



**BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS**

Award Contract Grant

Requested Board Meeting Date: September 4, 2018

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

First Things First, Pima North & South Regional Partnership Councils (FTF Pima North & South)

***Project Title/Description:**

"First Smiles Matter" is an early childhood oral health prevention and early intervention program for children, ages 0-5 years, and expectant women.

***Purpose:**

In collaboration with numerous community partners, children and families across all of Pima County, from Marana to Sasabe and Vail to Ajo, will have greater access to preventive oral health services. Services that will be provided include: oral health education, dental screenings, referrals, and fluoride applications as indicated.

***Procurement Method:**

N/A - Grant award

***Program Goals/Predicted Outcomes:**

Goal: To improve oral health outcomes of at-risk preschool children so they are healthy and ready to succeed in school.

Targeted outputs from implementation of the program include:

- 9,695 children, ages 0-5, received oral health screenings and fluoride varnish
- 4,080 expectant mothers received oral health screenings
- 75 medical clinics, dental clinics or early care and education programs received oral health education

***Public Benefit:**

Poor dental health often leads to pain, infection and tooth loss. The child with dental decay may have difficulty eating, speaking, and concentrating, which is likely to have a profound effect on development and their ability to learn. Without the First Things First funding, many under and uninsured children at high risk for tooth decay would have limited access to preventive dental health services.

***Metrics Available to Measure Performance:**

- # of children, ages 0-5, that receive an oral health screening, referral, and/or case management for unmet dental needs
- # of expectant mothers that receive an oral health screening, referral and/or case management for unmet dental needs
- # of applications of fluoride varnish for children ages 0-5 years
- # of early care and education sites, medical and dental clinics that receive education on early childhood oral health and simple prevention strategies to share with families

***Retroactive:**

Yes. The grant takes effect September 1, 2018 but was not finalized until August 15, 2018. If not approved, Pima County will not be able to continue and to expand this oral health program and funding for about 14,000 clients will be lost.

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 19-13

Effective Date: 09/01/2018 Termination Date: 06/30/2019 Amendment Number: 00

Match Amount: \$ _____ Revenue Amount: \$ 1,165,000.00

***All Funding Source(s) required:** First Things First, Pima North & South Regional Partnership Councils. Funding for First Things First comes from a tax on tobacco.

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** N/A

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Mary M. [Signature] 8.17.2018

Deputy County Administrator Signature/Date: [Signature] 8/20/2018

County Administrator Signature/Date: C. Dulleberg 8/20/18
(Required for Board Agenda/Addendum Items)

FIRST THINGS FIRST

Government Agreement Summary	
GRA Number: GRA-MULTI-19-0991-01	Region/Funding Source: Pima North and Pima South Regional Partnership Councils
Applicant Information: Pima County Health Department 3950 S. Country Club Rd., Suite 100 Tucson, AZ 85714	
Primary Strategy: Oral Health Strategy Components: AHCCCS Reimbursement	Total Funding Available: \$1,165,000 <i>Pima North: \$700,000</i> <i>Pima South: \$465,000</i>
Target Service Units Oral Health Number of children receiving oral health screenings Pima North: 6055 Pima South: 3640 Number of expectant mothers receiving oral health screenings Pima North: 3250 Pima South: 830 Number of medical clinics, dental clinics, and early care and education programs receiving oral health education Pima North: 50 Pima South: 25	
Brief Description: The intent of this evidence based Oral Health strategy is to provide oral health risk assessment, fluoride varnish (children only) and referral/navigation services for 9695 children birth to age five and 4,080 expectant women in the Pima South and Pima North regions, particularly as part of a comprehensive and coordinated system. In addition, the intent of this strategy is to provide outreach and education to 75 early care and educational programs, dental and medical clinics.	
Required Data Template Training The grantee is required to participate in data template training. Further instruction will be provided closer to award.	
Grant Term/Estimated Start Date: The estimated grant term is September 1, 2018 through June 30, 2019, unless terminated, cancelled or extended.	Contact Information: Russ Spencer Fiscal Specialist First Things First Email: Rspencer@azftf.gov Phone: (602) 771-5043

GOVERNMENT AGREEMENT

GRA-MULTI-19-0991-01

Between The
**Arizona Early Childhood Development and Health Board
Pima North and Pima South Regional Partnership Councils
(First Things First)**
And
**Pima County Health Department
(Grantee)**

I. **Purpose**

The purpose of this Agreement is to specify the responsibilities and procedures for the Grantee role in administering Arizona Early Childhood Development and Health Board grant funds.

II. **Term, Renewal**

The term of this Agreement is September 1, 2018 through June 30, 2019. The parties may renew this Agreement for up to three (3) additional twelve (12) month extensions (including lesser parts thereof).

III. **Description of Services**

- A. Untreated tooth decay is the leading chronic disease in the United States that puts children at risk for pain and infection in the mouth. Untreated tooth decay can cause infection in the rest of the body, symptoms of failure to thrive in infants, decreased self-esteem, and a decreased ability to focus on learning and attending to tasks. In expectant mothers, untreated tooth decay is linked to low birth weight infants, as well as premature birth.
- B. The FTF oral health strategy delivers oral health risk assessments and fluoride varnish to children birth to age 5, as well as oral health risk assessments to expectant mothers. Parents and expectant mothers receive anticipatory guidance and referral and navigation services to get linked to a dental home for ongoing dental care. As part of this grant, medical/dental clinics as well as early care and education programs are outreached and provided education on the importance of caring for children's teeth, as well as those of expectant mothers. This grant requires that AHCCCS reimbursement be sought for the application of fluoride varnish.

