

# The Path to Success Begins at Birth

# FIRST THINGS FIRST  
2018 ANNUAL REPORT



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# Giving Arizona Children a Strong Start on the Path to Success

## Dear Fellow Arizonans:

Every summer in Arizona, we celebrate educational achievement – children are promoted to the next grade at school and thousands of graduates smile broadly and wave to proud relatives as they are awarded high school diplomas and college degrees. As we celebrate those accomplishments, we should remember that many of those successes started long before children entered a classroom. The majority of children’s critical brain development happens before kindergarten, and early experiences form the foundation for future success. The data in this report remind us that many children face significant challenges when it comes to a strong start to their education.

In 2006, Arizonans gave our state’s youngest children and their families a partner in efforts to get our children ready for success in kindergarten and beyond: First Things First. And each year, we are proud to report on the impact of those investments. In these pages, you will read about successes, including:

- The percentage of child care and preschool programs meeting or exceeding rigorous quality standards increased from 25 percent in 2013 to 74 percent this year;
- Thousands of families are participating in evidence-based home visitation programs proven to promote resiliency, enhance child well-being and promote school readiness; and
- Partnerships with state agencies have preserved millions in federal funding for our state and are helping to align efforts to improve the early education and health of young children across multiple system partners.

This report also celebrates the dedicated volunteers who help make all of these successes possible through service on our Regional Partnership Councils, specifically those council members who have dedicated 10 years to our collective efforts. They remind of us of two things: that everyone has a role to play in improving outcomes for young children; and that making a difference for young children in our communities takes time and dedication.

The achievements detailed in these pages represent months, sometimes years, of hard work and dedication. Maintaining and expanding these successes will take more time and more resources. That is why now, more than ever, it is important that each of us finds our place in the early childhood movement. Regardless of your area of expertise, personal convictions or political persuasion, each of us can contribute to improving the lives of children in our communities, and the well-being of our state.

We invite you to visit your local regional council or [FirstThingsFirst.org](http://FirstThingsFirst.org) to learn more about the work of First Things First and how you can get involved. Because we all benefit when children arrive at school healthy and ready to succeed!

Sincerely,



**NADINE MATHIS BASHA**

Board Chair

A handwritten signature in black ink that reads "Nadine Mathis Basha".



**MARILEE DAL PRA**

Chief Executive Officer

A handwritten signature in black ink that reads "Marilee Dal Pra".

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# Table of Contents

<b>Kindergarten Readiness: The First Step in Closing Arizona's Achievement Gap</b>	4
<b>About First Things First</b>	9
<b>A Snapshot of Arizona's Children</b>	13
<b>Our Impact At-A-Glance</b>	18
● <b>Strengthening Families</b>	20
● <b>Quality Preschool &amp; Child Care</b>	21
● <b>Preventive Health</b>	22
<b>Improving Quality and Access in Early Learning</b>	23
<b>Building the Skills of Teachers &amp; Caregivers</b>	33
<b>Strengthening Families as Children's First Teachers</b>	35
<b>Regional Approaches to Health Systems Change</b>	42
<b>Celebrating Champions for Children</b>	47
<b>Statewide Financial Report</b>	56
<b>FY2018 Investments Across Arizona</b>	61
<b>Appendix A</b>	64
<b>Endnotes</b>	68

# Kindergarten Readiness:

Between birth to age 5, children must develop physically, cognitively, emotionally and socially so that they are prepared when they enter kindergarten.









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## The First Step in Closing Arizona's Achievement Gap

Ninety percent of a child's critical brain development happens before kindergarten, and the quality of early childhood experiences impacts whether a child's brain develops in healthy ways that promote learning.<sup>i</sup> Between birth to age 5, children must develop physically, cognitively, emotionally and socially so that they are prepared when they enter kindergarten. Early learning experiences play a crucial role in that development. In fact, research has shown that children with access to high quality early learning are more prepared for kindergarten, do better in school and are more likely to graduate and go on to college.<sup>ii,iii</sup>

Kindergarten has changed extensively since it was first introduced to the U.S. in the late 1800s. Once thought of as a place for children to adjust socially before entering first grade, today's kindergarten has learning standards<sup>iv</sup> that rival first grade classrooms of the past. In order to meet those standards, children need to arrive at kindergarten healthy and ready to succeed. Kindergarten readiness requires healthy development across a variety of areas including: cognitive development, such as knowledge of numbers or colors; language development, where children learn sounds and the rules of language that will help them become good readers; fine and motor development, which develops the muscles and coordination needed for things like sitting at a desk and holding a writing instrument; and social-emotional development, like learning

to pay attention and get along with classmates. Healthy development across all those areas occurs as children experience their environments and through positive, nurturing interactions with adult caregivers.

National research on kindergarten readiness revealed that there are persistent gaps in school readiness, most notably between children living in poverty and their more affluent peers. A 2016 study published in the journal of the American Educational Research Association showed that, while kindergarten readiness gaps are decreasing over time, the gap is narrowing at a rate so slow, that it would take 60 years or more before it is completely closed.<sup>v</sup>

Although the study – which compared data for nationally representative samples of more than 40,000 children who started kindergarten in 1998, 2006 and 2010 – did not include examining the causes for the slight increases in school readiness and the corresponding decrease in the kindergarten readiness gap, the authors did speculate on the factors that could have led to the improvements, including parents’ increasing understanding of the importance of early childhood experiences.<sup>vi</sup> Previous research supports the assertion that nurturing early childhood experiences and environments promote positive brain development.<sup>vii</sup> Conversely, negative experiences during those crucial early years – such as poverty, malnutrition, chronic illness and exposure to violence and neglect – can negatively impact children’s early brain development, resulting in long-term consequences including higher rates of chronic disease, educational failure and substance abuse, as well as higher risk for homelessness or incarceration as adults.<sup>viii</sup>

In recent years, there has been a growing movement to consider factors related to economic stability, education, environment, health and community as having a collective impact on later outcomes; they are collectively labelled as social determinants of health. According to the federal Office of Disease Prevention and Health Promotion, “our health is ... determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. To ensure that all Americans have that opportunity, advances are needed not only in health care, but also in fields such as education, child care, housing ...”<sup>ix</sup>

Similarly to the social determinants of health, landmark research conducted by Kaiser Permanente from 1995 to 1997 demonstrated the extent to which negative experiences in childhood impacted later outcomes in health, education and well-being.<sup>x</sup> According to a summary produced by the federal Centers for Disease Control, the study showed that Adverse Childhood Experiences (ACEs) occurred in three major categories: abuse, neglect and household challenges. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. The study found that, as the number of ACEs increased, so did the risk of negative outcomes in adults, such as poor health, depression, drug use, domestic violence, unintended or teen pregnancy and poor academic achievement.<sup>xi</sup> How do ACEs lead to negative outcomes later in life? An individual experiences a combination of adverse experiences in childhood, which can lead to disrupted brain development. This can then result in

social, emotional and cognitive impairment. As a result, the individual has a higher probability of adopting risky behaviors as well as developing diseases, disabilities or social problems.<sup>xii</sup>

Information regarding the social determinants of health and the impact of Adverse Childhood Experiences points to the years between birth to 5 years old as the critical period for experiences that promote lifelong learning and health. The studies also demonstrate that efforts to understand the risks and challenges to children’s long-term well-being must take into account children’s environments and early relationships with adults. Therefore, a variety of factors – including young children’s family characteristics, economic conditions, health and education – must be improved in order to affect systemic changes that will lead to optimal development for all children.

These findings, taken together, underscore the significance of positive early childhood experiences on young children’s later success in school and life. The data on pages 14 - 17 show that young children in Arizona face numerous challenges that may prevent or hinder their access to the positive early experiences that promote kindergarten readiness and lifelong success.

Those challenges include:

- more than 1 in 4 children under 6 live in poverty;
- about 2 out of 3 children do not go to preschool;
- more than 3 out of 4 children do not receive timely screenings to identify potential developmental delays or disabilities;
- 1 in 5 children live in households that are food insecure <sup>xiii</sup>; and
- 1 in 4 children under 6 have had two or more adverse childhood experiences

Any one of these factors on its own can impact a child’s health and development. But, as previously noted, when children experience these factors collectively, there can be long-term negative effects to their learning and well-being. Fortunately, there are many supports that can help mitigate the impact of these challenges. Even children from families who do not struggle with issues like those listed above can benefit from efforts to strengthen families, expand preventive health and increase the quality of and access to early education. Information throughout this report demonstrates that Arizonans have a strong partner in their efforts to invest in early childhood strategies and initiatives that give thousands of children in our state the opportunity to start school healthy and ready to succeed: First Things First.







# About First Things First

First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system.

Created by a 2006 citizen's initiative, First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of Arizona children birth to age 5. The work of First Things First focuses on seven main areas, including:



## 1 Quality Child Care and Preschool

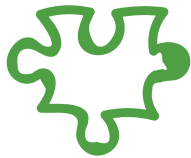
Children with access to high quality early learning do better in school and are more likely to graduate. FTF funds researched-based quality improvements that help children thrive, including learning environments rich in language and literacy, coaching for early learning professionals to better engage young learners and developmentally appropriate learning materials. Scholarships also are funded to help more infants, toddlers and preschoolers access quality early care and learning.

## 2 Strengthening Families and Early Literacy

Families are a child's first and best teachers. FTF programs give parents options when it comes to supporting their child's health and learning. Services are voluntary and provided at levels that meet the family's needs, from community-based parenting education to voluntary, evidence-based home visitation programs delivered in the home from a nurse or parent educator to address a variety of parenting situations, like grandparents raising grandchildren, parenting children with special needs or families with multiple births.

## 3 Preventive Health

Undetected or untreated health issues in the early years can impact learning later on. Left unaddressed, developmental delays and chronic medical conditions can become serious learning problems that require more costly interventions. FTF funds preventive developmental and sensory screenings, parent education and referrals to existing services to ensure that kids arrive at kindergarten healthy and ready to succeed. FTF also funds oral health screenings and application of fluoride varnish to prevent tooth decay and subsequent dental issues that are a leading cause of school absence later on. In addition, FTF funds strategies to connect families to health care options in their communities, as well as efforts to coordinate the services children receive for maximum benefit.



4

## Teacher and Workforce Training and Development

A child's relationships with early caregivers impact whether her brain will develop in ways that promote learning. Children 5 and younger learn differently than school-age children. The quality of early learning depends on the education and skills of the teacher. FTF funds scholarships and other educational support to expand the skills of professionals working with infants, toddlers and preschoolers. In addition, FTF funds a variety of evidence-based consulting models to help early childhood educators improve health practices in early care settings and better support children's mental and behavioral health.

5

## System Coordination

Collaboration among system partners maximizes resources and effectiveness. At the state and regional levels, FTF works with early childhood system partners – like state agencies, tribal governments, philanthropic organizations, businesses and providers – to maximize funding, reduce duplication and ultimately improve outcomes for young children. These collaborations also promote the on-going development and continuous quality improvement of a statewide early childhood system that supports the health and development of all young children in Arizona.

6

## Parent and Community Engagement

We all have a shared responsibility to help children arrive at school prepared to succeed. FTF works with families, caregivers and community leaders to build awareness of the importance of early childhood and steps they can take to support the education and health of young children in their communities.

7

## Research and Accountability

Measuring effectiveness and promoting continuous quality improvement rely on robust, accurate data. Data collected by FTF and its partners are used to inform decision-making, monitor FTF-funded grant partner performance, enhance program effectiveness and measure the impact of FTF-funded strategies or the collective investments of Arizona's early childhood system.





# A Snapshot of Arizona's Children

Data show that young children in Arizona face numerous challenges on the path to success.

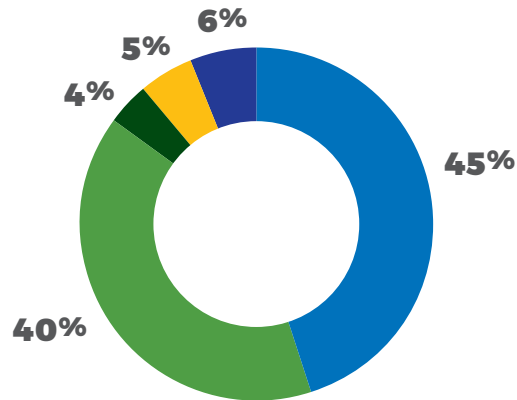
# Demographics

# 546,609

## Number of kids under 6 in Arizona

### Ethnic breakdown of kids under 6

- Hispanic or Latino
- White, not Hispanic
- Black or African American, not Hispanic
- American Indian, not Hispanic
- Other (including children of two or more races), not Hispanic

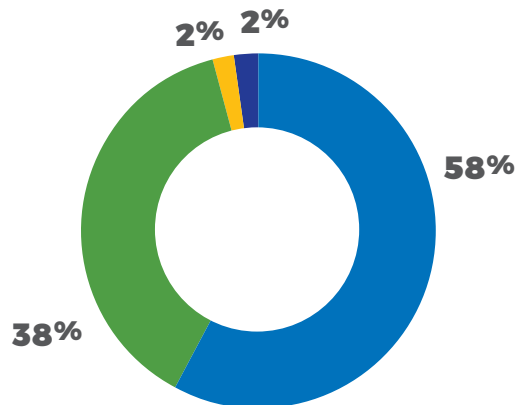


# 384,441

## Households with kids under 6

### Living arrangements of kids under 6

- Living with two married parents or step-parents
- Living with one unmarried parent or step-parent
- Living with relative(s), but not with parent(s) and/or step-parent(s)
- Living with unrelated person(s) /other living arrangements



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## Education

**64%**

of 3-4 year-olds  
don't go to preschool

**56%**

of 3rd grade students  
don't pass AzMERIT  
English Language Arts

**20%**

of teens don't graduate  
high school in four years

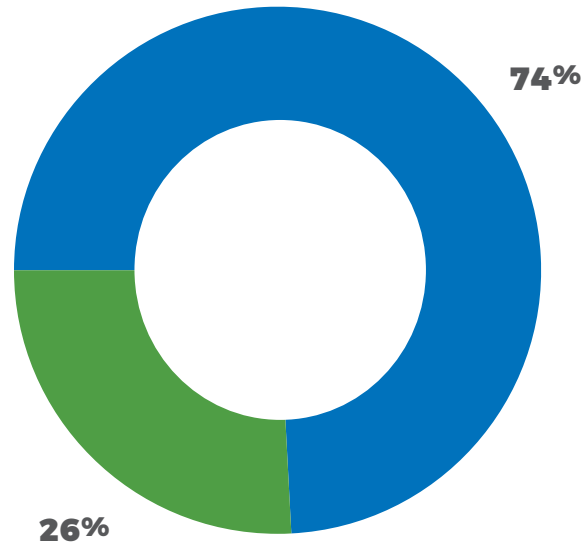


# Health and Well-being

- Did not receive timely developmental screenings
- Received timely developmental screenings

**Children ages 10 months to 5 years who received developmental screenings during a health care visit**

(2011-2012 - most recent survey available)



**24%**

**of children 19-35 months old lack needed vaccinations**

**27%**

**kindergarteners have untreated tooth decay**

**6%**

**of children birth to age 5 lack health insurance**

**25%**

**of children birth to age 5 have had two or more adverse early childhood experiences**

**6,679**

**Number of children (0-5 years) entering out-of-home care in fiscal year 2017**



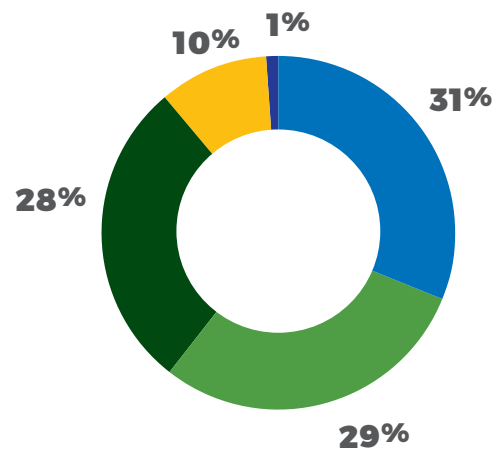
# Economics

# 28.7%

Percentage of young kids in poverty

## Employment status of parents with young kids

- Children living with two parents, both in labor force
- Children living with one parent, in labor force
- Children living with two parents, one in labor force and one not
- Children living with one parent, not in labor force
- Children living with two parents, neither in labor force



## Median annual income for families with at least one child birth to age 17, by family type

Married-couple families	<b>\$75,018</b>
Families headed by a single male	<b>\$36,495</b>
Families headed by a single female	<b>\$25,646</b>

# Our Impact At-A-Glance

Young children with high quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school-readiness assessments. In short, these children are better prepared for school.





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## At-A-Glance: Strengthening Families



**47,454**

**families increased** their knowledge of effective parenting practices through workshops at family resource centers.

- 318,487 families received early childhood information and resources and 57,405 families received referrals through family resource centers.



**66,094**

**families of newborns left** the hospital with tools to help them support their child's health and learning.



**5,809**

**families with young children (0–5 years old) participated** in voluntary home visiting programs proven to reduce parental stress levels, increase connections to community supports and improve children's cognitive, motor, behavioral and socio-emotional development.

