent information.

   We continue to work with Child Help Cummings Community Center to provide services to families with a focus birth to five and are having monthly meetings to collaborate and share our projects. They will be holding Group Connection Parent Education classes at our Pendergast Family Resource Center in January.

   We will continue collaborations with Benevilla to provide space for them to facilitate parenting education. Unfortunately, due to the lack of attendance we had to cancel the grandparents as parents support groups in the Northwest FRC.

We continue to collaborate with Nurturing Parents to deliver parenting curriculum in the Southwest Maricopa region.

We have collaborated with the ASU School of Social Work and our school social worker to provide an internship opportunity for bachelor's degree candidates.

3. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

Outreach efforts were enhanced by the implementation of a drop box with Pendergast FRC information. In addition to location and phone number, the drop boxes include referral sheets that enable interested parents to be contacted by representative from the Family Resource Center. The drop boxes have been placed at various locations within the community including urgent care facilities, child care facilities school offices and city libraries. The FRC has developed a tracking system to monitor the drop boxes to ensure a timely response to parent inquiries.

The Kindergarten Readiness events with the Kindergarten Readiness Bags were celebrated across the district for their developmentally appropriate activities and the expertise of the Family Resource Center staff and Head Start staff in educating parents about how to prepare their children for kindergarten.

Support or Additional Information:

4. **Describe any additional information you would like to share about program implementation.**
This is a work in progress and is constantly being monitored and adjusted according to the needs of the parents we serve. Staff development continues to take a front row seat the fourth quarter. Professional development opportunities strengthen our ability to offer a wide range of parent education.

5. **Please describe the agencies the Resource center is linked to, how those linkages are established/maintained (MOU's, interagency agreements) and the current status (changes terminations, additions).**

We continue to partner with Phoenix Greater Urban League Head Start to provide special education supports and Parenting Education. We have begun sharing a campus and meet monthly. Professional Development has been given to the Head Start staff by the Coordinator for Early Childhood Education with regard to Response to Intervention and Special Education.

We continue to work with Child Help Cumming Community Center to provide services to families with a focus birth to five and are having monthly meetings to collaborate and share our projects.

We began a working relationship with Partners in Participation, LLC to provide the Readiness Basket parent education program at our Family Resource Center. They will provide a total of 22 Parent Education topics during the 2013-2014 academic year. We will provide a certified teacher to talk about kindergarten transition and readiness.

Home Visitation:

Describe any particular successes with these activities:

Our program and programs in other agencies utilizing the Parents as Teachers curriculum in Maricopa County meet throughout the year to continue collaboration and sharing information on what is working well and what barriers are being faced by Parents as Teachers providers across Maricopa County. Each affiliate has a different amount of experience with the model and other expertise in the field in general to share with each other. The cohort participated in a Reflective Supervision training in March to comply with PAT requirements for supervisory practices.

Our program provides monthly parenting groups for program participants. The parenting groups, in addition to individual home visits, are meant to give the families additional opportunities to bond and learn with their child(ren) as well as meet other families with young children in their area. There were six groups held during the quarter. One of the January groups was, "Do It Yourself : Learning Can Be Fun", was an interactive group for parents and children to learn how to use the things they already have to use as teaching tools in a fun and playful way. The second January group was the Avondale Health Fair, staff helped the families find local resources at the fair. The two February groups, "Reading is Fun", were interactive groups for parents and children that discussed the importance and benefits of early literacy. There were activities and information on fun ways to incorporate rhythm, rhyme and activities as part of the reading process. The two March groups were health related. The first one focused on hearing and vision screenings for the children and the second one was a presentation from Ashline about smoking cessation.

Date	Time	Location	Topic	Attendance	
01/23/14	2:30 pm	Avondale Care1st	Do It Yourself: Learning Can Be Fun	6	Parents
				13	Children
01/25/14	Morning	Avondale Care1st	Health Fair	3	Parents
				3	Children

02/27/14	10:30 am	Avondale Care1st	Reading Is Fun	2	Parents
				2	Children
02/27/14	2:30 pm	Avondale Care1st	Reading Is Fun	4	Parents
				8	Children
03/25/13	12:30 pm	Avondale Care1st	Hearing/Vision Screening Event	11	Parents
				13	Children
03/25/13	2:30 pm	Avondale Care1st	Ashline: Smoking Cessation	9	Parents
				11	Children

Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?

Building Bright Futures provided 215 home visits to families enrolled in the program during the 3rd quarter. There are currently 74 children enrolled and being served. All but one newly enrolled family during this quarter had at least one child three or younger or were currently pregnant. The one family that was enrolled with a child over the age of three had just turned 4 years old. The family was not eligible for other services like Head Start or developmental preschool. However they still wanted to work with their child and gain a better understanding of child development, parenting, and school readiness.

We held six Group Connections during the second quarter. The parents and children attend these groups together, offering learning and social time for both. These groups are usually scheduled at least once a month to ensure that as many interested program families can attend as possible. Staff offer them throughout the Southwest Maricopa Region. They are planned each month based on the needs of the current families enrolled and participating in the program. At this time the families have requested that the groups be held at the Avondale Care1st office since this is the easiest location for the majority of them to get to. There was not one held in Gila Bend as we have done so previously because there are only two families that live in or near Gila Bend and one is not interested in attending groups at this time. Now that the Buckeye Resource Center is open, the program will look at holding a group in Buckeye should families show and interest. Program staff and directors have met with and toured the new facility.

Describe current issues related to staffing necessary for program implementation.

The Building Bright Futures Program was fully staffed during the 3rd quarter. However, one staff member left on maternity leave during the first part of March. The Parent Educator on leave provided several months of information and support to families about her time on leave. She developed goals and informational packets with contact numbers, learning activities and

information so that families could continue to work on goals. The other Parent Educators will provide monthly support to the families in her absence.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

As families progress through the program it is normal to begin the process of decreasing the frequency of visits from weekly to bi-weekly or bi-weekly to monthly. There are a high number of long term (1-2+ years) stable families participating in the program. When staff have had smaller caseloads they have delayed this process and continued to see the family at a higher frequency. However, as caseloads have increased to meet the contracted number of families, this discussion has begun to happen with the long term families. While there is no direct need from the family to have weekly visits versus bi-weekly, some families would still prefer to have more frequent visits. To help with the transition, Parent Educators are calling the family each week. They are also encouraging those that do not attend the parent groups held each month to start attending.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

One of the mothers enrolled in the program has enrolled in school to work towards a Culinary degree and Associates in General Studies for Substitute Teaching. She has received a federal grant that will cover her tuition and supplies needed. The Parent Educator has worked with the parent and child around the new transitions this brings to the family. The parent was anxious about changing her child's routine and not being the only one caring for her during the day. The Parent Educator supported her in developing a new routine and discussing how she can schedule and spend quality time doing activities with her child when she is not in school. They also discussed how to introduce the new caregiver before mom started back to school so it was a slow transition and not sudden for the child. The family is doing well and the child seems to be adjusting well to the changes.

One of the children enrolled in the program was referred to the Arizona Early Intervention Program and Sunrise Therapy was assigned to provide services. The child qualified for services then suddenly no one was coming or calling them about services. The Parent Educator provided the parents support in contacting and communicating with AZEIP to ensure continued services. The parent felt intimidated and did not want to contact the AZEIP provider. The family was feeling overwhelmed with the process so the Parent Educator called with the parent and helped her to advocate for her child on the phone. The Parent Educator also provided support during the next AZEIP visit and discussed what questions the family had prior to the meeting. The AZEIP provider is now also working with the school district to possibly enroll the child in developmental preschool.

One of the activities the Parent Educator brought a family was to create a small book with her daughter, the youngest sibling. An older child in the family had aged out of the program and is now in Kindergarten. The parent adapted the idea after talking with the Parent Educator to help her 5 year old daughter with spelling words she is learning in Kindergarten. She was only getting 2/10 correct and was very stressed when they would practice her spelling. After just one week of using the adapted version of the book activity the child got 4/10 and the following week 9/10. The child enjoys the books and working on them with her mother.

Parent Educators have found success in meeting new partners that the program has previously not worked with before in the community during their outreach efforts. Our new partners include the Arizona Academy of Pediatrics, the CAP Center in Tolleson, Brighter Angels, and New Life Pregnancy Centers. They have also invited them to the networking meetings.

	SOURCE OF ALL REFERRAL INTO PROGRAM	Number
1	Early Care and Education (Child Care)	
2	Community social service provider	**Parent Partners Plus 6** Healthy Families: 1 Healthy Start: 5 **Headstart: 1** **Avondale Care1st: 2** **Health Fair: 5** **Birth to 5 Helpline: 1** **Avondale Story time: 1** **Parenting Arizona: 2** **Buckeye Resource Center: 1**
22	Other (please identify)	**Self: 2**

Families with Children with Special Needs:

Describe any particular successes with these activities:

This first quarter of the new grant has focused primarily on starting up the program, with hiring staff, conducting outreach, and coordinating work with community partners such as AzEIP. The Program Director and one Parent Educator both began their employment with the program in early March. We are in the process of recruiting for additional staff members, especially bilingual English/Spanish Parent Educators.

Our program and programs in other agencies utilizing the Parents as Teachers curriculum in Maricopa County meet throughout the year to continue collaboration and sharing information on what is working well and what barriers are being faced by Parents as Teachers providers across Maricopa County. We most recently met in March. Each affiliate has a different amount of experience with the model and other expertise in the field in general to share with each other. The next PAT meeting is scheduled for April.

In this first quarter our Program Director and Parent Educator attended Model Implementation and Curriculum Training from the Parents as Teachers office in St. Louis, Missouri. In addition our Program Director completed training on Reflective Supervision to comply with Parents As Teachers requirements for supervisory practices.

The group connections, in addition to individual home visits, are meant to give the families additional opportunities to bond and learn with their child (ren) as well as meet other families with young children in their area. We most recently hired the Program Director and one Parent Educator who will be the first to facilitate group connections once referrals have begun and families enroll into the program. Those families enrolling will help determine the location, time, and topics that will be covered in order to maintain parent/child interest and attendance rates.

Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?

One challenge for the program this quarter has been staffing. As of the date of this report, the Program Director position has been filled and one Parent Educator has been hired, 4 Parent Educator positions remain open. At this time the Director and Parent Educator are focusing on recruiting, outreach and enrollment of families, while the Director is working with the Senior Program Director to recruit qualified staff. It is important to locate the most qualified staff to work with this vulnerable population and we are taking great care to hire appropriately while we continue to focus on start up, outreach, and recruitment.

Another challenge the program has faced is partnering with the Arizona Early Intervention Program at the state level and the assigned contractors. AzEIP at the state level is in a unique position to assist with outreach and enrollment by encouraging contractors to refer families that are not eligible for early intervention to the Building Bright Futures Special Needs Program. At this time we are unable to reach out to each contractor and solidify the referral process as we are awaiting approval from AzEIP for consent forms and a formal MOU. The Senior Program Director and VP of Family & Community Services has been working closely with AzEIP staff to resolve concerns from the state AzEIP office and the AzEIP contractors in order to best serve the children and families in these regions.

Since our agency is also an AzEIP provider in several regions of Maricopa County including the Southwest Region we are able to make referrals to the BBF Special Needs programs for families whose children may have developmental delays but are found not eligible for our AzEIP program. Our agency structure allows us to make the referral to another program in our agency, outside of the formalized structure, still being considered by the state AzEIP office.

The program staff continues to identify new sources for outreach and recruitment, and will be focusing on locating eligible families in both Southwest and Northwest Maricopa regions. We also are continuing to maintain and expand exisiting community partnerships for outreach and awareness of the program in the Southwest and Northwest Maricopa regions.

Collaboration and Communication:

Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

We have begun collaboration efforts with the following organizations. These organizations collaborate with Child & Family Resources, Inc. and the Building Bright Futures Special Needs Program to include cross referrals to and from our agency, and share clients as well as resources and training opportunities. We all work collaboratively for the benefit of the families.