- C. This grant serves children birth to age 5 (not enrolled in kindergarten), expectant mothers, medical/dental clinics, and early care and education programs in the full First Things First boundaries of the Pima South and Pima North regions.

IV. GRANTEE'S Responsibilities

The Grantee shall:

- A. Prior to entering into this Agreement, have completed and submitted to First Things First for review and approval the following forms and documents:

1. Agency/Organization Profile
2. Personnel - Program Personnel Table and Program Organization Chart
3. Required Narrative Responses
4. Implementation Plan
5. Line-Item Budget and Budget Narrative
6. Fiscal Information - Funding Sources and Financial Controls
7. Program Evaluation Information

The completed forms and documents comprise part of this Agreement.

- B. In providing programming described in Section IV.A, the Grantee shall act in accordance with its Program Questions and Narrative Responses; the approved budget; and the following First Things First documents: the Scope of Work (Exhibit A), Guidance Materials (Exhibit B), and the Data Security, Submission and Suppression Guidelines and Requirements for Collaborators (Exhibit C).
- C. Coordinate and collaborate with all First Things First grant recipients, as collaboration is critical to developing a seamless service delivery system for children and families.
- D. Submit timely the reports described in Section VI.

V. Reimbursement/Payment

- A. First Things First shall pay the Grantee on a cost-reimbursement basis for expenses approved in the budget, up to \$1,165,000 on the terms described in this Section. This is a multi-regional contract with funding available from the **Pima North and Pima South** regions. Should a region discontinue participation during the program year or not seek renewal at the end of a grant period, adjustments in administrative costs, scope of work for direct services and target service units may be necessary.
- B. Payment is conditioned upon receipt by First Things First of timely, accurate and complete (i) reimbursement documents, (ii) Program Narrative Reports and (iii) Data Submission Reports submitted via the First Things First Partner Grant Management System (PGMS). Payments shall be made only for those services performed or goods received.

- C. The Grantee shall submit reimbursement requests at least quarterly, though not more frequently than monthly. **The Grantee shall submit a final reimbursement request marked “final” no more than forty-five (45) days after the Agreement end date.** Expenses eligible for reimbursement must be paid, accrued or obligated by the Grantee by the Agreement term end date. Final payment shall be contingent upon receipt of all fiscal, programmatic, and data reports required of the Grantee under this Agreement. Requests for reimbursement received later than forty-five (45) days after the Agreement end date will not be paid.
- D. Funds provided to the Grantee under this Agreement shall only be used to fulfill the Grantee’s responsibilities under this Agreement. Any questions regarding the appropriate use of the funds shall be resolved by mutual agreement between the parties.
- E. If the Grantee receives reimbursement for expenditures that are disallowed by an audit exception by First Things First, the state or the federal government, the Grantee shall promptly repay the funds to First Things First.

VI. Quarterly Program Narrative and Data Submission Reporting Requirements

- A. At a minimum, the Grantee shall submit quarterly one Program Narrative Report and one Data Submission Report by the 20th of the month following the quarter via PGMS. Failure to submit timely reports will result in suspension of reimbursement. The reports shall contain such information as deemed necessary by First Things First.
- B. Program Narrative and Data Submission Reports are due:

1 st Quarter (September 1 - September 30)	Due: October 20
2 nd Quarter (October 1 - December 31)	Due: January 20
3 rd Quarter (January 1 - March 31)	Due: April 20
4 th Quarter (April 1 - June 30)	Due: July 20
- C. If the Grantee provides services to more than one First Things First region (multi-regional strategies), the Grantee shall collect, store and report the data for the Data Submission Reports separately for each region served.

VII. General Terms

- A. **FTF Grants Uniform Terms and Conditions.** First Things First’s Grants Uniform Terms and Conditions (revision date December 2017) are hereby incorporated by reference into this Agreement as if fully set forth herein. Copies of this document are available by emailing the First Things First Procurement Specialist, grants@azftf.gov.
- B. **Working on Tribal Land.** If the Grantee performs any work under this Agreement on sovereign land of a tribe, the Grantee shall comply with any requirements set forth by the tribal government in relation to essential functions of the grant operation,

including data collection. It is a material requirement of this Agreement that the Grantee follow all First Things First tribal policies and procedures including the Tribal Data Policy as applicable, obtain all appropriate parental consents and obtain appropriate tribal approvals as designated by tribal authorities, which approval may include a requirement to participate in cultural education and community orientation classes.

- C. **Non-Discrimination.** The provisions of State Executive Order 2009-09 are incorporated herein by reference. These provisions mandate, in part, that contractors will not discriminate against any employee or applicant for employment because of race, age, color, religion, sex or national origin. The Grantee shall also comply with all other applicable state and federal statutes, regulations and executive orders concerning non-discrimination practices, including the Americans with Disabilities Act and Federal Executive Order No. 13279 – Equal Protection of the Laws for Faith-Based and Community Organizations.