- 3,412 families continued their participation in home visiting programs from 2017 to 2018, ensuring on-going support for the healthy development of young children.



**3,510**

**families completed** a series of classes on topics like brain development, early literacy and nutrition.



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# At-A-Glance: Quality Preschool & Child Care



**60,632**

**young children received** their early education from child care and preschool providers committed to continuous quality improvement of their programs through Quality First.

- 42,655 infants, toddlers and preschoolers were in early learning programs that met or exceeded Quality First's rigorous standards.
- 8,700 children from low-income families received a high quality early education with the help of a Quality First preschool or child care scholarship.



**1,207**

**early childhood educators received** scholarships for college coursework to expand their skills in teaching infants, toddlers and preschoolers.



**1,403**

**relatives and other community caregivers completed** a series of trainings to increase their understanding of brain development and strategies to support young children's learning.



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## At-A-Glance: Preventive Health



**31,082**

**children received** screenings to detect vision, hearing and developmental issues and prevent learning challenges later on.



**481**

**child care and preschool providers received** consultation proven to enhance teachers' confidence in dealing with students' social-emotional needs, improve teacher-child relationships and prevent expulsions.



**7,330**

**referrals were provided** to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.



**106**

**referrals were given** to children for services to address their mental health needs.



**48,505**

**children received** a screening to detect tooth decay, which left undetected and treated could cause damage to permanent teeth, impaired speech development and failure to thrive.



**37,545**

**fluoride varnishes were applied** to protect against dental disease, the greatest cause of school absence later on and **16,408 referrals for follow-up treatment** with an oral health provider were given to young children.

# When It Comes To Early Learning, Quality First!

The quality of early learning environments can have a profound effect during the first five years of life. Longitudinal studies, spanning more than 40 years, demonstrate that quality care and education from birth to age 5 results in higher IQ scores, higher school graduation rates and lower crime rates.<sup>xiv,xv</sup> Young children with high quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school-readiness assessments. In short, these children are better prepared for school.<sup>xvi,xvii</sup>



High quality early childhood programs include: skilled teachers that know how to engage young learners; indoor and outdoor environments that are safe, child-centered, stimulating and well-stocked with developmentally appropriate materials; predictable and balanced daily schedules and routines; evidence-based, culturally responsive curriculum; supportive assessments of each child's progress; and ample opportunities for family involvement in their child's education.

The child care options currently available in Arizona's communities can vary widely when it comes to the quality of care and education provided. This puts a substantial burden on families, who must find and accurately assess prospective providers to find good care for their children at an affordable price. But even the concept of "good" remains vague without an accepted standard of quality. The Arizona entities who license and certify child care settings (including the Arizona Department of Health Services, the Arizona Department of Economic Security, the U.S. military and tribal governments) work to ensure that these settings meet basic health and

safety requirements. Though meeting health and safety requirements continues to be a critical requirement for supporting young children, a growing body of research also underscores the importance of quality in early learning settings in supporting young children's school readiness, including high quality environments, positive adult-child interactions and established administrative practices.

In order to provide more quality early learning environments for Arizona's young children, early childhood system partners identified the need to create enhanced standards for early care settings that addressed quality criteria including health and safety. The quality standards, based on best practice literature, were to include research-based criteria such as adult-child ratios, group size, qualified personnel, evidence-based curriculum, etc. Stakeholders also identified the need to create a systemic effort to help child care and preschool settings understand and meet those standards and to help more children access high quality settings.



That is why First Things First created Quality First – Arizona’s Quality Improvement and Rating System – to establish a unified, measurable standard of care, inform parents on their local providers’ proximity to that standard, improve quality and promote school readiness. Quality First participating providers receive supports to improve and maintain the quality of their programs. These supports can include: individualized coaching and specifically targeted technical assistance, incentive grants and professional development scholarships.

The latest data indicate that Quality First continues to significantly improve the quality of early learning options available to Arizona’s families (See Figure 1). In fiscal year 2013, 25 percent of 857 participating rated providers met or exceeded quality standards (3-5 star rated). Over the past five years, both enrollment and quality levels have improved among providers participating in Quality First. In fiscal year 2018, 74 percent of 1,022 participating rated providers met or exceeded quality standards. This means that 42,655 children in Arizona were in early learning programs that meet or exceed quality standards, an increase of 75 percent since 2013 (24,420 children). More simply stated, the number of children with access to quality early learning as a result of Quality First has almost doubled since 2013.

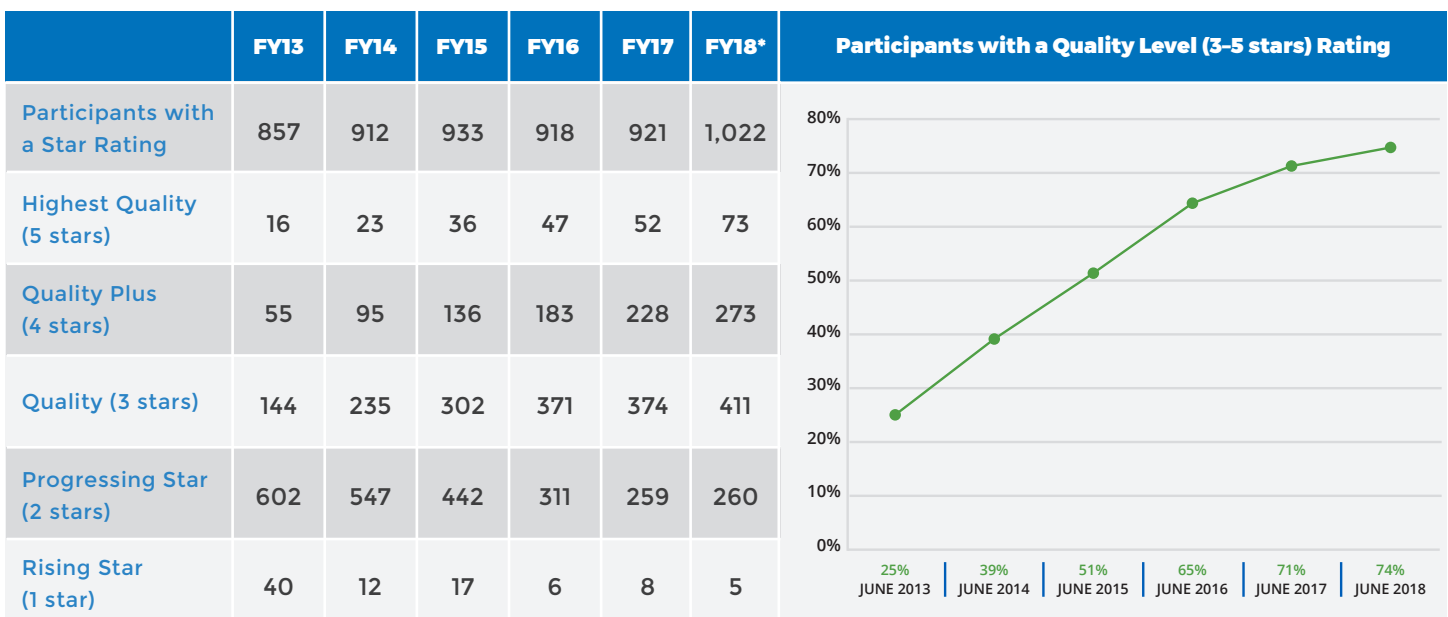
When combined with providers who continue to work diligently on enhancing the quality of their child care and preschool programs, Quality First has ensured that more than 60,632 children throughout the state have access to a higher

standard of early education. Appendix A demonstrates quality improvement region-by-region. Seventy percent (70%) of those children are in early learning settings that meet or exceed quality standards.

**The number of children with access to quality early learning as a result of Quality First has almost doubled since 2013.**

First Things First also prioritizes access to quality early learning programs by funding Quality First scholarships. This evidence-based strategy provides financial assistance in the form of scholarships for children from low-income families (200% of Federal Poverty Level and below) to attend quality early care and education programs. The intended outcome for children and families is increased access to quality early care and education settings that promote readiness for kindergarten. In addition, scholarships support continuity of care for children so that previously formed supportive relationships with caregivers can remain in place. In FY2018, Quality First Scholarships helped 8,700 infants, toddlers and preschoolers throughout Arizona access a higher standard of early learning. More than 59 percent of the children (5,138 infants, toddlers and preschoolers) were able to remain with the same provider for nine months of the year or longer, another hallmark of quality care. This is a slight increase from the 55 percent who remained with the same caregiver for nine months of the year or longer last year.

**Figure 1. Quality Improvement and Rating System Progress and Outcomes**



Quality First providers are publicly rated once they have received at least two assessments (typically around two years of Quality First participation). In order to provide the most comprehensive data possible, these figures include data for both publicly rated programs and not publicly rated programs (those who have been in Quality First less than two assessment cycles).

\* Data are provided for all rated Quality First providers, regardless of funding source.

## Partnerships Demonstrate Impact of Quality Early Learning on Student Outcomes

There is growing evidence that Arizona's investments to improve the quality of and access to early learning are making a difference for some of the state's most vulnerable children. In fiscal year 2015, Arizona was one of five states that received a federal Preschool Development Block Grant (PDG) totaling \$80 million over federal fiscal years 2017-2020. The main goal of the grant, which is administered by the Arizona Department of Education (ADE), is to expand quality preschool in underserved areas. To ensure children served have access to the type of quality early learning programs proven to improve child outcomes, the federal government requires preschool programs created or expanded through the PDG be enrolled in their state's early learning quality improvement and rating system; in Arizona's case, Quality First. Through a partnership with ADE, the programs participating in PDG are enrolled in

Quality First, giving those programs access to resources that will: ensure their settings are rich in language and literacy opportunities; expand teachers' skills in working with young learners; enhance the programs' ability to meet the social-emotional needs of students; promote the inclusion of children with special needs; and provide developmentally appropriate learning materials. In FY2018, there were 73 preschool programs in the PDG participating in Quality First, 59 of which met or exceeded quality standards. As a result of PDG funding, 4,569 children received their early education from providers committed to continuous quality improvement, including 3,486 children (76%) whose early learning provider met or exceeded quality standards.

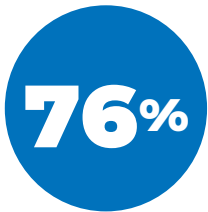
For more information on Quality First, visit: [QualityFirstAZ.com](http://QualityFirstAZ.com).



Preschool Development Grant (PDG) programs that meet or exceed quality standards



Children in PDG programs



Percentage of children whose PDG program meets or exceeds quality standards





Preschool Development Grant (PDG) sites use Teaching Strategies GOLD (TSG) to conduct ongoing progress monitoring of students in the PDG program, and submit that data to ADE three times a year. To determine the number of students ready for kindergarten, ADE uses the Teaching Strategies GOLD Snapshot Report, which includes data on how children are progressing in 10 learning areas: social-emotional, physical, cognitive, literacy, language, mathematics, social studies, science and technology, the arts and English language acquisition. Teaching Strategies GOLD is aligned to Arizona's early learning standards, which are the standards used for a child upon exiting preschool and entering kindergarten. From the TSG report, ADE determined the number of children who were "meeting or exceeding" age-level expectations. In the 2016-2017 school year, there were 2,128 children enrolled in PDG programs who had TSG profiles. Of those children, 1,938 children (91.1%) were ready for kindergarten.<sup>xviii</sup> This is a significant increase from the 87 percent found to be kindergarten ready in the 2015-2016 school year.


In the 2017-2018 school year, the City of Tempe (located in the FTF East Maricopa Region) launched a city-funded initiative to expand preschool availability for approximately 300 children from low-income families. The move was prompted by a study that showed two-thirds of the city's kindergarteners scored lower than expected in reading and language. In order to ensure more children arrived at kindergarten prepared for success, the city invested \$6 million over two years to provide high-quality preschool to 3- and 4-year-olds from low-income families (defined as those living at or below 200% of the Federal Poverty Level). When it came to ensuring that those environments were of high-quality, the city looked to First Things First's successful quality improvement initiative, Quality First. Through support from the Virginia G. Piper Charitable Trust, the city has enrolled all its 20 Tempe PRE classrooms into Quality First, where they receive coaching, assessment and other supports to continuously improve the quality of early learning provided to the children they serve. To further support improved outcomes for young children, the city also provides expanded professional development opportunities to teachers and staff in Tempe PRE classrooms. In addition, students' families are enrolled in the Triple P parenting program, and children receive extended care after school and during the summer.

The Arizona Department of Education also is a partner in Tempe's efforts by informing the way student outcomes are assessed. The tool used by Tempe PRE to monitor student's developmental growth in preschool is Teaching Strategies GOLD, the same tool used with children in PDG programs. In Tempe PRE classrooms, kindergarten readiness of participating

children will be assessed throughout the preschool years via children's developmental growth scores, as assessed by Teaching Strategies GOLD and at kindergarten entry via the Kindergarten Developmental Inventory to measure if children meet widely held expectations for kindergarten developmental level.

According to the program's Year 1 progress report to the Tempe City Council, baseline data show that Tempe PRE students are typically below or meeting their expected developmental level in all domains when they enter preschool. For example, in the social-emotional domain, 76 percent of students performed lower than expected; in the cognitive domain, 64 percent of students were performing lower than expected.

"At the end of program year one, most children shifted from performing below their expected developmental level to meeting or exceeding developmental expectations in all domains," the report stated. "Most prominently, the percentage of children meeting or exceeding social-emotional and literacy developmental expectations increased between baseline and the end of Year One, suggesting that social-emotional and literacy skills may be particularly sensitive to time spent in preschool."<sup>xix</sup> Baseline assessments suggest that many Tempe PRE classrooms were providing quality early learning environments from the beginning, with 55 percent of Tempe PRE classrooms meeting or exceeding quality standards at the end of FY18. In the long-term, this level of quality is expected to translate into improved outcomes for students.

 **At the end of program year one, most children shifted from performing below their expected developmental level to meeting or exceeding developmental expectations in all domains."**

*- Tempe PRE Year 1 Progress Report*

Subsequent studies will examine whether the initial improvements continue as children enter kindergarten and beyond. Through a partnership with the Helios Education Foundation, researchers will follow children from Tempe PRE programs –as well as other Quality First programs in the same geographic region that choose to participate in the study. The on-going study will monitor children's progress through third grade to determine how and whether the differing levels of quality at the preschool level impacted later school performance. The results of the study will inform program development and quality improvement efforts from all the system partners.

## Collaborations Maximize Federal Funds for Both Access and Quality

In addition to improving the quality of early care and education for thousands of Arizona's young children, FTF's investments also ensure that the state's child care voucher program is able to make full use of available federal child care funds. The State of Arizona currently receives more than \$184 million per year in federal Child Care and Development Fund (CCDF) grant funds. Since the grant's inception, the Department of Economic Security (DES) has been designated by the governor as the lead agency for the CCDF. DES is also responsible for the operation of the State's subsidized child care program, for which CCDF dollars provide the bulk of the funding.

CCDF funds are used in a number of ways, including ensuring that low-income working families have access to safe, reliable child care (which may reduce instances of abuse or neglect because children are not left to be cared for in unsafe environments), and to provide child care for families providing temporary placement to children in the child welfare system (such as foster families and relatives).

The CCDF grant requires that the State provide both Maintenance of Effort (MOE) and matching funds. Specifically, Arizona cannot claim a \$37 million portion of the total CCDF grant unless the State expends \$30 million in non-federal dollars on child care-related activities. Historically the State met the MOE and matching requirement with State General

Fund dollars appropriated by the Legislature to DES for additional child care vouchers. Non-CCDF appropriations, including General Fund and other appropriated fund sources, reached a high point of \$69.1 million in fiscal year 2008. Due to significant reductions in General Fund revenues resulting from the economic recession, the Legislature drastically reduced state appropriations for child care subsidies.

In fiscal year 2012, all General Fund appropriations to child care vouchers were eliminated. Some funding has since been restored. The Legislature's elimination of General Fund appropriations to child care vouchers in 2012 resulted in the State's inability to meet the CCDF's maintenance of effort and matching requirements, thus threatening the loss of tens of millions of dollars for child care vouchers annually. In order to continue to access Arizona's full allotment of CCDF dollars, FTF collaborated with the Governor's Office and DES in establishing a Memorandum of Understanding to count FTF investments as the required match. These expenditures have included the various components of quality improvement efforts - including assessing programs, coaching providers on quality improvement and professional development for early educators to expand their skills working with young children - as well as Quality First scholarships. Throughout the nine years this MOU has been in place (see Figure 2), Arizona has been able to leverage nearly \$341 million in federal child care funds that otherwise would have been lost.

