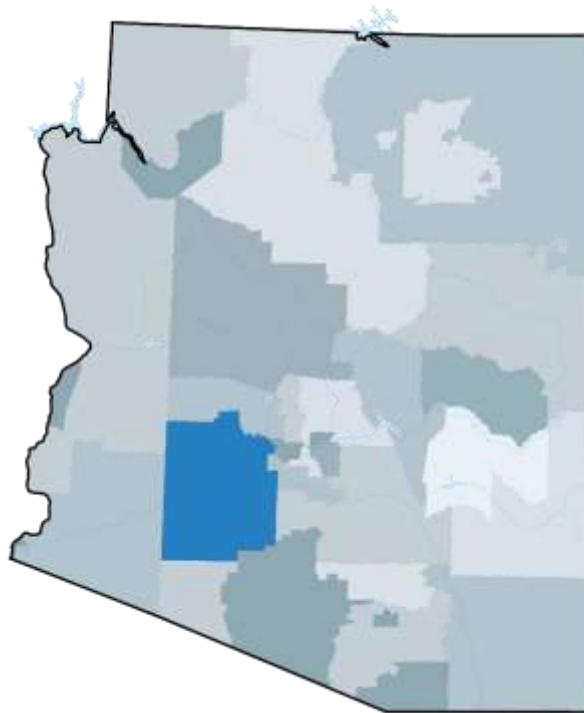


FIRST THINGS FIRST

Southwest Maricopa Regional Partnership Council



State Fiscal Years 2024 – 2027 Strategic Plan

Presented to the First Things First Board
January 10-11, 2023



Mission

First Things First is an essential leader and partner in creating a family-centered, equitable, high-quality early childhood system that supports the development, well-being, health and education of all Arizona’s children, birth to age 5.

Vision

All Arizona’s children are ready to succeed in school and in life.

Regional Partnership Councils

First Things First’s statewide Board and its 28 regional partnership councils share the responsibility of ensuring that early childhood funds are invested in strategies aimed at improving educational and health outcomes for young children. Regional partnership councils identify the unique needs of their communities and decide how to best support young children and families in their areas. Regional councils, comprised of local volunteers, provide vision and leadership, governance and oversight. They identify, implement and fund strategies and build collaborations aimed at helping young children across Arizona succeed in school and life.

Southwest Maricopa Regional Partnership Council

Aaron White, chair, at-large representative

Jamie Lopez, vice chair, early childhood educator

Cristina Galto, health services provider

Simone Hurst, at large representative

JoEllen Johnson, child care provider

Courtney Kovats, member of the business community

Nubia Garcia-Shinagawa, at large representative

Alexandra Oropeza, parent of a child age 5 years or younger

Sandra Brown, representative of the faith community

open, public school administrator

open, representative of a philanthropic organization

Annette Bourne, Regional Director



FIRST THINGS FIRST

Equity Vision Statement

Advancing equity is essential to First Things First’s mission and we aspire to embody our vision for diversity, equity and inclusion through all facets of our work.

To be effective partners and contribute to a world in which Arizona’s children birth to age 5 of all backgrounds have access to high-quality early childhood experiences, we must create and maintain an equitable workplace, work in partnership with the communities we serve and ensure that our funding practices align with our equity-centered values, particularly focusing on those who are most in need.

First Things First recognizes the pervasive inequities historically and currently faced by the Black, Indigenous and Latino communities and all people of color, and we strive for a world in which they will thrive. We also recognize that individuals and groups have been marginalized due to factors such as race, sex, sexual orientation, gender identity, age, mental and physical ability, national origin, income, language and religious affiliation and that people of color are particularly affected across these factors. We commit to increasing our understanding about these and all matters that create inequities and to bettering our actions internally and among the communities we serve.

This important work starts from within. As such, we strive to cultivate and maintain a workplace that:

- Reflects the diversity of our state within all levels of the organization (i.e., staff, leadership, regional partnership councils and state Board)
- Cultivates a community in which all members are welcome, seen, heard and valued
- Supports and expects each individual to engage in candid, introspective learning about equity and inclusion
- Engages an intentionally diverse, representative set of voices in key decision-making, centering on the voices of families and the community whenever possible
- Employs equitable workplace practices that yield high satisfaction, morale and career success consistently across all demographic groups
- Responds swiftly to address workplace inequities
- Ensures that our work as a funding organization – from planning to implementation to assessment – reflects our commitment to equity

Through our DEI strategic priorities and individual growth, we will be better able to meet the needs of Arizona’s youngest children, serve as a trusted ally for equity and fulfill our vision that all Arizona’s children are ready to succeed in school and in life.