- D. **Records.** Pursuant to A.R.S. § 8-1174, the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all books, accounts, reports, files and other records (“records”) relating to the Agreement for a period of five years after the completion of the Agreement. All records shall be subject to inspection and audit by the State (including First Things First) and by an independent auditor at all reasonable times. Upon request, the Grantee shall produce any or all such records at First Things First’s main office in Phoenix, Arizona.

Notwithstanding the foregoing paragraph, pursuant to 2 C.F.R. § 200.333, if the grant includes federal pass-through funds, then the Grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all records pertaining to the federal pass-through funds for a period of three years from the date of submission of the final expenditure report and until any litigation, claims or audit findings involving the records have been resolved and final action taken. All such records shall be accessible and subject to audit in accordance with 2 C.F.R. § 200.336. This paragraph does not apply to a grantee, subgrantee or subcontractor that is a federal agency.

- E. **Non-Availability of Funds.** Every payment obligation of First Things First under this Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Agreement, this Agreement may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.

- F. **Relationship of Parties.** The Grantee under this Agreement is an independent contractor. Neither party to this Agreement shall be deemed to be the employee or agent of the other party.

VIII. Agreement Administration and Operations

- A. **Advertising, Publishing and Promotion of Agreement.** The Grantee shall not use, advertise or promote information for commercial benefit concerning this grant without the prior written approval of First Things First.
- B. **Review of Printed Materials.** First Things First must review and approve all Grantee publications and/or media funded or partially funded through this Agreement for compliance with this Agreement. The Grantee shall submit to First Things First via PGMS all print and electronic materials related to the programs and services funded under this Agreement before publicly distributing those materials so that First Things First may first review and approve prior to release. If deemed necessary by First Things First, the Grantee shall revise the materials as indicated by First Things First before publicly distributing the materials. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform, and otherwise use all materials prepared under this Agreement.
- C. **Acknowledgment of FTF Funding.** The Grantee shall recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all publicly distributed print or electronic materials related to those programs and services. The Grantee shall make this recognition in a manner described in First Things First's most current protocol and style guide. First Things First will post any updates to the protocol and style guide under the Grantee Resources section of PGMS. The Grantee shall also recognize First Things First as a funding source of programs and services funded in whole or part under this Agreement in all formal oral presentations and media interviews related to those programs and services.
- D. **Public Awareness Efforts.** The Grantee shall consult with First Things First in the planning of public awareness/marketing strategies, such as websites, advertising or media campaigns, related to the programs or services funded under this Agreement.
- E. **Ownership of Materials and Data.** Any materials and data required to be collected, delivered or created under this Agreement, including but not limited to reports, computer programs and other deliverables are the sole property of the State (First Things First). The Grantee shall not use or release these materials or data without the prior written consent of First Things First. The Grantee is not entitled to a patent or copyright on these materials and data and may not transfer the patent or copyright to anyone else.
- F. **Ownership of Intellectual Property.** Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this Agreement and any related subcontract or subgrant ("Intellectual Property"), shall be work made for hire and First Things First shall be considered the creator of such Intellectual

Property. First Things First shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. The Grantee shall notify First Things First, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s) and subgrantee(s). The Grantee, on behalf of itself and any subcontractor(s) and subgrantee(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by Grantee or its subcontractor(s) and subgrantee(s) to any entity not the State without the express written authorization of First Things First.

- G. **Sectarian Purposes.** Funds provided under this Agreement may not be expended for any sectarian purpose or activity, including religious worship or instruction. Additionally, the Grantee shall implement the programs or services funded under this Agreement consistent with the First Amendment of the United States Constitution. With respect to these programs or services, the Grantee also shall not discriminate against any program or service beneficiary or applicant on the basis of religion. First Things First reserves the right to verify or monitor compliance with this paragraph. The Grantee shall repay any funds awarded under this Agreement that the Grantee spends in violation of this paragraph.

IX. Indemnification

- A. **Not State Agency.** This paragraph applies if the Grantee is not a department, agency, board, commission or university of the State. Each party (as "Indemnitor") agrees to defend, indemnify, and hold harmless the other party (as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, costs or expenses (including reasonable attorneys' fees) (hereinafter collectively referred to as "Claims") arising out of bodily injury of any person (including death) or property damage, but only to the extent that such Claims which result in vicarious/derivative liability to the Indemnitee are caused by the act, omission, negligence, misconduct, or other fault of the Indemnitor including its officers, officials, agents, employees or volunteers. The State of Arizona, Early Childhood Development and Health Board (First Things First) is self-insured per A.R.S. § 41-621.
- B. **Patent and Copyright.** The Grantee shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of grant performance or use by the State of materials furnished or work performed under this Agreement. The State shall reasonably notify the Grantee of any claim for which it may be liable under this paragraph. This paragraph does not apply if the Grantee is insured pursuant to A.R.S. § 41-621.