Figure 2. First Things First Investments Preserve Millions in Federal Child Care Funds

Federal Fiscal Year	FTF Match Provided	Federal Child Care Subsidy Dollars Drawn Down as Result of FTF-DES MOU
2011	\$10 M	\$40.5 M
2012	\$30 M	\$37.9 M
2013	\$30 M	\$37.6 M
2014	\$30 M	\$37.5 M
2015	\$34 M	\$37.8 M
2016	\$30 M	\$37.6 M
2017	\$30 M	\$37.4 M
2018	\$30 M	*\$37.4 M
2019	*\$30 M	*\$37.4 M
<b>TOTAL</b>	<b>\$254 M</b>	<b>\$341.1 M</b>

\*projected

The growing importance of this collaboration on the child welfare system's outcomes is clear. During the past few years, Arizona has seen explosive growth in the number of children in out-of-home care due to abuse or neglect. Between the end of federal fiscal year (FFY) 2010 and the middle of 2015, the total number of children in out-of-home care grew by 67 percent. While the number of children in out-of-home care has decreased in the last two years, in fiscal year 2017, there were still 15,803 children in out-of-home care, including 6,678 children under 6 years old. As a result of this on-going challenge, the percentage of children birth to age 5 served by the child care subsidy program who are involved with the child welfare system continues to rise. In state fiscal year (SFY)2011, 28 percent of young children served by the program were involved with the child welfare system; by SFY2018, that number was 42 percent. By ensuring that Arizona is able to draw down all available CCDF funds and by working to improve the quality of care in licensed and certified child care and preschool settings, FTF is helping to promote quality early learning for thousands of Arizona's youngest children, including those in out-of-home care whose foster families use DES child care vouchers.

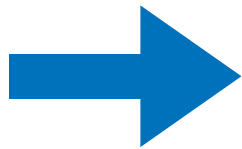
In SFY18, this collaboration among system partners went beyond maximizing access to early learning for young children; it included a greater emphasis on quality. As part of on-going efforts to establish a unified definition of and support for high-quality learning environments, DES in February 2017

announced it would use federal funds set aside for quality improvement to increase the rate reimbursed for child care subsidies to providers meeting quality standards, including providers who earn 3-5 stars in Quality First. This is significant because many facets of quality – such as hiring and retaining highly skilled educators – increase provider costs. Without adequate reimbursement, providers may be forced to choose between high quality and passing on costs to struggling families. A bill requiring DES to spend at least 30 percent of its annual quality set aside funds on this type of tiered reimbursement was later passed unanimously by the state Legislature and signed into law by Governor Doug Ducey on April 10, 2018.

To further inform and align efforts to expand quality early learning opportunities for Arizona's children, FTF and DES are partnering on studies to determine what families are currently being charged for child care across the state (Market Rate Survey), as well as the costs of providing quality care in different areas. The 2015 re-authorization of federal child care funds included expectations that states align their reimbursement rates to their most current market rate survey, and funding was provided in federal fiscal year 2018 to support this. The Market Rate survey and cost of quality study will provide data on actual and quality program costs, which can inform policymakers' discussions on resources needed to support Arizona's young children's access to high quality early learning environments.

Over the 9 years this MOU has been in place, Arizona has been able to leverage more than

**\$341 M**



in federal child care funds that otherwise **WOULD HAVE BEEN LOST.**

## Pilot Program Launched to Test Program Improvements

The First Things First Board is committed to continuous quality improvement across all areas, including Quality First. Based on the recommendations of a national panel of experts, FTF initiated a series of studies to ensure that Quality First is improving child outcomes. The studies are being done in several phases. The Phase One study was conducted between 2015 and 2017 by Child Trends, a non-profit, non-partisan research organization providing social science research for those who serve children and youth. For more than 35 years, policymakers, funders, educators and service providers in the U.S. and around the world have relied on data and analyses from Child Trends to improve their policies and programs. Additionally, Child Trends worked with an Arizona-based organization, LeCroy & Milligan Associates, Inc., a full service consulting firm specializing in program evaluation, technical assistance and training, to conduct data collection with Quality First participants.

The findings from the Phase One study, included:

- Quality First programs tend to improve in their quality levels between assessments.
- The Quality First Rating Scale does differentiate between various levels of quality.
- Perceptions of Quality First components are generally positive among participants, staff and community stakeholders.
- And, FTF's data system collects the information necessary to support program improvement efforts.

The Phase One researchers also suggested a variety of areas where Quality First might be improved in order to build on those successes.

While the Phase One study was being conducted, the Board convened its Quality First Advisory Committee to review the program and suggest enhancements based on program data and provider experiences. The committee included representatives of partner state agencies – such as Department of Economic Security, Department of Health Services, Arizona Department of Education, and the state Head Start Association. It also included representatives of participating and non-participating providers, as well as early childhood experts and parent advocates.

The results of the Phase One study and the advisory committee's recommendations informed modifications to Quality First, known as the Quality First Redesign. The Redesign includes increased initial information to providers about Quality First's program standards and what their participation will require; tools to help providers assess their readiness

to engage in quality improvement efforts; and on-demand technical assistance across a greater variety of topics. First Things First – with funding from DES and an \$800,000 grant from the W.K. Kellogg Foundation – is field testing those program modifications to Quality First. The goal is to determine whether the modified program continues to improve quality across program types. Currently, available funding allows approximately one-third of the state's licensed or certified providers to participate in Quality First. Through the field test, program costs also will be monitored to determine whether the re-designed program yields cost-savings that can be re-invested in efforts to bring Quality First to greater scale across the state.

A total of 67 providers statewide in state fiscal year 2018 were enrolled in the field test and an emphasis was placed on recruiting programs in under-served areas and settings that serve high percentages of at-risk children, such as children living in poverty or involved with the child welfare system. The selected sites encompass 16 communities throughout the state, including partnerships with five tribal nations.

Although program modifications are being tested, FTF continues to implement and study its existing successful Quality First model. Phase Two of the study is underway. This phase will examine the comprehensive array of Quality First program components, fidelity of implementation of program components and the contribution of program components – alone and in combination. Phase Two will examine all these areas for the existing Quality First programs. At the same time, a field test is being conducted with the 67 programs involved in Quality First Redesign to examine if the modified Redesign components were implemented as intended (a process evaluation) and whether they yielded the intended outcomes. Combined, these studies will provide critical data to inform decision-making on how to improve the program and bring it to scale.

Subsequent studies also will assess differences in quality between early care and education (ECE) programs at various levels on the Quality First rating scale (or with no rating), and to what extent changes in quality are associated with improved child outcomes. Taken together, these studies will help ensure that Arizona – through Quality First – has a quality improvement and rating system that is valid, highly effective, successfully supports improvements and sustainable changes in quality in individual ECE programs, and contributes to building a stronger statewide ECE system. For additional information, please visit [FirstThingsFirst.org/what-we-do/Publications](http://FirstThingsFirst.org/what-we-do/Publications).



## Quality First Scholarship Helps Tohono O’odham Family

Catherine Toro wanted her 2-year-old daughter Hailey to be somewhere that would help with her early childhood development.

From the first day they visited Indian Oasis Elementary School Preschool in Sells, they knew it was the right choice. The preschool is part of Quality First. The classroom was vibrantly colored with art work, numbers and letters. Children were creating buildings with blocks and reading aloud from story books or singing songs that rhymed.

Toro knew that Indian Oasis provided Quality First scholarships, because her niece was a recipient. When Hailey turned 3 the following year, Toro applied for the scholarship and enrolled her daughter. Hailey had always been a little shy, but within months of enrollment she began to see an improvement in her social skills. That first year allowed for Hailey to not only grow socially, but to strengthen her literacy and language development. She is now entering kindergarten with the necessary tools to help her succeed, Toro said.

“The program is great for the kids,” Toro said. “Helping them learn to read, grow socially and get them out of their comfort zone, which I believe will make an impact for the whole community.”



## Quality First Builds Academic and Social Skills for Tucson Siblings

Stephanie Carl faced hard times in 2013 when she found herself raising her preschool-aged children on her own.

“I had been a stay-at-home mom, taking care of the kids while my husband worked,” Carl said. “I suddenly found myself needing to figure out how to get back to work, so I could support my family. I needed to find child care for my two youngest kids.”

She began by connecting with the Quality First website, where she found information about the importance of quality in early learning, as well as supports available to help families afford child care.

Carl was eligible for a Quality First scholarship and enrolled her 6-month-old daughter and 2-year-old son in the Sunshine Preschool in Tucson. There, Carl and her children found supporting resources to encourage learning outside the classroom.

“Sunshine Preschool had a lending library from Make Way for Books,” Carl said. “My children and I read all the time. Learning about early literacy and learning has caused me to shift my priorities as a parent. I have a broader knowledge of how to support my family at different stages and now I can prioritize my time with my children better.”

As her youngest son entered first grade this year and her daughter began her final year in preschool, Carl said preschool prepared her children to be successful in school.

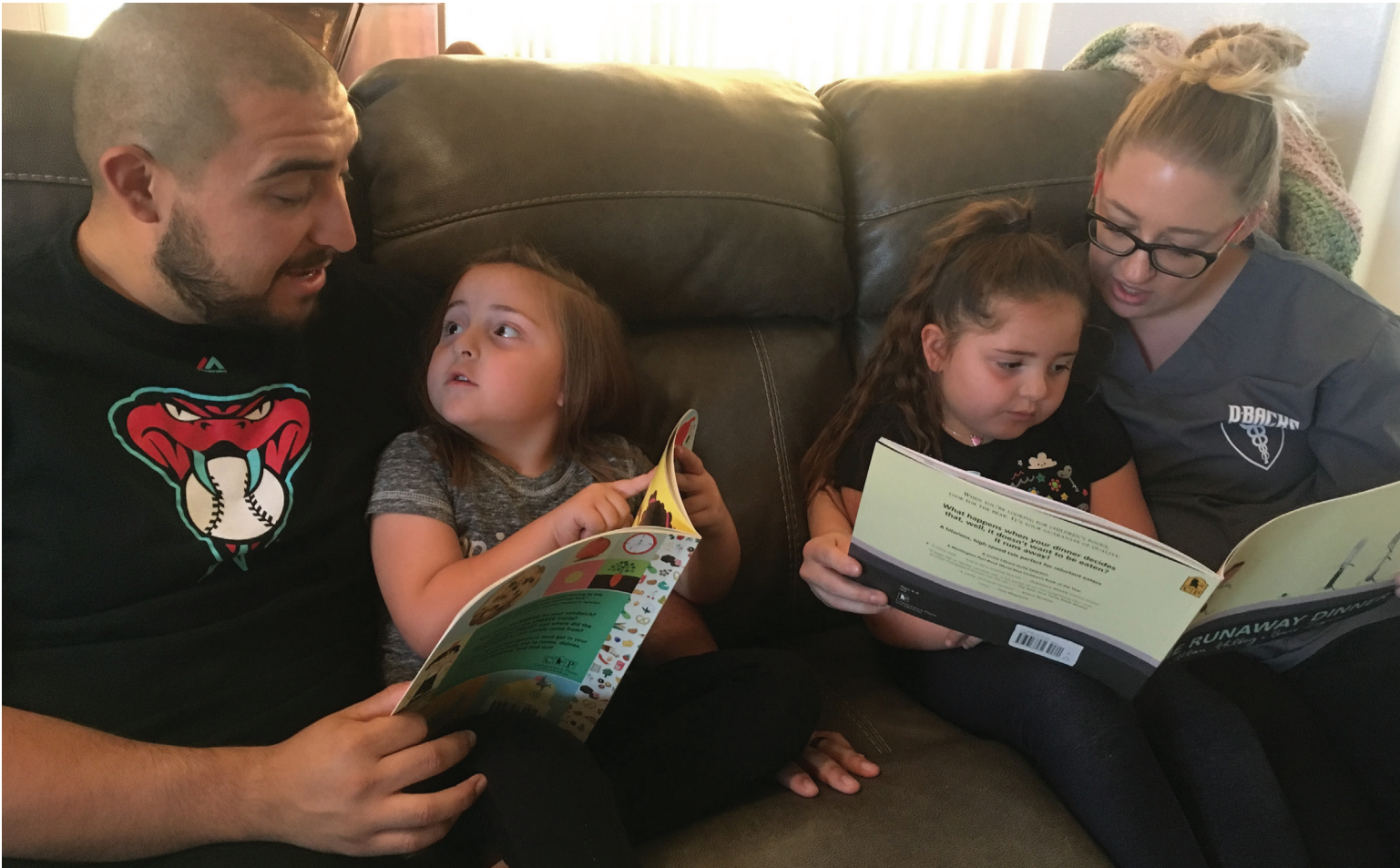


**Preschool gave them confidence, academics and exposure to a classroom environment"**

*- Stephanie Carl*

“Preschool gave them confidence, academics and exposure to a classroom environment,” she said. “They learned social and emotional skills like how to share books, take turns, be in a group and follow directions. They are ready to be successful in school!”





## Former Premies Get Strong Start at Quality First Center in Kingman

Avery and Ariya Espinosa were born 10 weeks premature, each weighing less than four pounds. They spent their first six weeks in the neonatal intensive care unit in Phoenix. When parents Frank and Torri Espinosa finally brought them home to Kingman, they knew they needed to find child care that would help the girls not fall behind on literacy and language skills.

Luckily, the Espinosas received Quality First scholarships at the Gingerbread House, a child care center that participates in Quality First, where the family was confident that the twins would get the engagement they needed.

By 18 months old, the time when educators say gaps in language begin to appear, the Espinosas noticed the girls catching up to their peers. By age 2, they were right in the middle of the pack.

Torri credits their success to the care and education they received from a consistent team of quality teachers. To support learning at home, the teachers gave the Espinosas strategies to use, such as asking specific questions to engage the girls about what they learned that day.

Avery and Ariya turned age 5 in August 2017 and started kindergarten feeling confident to start school. "To see how far they've come," Frank said. "The last five years have been a blur. I don't know what we would have done if we were on our own."





# Building The Skills Of Professionals Working With Our Youngest Children

In Arizona, 60 percent of children birth to age 5 live in families where all of the adults work.<sup>xx</sup> In order to work, families must place their children with early childhood professionals or with relatives/friends during all or part of the day. Numerous studies demonstrate the importance of young children's relationships with their early caregivers – including parents, extended family and their child care providers – to their future success in school. Highly qualified early childhood teachers can significantly affect a child's cognitive outcomes, specifically early literacy and language development, letter knowledge and writing skills.<sup>xxi</sup> In addition, high quality teacher-child interactions have been found to predict academic skills, language skills and social skills among young children.<sup>xxii</sup>

The professional development needs of early childhood professionals may vary greatly. Some may have very little knowledge of early childhood development and health. Some may be pursuing a college certificate or degree in early childhood. And, others may already have degrees, but need to continue their education in order to keep up with the latest early childhood research or best practice.

Early childhood professionals can face numerous barriers to their professional development, including financial, time and transportation constraints and lack of access to coursework.<sup>xxiii</sup> First Things First supports the education and on-going professional development of those teaching young

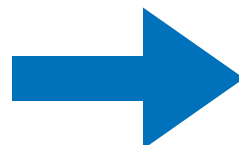
children in a variety of ways, including providing access to college scholarships and funding professional development opportunities in communities across Arizona.

The scholarships help with the cost of tuition, fees and books. Depending on the area of the state, individuals can receive support to finish their Child Development Associate credential, an associate degree or a bachelor's degree in early childhood or a related field. In SFY2018, 1,207 early childhood educators expanded their skills to provide quality education and developmental supports to infants, toddlers and preschoolers with the help of a college scholarship.

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**1,207**

**EARLY CHILDHOOD EDUCATORS**



expanded their skills to provide quality education and developmental supports to infants, toddlers and preschoolers with the help of a college scholarship.



## College Scholarship a Life-Changer for Child Care Provider

When Desiree Lohrenz decided to open a home child care center in Tucson, she wanted it to be the kind of early learning environment that would have a lasting impact on young boys and girls.

While working to obtain certification as a licensed care provider, she came across Quality First, and seized the opportunity for training and tools that Quality First offers through coaching, assessments and incentives that would ultimately benefit the children in her care.

"One of the biggest points in the training in Quality First is meaningful interactions," Lohrenz said. "It's not just 'here's my classroom, here's my lesson plan.' It's 'how do we get them to truly understand the lesson? How do we reach each individual child? How do we make learning count for them?'"

She soon learned of Quality First's professional development program, including college scholarships. She quickly enrolled in Pima Community College and now has an associate degree in early childhood education. She is currently working toward a bachelor's degree at the University of Arizona and she expects to graduate in Spring 2019.

"My degree has further increased my understanding and appreciation for differences in young children in every way," Lohrenz said. "Working with special needs children, I have a better understanding of how to work with children of all backgrounds and abilities."

She now uses her early childhood education skills in a Quality First preschool in Vail, where her work impacts dozens of children daily.

"You see the children open up," Lohrenz said. "When you first see them, you don't know how they're going to respond to something. You don't know how they're going to make that connection. And by the end of it, they're fully ready for kindergarten."



## College Scholarship Helps Pascua Yaqui Staff Work Toward Dream of Opening Culturally Relevant Child Care Center

As Andrea Romero works her way through college, she looks at her son Isaiha for inspiration. "I was a young parent and had to work very hard to get where I am, and I wanted to show my son that anything is possible," Romero said. "It may be difficult, but anything is possible!"