Approved December 2021

Southwest Maricopa Regional Partnership Council SFY24 – 27 Strategic Plan

Prioritized Strategy Areas	Strategy	Identified Need	Target Service Unit(s)* <i>*If applicable, identify targeted population and/or geographic areas</i>	Desired System Outcome
Quality First And Professional Development for ECE Professionals	Quality First Coaching and Incentives <i>(Statewide)</i>	1) More of Arizona’s early care and education (ECE) programs need to provide high-quality learning environments. 2) ECE programs, at administrative and classroom levels, require access to a system of equitable support to engage in quality improvement to achieve and sustain high-quality practices. 3) Families need reliable information about ECE program quality in order to make informed decisions when seeking child care.	No TSU	Access to high-quality, culturally responsive early care and education.
	Quality First Academy <i>(Statewide)</i>			Well-prepared, highly skilled and appropriately compensated professionals.
Access to Quality Care	Quality First Scholarships <i>(Statewide)</i>	The high cost of quality early care and education programs limits access for families due to affordability. High-quality child care positively impacts a child’s development and readiness for school.	No TSU	Access to high-quality, culturally responsive early care and education.
Educating Families and Caregivers	Family, Friend and Neighbor Care	Family, Friend and Neighbor caregivers that provide child care in license-exempt home-based settings need support and education in order to improve the quality of caregiving, interactions, and learning environments.	Number of Family, Friend and Neighbor care-givers served 100-120	Information, services and support for families.
Educating Families and Caregivers	Home Visitation	Parents and families, particularly those who are at-risk, need information and support to increase their knowledge, skills, and attitudes related to parenting and enhance their own health and well-being (e.g. managing stress, depression, accessing public support services, etc.). Additionally, access to regular screening for the early detection of children's developmental, vision and hearing impairments is a challenge.	Number of families currently enrolled 57-94	Information, services and support for families.
Navigating and Connecting Families to Resources	Family Resource Centers	1) Some communities need a hub and/or place, and opportunity, to access resources and information, get needs met, engage with other families and receive social support. 2) Some families need additional knowledge about and access to resources, information, and concrete supports and services. 3) Some families need support to increase their confidence in parenting and knowledge about the development of their children. 4) Some families need additional connection to the community, community providers, or community supports.	Number of parenting activities conducted 860	Information, services and support for families.

Navigating and Connecting Families to Resources	Family Support Coordination	Some families experience challenges accessing timely and effective services to address their immediate needs.	Number of families currently enrolled 30-50	Information, services and support for families.
Navigating and Connecting Families to Resources	Family Support and Literacy Systems Change <i>(FTF-Directed)</i>	See Appendix A	No TSU	Information, services and support for families.
Navigating and Connecting Families to Resources	Home Visitation Coordinated Referral System	Lack of a systematic/streamlined way for families to be referred and connected to home visitation.	No TSU	Coordinated, integrated, and comprehensive systems.
Professional Development for ECE Professionals	Early Childhood Mental Health Consultation <i>(Statewide)</i>	Early childhood professionals in child care centers/homes, home visitation, Family Support for Children with Developmental Concerns, and Family Friend and Neighbor programs need support in appropriately understanding, identifying and responding to the social emotional developmental needs and behavioral challenges of young children.	Number of center based early care and education programs served 21 Number of home-based early care and education programs served 1 Number of Family, Friend, and Neighbor Care programs served 1 Number of home visitation programs served 1 Number of Family Support Children with Developmental Concerns programs served 1	Well-prepared, highly skilled and appropriately compensated professionals.
Building Awareness of the Importance of the Early Years	Educational Promotion and Brand Awareness <i>(FTF-Directed)</i>	1) Lack of awareness of the importance of early childhood health and development. 2) Lack of awareness of FTF as a trusted source of early childhood information and programs/services.	No TSU	Public understanding and support.