C. **Subcontractors.** The Grantee shall contractually require its subcontractors and subgrantees, if any, to defend, indemnify and hold harmless the State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees ("State") from and against any and all Claims (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the subcontractor or subgrantee or any of its owners, officers, directors, agents, employees, volunteers, or subcontractors. This indemnity shall include any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of the subcontractor or subgrantee to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the State shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the State, be indemnified by the subcontractor or subgrantee from and against any and all Claims. It is agreed that the subcontractor or subgrantee will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. The subcontractor or subgrantee shall agree to waive all rights of subrogation against the State for losses arising from the work performed by the subcontractor or subgrantee for the State.

X. Insurance.

The Grantee shall provide a Certificate of Self-Insurance. The Certification shall be sent directly to First Things First, Fiscal Specialist, 4000 N. Central, Suite 800, Phoenix, Arizona 85012. If the Grantee is a department, agency, board, commission or university of the State of Arizona, then the Certificate of Self-Insurance requirement does not apply.

In addition, the Grantee shall contractually require its subcontractors to procure and maintain until all of its obligations have been discharged or satisfied, including any warranty periods under this Agreement, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work by the subcontractor and its owners, officers, directors, agents, employees, or volunteers. The insurance policies shall be in accordance with recommendations of the Risk Management Division of the Arizona Department of Administration, including its published Insurance Modules, and in consultation with First Things First.

XI. Termination Upon 30 Days Notice

In addition to the termination provisions incorporated by reference, either party may terminate the Agreement for any or no reason by giving at least thirty (30) days written notice of termination to the other party. If the Grantee requests termination under this provision, the Grantee shall cooperate with reasonable requests from First Things First to decrease services and costs related to the Agreement.

XII. Notices

The Grantee shall address all notices related to this Agreement to:

First Things First
Finance Division
4000 N. Central Avenue, Suite 800
Phoenix, AZ 85012













First Things First shall address all notices related to this Agreement to:

Pima County Health Department
Marcy Flanagan, Director
3950 S. Country Club Rd., Ste 100
Tucson, AZ 85714



XIII. Grantee Assurances

Grantee's Authorized Official to initial the following:

GENERAL

-  To adhere to the most current version of the Standards of Practice documents (available at <http://www.firstthingsfirst.org/strategy-toolkit>)
-  To adhere to the Data Security, Submission and Suppression Guidelines and Requirements for Collaborators, as applicable.
-  To review and adhere to the First Things First Grants Uniform Terms and Conditions. Copies of this document are available by emailing grants@azfff.gov.
-  To accept funds and administer the programs in accordance with all applicable federal and state statutes and regulations and Grant Agreement requirements.
-  To maintain internal controls, including policies and procedures, for assuring compliance with applicable cost principles and other Grant Agreement requirements.
-  To follow established personnel policies related to salary scales, fringe benefits, and travel reimbursement.
-  To use generally accepted accounting principles (GAAP).
-  To perform required financial and compliance audits in accordance with federal law and guidelines, including the Single Audit Act and 2 CFR Part 200.
-  To maintain documentation for employees working across multiple funding sources to ensure the amount of time charged to each employee does not exceed 100%.
-  To have fiscal control and fund accounting procedures in place to ensure proper disbursement of and accounting for any funds paid to subcontractors.
-  To maintain enrollment and participate in e-verify, if an employer.
-  To maintain a system of contract administration to ensure conformance with the Grant Terms and Conditions.

PROGRAMMATIC

-  To use proven, effective and/or evidence based programs.
-  To maintain the personnel qualifications outlined in the Standards of Practice with subsequent hires.

CMJ To comply with any applicable federal, state, and local health and safety requirements that apply to the facilities used for a program.

CMJ To actively participate in the Quality Assurance process, including assessments.

CMJ To coordinate, to the extent possible, with other programs in the same geographic area that serve similar target populations.

CMJ To coordinate with First Things First during the length of the program period.

CMJ To acknowledge funding from FTF in publicly-distributed materials in compliance with FTF's brand guidelines and submit such materials in advance for review.

CMJ To consult with FTF in the planning of public awareness/marketing strategies such as websites, advertising or media campaigns.

EVALUATION

CMJ To provide regular and timely reporting and to participate in all pertinent First Things First research and evaluation efforts.

CMJ If an evaluation study has been conducted on the proposed program, a copy of the evaluation report (if available) will be submitted to First Things First.

CMJ If funds are being requested to conduct an evaluation study, approval by First Things First Research and Evaluation team will be obtained prior to implementation.

CMJ If the evaluation study will include a tribal community, approval by First Things First Research and Evaluation team and Tribal Affairs division will be obtained prior to implementation.

FIRST THINGS FIRST

XIV. Authority to Execute this Agreement

Each individual executing this Agreement represents and warrants that he or she is duly authorized to do so.

XV. In Witness Whereof

The parties hereto agree to carry out the provisions of this Agreement.