We look forward to attending the Northwest Regional Council meetings now that we have a Program Director in place. These currently fall at the same time as our agency's monthly mandatory all-staff meeting, so we are looking at ways to have program staff rotate through attending the staff meetings and the Council meetings.

Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.

At this time we have successfully recruited and hired a Program Director that is very familiar with the Arizona Early Intervention Program as well as the Developmental Preschool process. She brings 4 years of experience working within the Early Intervention Program, which will allow her to effectively support the Parent Educators in their role as they work to support those families and children who were not found eligible for Intervention or Developmental Preschool. At this time we have also hired a Parent Educator who has a great background in working with families and their children with special needs such as Autism, Down syndrome, genetic deletions, and speech impediments. Both have conducted outreach and have demonstrated great collaborating skills.

Support or Additional Information:

What specific assistance or guidance do you need from FTF staff to ensure the success of your program?

We appreciate the support and encouragement we have received thus far from our local First Things First Council and staff. We are very grateful for this support. We appreciate the state-level conversations for coordinating work between FTF grantees and the AzEIP providers.

Describe any additional information you would like to share about program implementation.

The Building Bright Futures Special Needs program is working on identifying resources in both Southwest and Northwest Maricopa regions to share with families as they begin to enroll in this brand new program. While identifying these resources we are also working on building strong meaningful partnerships that will benefit families.

Care Coordination – Medical Home:

1. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

   NW/SW Maricopa Care Coordination/Medical Home Grant was awarded at the beginning of the third quarter. The third quarter was spent hiring four staff members, working with the three MIHS Family Health Centers (Avondale, El Mirage, and Glendale) to prepare for the new staff, ordering educational supplies and orienting the staff, physicians, and clinical teams at the clinics about the Medical Home/Care Coordination program.

The first week the new employees spent in the New Employee Orientation (NEO). NEO is an MIHS-mandated, comprehensive three-day orientation in which new employees learn MIHS' policies and procedures, mission & values, and customer service expectations. After NEO, clinical employees are required to take two days of EPIC classes. EPIC is MIHS' electronic medical records program. The pediatric care coordination program has an extensive EPIC module that allows the care coordinators to create and follow pediatric patients care plans, monitor well-child visits, immunizations and follow-up needs of our families. The care coordinator assistant will also be utilizing EPIC reports to call families with children behind in the immunization or well child visit schedule to get them into service with a care coordinator.

All three of the care coordinators attended the Sixth Annual National Medical Home Summit along with Julia Kelly, M.D. the NW/SW Care Coordination/Medical Home Director, and several seasoned MIHS Pediatric Care Coordinators. The benefits of the new care coordinators being able to attend this conference and collaborate with Dr. Kelly and MIHS' care coordinators during the conference cannot be understated. It allowed them to "pick the brains" of the seasoned care coordinators and learn about the Medical Home Model.

Upon return from the conference, the new care coordinators received extension training through the existing MIHS pediatric medical home/care coordination team and the Grants Department. Training included: rotating through three of MIHS' care coordination/medical home pediatric clinics (Comprehensive Health Care Center, Maryvale and South central Family Health Centers) shadowing care coordinators; learning how to use EPIC to document patient information; training with the data specialist to learn the reporting database used track First Things First required data; observing and practicing effectively working with the providers and clinical teams; reviewing and understanding the contract's terms and conditions, and standards of practice. After the comprehensive training Care Coordinators returned to their home clinics to implement the program. Care Coordinators and the care coordinator assistant will continue to be mentored and involved in team and grant related meetings.

2. **Describe current issues related to staffing necessary for program implementation.**

Effective March 10, 2014 this program is fully staffed!

3. **Describe any barriers to successful implementation or other challenges. If the challenge is ongoing, what is your plan for resolving these issues?**

There are no barriers to the successful implementation of this program.

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Due the 20th following the end of each Quarter

Collaboration and Communication:

4. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   Activities in the third quarter supported hiring and training an effective team and mobilizing clinics for the new care coordination/medical home program. We report on new collaborations in the fourth quarter report.

5. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

   All staff members were hired during quarter three. We were able to hire a very ambitious and dedicated team to implement this program. We are excited to provide you with additional success stories in the fourth quarter report.

Oral Health:

1.

Activity	Target Audience	Frequency of Activity	Number Reached
Healthy Mothers Healthy Babies Collaborative Mtg (January)	Community partners Central/S Phx	1 time	Guest Speaker Sen. Leah Landrum-Taylor 10-15 attendees
Contact AHCCCS Health Plans (January)	AHCCCS health plans care coordination/EPSDT Coordinator/Manger of Dental Operations.	30 calls/3 e-mails	4 confirmed referrals/assigned care coordinator.
Faith Based Community Round Table (January)	Community partners in SW	1/quarter	20-30 attendees

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Contact AHCCCS Health Plans (February)	AHCCCS health plans care coordination/EPSDT Coordinator/Manger of Dental Operations.	30 calls/8 faxes	19 confirmed referrals/assigned care coordinator.
IHIP Oral Health Webinar Series: Dental Case Management	First Teeth First Staff	1 time	5 staff members attended. Webinar
Contact AHCCCS Health Plans	AHCCCS health plans care coordination/EPSDT Coordinator/Manager of Dental Operations.	8 calls/4 e-mails	19 confirmed referrals/assigned care coordinator.
Paiute Early Childhood Meeting	Community partners in NE	1 every other month	5-10 attendees
Primary contact/Introductions, consent letters sent out, follow up services.	Preschool/Childcare Center Directors. Teachers Event Organizers Meet with parents	8 calls/ 10 e-mails Meetings with Directors/teachers	SW: 2 CCC (Garden Lakes Christian Academy, Tutor Time) 1 Community Event (Gila Bend Care 1st), 1 Preschool (Kaiser Elementary Paloma, AZ)
Contact AHCCCS Health Plans	AHCCCS health plans care coordination/EPSDT Coordinator/Manger of Dental Operations.	30 calls/8 faxes	11 confirmed referrals/assigned care coordinator.
Caring for Our Communities Breakfast	Community Members/School District Staff	Information Booth for FTF.	50-100 attendees.
MOLAR Meeting	Oral Health Professionals/agencies	Children's Workgroup Chair	30 attendees
Healthy Mothers, Healthy Babies Coalition Meeting	Network with other agencies	1/month	10-15 attendees.

NE Collaboration Meeting	First Teeth First Staff	1 every other month	10-12 attendees
Contact AHCCCS Health Plans	AHCCCS health plans care coordination/EPSDT Coordinator/Manager of Dental Operations.	2 calls/3 e-mails	19 confirmed referrals/assigned care coordinator.

2. **Are there any specific outcomes that have been achieved during this reporting period that may not be reflected in the data reporting you have completed?**

   In the 3rd quarter of 2013-2014, we were able to provide basic oral screenings to 641 children in the Southwest region, 546 children were given fluoride varnish application and we provided 491 1:1 educational sessions with parents during services. The 1:1 educational sessions were provided to the parent during the time of service and the program finds this to be the most effective form of education to parents regarding their children's oral health since we are able to show the parent the concerns we see in the mouth.

   For the maternal oral health portion of our program, we provided 49 basic oral health screenings to pregnant women in the 3rd quarter. Of those screened 2 of them were determined to have an urgent dental need, which was referred to our partner MIHS for services.

3. **Describe current issues related to staffing necessary for program implementation.**

   The First Teeth First program assistant accepted a promotional position outside of the First Teeth First program; we are currently conducting interviews for her replacement and will have someone hired in May.

   In the interest of program sustainability and improvement, we are changing the staffing model for contract staff. First Teeth First will be transitioning from independent contract staff to hiring individuals as Maricopa County temporary status employees.

Collaboration and Communication:

4. **Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.**

   First Teeth First has formed a partnership with the new Buckeye Resource Center to start providing services in April 2014. Our program participated in the Grand Opening event at the Resource Center in February to promote oral health and the program to the Buckeye Community in prelude to starting services once a month at the Resource Center.

   For the 2nd year, First Teeth First participated in the Avondale Care1st Resource Center Fair in January. Though services are provided at the Avondale Care1st Center once a week, we were able to see families that weren't able to make it to the center during our scheduled hours.

   Our program continues to partner with Readiness Basket to visit the rural areas for the Southwest Region, again visiting the Gila Bend Resource Center and Kiser Elementary School in Paloma.

   Staff participated at the City of Goodyear Faith Based Round Table in discussing the need to keep all the agencies connected to community partners so the communities are being served effectively and efficiently.

5. **Are there successes that can be shared during this reporting period? Include success stories that would be of interest to stakeholders including First Things First Regional Partnership Councils, the Board of First Things First or the general public.**

   Tiffany came in with Johelle, her 2 year old, to the Avondale WIC offices. It appeared the child fell about 3 weeks ago, and when the First Teeth First staff spoke with Tiffany about the services offered at the WIC, she seized the moment to have Johelle's bruised tooth checked out by a dental professional. After a basic screening, the hygienist recommended the child be taken to see a dentist. Johelle is an AHCCCS member, and our staff was able to refer her directly to AHCCCS. An AHCCCS Care Coordination was able to follow up with Tiffany, and she was able to schedule an appointment with General Dentistry 4 Kids that following week.

SNACK Program:

4. Provide the following information on current outreach, recruitment and retention activities, as applicable:

Activity	Target Audience	Frequency of Activity	Number Reached
Website Postings: ADHS Empower Pack page, SNACK website on MCDPH website	Child Care staff, residents of Arizona	Ongoing	5,000 Adults
Catholic Charities West Head Start Advisory Meeting	Head start professionals	Quarterly	25 adults
Feature article in Early Childhood Quarterly	Child Care staff	Quarterly	15,000+ Adults
CPST 32 hour Certification Training	Non-profits, EMS, Hospitals, Child Cares, Government.	Annually	9 Adults
West Valley Human Services Alliance	Social Workers and agency staff – west valley	Quarterly	35 Adults
Color Me Healthy Parent Newsletter and Info Mailings	Child care providers	Ongoing	350 adults
Partnership with Sands Chevrolet - Car Seat Clinic	Families with Children 0-5 in West Valley	Monthly	51 Adults/ 35 car seats
Partnership with Care 1st Avondale Resource and Housing Center	Families with children 0-5 in West Valley	Monthly	31 Adults/54 car seats
Color Me Healthy Trainings of Child Care Providers	Child Care staff and directors	Ongoing	33 Trainings 310 Adults
Color Me Healthy Trainings for Family, Friend & Neighbors	Child Care In Home Providers	Ongoing	5 Trainings 13 Adults

Gardening Component: Soil to Fork: Community Gardens	Child care staff, directors, community members	Ongoing	4 trainings 33 Adults/78 Children
Child Passenger Safety Parent Education Classes and car seat checks	Parents of small children	Ongoing, as requested	206 Adults/ 175 car seats
Child Passenger Safety seats distributed directly to agencies to serve their families	Agencies that work with children 0-5 that SNACK has certified	Ongoing, as requested	110 Adults/ 110 car seats
E-blasts and Flyer Distributions of car seat check events	CPSTs	As needed	2,250 Adults
Featured article in The Avondale Rave (community magazine) and the about.com website	The community of Avondale	ongoing	5,000 people
FindHelpPhx presentations	Agencies that work with families in need and children 0-5	ongoing	838 people
Hispanic Outreach Alliance Meeting	Non-profit organizations	monthly	15 people

Describe any particular successes with these activities:

ACCESS TO HEALTHCARE

In January, Andrew Medina joined the FindHelpPhx team as an intern. Andrew is a Master's student at Arizona State University. He will be interning with the SNACK program until the summer. Andrew has gained many new rewarding experiences at Maricopa County that he wanted to share a particular experience with the First Things First staff.