Romero, who is a member of the Pascua Yaqui Tribe, is working toward a bachelor's degree in early childhood education from Grand Canyon University with the help of a Quality First scholarship.

For now, Romero is the library clerk for the Pascua Yaqui Library where she helps lead parent workshops, which teach how to make reading fun, how to increase children's vocabulary and raise awareness about the importance of reading to children from the day they are born. On Wednesdays, she facilitates Toddler Story Time for the children in the community, where she reads a story aloud and provides them with a free book and educational activities to do at home.

Working for the tribe has not only helped to instill a passion for early childhood education, but also helped in assuring the high quality education for young kids is also culturally relevant. Romero's dream is to one day open a high quality child care center that incorporates the Pascua Yaqui culture and language. Her goal to graduate in May 2019 means she will continue to work hard not only for herself, but for her family and the community.



# Strengthening Families In Their Role As Their Child’s First Teachers

Interactions with adult caregivers form the foundation of brain architecture upon which all future development will be built. There is no question that when children experience abuse or neglect, family violence, poor nutrition, housing instability and infrequent health care, their ability to learn and succeed is severely compromised. Families dealing with these issues often experience high levels of stress, and high-stress environments can substantially impact early development.<sup>xxiv</sup>

The data on pages 14 to 17 demonstrate that many Arizona families continue to struggle with situations that can cause stress for parents and caregivers and compromise children’s healthy development. In addition, parents and caregivers often are not aware of the importance and long-term impact of daily interactions on children’s early learning, brain development and future academic success. Many families are able to meet their need for parenting information and support through formal or informal networks, including extended family members, faith communities, friends and neighbors. However, there are other families – like teen parents, grandparents raising grandchildren and families parenting children with special needs, caring for foster children, or dealing with multiple births – who may need or want more formal or

targeted supports, and accessing these is essential for their child’s success.

First Things First funds voluntary, evidence-based home visitation programs, which have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. Three of the most widely implemented FTF funded evidence-based home visitation program models are Healthy Families, Nurse Family Partnership and Parents As Teachers. These three program models have been widely implemented and evaluated nationally, and evidence demonstrates each of these models significantly improve child and family outcomes (see Figure 3).

Figure 3. Impact of Evidence-Based Home Visitation Program Models

	Improved Outcome	HFAz	NFP	PAT
Short-Term Outcomes	Child cognitive, motor, behavioral, socio-emotional development	x	x	x
	Maternal mental health and depression	x	x	
	Parenting stress levels	x	x	x
Intermediate Outcomes	Connection to community supports	x	x	x
	Home environment	x	x	x
	Mother employment	x	x	
Long-Term Outcomes	Reduced child maltreatment	x	x	x
	Economic self-sufficiency		x	x
	Decreased substance abuse	x	x	

In addition, the U.S. Department of Health and Human Services and Mathematica Policy Research have endorsed these three programs because of the strong and high-quality evidence in support of improved outcomes for children and families who participate in these programs.<sup>xxv</sup>

Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained providers such as nurses, mental health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families.

In SFY2018, home visitation was funded in 20 First Things First regions across the state. A review of recent data from all three major funded models highlights the short and long-term impact of these programs on children and families. For example, national data from Nurse Family Partnership's 2017 annual report <sup>xxvi</sup> revealed:

- 67% reduction in intellectual or behavioral problems at age 6;
- 39% fewer injuries among children;
- 48% reduction in child abuse or neglect;
- 82% increase in maternal employment;
- 68% increase in father's presence in the household; and
- 72% reduction in child arrests at age 15.

Similarly, a 2017 evaluation of Healthy Families Arizona <sup>xxvii</sup> showed:

- Fewer incidents of premature births among enrolled families;
- 98% of participating families had no substantial cases of child abuse and neglect during the program year;
- 94% of children received a developmental screening by age 1;
- Almost 91% of participating 1-year-olds were up to date on immunizations;
- Only 2.2% of infants whose parents enrolled in the program prenatally had positive drug screens (compared to 12.1% of infants who enrolled in the program at birth);
- The percentage of employed mothers increased from 27% at the time of their child's birth to 46% two years later;
- 11% of mothers were enrolled in school in the first year of their child's life;
- And, participating families reported positive improvements in areas such as depression, parent/child behavior, effective parenting, home environment and commitment to their parenting role.

A 2017 evaluation of the Parents As Teachers Program in Tucson's Sunnyside School District <sup>xxviii</sup> showed that:

- 58% had statistically significant improvements in parenting practices;
- 68% had statistically significant improvements in factors that contribute to family resilience;
- At the end of three school years, children who participated in PAT scored higher in various aspects of reading;
- PAT participating children scored higher on the Language Arts portion of AZMERIT, the state's assessment; and
- PAT participants showed greater gains in math than non-PAT participants.





## Alliance Partners Committed To Continuous Improvement Of Home Visitation

Based on the wealth of evidence that already exists on the positive outcomes achieved by each of these program models, the experts of the National Advisory Panel recommended that FTF focus research efforts and spending on continuous quality improvement of home visitation programs and services as well as to consider using research evidence and population level findings as proxy measures for interim and long-term outcomes. As demonstrated above, FTF funds evidence-based home visitation models, which have demonstrated their success in achieving desired outcomes. Grantees are required to 1) maintain fidelity to the home visitation model, 2) maintain good standing and current affiliation with their national office or institution, and 3) participate in FTF's Quality Assurance program. Requiring grantees to use evidence-based programs and maintain fidelity to the model supports programs in achieving the desired and intended outcomes for families and children.

## Collaboration Strengthens Arizona's Home Visiting System

FTF is one of several partners funding evidence-based home visitation programs across Arizona. Other major partners include the Arizona Department of Health Services (DHS) and the Department of Child Safety (DCS). The Strong Families Alliance was developed to leverage funding and coordinate the delivery of home visitation. The Alliance works to strengthen the home visiting system in Arizona, promote collaboration and share resources and best practices. For example, over the last few years – and supported by FTF funding – coordinated intake systems have been developed to have one entry point for families and ensure they are referred to the program in their area that best meets their family's needs. The Alliance includes an Inter-agency Leadership Team that includes DHS, DCS, FTF, the Department of Education, the Department of Economic Security – Arizona Early Intervention Program and the Arizona Health Care Cost Containment System. The leadership team works to identify ways to strengthen the system, including identifying any additional opportunities that may exist for the expansion of these programs to serve more at-risk children and their families throughout Arizona. One recent accomplishment of the Alliance and its leadership team is the creation of an integrated data system for the three major evidence-based models (Healthy Families, Nurse Family Partnership and Parents As Teachers). In addition to reducing confusion, frustration and redundancies for grant partners implementing the programs through various funders, the data system will yield important information about system capacity, gaps in services, fidelity of model implementation and impact of programs on children and families.





## Phoenix Boy Gets Strong Foundation From Home Visitation Program

After Porsche Brown gave birth to her first child, Zaire, she remembered taking him home and being extremely nervous about being a first-time parent. Even the basics, like feeding him and knowing what to do if he got sick, were intimidating.

In the midst of her excitement and nervousness of being a new mom, Brown remembered being introduced to First Things First (FTF) at the hospital. The FTF Phoenix South Region, the region where Brown lives, funded a home visitation program that helps moms of newborns. For Brown, getting involved with the program seemed like a logical step to be the best caregiver to her child.

Brown contacted Healthy Families, a home visitation program, which sends a family support specialist, often called a home coach, to visit mothers throughout their pregnancy and continues monthly visits up to when their child reaches age 5.

The home coach assists mothers to have a healthy pregnancy and a healthy baby. After the baby is born, the coaches' monthly visits help a parent to learn about making the home a safe place for her baby to live and play, building a support system and getting connected to health care, child care, job training and other supportive services.

As Brown participated in the program, she watched Zaire develop rapidly. The home coach told Brown about tummy time, which helps a baby to develop strong neck and back muscles while promoting motor skill development and preventing flat spots on a baby's head.

The home coach also encouraged singing and reading times. Brown started developing confidence as a mother as she implemented the advice and techniques on a regular basis. She saw major positive development in Zaire's motor skills, speech and his overall social interaction as he developed from a tiny baby into a 2-year-old toddler.



**I really love to read because it's just my favorite thing to do and it's fun."**

*- Zaire Brown, second grade*

As Zaire grew older, he started using longer sentences when he spoke. Her normally shy son started approaching new children at the playground. When Zaire was almost 3, he began to mimic reading out of the book "Good Night Moon" which was provided to Brown by her home coach.

As the months and years passed, Zaire continued to blossom and flourish. Now that he is about to start second grade, Zaire is reading at a fourth grade level. Zaire said his favorite subject in school is reading.

"I really love to read because it's just my favorite thing to do and it's fun," he said. Zaire said he wants to make a contribution to the literary world by writing his own book, "a really cool Pokémon adventure!"

Brown attributes much of Zaire's success to the foundation that was established from the home visits with Healthy Families that supported her and prepared her son to become "ready for school and set for life."



## Colorado City Boy Starts Kindergarten On Time, Thanks To Home Visiting Program

Without the support of home visitation services, Tiffanie Barlow's son likely would not have started kindergarten on time.

"He was two years old, and he wasn't responding verbally," Barlow said. "He wouldn't look at people when they were talking to him."

Services are often scarce in rural areas, and nowhere is that more apparent than in the Arizona Strip area in far northern Mohave County. For families whose children are exhibiting delays, or even those just looking for a little extra support, home visitation through The Learning Center for Families offers an option for parents for whom transportation may be an issue. "I was a little nervous about letting someone into my life and my home, but I was more afraid of what would happen if I didn't ask for help," Barlow said.

The Learning Center for Families serves the Colorado City and surrounding area through funding provided by FTF. It is the only home visitation service available in the Arizona Strip area and is often the first point of contact for families looking for support. Barlow's home visitor taught the mother-of-three strategies she could use at home to build her son's early literacy and communication skills, along with health information and support for the rest of the family. Now Barlow beams when she talks about the gains made by her youngest son in order for him to be ready for kindergarten.

She credits the home visitation services. "You can have a conversation with him and understand what he is saying," she said. "He even looks you in the eye when he talks to you. My only regret now is that I didn't know about this program for his older siblings."



## Home Visits Help Cocopah Toddler Better Communicate With Family

During a local health fair, a mother of a 2-year-old boy approached the Cocopah Early Steps program table. The mom shared that she and her husband wanted to learn about the development of their little boy and strengthen the bond with him.

First Things First Cocopah Tribe Regional Partnership Council funds the Cocopah Early Steps program, which provides voluntary coaching and in-home support for families using the Parents As Teachers model. The Early Steps program specialist went to the family's home and enrolled them in the home visitation program.

A developmental screening, completed in partnership with the parent, identified the child's difficulty with verbal communication. The parents said that the boy spoke mostly gibberish, which they understood, but others couldn't. Both parents were eager to learn how to help their son develop language skills.

The program specialist provided the family with an age-appropriate book for their son and shared with them how strong early literacy skills are developed. The family learned about the importance of establishing a routine and reading every day and having face-to-face interactions. They also started having conversations with their child about their day-to-day activities, reading street signs and pointing out letters, asking their child questions about what he sees and waiting patiently for an answer.

Within a few months, the program specialist saw how the child's speech was improving. During one home visit, the family did a language and cognitive activity, where the boy named basic colors, sang the alphabet song and counted to the number 20. The father described how he and his wife started reading to their son every day, along with reviewing letters from the alphabet, singing and just talking to him.

Eight months later, the boy, now 3, is using complete sentences and has back-and-forth conversations with his parents and others. He has learned to say, "thank you" and "please."

Thanks to his high-quality home visitation program, his parents feel he is ready to start preschool.

## Help When Parents & Caregivers Need It Most

Community- and home-based parent education programs meet the needs of many Arizona caregivers, but not all families want or need that level of support. Many caregivers – particularly today’s millennial parents – want information that is convenient to access, usually in response to an immediate need that they face with their young child. Based on literature reviews, data analysis and surveys about today’s parenting styles and needs, First Things First in 2016 identified a clear opportunity to better reach Arizona’s diverse parents and caregivers with trustworthy, supportive early childhood information through a robust digital content strategy.

The first phase of that strategy was completed in November 2016, with the launch of the organization’s redesigned website – [FirstThingsFirst.org](http://FirstThingsFirst.org). The site featured improved content and functionality – including the ability to respond for best viewing on whatever device is used, including smartphones and tablets. The second phase of the strategy – implemented in late fiscal year 2017 – featured an initial distribution of digital content that offered even greater insight into the types of information and delivery mechanisms today’s parents respond to.

As a result, over the past year, FTF has become a producer and publisher of early childhood information that is presented in engaging new ways, such as through short videos, blog posts and infographics. New content created over this time includes nearly 40 blog posts, about a dozen short videos and a variety of infographics. All of these content pieces are tagged by subject matter, providing the user with an easy way to learn more about a topic they’re interested in. By clicking on a tag, users are served a list of other pages or posts on that same topic. This is critical for today’s parents and caregivers who are accustomed to accessing digital information by using search functions and will often seek information when they are in a problem-solving frame of mind and want information on specific topics served up to them easily. Tagged content allows easy access to relevant and useful information that is related to the initial topic which drew them there, prompting the user to engage further with more content.

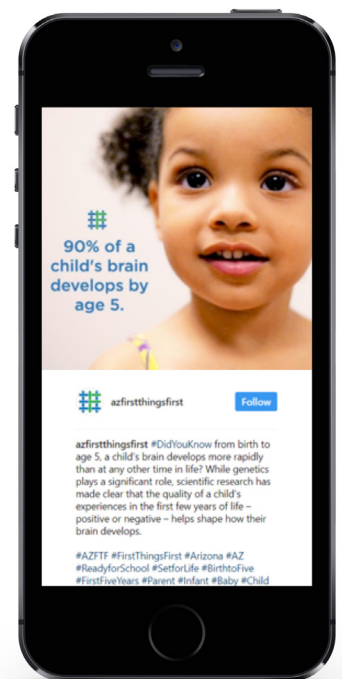
In addition, consideration has been made for specific types of families – for instance blog posts for teen parents and a new series of short videos that may appeal particularly to dads called Parents Playbook, which mimics a sports broadcast with play-by-play examples of effective parenting practices. FTF also has created a new podcast series titled PARENTZ Pod. Each episode of the podcast features a different expert from across the state sharing information on a specific topic. The five episodes that were created in FY18 included: Oral Health, Quality Child Care, Baby and Toddler Development, Language and Early Literacy and Kindergarten Readiness.



# PARENTZ POD

But, producing great content alone is not enough to ensure it gets seen by those who need it most. The competition for parents’ attention in digital spaces is immense. Because of this, FTF has implemented a variety of strategies aimed at broadening the reach of all its digital content. First, FTF continues to work to grow the reach on social media. Our audience on Facebook now totals more than 135,000 and twice-daily posts reach an average of about 350,000 people per month, generating thousands of reactions (likes, comments, clicks) and shares per month. To supplement the successful Facebook and Twitter channels, FTF launched an Instagram account in August 2017. Posts here focus on engaging images paired with short early childhood messages and parenting tips and information. Another critical element is an investment in placing content strategically and prominently in those digital spaces that parents frequent – otherwise known as digital advertising.

Visit [FirstThingsFirst.org](http://FirstThingsFirst.org) for links to all FTF social media sites and to read the latest First Things blog posts for parents and caregivers.





Most recently, FTF has given more parents and caregivers the opportunity to access this content through a new monthly FTF e-newsletter for parents and caregivers of young children. The “First Things” newsletter delivers FTF videos and blog posts about a wide range of parenting and early childhood topics via email, which remains an important and effective distribution method for digital content. The subscriber list has grown to almost 10,000 in 10 months, through a mix of sign-ups through our website as well as targeted enrollment efforts by FTF’s Community Outreach team. This new e-newsletter has been met with great success. The average open and click-thru rates for “First Things” have far exceeded industry benchmarks, as noted in Figure 4.

Figure 4.

	Open Rate	Click Rate
“First Things” (average of Jan, Feb, March 2018)	40.6%	6.1%
Email Benchmarks by Industry		
Government	26.3%	3.62%
Non-Profit	25.0%	2.76%
Education/Training	22.0%	2.63%

First Things First continues to build partnerships which help to feature and share FTF content. In the fall, FTF launched a partnership with Arizona PBS to feature original FTF content on the Arizona PBS website. FTF videos, articles and graphics are regularly shared on the PBS home page and the Kids and Education page. Through partnerships like this, FTF is reaching new audiences, including more parents and caregivers, to offer them trustworthy information they can use to help support the healthy growth and development of their young child.

In addition to putting high-quality early childhood information at the fingertips of today’s parents, FTF supports efforts to help parents get help from early child development specialists in the moment. Administered by Southwest Human Development and funded through FTF, the Birth to 5 Helpline is a free service available to all Arizona families with young

children, as well as parents-to-be, with questions or concerns about their infants, toddlers and preschoolers. Early education professionals may also take advantage of this free service.