**FOR AND ON BEHALF OF
PIMA COUNTY**

**FOR AND ON BEHALF OF THE
Arizona Early Childhood
Development And Health Board**

Richard Elias, Chairman
Pima County Board of Supervisors

Josh Allen
CFO/COO

Date

Date

Attest:


Clerk, Board of Supervisors

Date

Approved as to form:



Deputy County Attorney

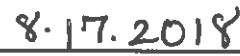


Date

Approved as to content:



Department Representative



Date

Government Agreement Attachments and Exhibits

Attachment A	Agency/Organization Profile
Attachment B	Personnel - Program Personnel Table and Program Organization Chart
Attachment C	Required Narrative Responses
Attachment D	Implementation Plan
Attachment E	Line Item Budget and Budget Narrative
Attachment F	Fiscal Information - Funding Sources and Financial Controls
Attachment G	Program Evaluation Information
Exhibit A	Overview of First Things First and Scope of Work
Exhibit B	Guidance Materials
Exhibit C	Data Security, Submission and Suppression Guidelines and Requirements for Collaborators

Agency/Organization Profile

A. Grantee Information:

Agency/Organization Pima County Health Department Contact Person Margaret Perry

Address 3950 S. Country Club Rd Ste 100 Position Program Coordinator

Address _____ Email Margaret.Perry@pima.gov

City, State, Zip Tucson, AZ 85714

Phone 520-724-7902 Ext _____ County Pima

Employer Identification Number: 86-6000543

Agency Classification: _____ State Agency County Government _____ Local Government
_____ Schools

_____ Tribal _____ Faith Based _____ Non Profit _____ Private Organization _____ Other

Have you conducted business with First Things First using this EIN within the last year? Yes _____ No
*If not or if there has been address or EIN changes, please go to
https://gao.az.gov/sites/default/files/GAO-W-9_072815-S%26S%26A.pdf download the State of
Arizona Substitute W-9 Form, and submit with your application.*

Congressional district (federal) in which agency provides most services: District # 7

Legislative district (state) in which agency provides most services: District # 25, 26, 27, 28, 29, 30
*Go to <http://www.azredistricting.org> and click on Final Maps to identify your
congressional and legislative district*

Approximate federal funding (from a federal source) to be received in current fiscal year? \$40,956,040

Agency's fiscal year-end date: June 30

Agency's accounting method: Cash _____ Accrual

Does your organization undergo an annual independent audit in accordance with 2 CFR Part 200, Subpart F? Yes _____ No

Contact information for firm conducting agency audit:

Audit firm: Arizona Auditor General

Address: 3910 N 44th St. Phoenix, AZ 85018

Phone: 602-553-0333

B. Program Details:

Program Name: First Smiles Matter
(The specific name of the program if different from the name of the strategy, organization, or model. If none, then enter N/A)

Program Model: Prevention and Early Intervention
(The specific name of the program model that has been proposed. If none, then enter N/A)

Geographic Area and/or Target Population: FTF's Pima North & South Regions; Children 0-5 years, parents, expectant women, early childhood providers, medical and dental professionals

Brief Program Description (250 words or less):

Pima County will serve a total of 9,695 children under 5 who are not yet enrolled in kindergarten and 4,080 expectant women in Pima County's North and South regions.

Pima County First Things First Program will provide:

- * Oral health screening and risk assessments to pregnant women and children under five
- * Anticipatory guidance to parents/guardians utilizing motivational interviewing techniques
- * Evidence-based fluoride treatments to children under five
- * Education based on "Smiles for Life" curriculum to dental/medical professionals
- * Education based on ADHS, Empower Program for early childcare providers
- * Support to parents and guardians enabling them to establish a dental health home for their child

Strategy and Proposed Service Units

Primary Strategy:

Oral Health

Number of Children receiving Oral Health Screenings:

Pima North: 6,055

Pima South: 3,640

Number of expectant mothers receiving Oral Health Screenings:

Pima North: 3,250

Pima South: 830

Number of medical clinics, dental clinics, and early care and education programs receiving oral health education:

Pima North: 50

Pima South: 25

C. Contact Information:

The First Things First Partner Grant Management System (PGMS) has four contact slots per contract. The same person may be assigned to more than one slot.

Main Contact: is responsible for the overall program and will have access to all financial, programmatic, and data reports in PGMS.

Finance Contact: is responsible for the submission of reimbursement requests through PGMS and will have access to budget and reimbursement information in PGMS.

Program Contact: is responsible for program implementation and will have access to the program and data reports in PGMS.

Evaluation Contact: is responsible for the program evaluation and data collection activities and will have access to only the data reports in PGMS.

PGMS Contacts		
Main Contact	Name: Margaret Perry	Email: Margaret.Perry@Pima.gov
	Title/Position: Program Coordinator	Phone: 520-724-7902
	Physical Address (if different than the agency address):	
Finance Contact	Name: Candace Moore	Email: Candy.Moore@pima.gov
	Title/Position: Finance Analyst Supervisor	Phone: 520-724-7783
	Physical Address (if different than the agency address): 130 W. Congress St. Tucson, AZ 85714	
Program Contact	Name: Margaret Perry	Email: Margaret.Perry@Pima.gov
	Title/Position: Program Coordinator	Phone: 520-724-7902
	Physical Address (if different than the agency address):	
Evaluation Contact	Name: TBD	Email:
	Title/Position:	Phone:
	Physical Address (if different than the agency address):	

FIRST THINGS FIRST

Attachment B - Personnel

Program Personnel Table

In the following table, provide a list of all personnel or positions that will be **fully or partially funded** through the program (listed under Personnel Services/Salaries in the budget) and the Full-Time Equivalent (FTE) for each position. For Key Personnel positions to be hired (TBH), describe the desired background/experience/degrees and field of study - and for all Key Personnel positions, indicate whether personnel meet the staffing qualifications in the Standards of Practice (SOP).