Building Awareness of the Importance of the Early Years	Media <i>(Statewide)</i>	1) Lack of awareness of the importance of early childhood health and development. 2) Lack of awareness of FTF as a trusted source of early childhood information and programs/services.	No TSU	Public understanding and support.
Other Strategy Areas	Strategy	Identified Need	Target Service Unit	Desired System Outcome
Identifying and Addressing Developmental Concerns	Family Support for Children with Developmental Concerns	1) Many parents of children with developmental concerns do not have access to services and supports that provide them with knowledge, support, and strategies to strengthen their child’s development. 2) Children’s vision/hearing impairments are not always detected early.	Number of families currently enrolled 38	Access to high-quality preventive and continuous health care.
Health Resource Coordination	Children’s Health Systems Change <i>(FTF-Directed)</i>	See Appendix A	No TSU	Coordinated, integrated, and comprehensive systems.
Nutrition and Physical Activity	Nutrition and Physical Activity	Some families and caregivers lack skills on how to implement healthy nutrition and physical activity practices in their homes.	Number of parents/caregivers who participate in a series 200-300	Access to high-quality preventive and continuous health care.
Child Welfare Prevention /Intervention	Partnering with Child Welfare Systems <i>(FTF-Directed)</i>	See Appendix A	No TSU	Coordinated, integrated, and comprehensive systems.

Please describe how the Regional Partnership Council’s SFY24-27 Strategic Plan promotes equity and support of under-resourced and underserved children and their families.

The First Things First Southwest Maricopa Region covers most of Maricopa County. The region spans 4,804 square miles across the Southwest Valley and has one of the fastest-growing populations in the state. The landscape of the Southwest Maricopa Region includes the cities of Avondale, Buckeye, Goodyear, Litchfield Park and Tolleson and the rural communities of Gila Bend, Tonopah, Arlington, Palo Verde and Harquahala.

Current statistics show that nearly one in five adults in Southwest Maricopa have a bachelor’s degree or higher. In Arlington, Tolleson and Tonopah nearly one in four adults did not complete high school with Gila Bend at over one in five. Thirty-two percent of children in the region live with a single-parent, 52 percent in Gila Bend and 42 percent in Avondale. Relatively high percentages of children in the region, specifically in Gila Bend, Tonopah and Arlington are living with a grandparent with no parent present. The Gila Bend Unified School District struggles with chronic absenteeism, high dropout rates and low rates of graduation. Nineteen percent of the children in the Southwest Maricopa Region live with the complex challenges of poverty. Sub-regional data shows a great deal of poverty in areas like Arlington with 46 percent of children living in poverty and 40 percent in Gila Bend.

For these reasons, the Southwest Maricopa Regional Partnership Council continues to prioritize investing in family support and education strategies that meet the complex needs of families and caregivers with young children throughout the region. The regional council has prioritized targeted outreach and enrollment efforts to

reach families living in the more rural, isolated and underserved communities in the region who have limited access to family support services, lack transportation and reside within food deserts. These efforts are meant to also reach children living in single-parent households, grandparents raising grandchildren and children living in poverty. One example of the regional councils' response to equity and supporting underserved children is the regional council's strategically prioritized investment in family resource centers and family support coordination in the Gila Bend, Buckeye, Avondale and Pendergast communities. Investing in these approaches continues to show the regional council's dedication to serve children birth to age 5 and the diverse families within the region.

Regional Allocation and Proposed Funding Plan Summary SFY24 – 27
Southwest Maricopa Regional Partnership Council

Allocations and Funding Sources	2024	2025	2026	2027
FY Allocation	\$4,234,845	\$4,234,845	\$4,234,428	\$4,234,428
Population Based Allocation	\$3,566,730	\$3,566,730	\$3,566,730	\$3,566,730
Discretionary Allocation	\$668,115	\$668,115	\$667,698	\$667,698
Carry Forward From Previous Year	\$1,211,938	\$998,232	\$698,026	\$397,403
Total Regional Council Funds Available	\$5,446,783	\$5,233,077	\$4,932,454	\$4,631,831