"This story starts with the Maricopa County Department of Public Health (MCDPH) and how it has empowered me to empower others.

As a Master of Social Work (MSW) candidate, at Arizona State University, I have been blessed with the opportunity to intern with many county programs, but in particular Find Help Phoenix. For those who may not be familiar with Find Help Phoenix, it is an online tool designed to generate greater access to health and human services in the Maricopa County area.

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While serving the most vulnerable members of our community, by connecting them with needed services, I also found my own knowledge of available resources developing. It was this growth that brought one of my peers, in the MSW program, to seek out my help. She, through her internship, had come into contact with a MTF (male to female) transsexual, who was currently receiving help at the Central Arizona Shelter Services (CASS). While there the individual in need was being met with threats of violence, hostile shelter conditions and discrimination from other people staying there. The social work intern felt powerless with respect to the problem being presented to her, but knew that I might be able to assist her because of my work with MCDPH. The impact of Find Help Phoenix, in our community, can never be done justice with simple words, but the lives of those served by the site speaks volumes."

~ Andrew Medina (FindHelpPhx intern)

The Access to Care team had a very busy quarter with regard to presentations and health fairs. **In the first three months of 2014 there were 39 presentations and the team participated in 5 health fairs.** Stronger outreach was made possible due to one intern from Walden University (Master's in Public Health Candidate) and two interns from the ASU Graduate School of Social Work.

Printed materials advertising FindHelpPhx are very popular among family-serving agencies such as Southwest Human Development, Superior Court, and Banner Good Samaritan Hospital. Approximately 60,000 cards have been distributed in the last quarter.

Once again, EncuentraAyudaPhx was featured on Univision's 5PM newscast in March. Hits to the Spanish website **tripled** in the days following the broadcast! Below is the link: http://univisionarizona.univision.com/videos-univision-arizona/video/2014-03-05/encuentra-ayuda-phoenix-un-servicio

In April, FindHelpPhx plans to submit an article in La Voz, Spanish newspaper, to increase numbers of Spanish language users; as well as radio interviews in the future.

In January, Alejandra Kisebach (SNACK staff) completed media training with ABC15 News. Alejandra was approached by a Manager from D'Image Beauty School asking her to conduct a FindHelpPhx presentation to her 35 employees. The manager felt it was important that her staff become aware of the resource tool since many clients create a bond with their hairstylists. Personnel from Community Affairs at the Curacao Department Store approached Alejandra with the same request.

On March 25th FindHelpPhx hosted "Bridge to Help," an interactive four-hour workshop with staff from almost 50 health and social service agencies, total 93 people in attendance. The purpose of Bridge to Help was to learn a variety of new community resources from other participants. Workshop activities included: table discussion, videos, and two guest speakers. Surveys from participants were extremely positive, and we hope to plan two "Bridge to Help" workshops in 2015, one in the East Valley and one in the West Valley.

Below are two emails from workshop participants and their feedback….

"Arizona Safe Baby Haven just wanted to say Thank You for the opportunity to participate in the Bridge to Help Event. Maria Gow had so much positive feedback and enjoyed the event tremendously. This event helped us increase awareness of Arizona's Safe Baby Haven Law, in hopes of saving lives. We enjoyed working with you and we hope to work with you again, feel free to keep us in mind anytime for future events."

Thank you again,

Monica Simmons, AZSBH Event Coordinator, RN

"Thank you for allowing me to attend the resource Meeting yesterday. The event was outstanding and the diversity made it even better. I just wanted to let you know your efforts were well spent and please pat yourself on the back. Please feel free to send me any information that you would like disseminated I would be glad to assist. Once again, thank you and have a great day."

Keith Root

Case Manager/Outreach Specialist

Support Services for Veteran Families

Adrienne, Alejandra, and Jennifer spoke with many residents at health fairs and over the phone, who need help in locating community resources. Together they assisted 61 people, with the breakdown of the most frequently requested service categories: **16 families were referred to AHCCCS or other free/discount services for health care enrollment; 8 family members were referred to mental health provider; 12 families referred to dental services; 7 families referred to housing and utilities, 2 families referred to food and clothing; 4 families referred to youth services, 2 families referred to financial assistance, 4 families referred to employment assistance, 1 family referred to Veteran's assistance, 1 family referred to childcare services, 3 families referred to transportation services, and 1 family referred to LGBT services.**

INJURY PREVENTION

In the last decade, motor vehicle deaths among children have decreased by 43%, according to a recent factsheet from Centers for Disease Control and Prevention. Unfortunately, 45% of Black children and 46% of Hispanic children that died in car crashes was due to lack of restraint use. The SNACK Program strives to provide the most current information on child passenger safety and educate all families on the importance of child restraints and seat belt usage.

For more information on the statistics, click on the following link…

http://www.cdc.gov/vitalsigns/childpassengersafety/index.html?s_cid=duip_100

In January, our very own**, Fatima Freig (SNACK staff), became a Nationally Certified Child Passenger Safety Instructor!** This will allow her to certify others as child passenger safety technicians. The SNACK Program now has three CPST instructors on the team.

The injury prevention team held their first CEU for the year. This CEU class focused on Special Needs Child Restraints. Angelica Baker from Phoenix Children's Hospital is a Special Needs Certified Instructor and partnered with the SNACK IP team to teach the class. **The class was very well attended with a total of 38 participants. Technicians represented 20 different agencies from the West and East Valley.**

At the end of February, the injury prevention team partnered with Peoria Police Department and held the CPST certification training. Nine students successfully passed the course. Students in attendance represented the following agencies: **Child Protective Services, Parenting Arizona, Banner Health, Teen Outreach Pregnancy Services, and Care1st Avondale Resource and Housing Center.**

In last quarter's report, we had mentioned that the SNACK program was partnering with Parenting Arizona in Wickenburg. The plan was to certify 17 staff members from Parenting Arizona to meet their new policy change. Unfortunately, due to staff shortage in their finance department, they were unable to register their staff before the deadline. The SNACK program offered to help by providing them with 5 scholarships.

March 2014 CPST Certification Class!

In March and April, the Sands Chevrolet check event appointment list filled a month in advance! SNACK Health Educators are currently busy scheduling as many education classes as possible in the last quarter, to meet the needs of the community before the summer season begins.

In the Southwest Valley, the injury prevention team delivered **5 parent education classes at Care 1st Avondale and 1 class for The Readiness Basket at the Gila Bend Family Resource Center.** The Readiness Basket and the SNACK program are working together to help bring more families into the Gila Bend Resource Center by hosting the parent education classes at that center. To date, we've held 1 class the second quarter and 1 class in the third quarter. Both Angelica Rodriguez and Raul Jorquera from the Readiness Basket, do an excellent job of recruiting families to attend the education class. We look forward to continue working with both SW grantees.

In total for the SW Region, 141 adults received intensive education and 140 car seats were distributed to families in need. In the Northwest Region, 176 adults received education and 142 seats were distributed to families in need. Parents that complete the education class receive a certificate they can apply towards training credits at Rio Salado Community College.

As always, the SNACK team continues to provide technicians in the area with a comprehensive toolkit developed in-house for holding car seat check and distribution events and staying current in child safety issues. SNACK will follow up with and maintain relationships with each of the technicians in the region in order to build the capacity of their agencies and to provide quality child passenger safety services. They can also receive free car seats from the SNACK program to distribute through their technician. **In continuation of our capacity building efforts already underway, 66 car seats were given to Northwest agencies and 44 car seats to Southwest agencies that have SNACK certified technicians on staff** and now distribute car seats and provide education to their clients independently. The team consistently checks in with their partnering agencies to ensure they have sufficient car seats on hand.

In February, the Safe Kids Coalition of Maricopa County hosted their 15th Annual Safe Kids check event simultaneously at three different venues; East Mesa, Central Phoenix, and Goodyear. The SNACK Program partnered with the Goodyear Fire Department and hosted the annual event at the Goodyear Park and Ride. Twenty-nine certified technicians and 9 Goodyear Fire Cadets attended the event and together **educated a total of 53 adults, checked 64 seats, distributed 21 new seats, and received $75 on donations.** Representatives from Farmers Insurance and The Auto Shop were on location answering questions and conducting free tire checks. Once again, another successful event provided by the SNACK Program and its community partners! Injury Prevention continues to report on the zip codes of the cities that have received car seats by the SNACK program and/or their partnering agencies. This graph aides the program by ensuring that we are providing services to all designated cities in the Northwest and Southwest Region according to population and need. Z**ip codes: 85323 (Avondale), 85301 (Glendale), and 85337 (Gila Bend) received the most car seats this third quarter.**

Color Me Healthy

The Color Me Healthy (CMH) team had continued success training child caregivers, parents, and educators on the Color Me Healthy curriculum. The training is an evidence based curriculum developed at the University of North Carolina. Early childhood educators participate in the 2 ½ hour training and receive training credits. **During the third quarter the Color Me Healthy staff trained 77 providers in the Northwest region and 28 providers in the Southwest region which will reach 558 children (birth to 5 years of age); year to date 267 trained in the Northwest region and 56 in Southwest region reaching approximately 1,987 children.** Staff will continue to offer refresher courses to trainees and assistance with implementation strategy and/or support. The SNACK staff has received an increase in requests for the Color Me Healthy trainings for the following grant year. Agencies have been pleased with the flexibility of the staff and appreciate that trainings are conducted at their facilities.

The SNACK team conducted two family events in the southwest region at Phoenix Children's Academy and Gila Bend Unified School District Preschool. The event allows parents to gain knowledge on the importance of nutrition, physical activity, child passenger safety and accessing community resources. The SNACK team created several different workshops and activities throughout the center for participants. SNACK reached out to other programs that are funded through First Things First to participate in the event. Both events were successful with a total of **71 adults** and **92 children** that participated.

In the southwest region, the Color Me Healthy team has continued the partnership and collaboration with the Avondale, Buckeye and Gila Bend Resource centers. Program flyers have continuously been distributed to the resource center to share with their clients; in addition, Family Friend and Neighbor (FFN) flyers have been distributed at the onsite WIC clinic in Avondale. The family friend and neighbor flyers consist of all of the information about our program.

Additionally, the CMH team specified outreach efforts to the Family, Friend and Neighbor providers. With the weakened economy, many families are utilizing either friends or family for child care services and SNACK is concentrating efforts to reach this population.

SOIL TO FORK (Gardening Component)

In the third quarter garden a total of two gardens in the northwest region and one garden in the southwest region. In the southwest a garden was developed at the Gila Bend Unified School District (GBUSD) Preschool. The GBUSD Preschool delivered a successful attendance of 8 parents and 32 children. The gardening component was partnered with a family event in hopes of increasing parent participation. Collaboration between the parents and children was very effective creating enthusiasm about growing fruits and vegetables. Many parents were pleased with the interaction of the event and look forward to future events at center. We look forward to the first harvest of this garden.

Collaboration and Communication:

1. Describe collaboration efforts that have been undertaken or are continuing during the reporting period. Describe the nature of the collaborative effort and who potential or current partners are in the effort. Briefly describe anticipated results of the collaboration.

   SNACK has forged meaningful partnerships with many agencies working in the Northwest Region including the O'Neil Community Center; Academy for Early Learning, Sands Chevrolet, Parenting Arizona, Peoria, Glendale, Wickenburg, Surprise, Aguila, Sun City Fire Departments; Catholic Charities Head Start, Washington School District Headstarts, Glendale Elementary School District Family Resource Center, Maricopa County WIC programs, Benevilla, Banner Del Web Medical Center, Safe Kids of Maricopa County, Macaroni Kids, La Voz, Chicanos Por La Causa (CPLC), El Mirage Family Health Center, Dysart Community Center and Teen Outreach Prevention Services.