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.				
Name/ Position Title	Background/Expertise* Must include qualifications that align with the Standards of Practice (SOP)	Key Roles and Responsibilities	Meets the SOP Staffing Qualifications Yes/No**	FTEs funded through the program
<p>All staff will possess the following qualifications aligned with Standards of Practice:</p> <ul style="list-style-type: none"> • All employed staff and grant partners will be registered in the Arizona Early Childhood Workforce Registry and Professional Network • Staff will receive one-prime professional development through ADE on the: <ul style="list-style-type: none"> ○ Introduction to the Arizona Infant and Toddler Developmental Guidelines, and ○ Introduction to the Arizona Early Learning Standards. • All employees and grant partners interacting with the target population will possess a valid fingerprint clearance card issued pursuant to A.R.S. Title 41, Chapter 12, Article 3.1. • All employees hired will be reflective of the target population to be served, and will use experiences gathered in the field to engage participants in a culturally competent manner. Staff will recognize and respect cultural diversity by accommodating the individual's level of understanding and adapting appropriately 				
<p><i>Margaret Perry/Program Coordinator To be appointed Program Manager</i></p>	<p>In addition to the requirements listed above, supervisory staff also has:</p> <ul style="list-style-type: none"> • A Master's Degree in Business Administration with emphasis in Healthcare Management • Registration as a dental hygienist • Over 15 years' experience implementing oral health programs in Pima County • Experience as adjunct faculty working with local dental 	<p>Duties to be accomplished by the program manager include, but are not limited, to:</p> <ul style="list-style-type: none"> • Assisting with development of budgets, contract requirements and scope of work for contractors and partner agencies in compliance with procurement policies, including updating current policies and procedures • Monitoring grant and contracts compliance to evaluate program efficiency and effectiveness, 	<p>YES</p>	<p>1.0</p>

	<p>hygiene and dental assisting programs at Pima Community College</p>	<p>in addition to generating reports/findings for FTF</p> <ul style="list-style-type: none"> • Overseeing maintenance of database specific to this project • Recruiting, interviewing, training, supervising, and evaluating staff, contractors, and partners • Assisting with outreach and identification appropriate target populations while • Maintains confidentiality and security of information created or encountered in the course of assigned duties 		
<p>Health Aide (TBH) 1 Pima North 1 Pima South</p>	<p>Staff providing oral health education must have:</p> <ul style="list-style-type: none"> • A Bachelor of Science Degree in Health Education or a public health field (other allied health professionals may qualify, such as <i>promotoras</i>). <p>Education staff are also expected to:</p> <ul style="list-style-type: none"> • Complete training in the specific oral health education curriculum Smiles for Life. • Have excellent communications skills and the ability to adjust to the individual learners' needs, both children and adults. • Have skills necessary to outreach and interact with ECE, oral health and medical professionals 	<p>Tasks to be accomplished by Health Aides include, but are not limited, to:</p> <ul style="list-style-type: none"> • Assists with collecting and inputting compiled data and enters patient information while maintaining confidentiality as required by federal and local law • Assists centers, agencies and sites with distribution and collection of consents and assisting parents and legal guardians with completion of consent and risk assessment as needed • Provides clients with program specific educational information and contacting parents/guardians to provide screening findings or follow up • Assists RDH at mobile clinic sites • Maintains inventory control and creates orders for office, dental supplies and printing • Answers general questions regarding program specific information and service availability 	<p>YES</p>	<p>1.0 Pima North</p> <p>1.0 Pima South</p>
<p>Dental Assistant (C. Mendoza)</p>	<p>Staff providing dental assistance have, at a minimum:</p> <ul style="list-style-type: none"> • A degree in Dental Assisting from an accredited college, university, vocational/technical school or program • One year of experience assisting with dental screening and sealant placement 	<p>Tasks to be accomplished by dental assistants include, but are not limited to:</p> <ul style="list-style-type: none"> • Prepares patients for examinations; • Assists dentist during dental screening; • Assists dental hygienists by preparing dental sealants and assisting in their application; • Transports, sets up and breaks down portable dental equipment and supplies; 	<p>YES</p>	<p>1.0</p>