Strategies	Proposed Allotted	Proposed Allotted	Proposed Allotted	Proposed Allotted
Quality First Academy	\$12,500	\$12,500	\$12,500	\$12,500
Quality First Coaching & Incentives	\$346,550	\$346,550	\$346,550	\$346,550
Quality First Scholarships	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000
Child Care Health Consultation	\$85,000	\$85,000	\$85,000	\$85,000
Children's Health Systems Change	\$134,999	\$134,999	\$134,999	\$134,999
Early Childhood Mental Health Consultation	\$320,000	\$320,000	\$320,000	\$320,000
Family Support for Children with Developmental Concerns	\$250,000	\$250,000	\$250,000	\$250,000
Nutrition and Physical Activity	\$200,000	\$200,000	\$200,000	\$200,000
Family Resource Centers	\$875,000	\$875,000	\$875,000	\$875,000
Family Support & Literacy Systems Change	\$29,166	\$29,166	\$29,166	\$29,166
Family Support Coordination	\$180,000	\$180,000	\$180,000	\$180,000
Family, Friend, and Neighbor Care	\$300,000	\$300,000	\$300,000	\$300,000
Home Visitation	\$375,000	\$375,000	\$375,000	\$375,000
Home Visitation Coordinated Referral System	\$86,000	\$86,000	\$86,000	\$86,000
Partnering with Child Welfare Systems	\$16,666	\$16,666	\$16,666	\$16,666
Statewide Evaluation	\$175,838	\$175,838	\$175,838	\$175,838
Educational Promotion and Brand Awareness	\$28,115	\$28,115	\$28,115	\$28,115
Media	\$28,000	\$28,000	\$28,000	\$28,000
Total	\$4,942,834	\$4,942,834	\$4,942,834	\$4,942,834

Total Unallotted/Unawarded/Unexpended*: **\$503,949** **\$290,243** **(\$10,380)** **(\$311,003)**

Fiscal Year	2020	2024	2025	2026	2027
% to Board Priorities		84.27 %	84.27 %	84.27 %	84.27 %
% to Quality First**	7.99%	8.98 %	8.98 %	8.98 %	8.98 %

Fiscal Year	4 Year Average
% to Board Priorities	84.27%
% to Quality First**	8.98%

* Per FTF State Board direction, allotments reflect the budgeting of projected spending, therefore in some years' total allotments may exceed total means of financing. However, actual expenditures against the allotments are expected to be fully supported by revenues, and each year the region is anticipated to end with a carry forward balance which is reflected in the subsequent year's carry forward balance.

**Includes Quality First Academy, Quality First Coaching and Incentives and Child Care Health Consultation.

APPENDIX A

**SFY24 Funding Plan – System Change Planning Document
Southwest Maricopa Regional Partnership Council**

**Northwest and Southwest Regional Partnership Councils -
Children’s Health Systems Change**

Problem to be solved and system to be changed / influenced	<i>System Area:</i> Service Coordination
	<i>Problem to address:</i> In the west valley of Maricopa County, there is a need to increase coordination and collaboration across health service providers to create a more comprehensive continuum of care among health system partners. Ensuring healthy development through early identification and treatment of children’s health issues helps families understand their child’s healthy development and how these health issues affect children and their school readiness. This strategy would coordinate among providers such as medical and pediatric clinics, Federally Qualified Health Centers, Community Clinics, OB offices, pediatric dental clinics, WIC offices as well as partners who offer nutrition education and services, mental health and behavioral health supports to families with young children. Utilizing a health systems approach through the program coordination specialist strategy, this effort provides an opportunity to improve the system of care that supports children’s health. One example includes; establishing medical/dental integrated clinics that would offer preventative oral health services and connect pregnant women to oral health treatment. Integrating mental health and behavioral health services within clinics also addresses the need to provide comprehensive health care services in a more efficient and accessible way for families. This effort also helps to improve and build capacity within systems of health to better serve young children. Coordination and collaboration also enables health partners to leverage health resources that establish a comprehensive integrated model of care within a community that improves children’s health and well-being (Oral health, nutrition, health education etc). Work will ensure that health service providers are reaching individuals who are uninsured or underinsured as well as individuals with higher rates of health risks. Furthermore, it will help support the coordination of health insurance enrollment.
	<i>Geographic area:</i> Northwest and Southwest Maricopa Regional Areas
	<i>Target Audience:</i> This work will convene existing medical health service providers in the West Valley in the effort to support a more coordinated and collaborative health system in the regions.
Expected Impact	<i>Expected Impact:</i> The expected outcome of this work would result in a lessening in duplication of services, create a coordinated and comprehensive system of care and increase access to health services for families. Work would help to establish a west valley consortium with the goal of supporting families in navigating, accessing and utilizing the health services system.