Through the Helpline, caregivers call to speak with an early childhood specialist, on duty Monday through Friday from 8 a.m. to 8 p.m. They can also leave a voicemail, submit their questions online or text their questions anytime. The Helpline is staffed by early childhood development specialists, registered nurses, disabilities specialists, early literacy specialists and mental health counselors. Caregivers can ask about anything, including tantrums or challenging behaviors, child development, feeding/eating issues, sleep problems, health and nutrition, and parenting. In SFY18, 3,408 calls were answered statewide.



## New Strategy Promotes Regional Approaches to Solving Local Health Gaps

As stated in its mission, First Things First is one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth to age 5. FTF's role within those partnerships can vary, and the partnerships can grow and change over time.

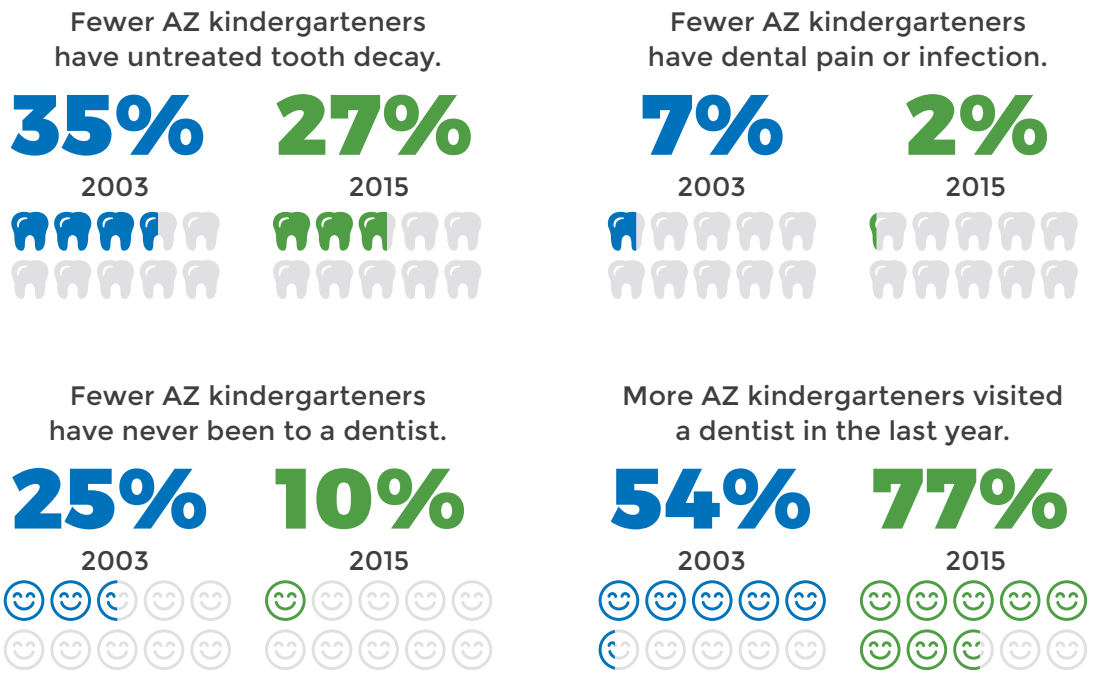
Take, for example, the issue of children's oral health. Tooth decay — the single most common chronic childhood disease — can cause lasting harm to a child's health and impact their cognitive and social development. As a child enters school, it can lead to missed school days, inability to focus, anxiety and other factors that affect academic success. Given the link among early oral health, child well-being, school readiness and academic performance, FTF and early childhood stakeholders statewide set a collective goal of reducing the percentage of

children age 5 with untreated tooth decay to 32 percent by 2020. As a result, since fiscal year 2010, FTF has invested more than \$27 million in efforts to prevent early childhood caries and promote positive oral health practices in families and communities. This includes providing a total of 327,982 oral health screenings and 284,750 fluoride varnishes to children birth to 5 years old through fiscal year 2018.

First Things First was established to expand or enhance early childhood programs for children birth to age 5. In the health care arena, that means working with many state partners - including the Arizona Department of Health Services (DHS) and the Arizona Health Care Cost Containment System - to determine where FTF's partnership could be most impactful. In order to demonstrate the impact of those investments, FTF partnered with DHS to coordinate a statewide oral health study including dental screenings of 3,630 kindergarten children attending Arizona's public schools and a survey of their caregivers. The Healthy Smiles Healthy Bodies study, released in 2016, showed that the prevention efforts of FTF, DHS and other early childhood system partners were paying off. For example:

- The percentage of Arizona's kindergarteners with untreated decay decreased from 35% to 27%.
- The percentage of kindergarten children sitting in a classroom with dental pain has decreased from 7% to less than 2%.
- The percentage of Arizona's kindergarten children with a dental visit in the last year increased from 54% to 77%. In addition, the percentage of young children who had never been to a dentist was cut by more than half, dropping from 25% to 10%.
- The percentage of kindergarteners needing urgent dental care because of pain or infection decreased from 7% to 2%.

## Something to Smile About



While FTF and its partners were encouraged by those results, the survey also revealed several on-going challenges, including on-going high levels of tooth decay among young children; specific groups of young children whose tooth decay rates are disproportionately high; and, high numbers of children (about 1 in 5) whose parents have dental insurance, but are unaware of their dental benefits.



Addressing those systemic issues requires collaboration and coordination among multiple partners. The Arizona Oral Health Coalition is a statewide coalition that promotes oral health through leadership, policy development and advocacy. Founding members of the coalition include DHS, Arizona Dental Association, Arizona Dental Hygienists' Association, Arizona School of Dentistry and Oral Health, Delta Dental Foundation, Greater Valley Area Health Education Center, University of Arizona Cooperative Extension and River Cities United Way. Additional partners include Asian Pacific Communities in Action, Children's Action Alliance, Native American Connections, regional oral health coalitions and FTF.

The coalition developed a steering committee that worked with stakeholders statewide over the course of three years to identify a multi-pronged approach to address oral health challenges across the state, including coverage gaps, lack of fluoridated water, inadequate infrastructure, workforce challenges, lack of awareness, inadequate prevention efforts and cost and affordability. First Things First is part of the steering committee, offering data on oral health disparities among young children, as well as information on public policies and current strategies to support good oral health for young children and expectant mothers.

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## The result of the steering committee's work is the 2018-2021 Arizona Oral Health Action Plan with the following goals:

- 1** Policies are in place that support a robust oral health infrastructure;
- 2** Healthcare workforce is sufficient to meet needs effectively and equitably and is integrated within overall health;
- 3** Community is the focus of shared understanding of oral health prevention, advocacy and literacy; and
- 4** Pursue effective financing of both the systems of oral healthcare and the activities of the State Oral Health Action Plan.

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While the state action plan is one way to ensure system-wide clarity, coordination and collaboration toward common goals in the area of oral health, there are instances where some of the challenges or needs identified in the previously mentioned study may disproportionately impact specific areas, or where those areas present region-specific opportunities for improvement. This is a situation not specific to oral health care. There are a variety of areas in health care where the challenges and opportunities may vary greatly from region to region. In order to identify and address region-specific system-building opportunities, FTF created its Health System Strategy.

The intent of the evidence-informed children's health system strategy is to support systemic efforts that improve how providers, community health organizations, public health groups, health payers and government agencies address the health needs of children ages birth to age 5. The expected outcome of the systems change strategy is to improve children's health and well-being by identifying and implementing system changes that improve the system of care and supports for children's health.<sup>xxx</sup>

Through the Health System Strategy, FTF Regional Partnership Councils can engage in a variety of activities and tactics, including improving policies and procedures, fostering collaboration among stakeholders, capacity building, leveraging of funding, conducting analyses and generating awareness among decision-makers to address children's health care needs.

Fifteen FTF regions are implementing this new strategy in fiscal years 2019-2022. Efforts to identify specific regional approaches in this strategy will be developed in collaboration with FTF's program division, as well as statewide system partners to ensure they align with work being done at the statewide level. The initial work of these regions and their local partners reinforces the intent behind the creation of this strategy and has created great ownership and excitement among communities to work together to address some of their area's most pressing health system issues. For example:

In the Cochise area, the regional partnership council had funded oral health screenings and the application of fluoride varnishes through community-based sites like child care centers and preschools for several years. Although the strategy was successful, anecdotal data from the grant partner and families showed an unintended consequence: families were relying on the strategy as preventive care for their children, instead of following up with a dentist for more regular check-ups and treatment. Data from the 2016 oral health report pointed out another issue. While 80 percent of young children in the region are served by the Arizona Health Care Cost Containment System (AHCCCS), about 1 in 4 parents in the area surveyed said they did not realize that coverage included dental benefits. The regional council spent 10 months reviewing grant partner reports, analyzing data and the needs and capacity of the region, and engaging stakeholders in the region before arriving at a different approach: a public awareness campaign that will help parents and caregivers understand the importance of children attending regular preventive dental visits with a dentist beginning at first tooth eruption or by age 1 and build awareness of insurance coverage and benefits. The work will include baseline and subsequent annual surveys to determine whether the campaign is changing behaviors in oral health practice in the home and usage of dental benefits.

## Six Regions Collaborate to Address Shared Health Issues

In the Maricopa County area, six FTF regional partnership councils are working collaboratively to address shared, complex health issues such as oral health and food insecurity. In the area of oral health, the cross-regional collaborators gathered a group of stakeholders to share information about their current work and identified areas of concern. The group included representatives of Arizona Department of Health Service's Office of Oral Health, Maricopa County Public Health Office of Healthcare Innovation, American Academy of Pediatrics Arizona Chapter, the Alliance of Community Health Centers, Dignity Health, Native American Connections, Children's Action Alliance, San Rose, Northern Arizona University and the University of Arizona.

Based on data about the numbers of expectant mothers who attend prenatal visits and the number of children who receive regular well-child checks in the first year of life – as well as factors such as the ability of medical providers to be reimbursed by many health plans for some preventive oral health care – the group decided to research models that may exist in other states that integrate oral health screening and fluoride varnish application into medical practices serving expectant mothers and young children. If models are identified that could be effectively implemented in Maricopa County, the collaboration will pilot those models in two settings. The pilot programs are expected to yield information that will inform decision-making, including expansion to other areas, and public policies that might support further innovation.

Stakeholders also are being brought together to address another major health disparity: child hunger. Despite the widespread availability of food in the metropolitan area, Maricopa County has the fourth highest rate of children living in food insecure households in the nation, with an estimated 1 in 4 (24.7%) children affected by food insecurity.<sup>xxxi</sup> There are many factors that contribute to this challenge, including

the high rate of child poverty, families' lack of transportation and lack of awareness of available resources. Stakeholders – including the FTF regional partnership councils, the FTF Family Resource Network, Valley of the Sun United Way, Maricopa County Women Infants Children (WIC) Program, Arizona Nutrition Network and Arizona food banks – are working on a multifaceted, systemic change that builds organizational capacity, reduces duplication of efforts and results in more efficient and coordinated referrals between family support services and early childhood nutrition programs. More specifically, the goal is to increase connectivity of food service providers (e.g. government programs, non-profit and private) with early childhood wellness programs (e.g. Family Resource Centers, WIC, early education centers, etc.).

Based on their discussions, the group decided to pilot efforts in two areas: north Phoenix and west Mesa. Meetings have been hosted with stakeholders in each of the pilot areas to bring service providers together to connect, learn and strategize around ending childhood hunger in their community. The results of the meetings were: strengthened relationships between service providers to improve open communication and effective collaboration; increased understanding of how food insecurity impacts the young children and their families in their communities; and identification and prioritization of ways to ensure families can provide healthy foods and establish healthy eating habits for young children.

In addition to the work in the local areas, the team has also established a goal of increasing the knowledge and support of resources to reduce childhood hunger among providers working in the Child and Adult Care Food Program (CACFP), child care and preschool providers and family support programs in Maricopa County.





# Celebrating Champions for Children

These dedicated citizens represent the many facets of our community, including parents, educators, child care professionals, health care providers, tribal communities, faith representatives, business leaders and philanthropists.

In 2017, First Things First was recognized by Harvard University as one of its Top 25 Innovations in American Government for its unique governance structure, which effectively engages citizens in the act of governing and balances statewide accountability with local flexibility.

At FTF, decisions about which early childhood programs are funded locally are informed by recommendations to the state Board from regional partnership councils comprised of community volunteers. These dedicated citizens represent the many facets of our community that have a stake in our young children's success, including parents, educators, child care professionals, health care providers, tribal communities, faith representatives, business leaders and philanthropists. They have volunteered more than 350,000 hours in dedicated service to young children, including efforts to study the needs of their communities and work with local stakeholders to identify priorities for funding.

But, being a regional council member goes beyond the work done in meeting rooms. Each member – in their professional and personal lives – works to connect others in their community with the work of FTF, whether building awareness of the importance of early childhood among audiences ranging from families to policymakers, or establishing community partnerships that help to expand or enhance the local supports for young children or their families.

The Regional Partnership Councils were established in 2008. Although members serve staggered four-year terms, many individuals apply for and are selected to serve additional terms.

There are almost 50 individuals statewide who have provided service to young children in their communities for 10 years. In this section, FTF celebrates their commitment with profiles of six of these dedicated public servants, demonstrating the diversity of experience and perspective that informs the way FTF works in communities. Each profile is followed by a complete list of the members in that regional area who have served for 10 years. Regardless of their location or affiliations, these individuals share one common trait: they are passionate about improving the lives of young children in their communities. They are true champions for children.



## Early Childhood Could Put Juvenile Detention Out of Business

When Danna Gallardo sees young children learning, she has hopes that they will never go to her school.

As Director of the Juvenile Detention Education Center of Santa Cruz County, Gallardo offers her young charges life skills that she hopes will encourage and enable the youth to lead productive, successful lives.

"Yes, it's a jail, but it's also a blessing," Gallardo said. "When you consider the hardship and trauma that so many of them have endured, it's amazing to see what love and access to opportunity do for these youth; it opens their eyes to what's possible for them."

That's exactly what Gallardo thinks when she sees the impact of the FTF Santa Cruz Regional Partnership Council, where she volunteers as an at-large member. A mother and grandmother, Gallardo said she felt passionate about helping children, but admits when she first joined the council, she wasn't quite sure what she was getting in to.

"But once we started doing the work, when I saw what access to early learning was doing for kids; what support in their role as their child's first teacher was doing for families, I was hooked," she said.

With an unpredictable caseload and schedule, Gallardo said it can be challenging keep up with all of the information and meetings, particularly during the years when she served as chair of her council. But, it's all worth it to see strategies that began as ideas turning into expanded services for families.

"First Things First is just different from any organization I have worked with; from the Board to the staff to the regional councils, everyone is on the same page," she said. "We all are committed to helping young

children succeed because, one way or another, we have all felt the impact of not investing."

In her case, it's youth suffering from different types of abuse or neglect, dealing with drugs or violence in homes, or simply not having access to nurturing, stimulating environments.



Danna Gallardo, Southeast Regional Area

"If you look at the statistics – starting with poverty and trauma – it's not hard to see why our juvenile detention facilities are full," Gallardo said. "But if you go to an early childhood program, you can also see why there is hope. Supporting children in having access to quality early childhood experiences is how we prevent or mitigate so much of what I see every day."

She said she wishes all parents and caregivers – like teachers – were required to take classes in early childhood development.

"Everyone could benefit from understanding how important the early years are. If all young children in our communities, in our state, had the types of opportunities provided by First Things First, they aren't going to end up with me in seven to 12 years," Gallardo said. "We can change their trajectory. When they're ready for school, they're ready for the world."

### 10 Years of Service - Southeast Regional Area

Name	Regional Council
Peg (Marguerite) Harmon	Pima North Regional Partnership Council
Annabel Ratley	Pima North Regional Partnership Council
Dr. Dorothy Johnson	Pima North Regional Partnership Council
Cecilia Garcia	Pascua Yaqui Tribe Regional Partnership Council
Shanna Ioane Tautolo	Pascua Yaqui Tribe Regional Partnership Council
Marilynn Correa Sando	Pascua Yaqui Tribe Regional Partnership Council
Connie Espinoza	Pima South Regional Partnership Council
Paul Ohm	Pima South Regional Partnership Council
Albert Adler	Tohono O'odham Nation Regional Partnership Council
Danna Gallardo	Santa Cruz Regional Partnership Council

The **Southeast Regional Area** covers the majority of Pima and Santa Cruz counties, and through agreements with tribal governments, the tribal lands of the Pascua Yaqui Tribe and the Tohono O'odham Nation.

## Pastor Feels Called to Serve Young Children

The motto of Pastor Jose Garcia's parish is, "We are called to serve."

He models that to his parishioners through his professional work, but also through his volunteer service, which includes a seat on the La Paz/Mohave Regional Partnership Council.

"Each of us has a unique set of skills and abilities, and when we put those to use in service to others, it makes a big difference," he said.

On the regional council, each member brings a unique perspective that makes for rich dialogue and well thought-out decisions.

"Through the regional council, I have been able to share so much of my experience in terms of the needs of families," Garcia said. "At the same time, I have learned so much, and I have been able to use all that I've learned in my ministry and with my own family."