In the Southwest, SNACK has created partnerships with the Care 1st Resource Centers in Avondale, Buckeye and Gila Bend, Town of Buckeye, Kidz Watch AZ, Southwest Institute, Litchfield School District, Dysart School District, Gila Bend Unified School District, Paloma Preschool, Tolleson Headstart, Avondale and Tonopah Fire, Dr. Sade Recreational Center, and Goddard School.

For Injury Prevention collaboration please see question one, Injury Prevention for strong collaborations with many agencies this last quarter particularly in the SW Region.

SNACK has maintained a strong partnership with the Child Care Healthcare consultants; we receive quarterly updated lists of assigned lead CCHC's to childcare centers in the NW and SW regions. We then contact the assigned CCHC when we visit any of their assigned sites. CCHC's have been invited to attend the child care center trainings. Additionally, SNACK CMH team has actively trained all of the CCHC's with the Color Me Healthy trainings and one of our Registered Dietitians has trained their staff through nutrition trainings.

SNACK has maintained a strong partnership with the Avondale Care 1st Resource center. The Color Me Healthy team is collaborated with Jennifer Griffin to coordinate a family fun event which took place in September; the center would like to coordinate another family event in the spring as well. The center has continued to make the training center available for upcoming trainings to all community partners.

SNACK has developed a strong partnership with Buckeye Resource center. Staff has partnered with Joyce Gross and Claudia Slate, on outreach opportunities and community assessment. Staff spent time with coordinator to promote resource center and available resources in the community and with other local agencies. Additional partnership that was established through outreach was with U of A cooperative extension on future opportunities to educate and promote health and physical activity. SNACK and U of A will partner in April by providing two nutrition based break out session at Parent Expo. SNACK is currently communicating with Valley Metro on outreach opportunities, in Buckeye, by providing bike and pedestrian education at the resource center.

SNACK has maintained a strong partnership with the Gila Bend Care 1st Resource center. Staff has partnered with Flor Olivas, coordinator, in outreach opportunities and community assessment. Staff spent time with coordinator to promote resource center and available resources in the community and with other local agencies. Additional partnership that was established through outreach was with Gila Bend Library. The library will be partnering with SNACK and house CMH trainings and car seat education classes for the Toddler Time program that is held weekly.

The SNACK Program works closely with staff from First Things First (FTF) Northwest and Southwest Region in helping promote FTF and its Vision and Mission to families and community members. The SNACK Program markets FTF at Color Me Healthy trainings, car seat check events, and parent education sessions. Outreach coordinators from each region show support in attending

most SNACK Family Events providing education on the importance of development, health and early education of all children birth through age five.

SNACK has created a strong partnership with Southwest Institute 21st Century Parent and Coordination. Both SNACK and Southwest Institute had the opportunity to collaborate and partner at community events; which allowed parents in the communities to learn about both programs and receive education on the importance of literacy, stimulating all the senses (touch, sight, smell, sound, taste) and living healthy lifestyles. The collaboration between SNACK and Southwest Institute has made this education for the family's fun.

The SNACK team specified outreach efforts to the Family, Friend and Neighbor providers such as Kith and Kin and Kidz Watch AZ. With the weakened economy, many families are utilizing either friends or family for child care services and SNACK is concentrating efforts to reach this population. The partnership with the two programs has allowed us to provide the CMH training to the providers they are assisting.

Southwest Maricopa Regional Partnership Council Data Report

Family Resource Centers

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Pendergast Elementary School District	Quarterly Data Submission Status*		3	3	3	
	Number of families with children (0-5 years) receiving resource & referral information		53	137	595	
	Number of families (0-5 yrs) referred to services offered at the Family Resource Center		0	0	486	
	Number of families with children (0-5 yrs) receiving referrals to agencies outside of the family resource center		53	137	109	
	Number of families served	900	53	137	595	785

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Town of Gila Bend	Quarterly Data Submission Status*		3	3	3	
	Number of families with children (0-5 years) receiving resource & referral information		363	807	146	
	Number of service providers housed at the family resource center		13	20	23	
	Number of families (0-5 yrs) referred to services offered at the Family Resource Center		59	0	23	
	Number of families with children (0-5 yrs) receiving referrals to agencies outside of the family resource center		15	0	5	

	Number of families served	2500	74	807	146	953

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
City of Avondale	Quarterly Data Submission Status*		3	3	3	
	Number of families with children (0-5 years) receiving resource & referral information		589	642	706	
	Number of families (0-5 yrs) referred to services offered at the Family Resource Center		583	618	690	
	Number of families with children (0-5 yrs) receiving referrals to agencies outside of the family resource center		28	24	16	
	Number of families served	2500	611	642	706	1959

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Buckeye Elementary School District	Quarterly Data Submission Status*			3	3	
	Number of families with children (0-5 years) receiving resource & referral information			0	291	
	Number of families (0-5 yrs) referred to services offered at the Family Resource Center			0	175	
	Number of families with children (0-5 yrs) receiving referrals to agencies outside of the family resource center			0	7	
	Number of families served	750		0	291	291

Family, Friends & Neighbors

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Pilgrim Rest Foundation	Quarterly Data Submission Status*		3	3	3	
	Number of home based providers newly enrolled during the quarter		27	25	13	
	Number of home based providers served	110	116	141	154	154
	Number of home based providers at the end of the quarter (subtracting disenrolled)		104	120	122	
	Number of children served		102	158	183	
	Number of trainings conducted in home based settings		97	195	232	
	Number of providers trained in home based settings		105	205	234	
	Number of providers trained in community based settings		0	13	0	

Food Security

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
St. Mary's Food Bank Alliance	Quarterly Data Submission Status*		3	3	3	
	Number of food boxes distributed	6250	18941	17786	18491	55218
	Number of families who received food boxes		18941	17786	18491	
	Number of children (0-5 yrs) in families who received food boxes		30116	27920	29401	

Health Insurance Enrollment

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Child and Family Resources Inc.	Quarterly Data Submission Status*		3	3	3	
	Number of families reporting they are un-insured		11	23	1	
	Number of families who received enrollment assistance for AHCCCS and/or Kids Care (new enrollment)		2	24	13	
	Number of families served requesting assistance with re-enrollment into AHCCCS or KidsCare		1	1	0	
	Number of families served		3	25	13	
	Number of families served requesting assistance that enrolled into AHCCCS		2	19	12	
	Number of families served requesting assistance that enrolled into Kids Care (KidsCare I or II)		2	1	1	
	Number of families not eligible for -AHCCS, KidsCare or IHS- public insurance referred to low-cost health care services		11	11	6	

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Town of Gila Bend	Quarterly Data Submission Status*		3	3	3	
	Number of families reporting they are un-insured		112	114	124	
	Number of families who received enrollment assistance for AHCCCS and/or Kids Care (new enrollment)		109	109	110	
	Number of families served requesting assistance with re-enrollment into AHCCCS or KidsCare		56	21	31	
	Number of families served	750	165	130	141	436
	Number of families served requesting assistance that enrolled into AHCCCS		5	43	124	
	Number of families served requesting assistance that enrolled into Kids Care (KidsCare I or II)		21	0	0	

	Number of families not eligible for -AHCCS, KidsCare or IHS- public insurance referred to low-cost health care services		335	314	349	
Contract Number/ Grantee Name	**Data Field**	**Contracted Service Units****	**First Fiscal Quarter (July-Sept)**	**Second Fiscal Quarter (Oct-Dec)**	**Third Fiscal Quarter (Jan-Mar)**	**Fiscal YTD Total**
City of Avondale	Quarterly Data Submission Status*		3	3	3	
	Number of families reporting they are un-insured		260	417	592	
	Number of families who received enrollment assistance for AHCCCS and/or Kids Care (new enrollment)		260	273	511	
	Number of families served requesting assistance with re-enrollment into AHCCCS or KidsCare		288	285	190	
	Number of families served	1000	548	558	701	1807
	Number of families served requesting assistance that enrolled into AHCCCS		548	740	548	
	Number of families served requesting assistance that enrolled into Kids Care (KidsCare I or II)		89	12	1	
	Number of families not eligible for -AHCCS, KidsCare or IHS- public insurance referred to low-cost health care services		358	1255	524	
Contract Number/ Grantee Name	**Data Field**	**Contracted Service Units****	**First Fiscal Quarter (July-Sept)**	**Second Fiscal Quarter (Oct-Dec)**	**Third Fiscal Quarter (Jan-Mar)**	**Fiscal YTD Total**
Buckeye Elementary School District	Quarterly Data Submission Status*			3	3	
	Number of families reporting they are un-insured			0	243	
	Number of families who received enrollment assistance for AHCCCS and/or Kids Care (new enrollment)			0	200	
	Number of families served requesting assistance with re-enrollment into AHCCCS or KidsCare			0	43	
	Number of families served			0	243	243
	Number of families served requesting assistance that enrolled into AHCCCS			0	243	
	Number of families served requesting assistance that enrolled into Kids Care (KidsCare I or II)			0	3	
	Number of families not eligible for -AHCCS, KidsCare or IHS- public insurance referred to low-cost health care services			0	678	

Home Visitation

A data field is flagged in grey for a SFY quarter:
Home visitor caseload for the quarter – when the ratio of home visitors to families served is above 1:20.
Staff turnover for the quarter – when the staff turnover is above 20% (from one quarter to the next).
Client turnover for the quarter - when the client turnover is above 20% (from one quarter to the next).
Clients disenrolled due to moving - when the percent of clients disenrolled due to “moving” is above 20%.
Clients disenrolled due to unable to locate - when the percent of clients disenrolled due to "unable to locate" is above 10%.

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Child and Family Resources Inc.	Quarterly Data Submission Status*		3	3	3	
	Number of families newly enrolled during the quarter		4	3	11	
	Number of families served	125	70	73	84	84
	Number of families at the end of the quarter (subtracting disenrolled)		63	58	58	
	Number of families continuing to receive services who have moved out of the region during the quarter		0	0	2	
	Number of families disenrolled during the quarter		7	8	11	
	Number of full time equivalent (FTE) home visitors at the end of the quarter		4.0	4.0	4.0	
	Homevisitor caseload for the quarter		15.8	14.5	14.5	
	Family turnover for the quarter		4.5%	7.9%	0	
	Families disenrolled due to moving		0	25.0%	27.3%	
	Families disenrolled due to unable to locate		100.0%	25.0%	27.3%	
	Number of children newly enrolled during the quarter		5	5	14	
	Number of children served		346	351	365	

	Number of families who received community based referrals		67	30	10	

Injury Prevention

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Maricopa County Department of Public Health	Quarterly Data Submission Status*		3	3	3	
	Number of training sessions conducted		9	9	8	
	Number of adults attended		111	118	141	
	Average adults attendance per training session		12.3	13.1	17.6	
	Number of children (0-5yrs) attended		109	161	191	
	Average child attendance per training session		12.1	17.9	23.9	
	Number car seats distributed		83	138	140	

Nutrition/Obesity/Physical Activity

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Maricopa County Department of Public Health	Quarterly Data Submission Status*		3	3	3	
	Number of parent/family educational sessions conducted		26	16	23	
	Number of adults attending parent/family education sessions		28	38	30	
	Number of children (0-5yrs) attending parent/family education sessions		11	0	0	

	Number of community events conducted related to nutrition and physical activity, healthy living		1	1	4	
	Number of adults attending community events		35	8	86	
	Number of children (0-5yrs) attending community events		58	18	175	
	Number of provider educational sessions conducted		9	7	23	
	Number of professionals attending child care provider education sessions		107	189	367	
	Number of adults attended	200	170	235	483	888
	Number of children attended	0	69	18	175	262
	Number of community projects started during the quarter		0	0	2	
	Number of community projects completed during the quarter		0	0	2	