Timeline:

This is an FTF Directed Strategy which will be implemented by a Program Coordination Specialist. A job description and work plan will be developed by April, 2023 for an anticipated start date of approximately July 1, 2023. The deliverable for the Program Coordination Specialist in year one will include identifying and convening health/medical providers in the west valley. This FTF position will report to both the Northwest and Southwest Regional Directors as this is a collaborative effort between both regional councils.

Maricopa County Cross-Regional Partnership Councils - Family Support and Literacy Systems Change

Problem to be solved and system to be changed / influenced	<p><i>System Area:</i> Family Resource Network</p>
	<p><i>Problem to address:</i> First Things First (FTF) Regional Partnership Councils are highly invested in the Family Resource Center Strategy throughout Maricopa County. To date, over 40 Family Resource Centers are operating in Maricopa County with support from regional councils. With the Regional Partnership Councils' investment in community-based Family Resource Centers, there exists a variety of opportunities to collaborate and coordinate cross-regionally and serve a large number of families. When coordination and collaboration is intentional and Regional Councils are able to support the development of partnerships, both within specific communities and with neighboring regions, families will have access to information and resources that can be shared cross-regionally.</p>
	<p><i>Geographic area:</i> All six regions in Maricopa County: Northwest, Southwest, East Maricopa, Southeast Maricopa, Phoenix North and Phoenix South Regional areas.</p> <p>Maricopa County Family Resource Centers. Funding also supports the Network's vision of a statewide model inclusive of FRC membership across all 28 regional areas. To date, the Network has three centers outside Maricopa County.</p>
	<p><i>Target Audience:</i> The Arizona Family Resource Network (FRN) will target Family Resource Centers that serve as community hubs that connect families with children 0-5 to information, resources and support services in their local community.</p>
Expected Impact	<p><i>Expected Impact:</i> The Family Resource Network has been in place since 2012 with a goal to coordinate with local agencies and partners to ensure resources are maximized, avoid duplication, and concentrate on complementary services. The Network provides specialized professional development for family support providers to increase knowledge and skills to serve and meet the needs of families. The Family Resource Network will enable local centers across Maricopa County the ability to offer parents access to high-quality information, resources and services in one convenient location to support their children. The Network will also continue to support work towards enhanced data collection/processes to inform strategy impact/outcomes.</p>
	<p><i>Timeline:</i> FTF regional and program staff will work collaboratively to draft a scope of work for the new SFY24 facilitation contract for the FRN. Draft scope of work will be completed by April, 2023 for an anticipated facilitator start date of July 1, 2023. This contract will ensure the support of the Network's current work while also supporting a focus on a long-term sustainability plan for the Network. Quarterly updates will be presented to both regional and program staff throughout the contract year.</p>

Maricopa Regional Partnership Councils - Children’s Health Systems Change

<p>Problem to be solved and system to be changed / influenced</p>	<p><i>System Area:</i> Oral Health</p>
	<p><i>Problem to address:</i> For many Arizona kindergarteners, one of the threats to academic success may not be a lack of knowledge, but a lack of good oral health. Tooth decay — the single most common chronic childhood disease — can cause lasting harm to a child’s health and affect 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 limit academic success.</p> <p>A recent analysis of dental and health care claims in Medicaid-enrolled children in Arizona produced the following results:</p> <p>Results of this study show that recommendations for a dental visit by the age of 1 are not being met in Arizona, and that racial disparities exist in access to health care services.</p> <p>Most children in the sample (82.3%) had at least one health care claim (well-child, dental or other visit) during the study period. More children had a well-child visit (43.6%) than a dental visit (39.5%). Nearly all claims for children up to the age of 1 year were for well-child visits (95.9%); claims were much lower for dental visits (0.9%). Compared to claims for children up to the age of 1, the percentage of claims for well-child visits decreased for children aged 1–3 years (55.6%) and the percentage of claims for dental visits increased for this age group (26.7%).</p> <p>Claims for preventive care (cleanings, examinations) were most common in the 0–3 age group (38.1%) and least common in the 19–21 age group (20.2%). The youngest age group (0–3 years) also had the greatest percentage of major restorative care (large fillings; 8.9%) of all the age groups.</p> <p>American Indian or Alaska Native (AI/AN) children were least likely to have a claim (48.4%), while children identifying as Asian were the most likely to have at least one claim (86.9%). AI/A children also traveled longer distances to receive health care than children from racial backgrounds other than AI/AN.</p> <p>Less than one percent of children had a dental claim before the age of 1, and only about one in four Arizona children aged 1-3 years had a dental claim. (The American Academy of Pediatric Dentists and the Arizona Health Care Cost Containment System (AHCCCS) recommend that children see a dentist by their first birthday.)</p> <p>In Maricopa County, there is a need to increase coordination and collaboration across health service providers to create a more comprehensive continuum of care among health system partners. There is a need to coordinate among providers such as medical and pediatric clinics, Federally Qualified Health Centers, Community Clinics, OB offices, pediatric dental clinics, WIC offices as well as other partners who support families with young children.</p>