		<ul style="list-style-type: none"> • Coordinates clinic flow of patients; • Observes all required clinical procedures for the collection and proper disposal of biohazardous waste materials; • Sterilizes instruments, prepares instrument packages and cleans equipment in accordance with departmental and universal medical policies and procedures; • • Creates and maintains program/activity documentation 		
Admin Spec. (TBH)	<ul style="list-style-type: none"> • Minimum qualifications per the Pima County Board of supervisors for this position include: • Four years of experience performing secretarial or administrative tasks that demonstrate the required knowledge and skills including two years of experience providing overall support and coordination for a department, specialized program, or small business. • (Relevant education from an accredited college, university, trade or vocational school may substitute for up to two years of the general portion of the aforementioned experience.) • OR • • Two years of experience as an Office Support Level III or Office Support Level IV, or a similar clerical classification within Pima County 	<p>Duties to be accomplished by the administrative assistant include, but are not limited, to:</p> <ul style="list-style-type: none"> • Maintaining calendar of activities and meetings and obtaining FTF meeting dates, orientation, training dates and inviting appropriate staff • Assisting with updating program information on PCHD website and assisting with reporting requirements, including data collection • Establishing inventory control and orders clerical and dental supplies as needed and processes invoices for payment • Maintains confidentiality and security of information created or encountered in the course of assigned duties 	YES	1.0
<p>Program Coordinator (TBH)</p> <p>1 Pima South 1 Pima North</p>	<p>Minimum qualifications set forth by the Pima County Board of Supervisors for this position include:</p> <ul style="list-style-type: none"> • A Bachelor's degree from an accredited college or university with a major in a program- related field as defined by the appointing authority at the time of recruitment • At least three years of experience coordinating, monitoring, and/or administering program activities (Additional relevant experience and/or 	<p>Duties for program coordinators include, but are not limited, to:</p> <ul style="list-style-type: none"> • Overseeing and monitoring activities for their assigned populations (Pima North, Pima South, or pregnant women) • Assisting program Manager as needed in program planning, implementation, and reporting • Maintaining confidentiality and security of information created or encountered in 	YES	<p>1.0 North</p> <p>1.0 South</p>

	education from an accredited college or university may be substituted.)	the course of assigned duties <ul style="list-style-type: none"> • Answering general questions regarding program specific information, policies, procedures and service availability • Identifying and recruiting childcare centers, providers, parents, children and pregnant women to receive program services • Promoting First Smiles Matter program in community • Coordinating RDHs for screening and fluoride varnish clinics 		
Additional Personnel - those individuals funded through the proposed program but who do not directly implement or have direct program oversight of the program.				
EMR Program Coordinator (M. Ortega)				.3
EMR Special Staff Assistant (TBH)				.3
Communication Special Staff Assistant Sr.				.3
Mobile Dental RV Driver				.1
Program Division Manager				.1
Program Total:				8.1

* Resumes and/or job descriptions for key personnel may be requested at any time but unless otherwise indicated, they do not need to be submitted.

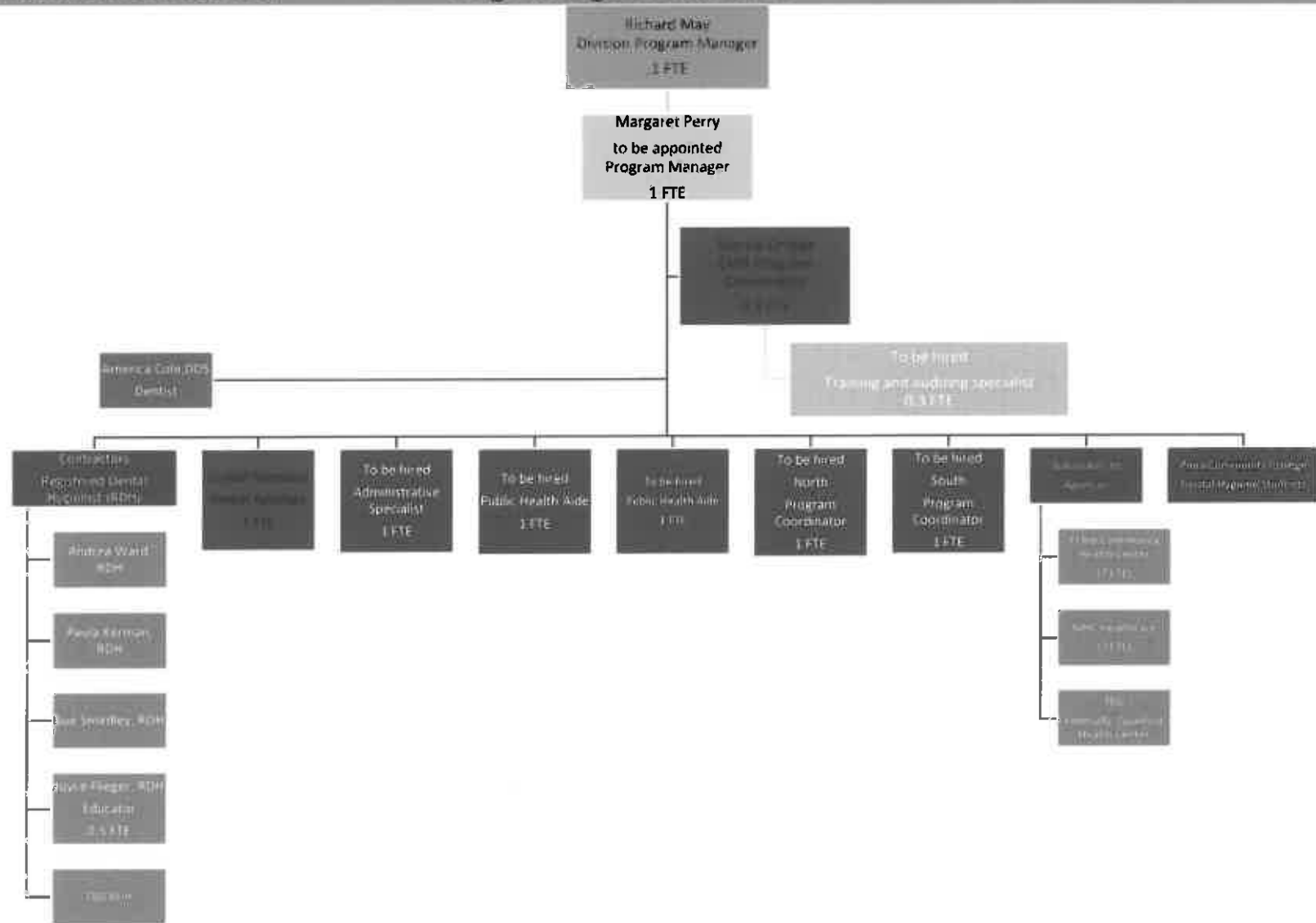
** By signing this document, I assure that all key personnel meet the Personnel/Staff Qualifications outlined in the FTF Standards of Practice or If any personnel do not meet the Staff Qualification standards, and this application is awarded, a *Request for Exemption from Staff Qualifications* will be submitted and approved by FTF prior to hire.