Oral Health

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Maricopa County Department of Public Health	Quarterly Data Submission Status*		3	3	3	
	Number of oral health screenings given to expectant mothers	220	46	42	49	137
	Number of oral health screenings given to children (0-5yrs)	2667	651	510	641	1802
	Number of fluoride varnish applied to children (0-5yrs)	2667	554	429	546	1529
	Number of expectant mothers receiving oral health kits		145	82	91	
	Number of children (0-5 yrs) receiving oral health kits		644	507	639	
	Number of trainings conducted		776	2	3	
	Number of adults attended	200	671	43	231	945
	Number of children attended		653	0	0	
	Number of expectant mothers referred to treatment providers		40	39	4	
	Number of expectant mothers receiving services		7	9	0	
	Number of children (0-5yrs) referred to treatment providers		8	18	37	
	Number of children (0-5yrs) receiving services		4	11	17	

Parent Education Community-Based Training

	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Teen Outreach Pregnancy Services	Quarterly Data Submission Status*		3	3	3	
	Number of trainings conducted		22	14	14	
	Number of adults attended	560	176	124	70	370
	Average attendance per training session		8.0	8.9	5.0	
		Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
DUET	Quarterly Data Submission Status*		3	3	3	
	Number of trainings conducted		14	4	10	
	Number of adults attended	155	81	21	45	147
	Average attendance per training session		5.8	5.3	4.5	
		Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Pilgrim Rest Foundation	Quarterly Data Submission Status*		3	3	3	
	Number of trainings conducted		13	80	17	
	Number of adults attended	300	73	337	130	540
	Average attendance per training session		5.6	4.2	7.7	
		Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Pendergast Elementary School District	Quarterly Data Submission Status*		3	3	3	
	Number of trainings conducted		0	0	7	

	Number of adults attended		0	0	72	72
	Average attendance per training session		0.0	0.0	10.3	
		Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Town of Gila Bend	Quarterly Data Submission Status*		3	3	3	
	Number of trainings conducted		4	0	8	
	Number of adults attended		22	0	58	80
	Average attendance per training session		5.5	0.0	7.3	

Scholarships non-TEACH

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
GRA-MULTI-13-0527-01-Y2 / Central Arizona College	Quarterly Data Submission Status*			1		
	Total number of applications received for CDA, Certificate of Completion (COC), Associate Degree			16		
	Number of approved applications for participants who chose a CDA Pathway			3		
	Number of participants who completed a CDA Pathway	93		0		0
	Number of applications received for a COC			3		
	Number of approved participants taking ECE coursework leading to a COC			3		
	Number of participants who had a COC Pathway and changed to another Pathway			1		
	Number of ECE units (credits) completed towards a COC			4		
	Number of applications received for an Associate of Applied Science (AAS) Degree			10		
	Number of approved participants taking ECE coursework leading to an Associate degree			10		
	Number of participants awarded an Associate degree			0		
	Number of ECE units completed towards an Associate degree			9		

Scholarships TEACH - Regional

A data field is flagged in grey for a SFY quarter:
T.E.A.C.H. Scholar Turnover – when the student turnover (sum of AA withdrawn, BA withdrawn and CDA withdrawn) is above 15% of the total Scholars Currently Receiving T.E.A.C.H. Scholarship.

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
FTF-STATE-13-0350-01-Y2 / Association for Supportive Child Care	AA Degrees Completed Contract to Date		1	1	1	
	CDA Credentials Completed Contract to Date		10	10	10	
	AA Credits Completed		9	29	44	
	AA Contracts Completed		0	2	3	
	AA Contracts Initiated		0	1	1	
	AA Scholarships Awarded		9	8	9	
	CDA Contracts Initiated		1	0	1	
	CDA Scholarships Currently Awarded		1	2	3	
	Scholars Currently Receiving T.E.A.C.H. Scholarship	30	10	9	10	10

Quality First - Regional

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
	Number of Centers	20	20	20	20	20
	Number of Homes	4	4	4	3	3
	Number of Rating Only Centers	0	0	0	0	0

Quality First Scholarships

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
	Quarterly Data Submission Status*		3	3	3	
	Number of center based providers served		17	21	23	
	Number of center based providers at the end of the quarter (subtracting disenrolled)		15	16	17	
	Number of home based providers served		3	3	4	
	Number of home based providers at the end of the quarter (subtracting disenrolled)		3	3	2	
	Number of children receiving scholarships		219	207	217	
	Center based providers: Number of infants receiving scholarships		15	16	19	
	Center based providers: Number of infants receiving scholarships at the end of the quarter (subtracting disenrolled)		6	3	2	
	Home based providers: Number of infants receiving scholarships		1	1	1	
	Center based providers: Number of toddlers receiving scholarships		80	101	124	
	Center based providers: Number of toddlers receiving scholarships at the end of the quarter (subtracting disenrolled)		41	40	46	

Home based providers: Number of toddlers receiving scholarships		2	3	4	
Home based providers: Number of toddlers receiving scholarships at the end of the quarter (subtracting disenrolled)		2	3	3	
Center based providers: Number of preschool aged children receiving scholarships		256	344	387	
Center based providers: Number of preschool aged children receiving scholarships at the end of the quarter (subtracting disenrolled)		118	146	172	
Home based providers: Number of preschool aged children receiving scholarships		5	7	8	
Home based providers: Number of preschool aged children receiving scholarships at the end of the quarter (subtracting disenrolled)		4	6	5	
Center based providers: Number of children with special needs receiving scholarships		9	12	12	
Center based providers: Number of children with special needs receiving scholarships at the end of the quarter (subtracting disenrolled)		3	3	3	
Home based providers: Number of children with special needs receiving scholarships		0	0	0	
Home based providers: Number of children with special needs receiving scholarships at the end of the quarter (subtracting disenrolled)		0	0	0	
Number of Infant (0-12 months) slots filled end of the quarter		9.0	3.0	4.0	
Number of toddler (13-35 months) slots filled end of the quarter		60.0	46.0	44.5	
Number of preschooler (36 months - 5 yrs) slots filled end of the quarter		132.0	140.5	153.0	
Number of slots filled with children (0-5 yrs) end of the quarter	204	201.0	189.5	201.5	201.5

Developmental and Sensory Screening

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
Child and Family Resources Inc.	Quarterly Data Submission Status*		3	3	3	
	Number of hearing screenings conducted		12	12	16	
	Number of hearing results forwarded to medical home		2	1	1	
	Number of families referred and having received an additional evaluation		0	2	0	
	Number of children received hearing screening		12	12	16	
	Number of vision screenings conducted		18	15	19	
	Number of vision results forwarded to medical home (physician of record) for evaluation and services		0	1	2	
	Number of families that report being referred and having received an additional evaluation		0	3	0	
	Number of children received vision screening		18	15	19	
	Number of developmental screenings conducted		35	47	40	
	Number of developmental screening results forwarded to AZEIP, Part B or a medical home		9	1	0	
	Number of children referred for developmental delay follow-up		0	1	0	
	Number of children received developmental screening		28	41	31	
	Number of children receiving screening (children may have received 1-3 types of screenings)		49	41	31	

Parent Kits - statewide

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fiscal YTD Total
FTF-STATE-12-0334-03-Y3 / SPF Consulting, LLC	Number of English cases distributed		21	17	10	48
	Number of Spanish cases distributed		6	4	1	11
	Number of cases distributed		27	21	11	59
	Number of parent kits distributed		378	294	154	826

FIRST THINGS FIRST

Ready for School. Set for Life.

Southwest Maricopa Partnership Council, June 15, 2014

Fiscal Policy Updates:

Summary of Discussion from the Regional Council Chair and Vice Chair Leadership Forum
May 1, 2014

The First Things First Regional Council Chairs and Vice-Chairs convened on May 1, 2014. The fiscal policy recommendations and the discussion topics for the Program Committee were reviewed with the Regional council leadership and the following questions were presented for table based discussion at the forum:

1) Starting with the fiscal policy recommendations, are there any questions about the recommendations: What they mean/their intent, anything to clarify?
2) Your Regional Council was presented this information at its last meeting, what questions/comments came up and was there feedback on the recommendations?
3) What are your concerns and challenges related to the fiscal policy recommendations?
4) Should the Board provide up-front guidance on how Regional Councils construct funding plans to align funded programming to available revenues?
    a) Should number of strategies be limited?
    b) Are there specific School Readiness Indicators that should be prioritized across FTF?
    c) Should X% of funding have to be committed to the Board's signature QF strategy?
    d) Should only X% of funding be committed to strategies for which other state agencies have primary or statutory responsibility?
5) Should FTF research whether the QF model can be adjusted in ways that lower the cost but still preserve the overall design and policy intent? Example: reducing the number of scholarships made available to providers receiving them by some amount (if that amount were 1/3, a potential savings of $15.7 mil could be yielded).
6) Are there other FTF program costs that FTF should research to see if they can be lowered while still preserving the design and policy intent?

Clarification was provided on how the $126.6 program budget amount was determined; whether discretionary funding would be distributed differently; what the FY16 budget will look like in comparison to FY15; how will allocations be determined after FY16 and carry-forward handled; and, whether there will be a need for a future reset to address future accumulation of carry-forward.

The following is a summary of the comments, concerns and challenges identified by participants.

Comments Related to Financial Recommendations

- Fiscal policy recommendations make sense. It is good that all the regions are going through this at the same time. Overall a reasonable approach to sustain programs.
- Recommendations make sense. It is good that all the regions are going through this at the same time. Overall a reasonable approach to sustain programs.
- Would like to see a gradual reduction in dollars versus a reset in FY16. While the carry forward amount is decreasing, the decline is slow and could justify a slower/gradual reduction in allocations.
- Need to think about what is best for children, not just the bottom line. How is the current work advancing the system, and aligning with needs, and how are priorities being addressed? Discuss prioritized needs before discussing funding. Programs need to be examined for effectiveness of creating system change. We need to move the dial for kids, and think of the big picture, by talking to folks locally and making sure they know what's happening.
- Regional councils were asked to do long-term planning – thus funding has been carried forward to sustain programming through the next three-year funding cycle. The perception is that this planning, and thus regional council efforts, is irrelevant.
- Small regions may not be able to sustain at minimum one program strategy. Will the Board consider any exceptions for small or tribal regions?
- Concern that strategies/programs will not have adequate time to "scale down" with the current timeline.
- How can we continue to address other priority areas such as professional development and family support? How will we support the full vision of FTF, i.e. health, when funds continue to decrease?
- The reduction in the tobacco fund, and thus monies to fund programs, should be communicated and explained. The general public does not understand how FTF funds the work that goes on in communities. Too much carry-forward can be attractive to those outside of FTF, who may want to sweep funds to other state causes.
- Concern with public perception of the elimination of funding/programs in the community. There should be communication to all grant partners regarding the fiscal policy and impact. What kind of impact will this have on those relationships? Public relations will need careful attention.
- Would a 5 year planning cycle be more beneficial and provide more stability to grants? Consider making changes to the FTF calendar and when RFGA's are released, and approved by the Board as June decision for awards can be difficult for some grant partners with a July 1st start date.
- The evaluation strategy and funding level needs to be reviewed.
- Will Regional Councils be required or encouraged to supplement their funds with grants or other funding, and what mechanisms are in place to assist with this? Can we look at other taxes to support FTF, such as alcohol, or beer/wine? Can match, other funds or partnerships be added as part of our process, or included in the RFGA, even though it may preclude some entities from applying?

<u>Comments Regarding Board Providing Guidance</u>

- Regional Councils do not want rigid guidance from the Board, as the regions know their communities and should be able to plan accordingly. There is a difference between guidance and mandates. Regional Councils do not want mandates, but want the flexibility to meet

regional needs. There should be autonomy at the regional level to address their specific needs and assets.

- Statewide data and information would help regions in their decision making process. Guidance should be the materials, statistics, and resources needed to make the decisions at a local level, not a mandated course of action from the Board.
- There is much difficulty for tribal regions to match up with the state mandates, and would prefer the freedom to design what works best in their communities.
- Decision making power should remain at the local council level. There would be concerns if the Board direction was to limit the decision making power of the local councils.