	<p>Utilizing a health systems approach this effort provides an opportunity to improve the system of care that supports children’s health. One example includes establishing medical/dental integrated clinics that would offer preventive oral health services and connect pregnant women to oral health treatment. This effort also helps to improve and build capacity within systems of health to better serve young children.</p>
	<p><i>Geographic area:</i> All six regions in Maricopa County: Northwest, Southwest, East Maricopa, Southeast Maricopa, Phoenix North and Phoenix South Regional area.</p>
	<p><i>Target Audience:</i> This work will convene existing medical health service providers in the county in the effort to support the integration of health services such as oral health within the medical practice.</p>
<p>Expected Impact</p>	<p><i>Expected Impact:</i></p> <ul style="list-style-type: none"> • Promote medical-dental integration in health settings. • Partner with Arizona Health Care Cost Containment System (AHCCCS), the state’s Medicaid agency. • Promote oral health literacy, education, and awareness.
	<p><i>Timeline:</i> In SFY24, build upon the work of the prior fiscal year in Medical-Dental Integration (MDI) to plan the implementation of systems change projects with health centers, starting with those health centers which submitted proposals and are interested in this effort. A consultant has been engaged who will establish an MDI planning workgroup. This workgroup will develop strategies to support MDI and will also explore potential funding partners for the projects.</p>

Maricopa County Cross-Regional Partnership Councils - Children’s Health Systems Change

Problem to be solved and system to be changed / influenced	<p><i>System Area:</i> Early Childhood Nutrition Team</p>
	<p><i>Problem to address:</i> Families with young children prenatal to age 5 in Maricopa County need support in order to provide nutritious food and establish healthy eating habits.</p> <ul style="list-style-type: none"> - 22% of families with young children in Maricopa County are experiencing food insecurity - 33% of children participating in WIC from 2017-2020 were obese or overweight - 65% of people giving birth in Maricopa County were obese or overweight pre-pregnancy
	<p><i>Geographic area:</i> All six regions in Maricopa County: Northwest, Southwest, East Maricopa, Southeast Maricopa, Phoenix North and Phoenix South Regional areas</p>
	<p><i>Target Audience:</i> Families of children birth to age 5.</p>
Expected Impact	<p><i>Expected Impact:</i> The purpose of the ECNT (Early Childhood Nutrition Team) is to implement multifaceted systemic change that builds organizational capacity, reduces duplication of efforts, aligns messaging and results in increased coordination of early childhood nutrition and family support services.</p> <p>ECNT Result/Vision: Families with young children prenatal to age 5 in Maricopa County will be supported in providing nutritious food and establishing healthy eating habits.</p> <p>ECNT Goals:</p> <p>Goal 1: Continue to support regional teams that work to ensure families with young children can access food and nutrition support in their community.</p> <p>Goal 2: Support early childhood (EC) providers in the area of nutrition in moving from regulatory foundation to best practices through inter-agency collaboration</p> <p>Goal 3: Strengthen the connection and collaboration between family support providers and community food and statewide nutrition initiatives to leverage resources and increase access to food.</p> <p>Goal 4: Increase capacity and sustainability of the EC nutrition initiatives.</p>
	<p><i>Timeline:</i> The Early Childhood Nutrition Team has made great strides over the past two strategic planning cycles in bringing together individuals and organizations to ensure that families with young children are supported in providing nutritious food and in helping child care providers to move beyond the regulatory foundation to best practices. A strategic plan has been developed and will be implemented beginning in July.</p> <p>FTF regional staff and outside consultants will continue to support the efforts in the following ways:</p> <ul style="list-style-type: none"> ● Work with the ECNT advisory group in strategic planning and guidance of the local and overall work towards accomplishment of the goals outlined above.