Garcia said he particularly enjoys being able to visit the programs the region funds, as well as community events benefitting young children and their families.

"We had one event where we collected and distributed over 300 books," he said. "Seeing the children, knowing that the one book would mean countless hours of quality time spent with a parent or a grandparent, was really rewarding."

He said the fellowship he has found with the other members of the regional council and community stakeholders with whom they work makes even the toughest challenges easier to face.



*Pastor Jose Garcia, West Regional Area*

"We have incredible challenges in our community - poverty, lack of transportation, and in many areas, a lack of providers for services," he said. "But we are committed to working together. We know that together, we can get over those challenges and really make a difference."

After 10 years on the council, including his current term as Vice Chair, Garcia doesn't see himself stopping or slowing down. "I truly enjoy the work we are doing; the impact we are having," he said. "And, I'll continue because we're called to serve."

### 10 Years of Service - West Regional Area

Name	Regional Council
Jill McCormick	Cocopah Tribe Regional Partnership Council
Paul Soto	Cocopah Tribe Regional Partnership Council
Judy Watkinson	Yuma Regional Partnership Council
Irene Garza	Yuma Regional Partnership Council
Veronica Homer	Colorado River Indian Tribes Regional Partnership Council
Lucille J. Watahomigie	Hualapai Tribe Regional Partnership Council
Alisa Burroughs	La Paz/Mohave Regional Partnership Council
Betsy Lewis	La Paz/Mohave Regional Partnership Council
Riley Frei	La Paz/Mohave Regional Partnership Council
Pastor Jose Garcia	La Paz/Mohave Regional Partnership Council

The **West Regional Area** covers the majority of La Paz, Mohave and Yuma counties, and through agreements with tribal governments, the tribal lands of the Cocopah Tribe, Colorado River Indian Tribes, Fort Mojave Indian Tribe, Hualapai Tribe and Quechan Tribe.



## Early Childhood Investments are the Prescription for Success

Dr. Joyce Helmuth knows better than most how a child's early experiences impact their long-term success. As a pediatrician for more than 20 years, she sees first-hand how children's early environments and interactions with adults impact their education health and well-being.

"The lack of resources – financial, but also in terms of services available in the community and caregivers who are available and have the capacity to support them – really impacts how children grow and learn," she said. "As a physician, you are often in the position of being able to help with preventive care or treating illness, but not really being able to affect those broader situations that also impact health."

That's why Helmuth was so excited at the prospect of serving on the FTF Salt River Pima-Maricopa Indian Community Regional Partnership Council, which impacts the community where she works.

"I really saw it as an opportunity to extend myself; to share the knowledge that I had, but also to be able to connect with others who have a vested interest in young children's development," she said. "The families I see have so many needs that outpace my scope of work, and this was the chance to be able to impact the information and services available to them."

Now, 10 years later, Helmuth says that seeing those services come to fruition, and the impact that they are having, is the greatest reward. She specifically noted the region's efforts to reach teen parents with education and support.

"With that strategy, we see the teens engaging in positive ways with their children; we see them getting an education themselves, and we will hopefully see them breaking the cycle – that their children won't be parents at an early age," Helmuth said.

While expanding the services available to young children and their families is rewarding, it has not come without its challenges.

"I think with some people – whether you're talking about individual families or with systems – there's kind of an attitude of doing things the way they have always been done; a sort of apathy or a fatalistic acceptance that says things can't change."

She added that even she feels that way sometimes, as do many in her profession.



*Dr. Joyce Helmuth, Maricopa Regional Area*

**The families I see have so many needs that outpace my scope of work, and this was the chance to be able to impact the information and services available to them.”**

*- Dr. Joyce Helmuth*

"Increasingly, doctors are being required to do so much – to check off a list of 'did you do this or did you check that' – that it really doesn't leave a lot of time to really get to know the families they are working with and really get to the issues that are impacting long-term health," she said. "That's really going in the wrong direction. And, we need to challenge that. Rather than checking off a litany of requirements, we need to really look at the person in front of us and prioritize what needs to be addressed in order to improve their well-being; and that means not only working with the child, but with the entire family."

Since becoming a part of FTF, she sees herself spending more and more time with parents, helping to educate them on how they can grow in their role as their child's first teachers.

"I'm not going to fix the families I work with; they are not broken," she said. "I help them to see their capacity and grow in their confidence to impact their child's health and learning."

And, when you make a difference for one child, Helmuth said, you can make a difference for generations.

"That's really what we're doing with First Things First."

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### 10 Years of Service - Maricopa Regional Area

Name	Regional Council
Trinity Donovan	East Maricopa Regional Partnership Council
Patrick Contrades	Northwest Maricopa Regional Partnership Council
Margaret Morales	Northwest Maricopa Regional Partnership Council
Jannelle Radoccia	Northwest Maricopa Regional Partnership Council
Dr. Deborah Pischke	Northwest Maricopa Regional Partnership Council
Christine McIntier	Salt River Pima-Maricopa Regional Partnership Council
Dr. Joyce Helmuth	Salt River Pima-Maricopa Regional Partnership Council
Dr. Carlian Dawson	Southwest Maricopa Regional Partnership Council
Kimberly Flack	Southwest Maricopa Regional Partnership Council
David Schwake	Southwest Maricopa Regional Partnership Council

The **Maricopa Regional Area** covers the majority of Maricopa County (with the exception of the City of Phoenix), and through agreement with tribal governments, the tribal lands of the Fort McDowell Yavapai Nation and the Salt River Pima-Maricopa Indian Community.

## Executive Knows Early Childhood Is Serious Business

Connie Robinson knows that success in the board room doesn't start in the classroom; it starts in the hospital room.

"Children who have access to high quality experiences starting at birth are going to be more successful in school, and that really impacts their options in terms of employment and long-term success," Robinson said.

She should know; she has spent more than 20 years as a human resources executive and consultant.

"Kids who are successful from the start are not just more knowledgeable; they have the skills that are going to make them more viable job candidates because they are more well-rounded," she said.

Early childhood impacts the current workforce, too, she said. "Businesses that support working parents through policies like family leave, child care and health benefits not only have a more stable workforce, they have more productive employees," Robinson said.

This is the kind of expertise Robinson brings to her work as the business representative on the FTF Phoenix North Regional Partnership Council.

"It's not always obvious for people to see how the lack of access to resources starting at a young age impacts a child's opportunities, but it really does," Robinson said. "That's why it's so important that we continue to build on efforts like First Things First."

Robinson said she was drawn to First Things First because of the organization's mission to expand opportunities for all young children in Arizona.

"We're not there yet; there are never enough resources, and there are communities where we still need to build more trust. And the early childhood system faces the same challenges as others when it comes to ensuring cultural responsiveness in its programs," Robinson said.

Robinson sees her service on the regional council as an opportunity to be a voice for her community.

"The diversity of our members gives everyone a seat at the table; it allows us to provide services to individuals and communities we can reach now, but also gives us the platform from which to continue advocating for continuous improvement and innovation," she said.



Connie Robinson, Phoenix Regional Area

After 10 years, including two terms as vice chair of her council, Robinson has seen improvement in the services available in communities and in efforts to reach those most at risk.

"Seeing the progress is really rewarding; it's what keeps many of us committed to the work of First Things First," she said.

"When kids are healthy and whole; when they know they matter; when parents know that they have the right tools in order to support and prepare their children better, when kids are being fed and educated – the script changes; their perspective on life is completely altered," Robinson continued. "Sometimes, it's hard to explain to decision-makers the enormity of the impact these opportunities can have in communities where young children don't have access to them, but we must keep trying."

She said the business community, in particular, can have great impact.

"Businesses are looking for ways to incentivize employees, to give them better work-life balance and build a culture of support," Robinson said. "That can start with better supporting families – the ones who work for them, and the ones that are raising the workforce of tomorrow. We can pilot innovative approaches and make the case for expansion. That's how we build the economy and the state we all want."

### 10 Years of Service - Phoenix Regional Area

Name	Regional Council
Melissa Madrid	Gila River Indian Community Regional Partnership Council
Dale Enos	Gila River Indian Community Regional Partnership Council
Priscilla Foote	Gila River Indian Community Regional Partnership Council
Dr. Patricia Merk	Phoenix South Regional Partnership Council
Connie Robinson	Phoenix South Regional Partnership Council

The **Phoenix Regional Area** covers the majority of the City of Phoenix, and through an agreement with the tribal government, the tribal lands of the Gila River Indian Community.



# Early Intervention Is Key To Supporting Long-Term Success

When Paula Seanez was approached by members of her community about serving on the FTF Navajo Nation Regional Partnership Council, the answer was obvious: it was a perfect match.

For about 40 years, Seanez has been involved in early intervention, which works to identify young children who are not meeting developmental milestones, or who have developmental disabilities, and work with families to ensure children receive the support they need for optimal success.

For the past 25 years, she has overseen a program called Growing In Beauty, which combines early intervention services with home-based parenting education. She saw service on the regional council as a way to build awareness of the benefits of early intervention outside the early childhood community.

"While supporting our children is a priority for our leadership, it is usually talked about in terms of the K-12 system," Seanez said. "This was an opportunity to fundamentally change the way people thought about education; to shift the conversation to early childhood and to have a partner in building the infrastructure and capacity in our community to better serve children in need.

Throughout the past decade, she has seen that vision become a reality.

"It's amazing to see all of the different stakeholders at the table, with their diverse perspectives, all agreeing that investing in young children is important," Seanez said, who is currently the education representative, but also served as vice chair in the past. "It really gives us an opportunity to move forward together to address gaps in services because we are all coming from the same knowledge base."

The size of the region – which is bigger than most U.S. states – can make coming together difficult, and providing services to families even harder, said Seanez. But the successes, she added, are what keep everyone committed to working even harder.

"We see more people really getting it; we see a change in our community realizing that child care is early learning, not babysitting," Seanez said. "We can build on every success, and when we do, we'll start to see those outcomes that only fuel even greater work and greater collaboration."



Paula Seanez, Northeast Regional Area

## 10 Years of Service - Northeast Regional Area

Name	Regional Council
Noreen Sakiestewa	Coconino Regional Partnership Council
Paula Seanez	Navajo Nation Regional Partnership Council
Claude Endfield	Navajo Nation Regional Partnership Council
Anne Babinsky	Yavapai Regional Partnership Council
Laurel Ednfield	White Mountain Apache Tribe Regional Partnership Council

The **Northeast Regional Area** covers the majority of Apache, Coconino, Navajo and Yavapai counties, and through agreements with tribal governments, the tribal lands of the Havasupai Tribe, Hopi Tribe, Kaibab Band of Paiute Indians, Navajo Nation, White Mountain Apache Tribe and Yavapai-Apache Nation.

## Raising School Achievement Starts Before Kindergarten

When school boards talk about raising student achievement, the conversation often turns to teacher recruitment and retention, early identification of struggling students and mentoring programs. Nancy Jean Welker would like one other strategy added to that list: investment in early childhood.

Currently the Vice President of the Bowie Unified School District Governing Board, Welker sees first-hand the impact a lack of school readiness can have on individual children, on their teachers and their schools.

"When children start out behind, it's very hard for them to catch up," Welker said. "It makes learning harder for them, teaching more difficult for the educator, and costs – both human and capital – higher for the district," Welker said. "The opposite is also true. When children arrive ready, the entire class can move forward, all students learn more, and the district would have funds to further enrich their school experience."

Welker sees her role on the FTF Cochise Regional Council as an opportunity to spread that message among policymakers, at the board, city and state levels.

"We can't keep raising the bar on kids and teachers, and then not investing in the strategy that has been proven to impact school readiness and later success: quality early learning," Welker said.

From the time she first heard a presentation on North Carolina's Smart Start initiative, Welker knew early childhood was a must for Arizona.

"It just made absolute sense to me," Welker said. "In any kind of reform, you are going to get the best results if you attack the problem at its foundation."

Welker said her tenure on the regional council has offered many opportunities to see the impact of local early childhood investments.



Nancy Jean Welker, Central East Regional Area

"The greatest reward is when we have families tell us what the programs and services funded have meant to their child," Welker said. "As policymakers, we look at a lot of data, a lot of research. But when you look at a child – when you hear a child tell you the book you just handed her is the first time anyone has ever gifted her with a book – and you know what an amazing difference that's going to make for that specific child; it's everything."

"We've got to get creative or our kids will pay the price," she said. "We can't pit preschoolers against K-12, and then against colleges. These are all parts of a quality educational system, and we need to be creative in our approaches and steadfast in our support. It's not about doing more with less. It's about helping each other do the most with what we have and using those successes to drive more investment. Education shouldn't be the battlefield. It should be the leveling field."

### 10 Years of Service - Central East Regional Area

Name	Regional Council
Nancy Jean Welker	Cochise Regional Partnership Council
Audrey Opitz	Gila Regional Partnership Council
Donna McGaughey	Graham/Greenlee Regional Partnership Council
Laurie Smith	Graham/Greenlee Regional Partnership Council
Christina "Chrissie" Jenkins	Pinal Regional Partnership Council

The **Central East Regional Area** covers the majority of Cochise, Gila, Graham, Greenlee and Pinal counties, and through agreements with tribal governments, the tribal lands of the Ak-Chin Community, San Carlos Apache Tribe and Tonto Apache Tribe.

# Statewide Financial Report

Investments in early childhood development and health programs and services that help prepare children for success in kindergarten and beyond.



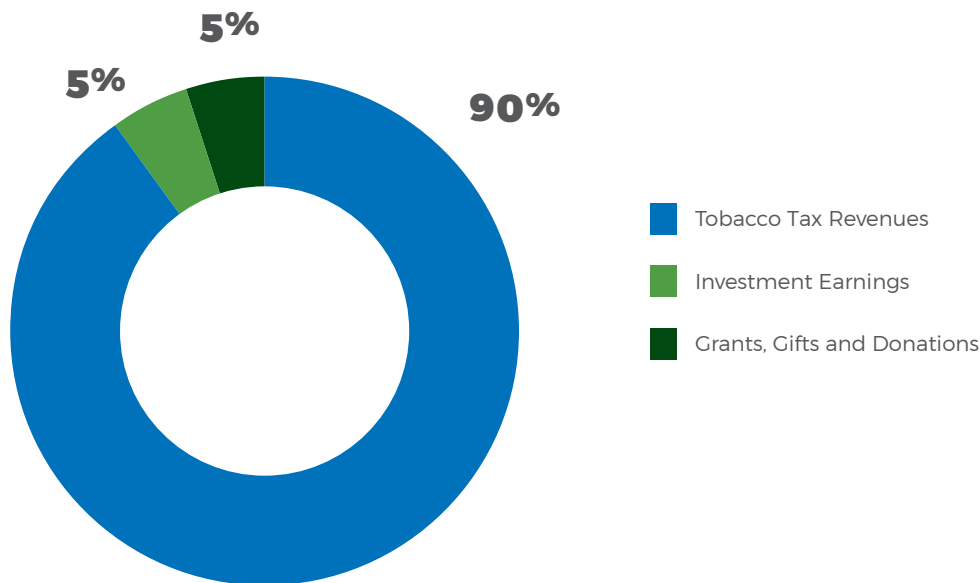


First Things First is the only state funding source dedicated exclusively to the beginning of the education continuum, from birth to age 5. Emphasis is placed on getting services directly to children, families and professionals through a network of community providers.