Comments Specific to Quality First

- QF is significant portion of the regional budgets. The high cost of Quality First prohibits funding in other areas. It takes up a significant portion of a region's allocation.
- The amount of funds being used for scholarships is a concern, when this is the role of state General Fund.
- Pulling out and reducing the number of programs in Quality First does not make sense but the cost is a concern.
- Supportive of QF, but there is a lack of communication on quality assurance, and its impact; is it effective? More communication on grant performance, implementation and challenges is needed for regional councils.
- Need to look at the length of time centers are in Quality First; need to bring new centers in; look at funding current enrolled programs at lower levels and move out of full participation to rating only.
- Quality First needs to be approached as a business partnership, and not as FTF being just the "funder".

Summary of Discussion from Early Childhood System Partner Focus Group on May 12, 2014

First Things First convened a group of representatives of early childhood system partner organizations on May 12, 2014. There were 18 participants in the meeting from 13 agencies and organizations, including community-based, advocacy, philanthropic, and higher education. Several of the participants represented organizations that receive FTF grant awards.

The group was briefed on the recommendations from the FTF Finance Committee to adjust the FTF program budget to $126.6 million annually, a figure which is based on current revenues and will allow FTF to maintain program spending at a consistent level for an estimated 9 – 15 years. The group then engaged in a discussion to consider the implications of these recommendations on FTF's programmatic direction and implementation. Specifically:

1. Should the FTF Board provide guidance to Regional Councils on how to align funded programming to available revenues (for example: identifying Board preferred priorities or requiring alignment to School Readiness Indicators)?
2. Because Quality First is the largest FTF financial investment, should FTF adjust the Quality First model, including Scholarships, to help reduce spending to align with available revenues?
3. What considerations should FTF have when communicating the Board's fiscal and programmatic direction to partners, grantees and the public?

Feedback from Group Conversation

<u>Board Guidance for Regional Council Planning</u>

- There were comments from the group that the FTF Board should provide parameters for Regional Council planning by identifying the most effective strategies and programs that contribute to school readiness, including those addressing health and development.
- The group expressed concern that FTF will not be able to show wide-scale impacts unless there is a focused investment on a narrower number of effective, priority programs that are brought to scale.
- There was strong support for the Board identifying a core group of priority strategies or programs that guide Regional Council planning. One comment suggested identifying a group of programs that Regional Councils are required to fund, and those that are optional to fund.
- Generally, the comments also emphasized the need for data showing which programs are most effective and don't duplicate services, and concern that without this data, Regional Councils may default to funding programs that provide more service for lower cost only because they have reduced funds.

"The investment of dollars is so diffuse. It is hard to describe the role of FTF and where we are moving the needle."

"The Board should provide guidance related to programs that lift school readiness."

"The health care system is rapidly changing and it is good to also prioritize moving the needle in health."

Quality First

- There was general agreement and recognition that reductions in both the number and dollar investment in Quality First Scholarships would adversely impact children's access to quality early learning settings.

"Reductions in scholarships may have a huge domino effect because fewer kids will be able to attend programs, and without the scholarship revenue base, more providers will close their program, resulting in even more kids without access to a program."

- Additionally, there was a general sentiment that a contraction in the total number of providers participating in quality improvement efforts could threaten progress on FTF's overall systems' building work.
- There was also discussion around the idea that scholarships are not the whole story, and that the 10 School Readiness Indicators provide a holistic picture of other important factors to consider in achieving school readiness.
- Comments also emphasized opportunities to be more targeted with scholarships, ensuring that scholarships are available in high-need areas first, then according to star level. The same comment was echoed related to Quality First enrollment, citing a need to prioritize enrolling providers in high-need areas.
- The group widely agreed that the Quality First model should be reviewed to identify cost efficiencies and how to enroll more providers to bring the initiative to scale while maintaining the high standards. They emphasized there needed to be adequate time for this process.

"We are not seeing enough low-income kids attending high quality programs."

"A review of FTF strategies needs to happen across the board, not just for Quality First."

Fiscal Policy Direction

- Generally, the feedback supported the fiscal direction recommended by the FTF Finance Committee, but there were a few comments about potentially reducing the length of time proposed for sustainability, suggesting that 5- 10 years (rather than 9-15 years) may be an adequate time horizon.
- Several participants suggested that reducing the sustainability timeline could result in less severe spending reductions over the next several years.

"A 5-10 year sustainability plan is more reasonable and still gives time to go after more resources in public-private partnerships."

- There was additional discussion suggesting that 5 years as a "worst case scenario" was simply too short a time horizon for any meaningful sustainability plan.

"We all support a reliable, sustainable, and data-driven decision"

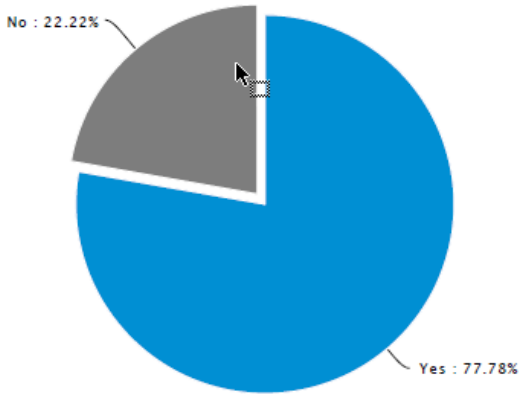
Communication to Stakeholders

- There was a general consensus that the best and clearest way to communicate with stakeholders on these issues is by explaining the overall tightening of financial resources – the steady reduction in tobacco revenue along with the spending down of "one-time" fund balance dollars.
- Additionally, the FTF Board's long-term approach with predictable and sustainable budgeting was thought to be another point to highlight in communicating with stakeholders.
- Generally, participants expressed their appreciation for being invited to engage in this dialogue and encouraged follow up communication where appropriate.

Survey Results from Policy and Program Committee Members in May 2014

The survey was made available to all Policy and Program Committee members from May 1 to 12, 2014, and 16 members participated. The results for each question are graphed below, and any comments provided are listed. (We apologize for formatting errors that appear due to the transfer of online data into this document.)

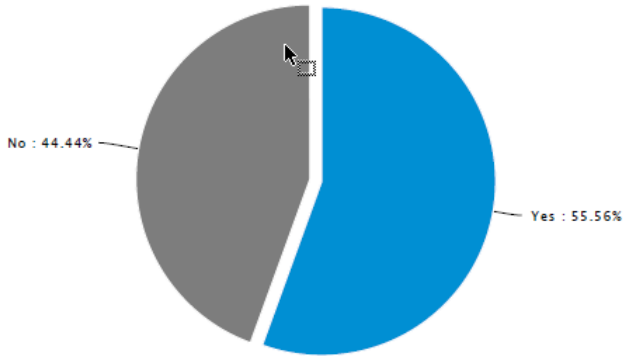
Q1-A: Should the Board provide parameters for how a Regional funding plan should be constructed?



- The Board should provide general guidelines.
- We need to organize the Council's ideas into a systems building effort. Letting all the flowers bloom is nice if you're doing a watercolor painting.
- I believe that parameters are likely warranted. It seems possible that regions may fund initiatives that lack sufficient evidence to be effective, or dilute their funding allocations among too many strategies to be effective at a state or regional level. However, I also believe that these parameters should be limited, and the regions should have some flexibility to address local needs and priorities.
- Parameter is defined as a limit that affects how something can be done.

- If the board sets the parameters then the need for regional input is limited. The idea is for regions to set their priorities.
- I think the Board needs to provide some parameters and ensure that funding is aligned to the goals and the strategies are evidence based

Q1-B: Should guidance come from the Board on how Regional Councils plan to align funded programming to available revenues – for example, Board preferred strategy(ies) or School Readiness Indicator priorities?

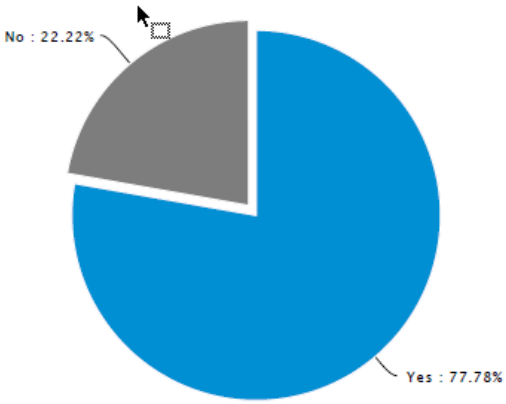


- Just that program funding should align with some pre-established parameters.
- I believe in building a system with certain common features, rules, etc.
- Again, I think that in order to effectively move the needle, some guidance from the Board on priorities or some directive on aligning funding to established school readiness indicators is necessary. I believe that the way that regional councils can maintain some flexibility to meet local needs is by giving them some discretion in identifying strategies to support to address those goals or indicators. For example, one region may want to address school readiness through early literacy efforts, while another region may address it through efforts through some other strategy.
- I believe Regions have different needs and it is the regional councils that understand what these needs are and the BEST way to address them. Should the board make suggestions, educate & inform the regional councils on the various ways they may want to address a certain issue...Absolutely. Guidance is fine...Requiring mandated funding for strategies that the Board believes are important, with little regard for how the needs of the region are getting addressed, is concerning. I understand the need to prove to the state that our children are indeed advancing...but, a strategy that advances children in one region may force another region to use funds that are desperately needed for a different strategy. In the Board's efforts "to prove we are advancing children's education" to the state, we are losing the focus on the needs of the children in our region. What id one's region major problem is healthcare delivery and not Pre-K, what happens to their children's health, when they must

fund Quality First with those funds. Perhaps the strategy should be that each region needs to prove to their own legislators that we are advancing children in our regions. The conversation regarding having us all on the same page is too soon. Let's put First Things First. After all, If we lose this regional perspective, you do not need Regional Councils any longer.

- I believe it is fine for the board to share their priorities as long as the expectation isn't to have council fund their priorities if there isn't agreement. Guidance is often construed as direction. Again, if the board is going to dictate funding priorities and how regions spend money, eliminate the regional councils.
- No, I think this should be the responsibility of the council to make the case for the alignment.

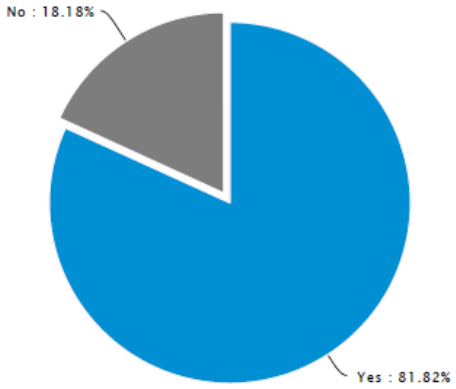
Q1-C: Should all regional councils be allowed to prioritize independent of each other, and/or Board priorities?



- Based on the unique needs of their region
- Again, need to prioritize for the region, but within established parameters.
- There should be specific things that each Council must address. Then x%(small amount) of a Council's budget may be used to address specific needs that may be prevalent and/or unique to a Region.
- I do believe that prioritization by local councils is important. Regions in this state are VASTLY different. A region that includes Scottsdale, for example, may find that quality early care and education is of paramount importance, while a region in a rural or low-income region may found childcare scholarships of utmost importance.
- The whole idea behind regional council was to allow each region to review their needs and assets and set priorities around those. Over time the State funded activities have taken a lion share of regional funding. If that continues than the need for local input is eliminated.

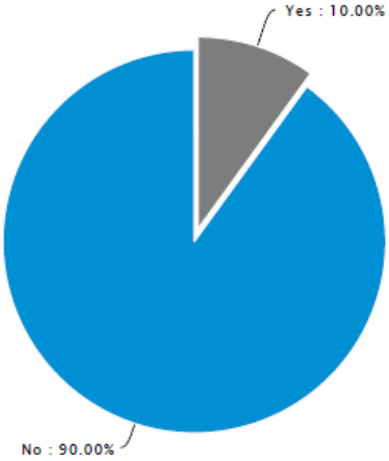
- Yes, but I think the board may need to reduce the priories.