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| | <ul style="list-style-type: none">● Support the existing local nutrition networks to increase coordination between early childhood programs and food service providers and to reduce food insecurity among families with children birth to age 5.● Work with the ECNT policy team which includes representatives from the Child and Adult Care Food Program, Quality First, Empower and the Arizona Department of Health Services Licensing to identify key areas to align messaging, identify best practices and tips to support early childhood providers to implement best practices and provide nutritious food. |
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Maricopa County Cross-Regional Partnership Councils - Partnering with the Child Welfare System Systems Change

<p>Problem to be solved and system to be changed / influenced</p>	<p><i>System Area:</i> Supporting Court Teams</p>
	<p><i>Problem to address:</i> Infants and toddlers are the largest group of children to enter, remain and re-enter the child welfare system. They are at the greatest risk for compromised development; six times more likely than the general population to have developmental delays that if left untreated will compromise their ability to have healthy productive lives. While the developmental impact of child abuse and neglect is greatest among the very young, research confirms that the early years present an unparalleled window of opportunity to intervene effectively with young, at-risk children and families.</p> <p><i>Data Supporting Need:</i> <i>Reports of child abuse and neglect fell significantly during the pandemic due to reduced connections to schools, physicians, and other mandatory reporters.</i> According to the Center for Disease Control (CDC), official reports to child protection agencies have declined across the United States by 20 to 70 percent during the pandemic due to decreased in-person contact between children and mandated reporters. However, the CDC also reports the risk for child abuse and neglect increased during the pandemic, indicating that many cases are going unreported. Following this trend, the number of reports for physical, sexual, emotional abuse or neglect in Maricopa County to the Department of Child Safety (DCS) declined 5.7 percent between federal fiscal years 2019 and 2021 from 27,736 reports to 26,140 reports. However, the decrease is attributable to reports of neglect, as reports of physical, sexual, and emotional abuse increased by a combined 885 cases (a 10.1 percent increase) between federal fiscal years 2019 and 2021.</p> <p><i>Reports of domestic violence in Phoenix have nearly doubled in the past five years.</i> Reports to the City of Phoenix for calls related to domestic violence increased substantially between 2016 and 2020, from 1,866 to 3,715, a 99.0 percent increase. In 2021, there were 35 deaths due to domestic violence, including three children under the age of six years.</p>
	<p><i>Geographic area: Geographic area:</i> All six regions in Maricopa County: Northwest, Southwest, East Maricopa, Southeast Maricopa, Phoenix North and Phoenix South Regional areas.</p>
	<p><i>Target Audience:</i> Individuals who provide services and support to children in the child welfare system.</p>
<p>Expected Impact</p>	<p><i>Expected Impact:</i> By the end of the contract period:</p> <ul style="list-style-type: none"> • 50-60 clinicians will be trained in Child-Parent Psychotherapy (CPP), increasing the number and availability of providers able to provide services to children and families. • Two half-day training sessions will be provided to the Cradle to Crayons Safe Babies Court Team and data will be submitted on the topics of the training and the role and number of providers who attended. • An annual evaluation report will be provided to First Things First.

	<p><i>Timeline:</i></p> <p>Cradle to Crayons Safe Babies Court Team will continue to partner with The First Things First regional staff and Behavioral Health agencies to support the efforts of partnering with the child welfare systems in the following ways:</p> <ul style="list-style-type: none">● Recruit, partner and train 15-20 clinicians within FY24 and each contracted year.● Provide capacity building and professional development to support the work and accomplish the goals outlined above.● Support judges and court staff additionally by attending yearly Zero-Three/ Safe Babies Court Teams conference/training● Outcome report at the end of each fiscal year.
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