In fiscal year 2018, First Things First received approximately \$135,860,073 in revenue, with tobacco tax revenues accounting for approximately \$121,747,530. Additionally, FTF received \$7,264,765 from investment earnings and \$6,847,778 from gifts, grants and donations. The First Things First Board has strategically planned to ensure the sustainability of FTF's early childhood investments by commissioning independent projections of tobacco revenue, adopting a sustainability plan and working with both public and private entities to leverage funds and maximize the resources available for early childhood programs. Investments in early childhood development and health programs and services that help prepare children for success in kindergarten and beyond constituted approximately 94 percent of spending in FY2018. **Administrative expenses are kept low - 6 percent in FY2018.**

## FY2018 Revenue by Source

Tobacco Tax Revenues	<b>\$121,747,530</b>
Investment Earnings	<b>\$7,264,765</b>
Grants, Gifts and Donations	<b>\$6,847,778</b>
<b>TOTAL</b>	<b>\$135,860,073</b>

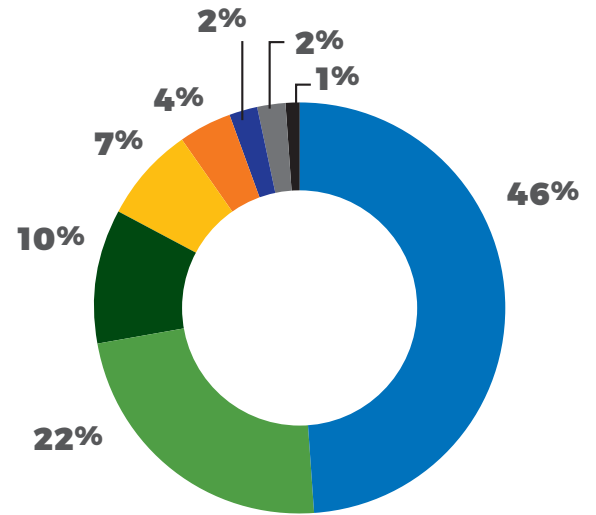




# FY2018 Expenditures

## Programs and Services

Quality Child Care & Preschool	<b>\$66,139,742</b>
Strengthening Families	<b>\$31,134,220</b>
Preventive Health	<b>\$14,861,525</b>
Other programmatic expenditures (Grants, Gifts, & Donations)	<b>\$9,354,122</b>
Workforce Development & Training	<b>\$6,249,901</b>
Family/Community Engagement	<b>\$2,828,452</b>
Research & Evaluation	<b>\$2,471,950</b>
System Coordination	<b>\$946,425</b>



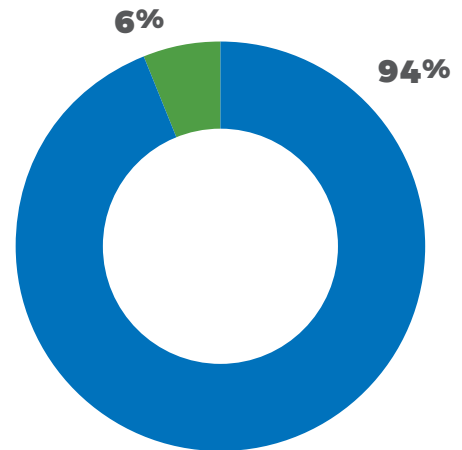
## Support Activity

Administration & General	<b>\$9,304,559</b>
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# FY2018 Expenses by Category

Programs & Services	<b>\$133,986,337</b>
Administration	<b>\$9,304,559</b>

**TOTAL \$143,290,896**



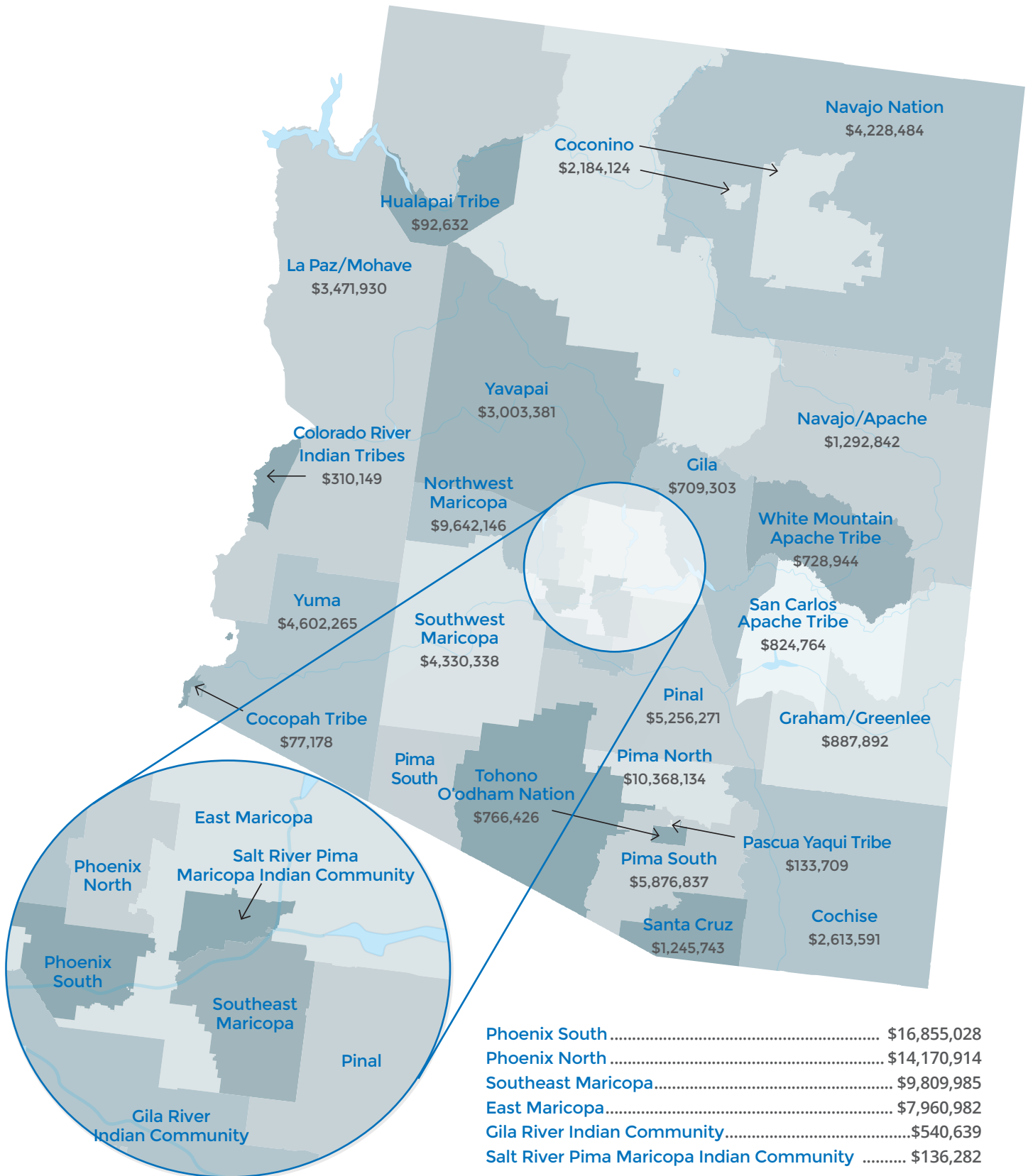




# FY2018 Investments Across Arizona

Funds are allotted to communities statewide based on the number of children birth to age 5 living in the region and the percentage of young children living in poverty.

# FY2018 Investments Across Arizona



\*This does not include \$8,495,397 in statewide programmatic expenditures.



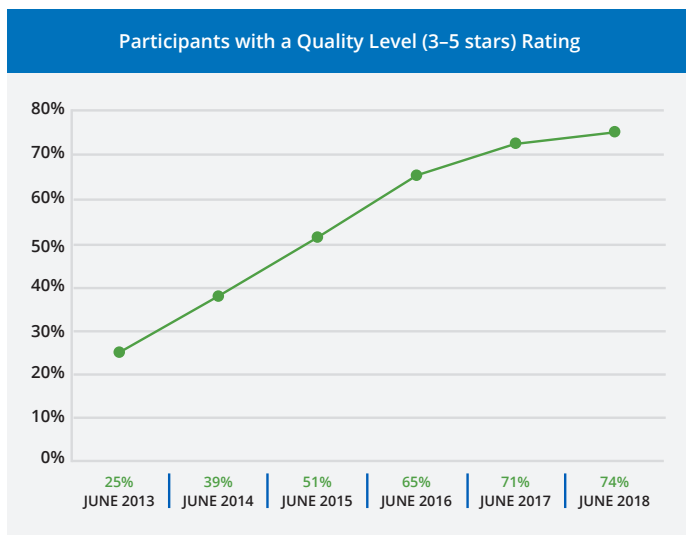


# Appendix A

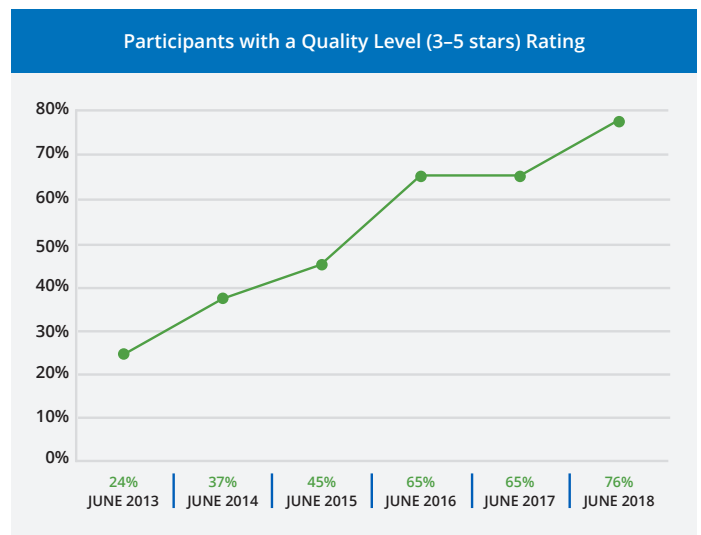
Information is not provided for regions where either a) the regional council does not participate in Quality First, or b) the regional councils' provider ratings are suppressed for confidentiality reasons, as the regional area has less than five total providers enrolled. This is consistent with progress data reported monthly to the First Things First Board.