Q2-A: Should FTF research whether the QF model can be adjusted in ways that lower the cost but still preserve the overall design and policy intent?



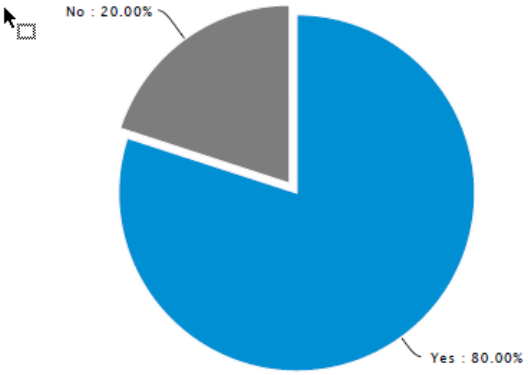
- There are ways other than reducing scholarships to reduce the cost of Quality First. Please talk to Regional Councils, FTF Partners, ACCA and others. Reducing scholarships before DES child care is better funded will destroy the system that FTF has built so carefully over time.
- QF is great for children, teachers, and AZ. However, it eats up a lot of a Council's dollars. Those Councils with low funding levels are limited in what they can fund after QF costs are subtracted from the budget.
- I am very concerned that we are building a "Cadillac model" for child care in a state where access to affordable child care is a major concern. Arizona is a low-income state. While we should never abandon the idea of making sure that all parents have access to quality child care, we also need to understand that affordability should not be overlooked.
- Sure, for the regions that request this. I am very concerned about the overall design for it impacts regions in different ways.
- The challenge with reducing scholarships is it harms families; not necessarily child care centers. Until the DES child care subsidy comes back into play it will be difficult for working families of lower incomes to provide their children with quality care without support. Instead of offering full scholarships to everyone, FTF could provide partial scholarships for families that or in the mid-low income and could afford to pay something each week for care; just not the full amount.
- I think that QF should look at the amount of supports given rather than the number of scholarships. I think the coaching model needs to be looked at and focus on building capacity.
- Yes, lower cost is a concern ...but NO funds should be spent on researching lower cost before funds are spent on researching the efficacy of the entire program. I believe, it is the overall design & policy that have negative issues. Cost, of course, is always an issue, but it is not the only issue with Quality First. I do not think the Quality First program is the answer to the state's "signature strategy.

Q2-B: Should X% of Regional funding have to be committed to the Board's signature Quality First strategy?



- By now Councils have data as to dollars allotted to QF/scholarships and what is actually used by the Region's centers/teachers. Unless there is a sliding scale according to each Council's overall budget allotment, a preset percentage across the board will not work well and result in some unhappy Councils.
- It is not clear to me that this should be a priority for every region. While I fully recognize that Quality First is a top priority for FTF and admire all of the work that has been done to implement this model in this state, I am concerned that Quality First does not necessarily reflect the priorities of families in some regions. For example, in some regions, friend and family care is the norm. I wonder if we aren't imposing a model of center-based care on families and regions that have other priorities.
- This is a yes and no answer. Today there really isn't enough evidence to demonstrate the strategy is having the impact FTF desires. Quality first has strong components to it and if every center could improve their overall quality of care our children will benefit. I am just not confident that FTF has the financial ability to sustain the programs long term.
- In some areas there may not be adequate number of programs to make this feasible.
- As a citizen and a FTF representative in my community, I have had numerous emails & one on one conversations with our local educators about "Quality First". I believe that the Councils should decide their region's pre-k strategy and what amount of regional programming is appropriate and affordable. There is a better way...

Q3: Are there other FTF program costs that FTF should research to see if they can be lowered while still preserving the design and policy intent?



- Determine if another group is already funding the effort in an area.
- Child Care Health Consultation effectiveness in outlying and tribal areas, effectiveness of delivery.
- I would focus on QF and think about a step down model or a "Rating Emeritus" status. Talk to your partners they will have good ideas.
- Long-term, ongoing incentives to 4-5 star centers
- Medical Home projects duplicate funding that health plans receive from AHCCCS to coordinate complex cases. A better approach would be to work with AHCCCS to address issues that prevent providers from providing this service
- I believe it may be possible to cut back on some of the administrative expenses. I think that more consolidation of regions may make some sense. I also think it may be possible to streamline some of the processes. For example, while statute requires regional needs assessments to be done on a regular basis, it may be possible to do full reports every four or five years, with limited updates (to satisfy the law) in the interim. My impression is that FTF is a bit process heavy, and that there are opportunities to streamline in various areas, such as program compliance, the development of regional funding plans, strategic planning, etc.
- Always, FTF board should continue to review how funding is being spent and how it fits into the overall goals of FTF.
- TEACH AZ Look at connecting programs to reduce the number of grantees and cut administrative costs? Look at the community PD offered. Determine the level of quality and maybe focus that.
- Not that I know of...but I am speaking for one region only.

Quality First Improvement, Rating and Scholarships
Consideration of Programmatic Approaches
May 2014

Due to a 23 percent drop in tobacco tax revenue over the past five years, the First Things First statewide Board is currently considering some adjustments to future budgets to create long-term stability in the amount of funding available for programs for the next 9-15 years. The current recommendation from the Board's Finance Committee is to establish a new annual baseline program budget at $126.6 million beginning with the FY16 funding plan cycle, a decrease of about $30 million from the total regional budgets in FY15 (much of this difference is due to carry forward funds from previous fiscal years). The Board will consider additional feedback from regional councils and other stakeholders before making a final decision in June. In addition, the Board has asked the Policy and Program Committee to consider whether the program model or costs can be adjusted and any guidance that can be provided to regions to assist in their decision-making. With a substantial portion of FTF's regional budgets supporting Quality First, including Quality First Scholarships, it is important to consider possible recommendations specific to Quality First.

This document provides information on Quality First and five varied approaches to consider in determining a recommendation to the FTF Board.

Quality First Background

Quality First was launched by the First Things First (FTF) state board in 2009, as Arizona's Quality Improvement and Rating System (QIRS). Currently, almost all states have implemented or are in process of piloting or developing quality initiatives in an effort to overlay a systems approach to early learning. Although practitioners in Arizona had long recognized the importance of quality in the early childhood system and the impact on school readiness and other child outcomes, there were not enough state resources to promote and enhance quality and no political will to expand state funding for those efforts.

FTF has provided the leadership and resources to implement the statewide Quality First initiative to support quality improvement and the consistent, rigorous measure of quality for families, providers and the public. This role was established in the ballot initiative that created FTF in 2006 and reinforced in 2010 by the diverse group of stakeholders on the Early Childhood Task Force, who recommended that one of FTF's priority roles is in the area of quality, access and affordability of regulated early care and education settings. This priority was confirmed by the Board that same year. Quality First also directly impacts three School Readiness Indicators, and strongly impacts at least three others. The investment of FTF in this part of the early childhood system is critical to maintain the infrastructure and services that have improved quality in early care and education programs in Arizona.

Because there is no one strategy that alone can improve the quality of early learning programs, Quality First brings together multiple evidenced-based or research–informed strategies to create a comprehensive, evidence-formed approach that is improving program quality in early education

programs statewide. Those strategies include coaching and consultation, assessment, financial incentives and professional development. Together, these strategies create a continuous loop of quality improvement. Recognition of quality is a star rating based on a five-point scale, 1 star indicating a commitment to improving quality, and 5 stars indicating the highest quality level. There are two models of participation in Quality First:

- Full Participation: available at any star level and includes the full package of program assessment, individualized coaching, financial incentives, T.E.A.C.H. scholarships for degree attainment, and access to specialized technical assistance for child care health, early childhood mental health and inclusion of children with special needs.
- Rating Only: available for programs at the 3 to 5 star level and includes program assessment, low intensity coaching if desired, and access to the specialized technical assistance.

Quality First Ratings provide a consistent, rigorous measure of quality for all programs, regardless of the regulated setting chosen by parents, and regardless of how they are funded. All Quality First Ratings are based on three assessment measures: (1) ERS- Environmental Rating Scales (ECERS, ITERS, and FCCERS); (2) Classroom Assessment Scoring System – CLASS (Domains: Emotional Support, Instructional Support, and Classroom Organization); and (3) Quality First Point Scale that measures Staff Qualifications, Administrative Practices, and Curriculum and Child Assessment.

Increasing Access to Quality Early Learning

While it is clear that children with risk factors, particularly children living in poverty, benefit from high quality early childhood experiences, as program quality increases the cost for providing that care increases as well, making it difficult for low income families to access programs. In 2011, the First Things First (FTF) state board approved model updates to Quality First in preparation for bringing the initiative closer to scale and to increase access for children from low-income families. Included in those model updates was a required formula to fund a baseline number of scholarships for low income children. In 2013, the FTF state board agreed to Quality First updates that further aligned access and affordability with quality, incentivized high quality, combined similar FTF quality and financing strategies, and simplified strategy implementation. These latest model updates take effect on July 1, 2014. Even with FTF's higher financial commitment to scholarships, combined with all available federal funding (Head Start, the Child Care Development Fund child care subsidy and funds for preschool special education), only an estimated 20% of low-income eligible children in Arizona have access to early care and education programs.

Currently, 905 providers are enrolled in Quality First, which is about one-third of regulated providers in Arizona. Sixty-nine percent are center-based in Full Participation; eight percent are center-based in Rating Only; and 23% are home-based. There are currently 345 providers on a waitlist for Quality First. More than 54,500 children are enrolled in Quality First programs that are improving or maintaining high levels of quality, and 14,121 low-income children benefited from Quality First Scholarships in FY13 (some of those are for part-time programs).

Progress in Quality First Ratings

Data related to Quality First provider star levels has been analyzed since 2011. Results indicate that providers participating in Quality First are progressing in their quality rating and this improvement reflects the expected model outcomes. Specifically, there are an increasing number of providers moving into the 3-5 star categories each year.

The following table shows the percentage of providers at the 3 to 5 star level from FY11 to 14.

Percentage of Quality First Providers at 3 to 5 Star Levels

FY 2011	FY 2012	FY 2013	FY 2014 (May 2014)
7%	**9% (58)**	**18% (141)**	**39% (349)**

First Things First continuously analyzes the progress made by providers participating in Quality First. In March 2014, this analysis included 692 providers who have been enrolled in Quality First for a time ranging from 18 months to several years. This means that all of the providers analyzed have had the opportunity to receive at least two assessments, create a plan for improvement, and take advantage of the resources available through Quality First to improve the quality of their early learning programs – such as coaching, TEACH scholarships, enhancement grants, etc. The analysis included only the providers' scores between their most current and previous assessment, and showed that on average, providers are making significant movement in the right direction – on average about half a star level – in their quality ratings[1]. The analysis also showed that, despite these significant average gains in overall assessment scores, a significant number of QF providers (34%) are not reaching the 3 Star Rating level because of the challenges of meeting the desired score in the Instructional Support domain of the CLASS assessment tool.

The Quality First model is based on research showing the importance of the adult/child relationship (as measured by the CLASS assessment) and the value of instructional support strategies used by adults to strengthen this relationship. FTF and the Quality First coaching grantees continue to focus on building the knowledge and skills of QF coaches in the area of instructional support, and professional development is provided in this area for those that provide technical assistance and quality improvement supports for early childhood programs. FTF will continue to study the QF trend data to monitor progress in this area.

Quality First Scholarships

Provider Eligibility. Currently, Quality First providers at all five star levels have access to scholarships on a tiered reimbursement scale. Scholarships are provided directly to providers, who recruit eligible

[1] 2 tailed paired t-test analysis showed an increase from a mean of **1.94 to 2.45**; $t(691) = 17.26$, $p = .000$

families to use the scholarships for that providers' program. The scholarships provide access to families who might not be able to afford a quality early learning and development program, as well as provide an additional revenue source and incentive for programs to increase their quality star rating. By July 1, 2015, FTF will further the process of aligning access to quality by providing scholarships to providers only at the 3, 4 and 5 star level of quality:

- Beginning July 1, 2014 only programs at the 2, 3, 4 and 5 star levels will be eligible for scholarships.
- Beginning July 1, 2015 only programs at the 3, 4 and 5 star levels will be eligible for scholarships.

In areas of the state where there are not enough Quality First providers eligible to receive scholarships to meet the demand, waivers may be used to award scholarships to 2 or 1 star providers.

Scholarships Rates. Quality First Scholarship rates for FY15 are designed to ensure that rates are aligned with the cost of quality and to simplify the current rate structure. FTF utilizes a cost model based on actual Arizona program costs at each Quality First star level. Based on the study information, the following rate structure for scholarship reimbursement was established for FY15:

Provider Type	Age	2 Star (FY15 only)	3-5 Star
Centers	0-36 months	$7,969	$11,300
	37-72 months	$6,000	$7,300
Homes	0-36 months	$5,625	$7,600
	37-72 months	$4,875	$6,200

This rate structure reflects that:

- The reimbursement rate will be the same across the state. This acknowledges that the cost of quality is the same regardless of the geography of a program.
- There will be one rate for 3, 4 and 5 star level providers. The rate will be set at approximately 90% of the cost of quality for a four star level of quality, with the intent that other provider revenues are used in conjunction with the FTF scholarship amount to cover the cost of quality.
- Rates for 2 star providers in FY15 will continue to be based on the 2010 Department of Economic Security (DES) Market Rate Survey and be calculated at 75% of those values. Providers at the 2 star level in FY16 will not receive scholarships.
- Proposed rates are on par or exceed the 2012 Market Rate Survey for over 85% of DES districts and age bands.

Scholarship Slots. A baseline number of Quality First Scholarship slots are awarded across all providers based on size, program type and star rating. Providers with a higher rating will have more scholarships available to them. An FTF Regional Council must fund the baseline number of scholarships for every provider they fund in Quality First. The formula modeling that was developed in 2013 assumed a base amount consistent with FY14 regional funding levels for scholarships (approximately $40 million). The goal was to maintain fiscal stability for regions while maintaining continuity of scholarships for families to the extent possible. Regional Councils may elect to fund additional scholarships above the baseline number and in FY15, 69% of Regional Councils have done so.

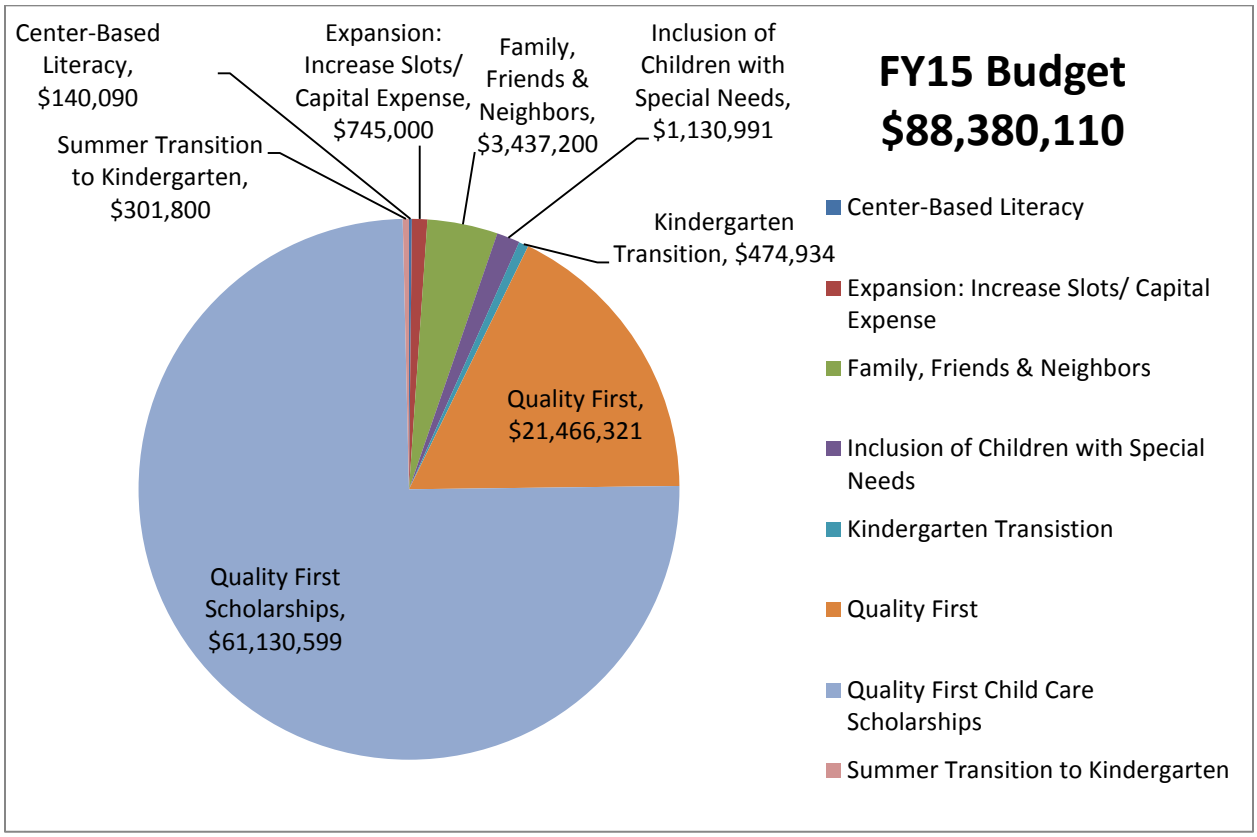
A region can fund a provider in full Quality First participation with NO scholarships if the site has declined scholarships and shows they are using other funds and resources to serve low-income children.

First Things First rates above will be paid no matter what the program charges for their services. The family co-pay guidelines will remain the same. If a program charges more tuition than the First Things First scholarship reimbursement rate and the parent is responsible for the difference, it is the intent that families, whenever possible, contribute toward that gap in the cost of child care. Although this is not a requirement, First Things First recommends this contribution, and it should not exceed 10% of the gross household income.

FTF Financial Investment in Quality First

In FY15, FTF will invest more than $88 million annually to improve the access to and quality of early learning programs in a wide variety of settings. While there are a number of different strategies funded at the regional level, two primary strategies are Quality First and Quality First Scholarships, and the total investment (including statewide funds) in these two strategies alone is over $82.5 million annually.

FTF FY15 Budget for Quality, Access and Affordability of Early Care and Education Programs



The Quality First package of supports also includes $3.5 million for T.E.A.C.H. educator scholarships and Child Care Health Consultation, which bring the total Quality First financial investment in FY15 to $86 million.

Full Participation costs to a Regional Council are based on the provider Quality First rating and size. Rating Only costs are the same for all providers. For example:

	Regional Cost	Full Cost (including statewide funds)
Full Participation		
Average size 2 Star Home	$16,033	$22,699
5 Star Small Center	$7,834	$14,460
Rating Only		
Center		$8,532
Home		$8,523

The collective FY15 regional funding commitment to Quality First services (everything besides scholarships) is $17 million and statewide funds contribute $8 million; this $25 million total is 29% of the costs associated with Quality First.

Quality First Scholarships comprise $61 million of the total (71%) of the costs associated with Quality First), compared to about $20 million in 2012. Scholarship costs vary and are based on the provider's Quality First rating, type of program, size and ages of children. Average cost of a full-day scholarship is $7,645 per year. In FY 15, 26 of 28 Regional Councils will fund providers in Quality First and 18 (69%) of those Regional Councils have elected to fund additional Quality First Scholarships above the baseline number, adding up the total $61 million investment.

Next Steps

FTF will begin a multi-year study in 2015 to validate the Quality First rating scale and collect research on the best combination and intensity of components to inform continuous improvement of the Quality First model. FTF is also working with national and local partners to determine how to effectively maintain high quality standards, while incorporating efficiencies and leveraging resources to bring Quality First provider participation to scale. One option that will be available in FY15 is a "buy-in" option that will allow providers to purchase the Quality First Rating Only package. This will include assessment and a limited amount of coaching in preparation for the assessment. The cost will be revenue neutral to FTF and its vendors and will cover the expenses related to services provided.

Regardless of recommendations that reduce the financial commitment that Regional Councils have to support Quality First, as more data and information on the quality and financing of early care and education programs becomes available, FTF must use those opportunities to continually improve and incentivize access, affordability and quality.

Possible Approaches for Quality First in FY16

It is suggested that the Policy and Program Committee begin discussion on a recommendation to the FTF Board by considering the range of approaches for Quality First shown on page 8.These approaches are based on the recent feedback from Policy and Program Committee members, the FTF Regional Council

Chairs and Vice-Chairs and stakeholders from partner organizations in the early childhood system, as well as FTF Board policy decisions and discussion over the years. All of these approaches assume that FTF will continue to work with system partners on continuous quality improvement and cost efficiencies that can allow Quality First to reach greater scale and impacting more children in quality early learning and development programs.

A. Maintain Quality First enrollment with no changes to current model

- Board provides budget guidance that does not allow for any reductions to current system-level investment in Quality First – including number of participating providers and scholarship funding levels.

B. Reduce total number of Quality First Scholarships

- Board reduces Quality First Scholarship cost-model by lowering the baseline number of scholarships by 33%. (See attached table)
- Board provides guidance that does not allow for reductions to current system-level commitment to number of providers participating in Quality First.

C. Reduce total number and reimbursement amount of Quality First Scholarships

- Board reduces Quality First Scholarship cost-model by lowering the baseline number of scholarships required by 33% and by lowering overall scholarship reimbursement rates by 5%. (See attached table)
- Board provides guidance that does not allow for reductions to current system-level commitment to number of providers participating in Quality First.

D. Separate Quality First improvement costs from scholarship costs.

- Board reconfigures overall Quality First cost-model by separating Quality Improvement costs from Scholarship costs.
- Board also reduces Quality First Scholarship cost-model by lowering overall scholarship rates by 5%. Board does not provide further budget guidance on number of regional scholarships funded.
- Board provides guidance that does not allow for reductions to current system-level commitment to number of providers participating in Quality First.

E. No guidance is provided

- Board provides no budget guidance on system-level investments in Quality First.
- Regional Councils choose level of investment or disinvestment in Quality First – including number of participating providers and scholarship funding levels.

Southwest Maricopa Partnership Regional Council timeline and Strategic Planning Proposed Process Draft:

July 2014:

- Begin FY 2016 funding plan development

November 2014:

- FY 2016 funding plans completed

January 2015:

- Board approves FY 2016 funding plans and implementation begins

STRATEGIC PLANNING COMPONENTS: (Draft)

Regional Analysis/Assessment → **Prioritization of Needs** → **Priority Roles/Indicators** → **Approaches (to address prioritized needs, roles and work towards achieving benchmarks)** → **Implementation Plan/ Budget**

REGIONAL ANALYSIS/ASSESSMENT

I. Data Sources
- Needs and Assets Report
- SFY13-15 strategic direction (review of implementation and outcomes achieved including data/information from grant partners)
- Data and discussions from benchmarking School Readiness Indicators
- Reports/data from partners/community
- Community input from partners/stakeholders

II. Determining the Structure/Frame
- Integration of visioning/big picture (where the early childhood system is now and what it can be in the next three years)
- Integration of system levers to assess political context, components, connections, infrastructure and capacity, and scale
- Engagement of partners and stakeholders
- Facilitation
- Length of time needed for this component

III. Synthesis of Analysis/Assessment—Preparing for Prioritization of Needs