## Regional Profiles: Quality Improvement and Rating System Progress and Outcomes

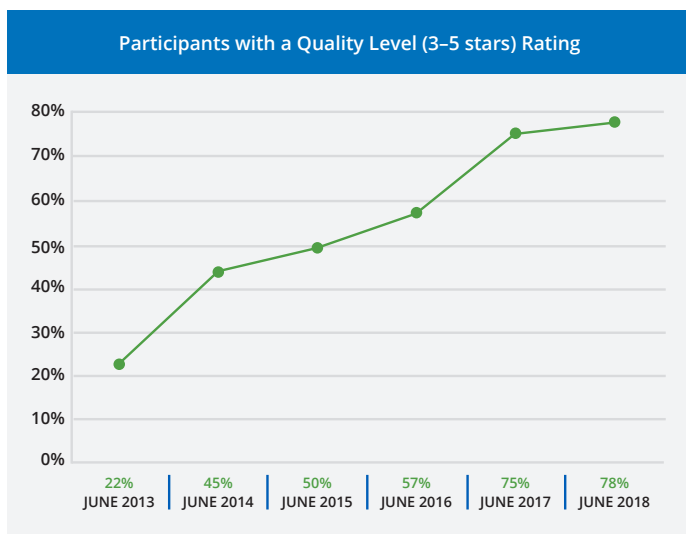
### Statewide



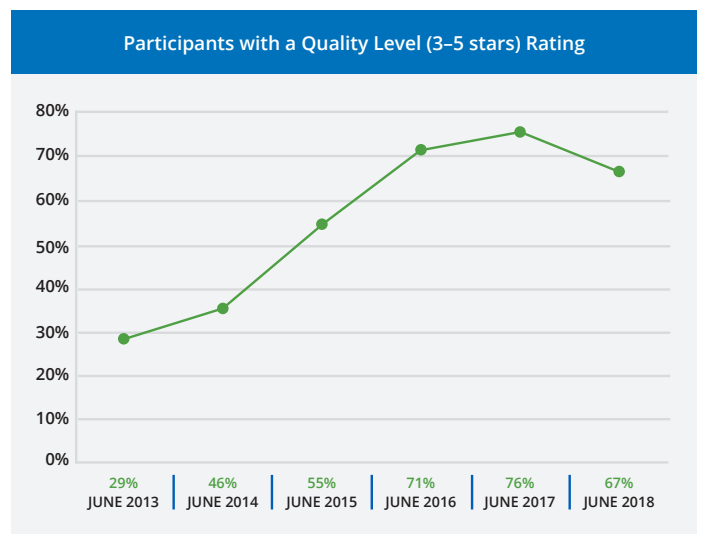
### Cochise



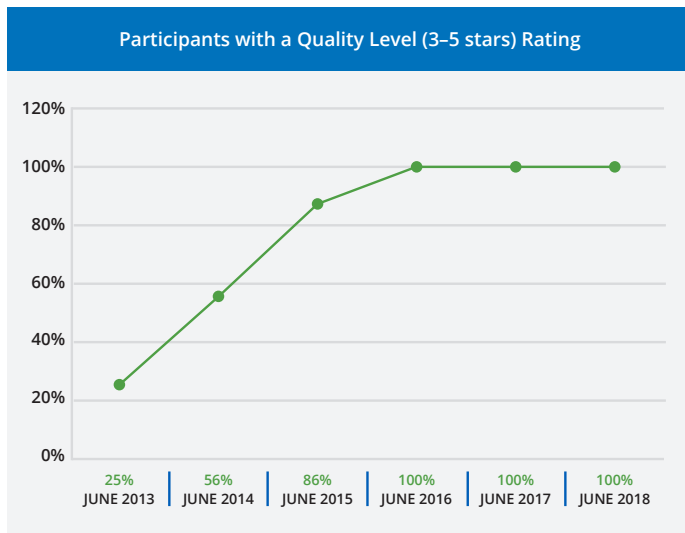
### Coconino



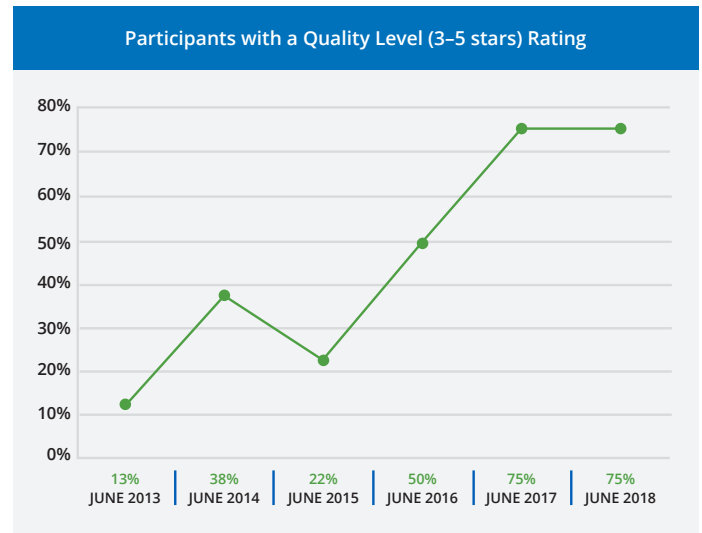
### East Maricopa



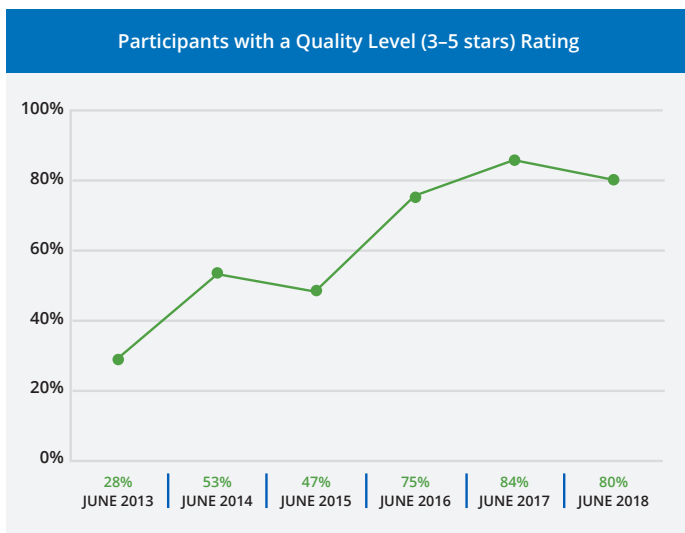
## Gila



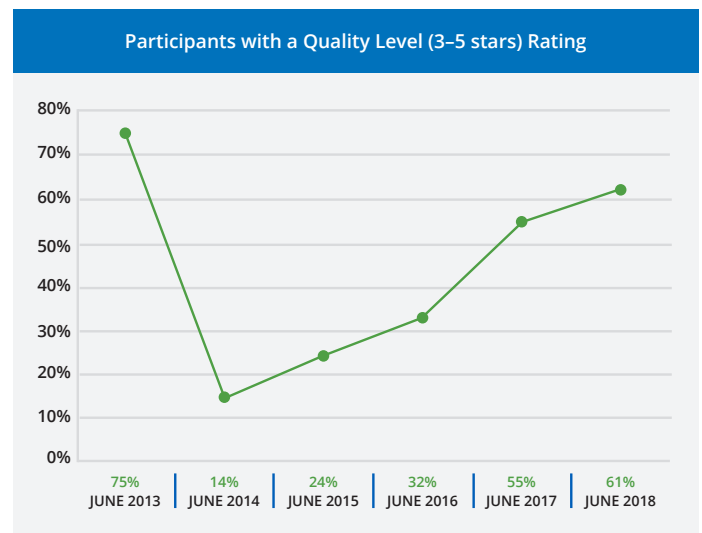
## Graham–Greenlee



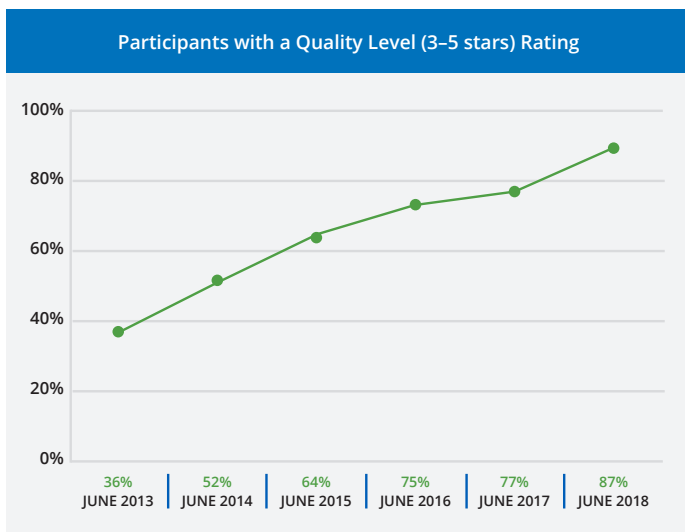
## La Paz–Mohave



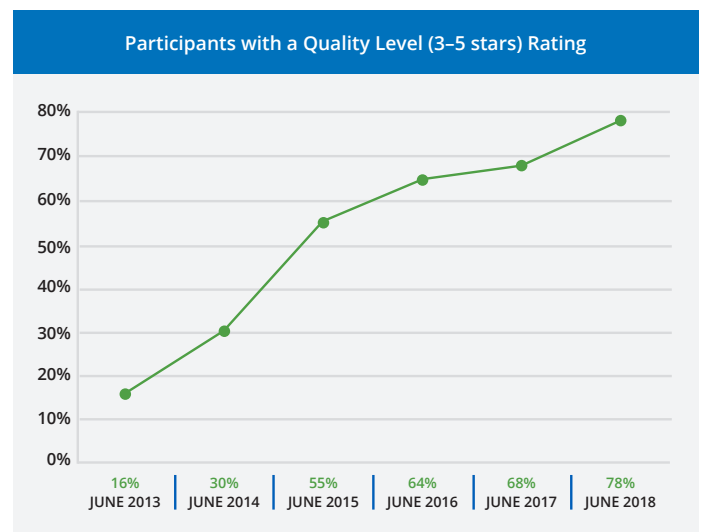
## Navajo Nation



## Northwest Maricopa

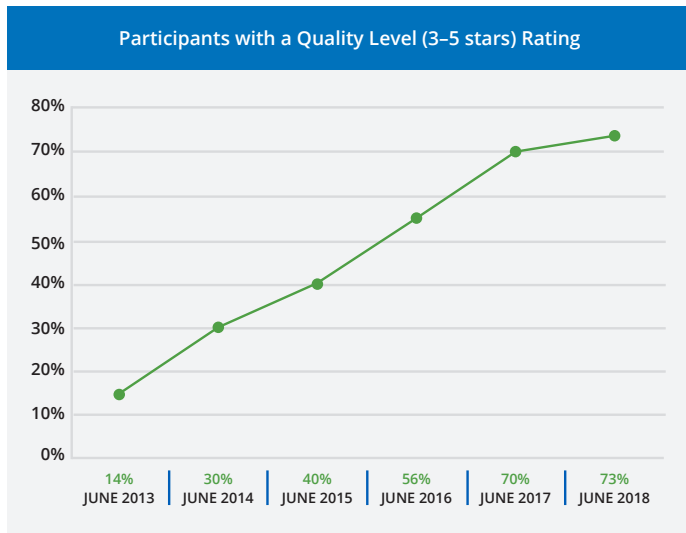


## Phoenix North

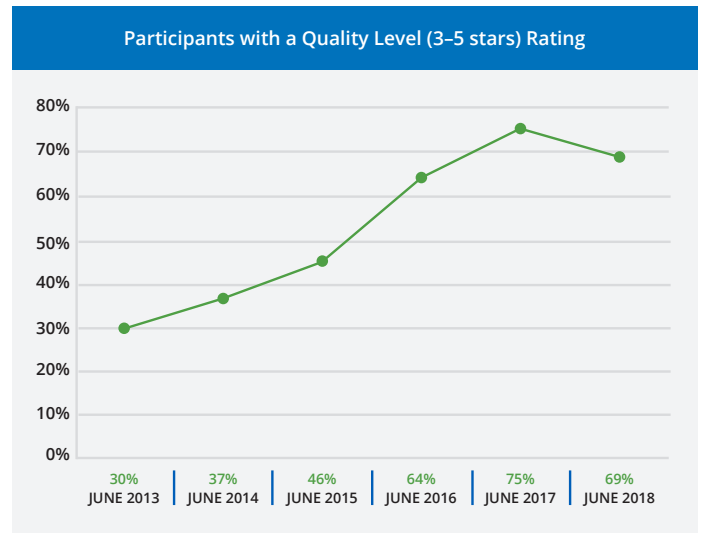




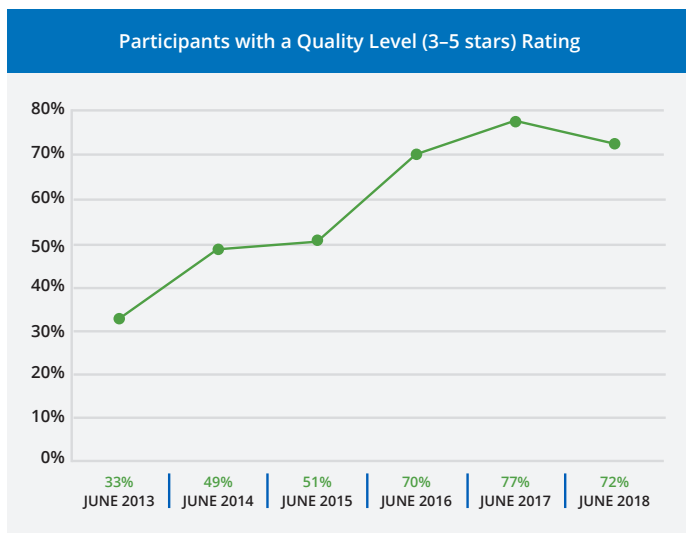
## Phoenix South



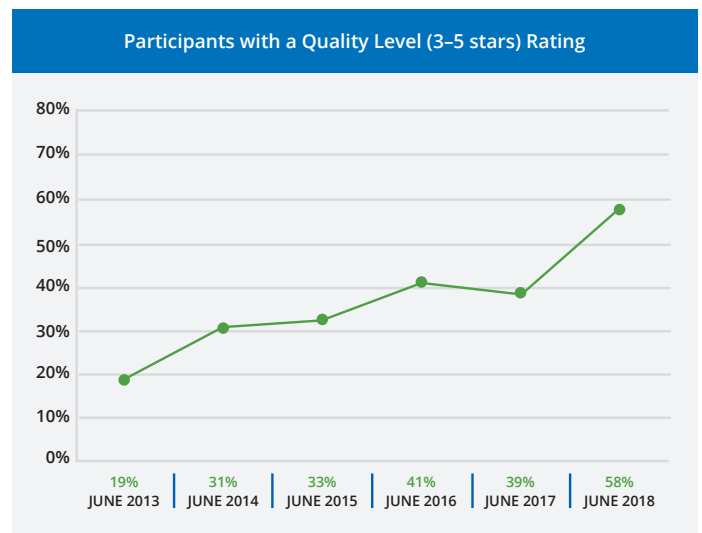
## Pima North



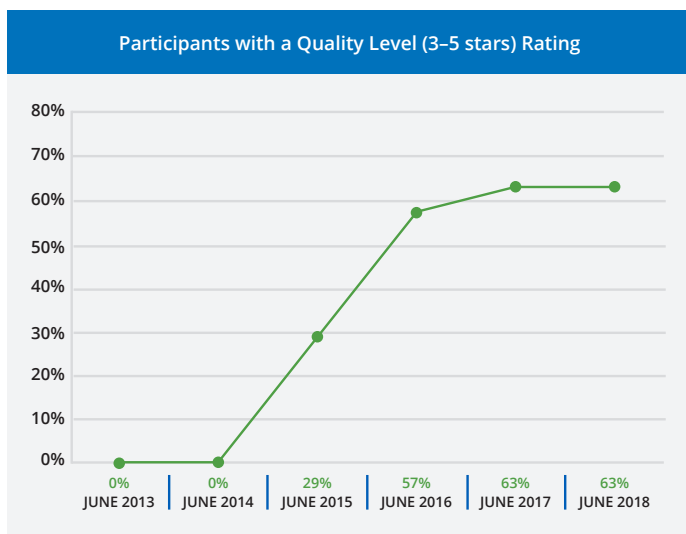
## Pima South



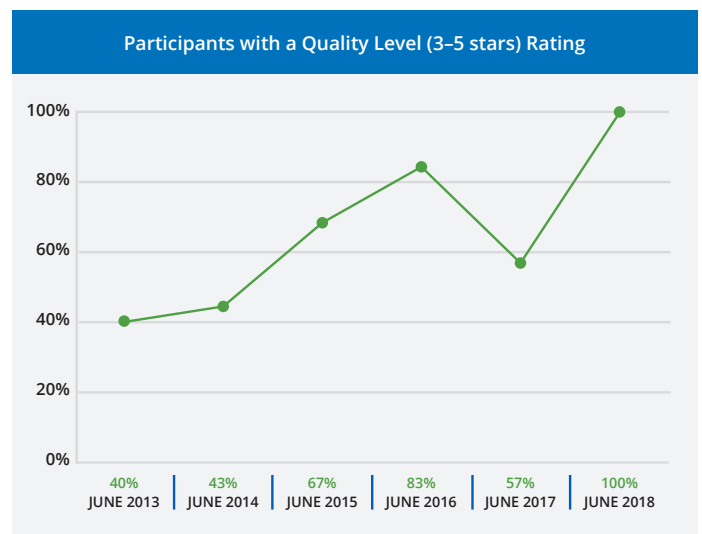
## Pinal



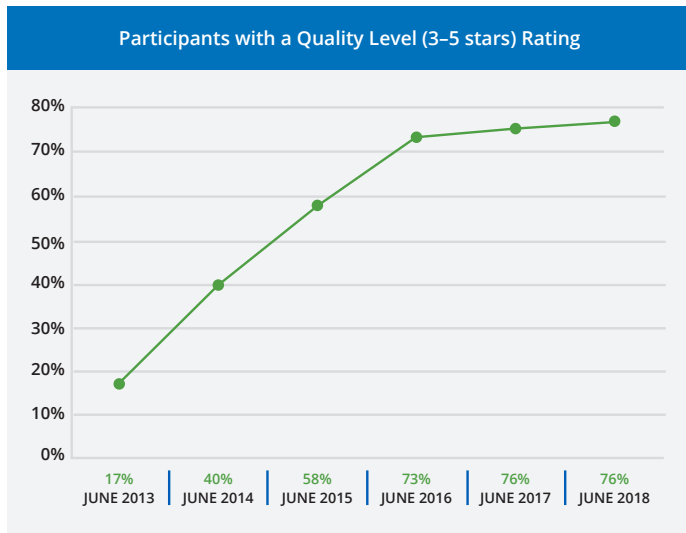
## San Carlos Apache



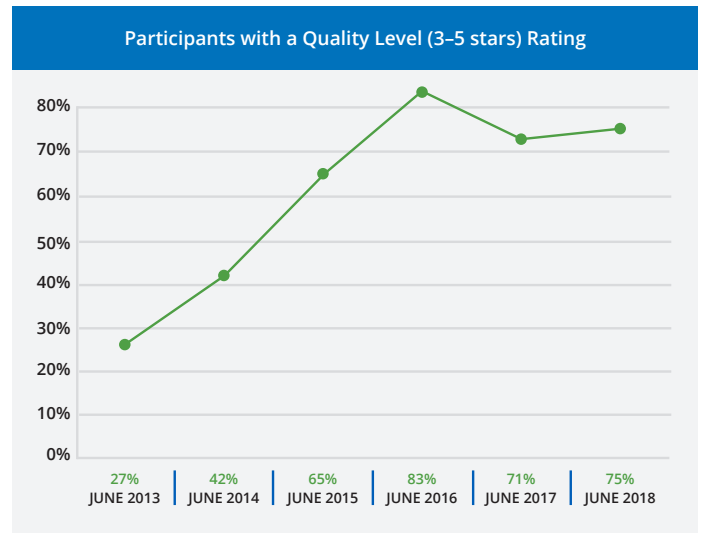
## Santa Cruz



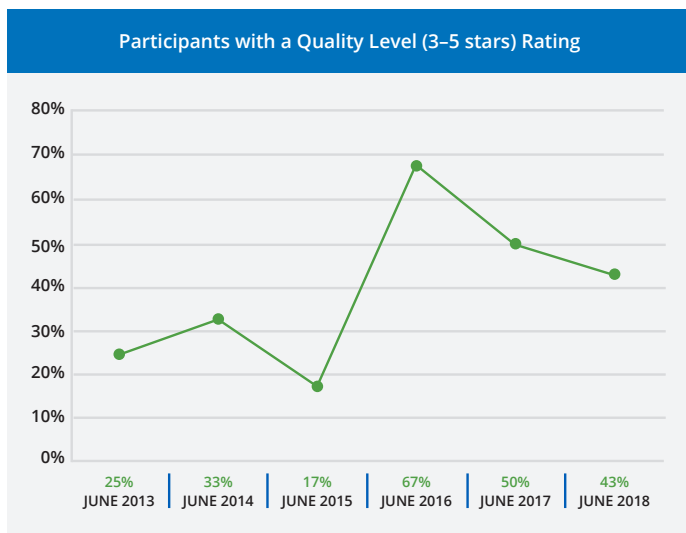
## Southeast Maricopa



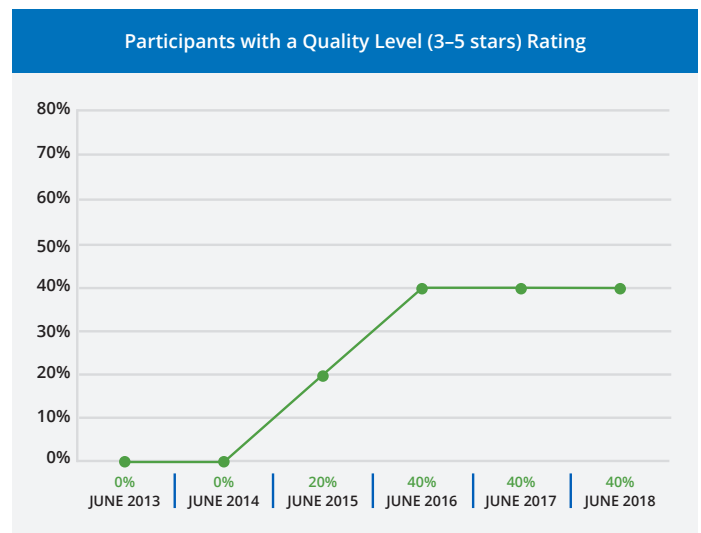
## Southwest Maricopa



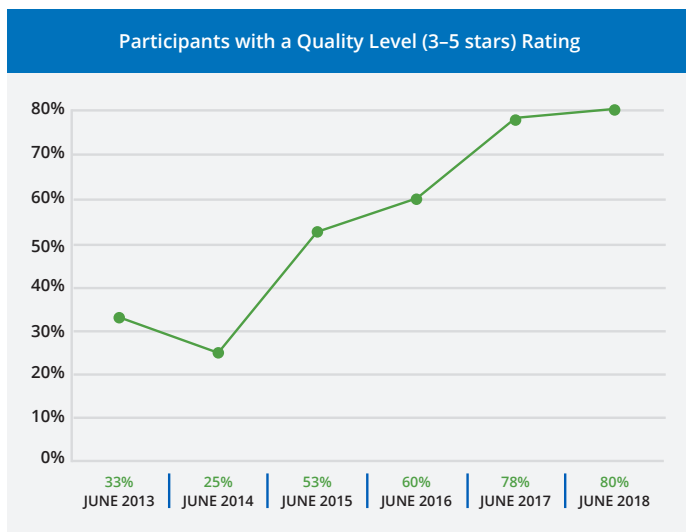
## Tohono O'odham Nation



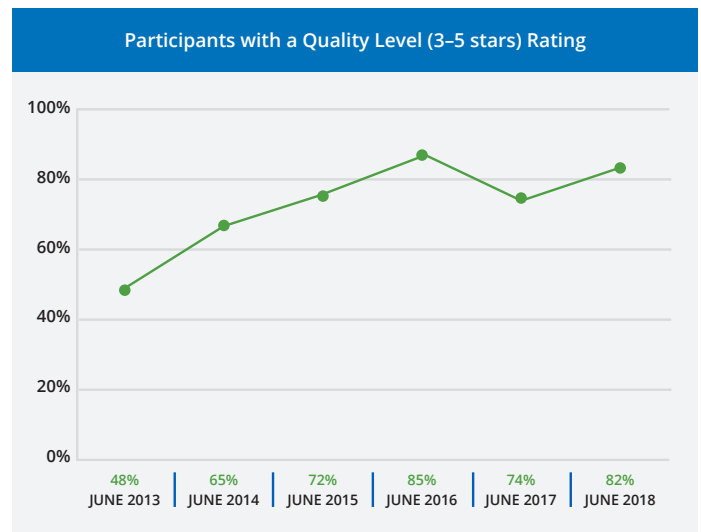
## White Mountain Apache Tribe



## Yavapai



## Yuma



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# Endnotes

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# # FIRST THINGS FIRST

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First Things First partners with parents and communities to strengthen families and give all Arizona children the opportunity to arrive at kindergarten healthy and ready to succeed.

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