Margaret Perry Program Coordinator 8/3/18
 Name/Title _____ Date _____

FIRST THINGS FIRST

Attachment B - Personnel

Program Organization Chart



Required Narrative Responses

Provide a narrative response that addresses the following items.

- A. Describe the proposed program that includes implementation of the Administrative Home responsibilities and tasks. Include details of how the Administrative Home will work with sub-grantees and how the Standards of Practice will be adhered to and how key personnel requirements will be met during program implementation. Include specific information describing:

Similar to prior years, Pima County Health Department (PCHD) will be the lead agency, Administrative Home (AH), to implement this oral health strategy county wide, working with and connecting community agencies all while leveraging resources and enhancing the First Smiles Program (FSM). The First Smiles Matter Program, funded by First Things First-Pima South since 2009, will utilize the successful delivery structure to start in Pima North and to grow services in Pima South. FSM has been successful in providing more than 23,000 children, families and expectant women with preventive oral health services, referrals and education.

PCHD will collaborate and contract with federally qualified health centers (FQHCs) that also provide dental services. This partnership will assist with providing emergent dental care, maximizing our efforts to help establish dental homes and educating those we serve through First Smiles Matter. Amendments will be made for the current contracts with existing FSM partners, El Rio Community Health Center (El Rio), Desert Senita Community Health Center (Desert Senita) and individual registered dental hygienists. PCHD welcomes a new partner with the addition of FTF's Pima North region, Marana Health Care (Marana). The remaining qualifying FQHC in Pima County were not yet ready to take on this challenge and we hope before the end of the contract year they will be a FSM partner.

As the Administrative Home, PCHD will be responsible for:

- Overall fiscal management including oversight and necessary management of all sub-grantees, agencies and individuals

The Grants Management Finance team will be responsible for submitting all financial reports and required documents to FTF on a monthly basis. The FSM Partners (CHCs and contractors) will submit invoices with supporting documents to the FSM program manager who will review, approve and initiate process through the countywide procurement system. Once entered into the procurement system, Grants Management is responsible for final reconciliation and reporting to FTF.

- Coordination of data collection and reporting

With several new data requirements, PCHD will be identifying or creating a system to collect, track and accurately compile data from the FSM Partners as part of our AH responsibilities.

Currently, all of the partners have different electronic health record (EHR) systems. Compatibility across EHRs is a national concern. We do not yet know what information each EHR system collects or the format of system-generated reports. We will create an extensive Excel type worksheet to aid in the compilation and reporting of information from all FSM Partners.

PCHD has identified a dental software program that is compatible with our EHR. The PCHD electronic health record and the purchase of dental software will aid in the collection and reporting of client level data for the FSM clients seen by PCHD staff and contractors. Data will be entered by staff into the EHR/Dental record within 72 hours of service and will be extractable for reports. The actual process and details will be outlined and clarified once the dental software is purchased, staff have received training, and systems are in place.

For all FSM Partners, patient demographics and client level data will be collected from the extensive new FTF consents that are completed by parents, guardians or expectant women. Oral health data is collected and recorded during the screening procedure. Additional case management data and tracking will be entered into an electronic record, paper record or spreadsheet. Data collected will also include how services are being delivered, numbers of the target population served and other programmatic measures as outlined. Once collected from the FSM Partners, reconciled and compiled, the PCHD will electronically submit data reports to the FTF on a quarterly basis or as requested.

- Evaluation and quality assurance

PCHD is responsible for the coordination of all sub- grantees participation in any FTF evaluation or quality assurance processes. FSM Partners will be responsible for regular collection and monitoring of required components for their staff as defined in their contracts and then provide the information to the AH. After reconciling, the AH will follow up and assist the FSM Partners, as needed, to assure compliance with FTF QA.

FSM Partners are required to submit monthly reports, almost identical to the FTF template. Evaluation of sub-recipients monthly reports and documents will assist FSM staff with monitoring their progress, successes and as well as their capacity to adhere to their contract. Corrective action, beginning with verbal coaching, will take place with the person identified as the point of contact and problem-solving ideas will be exchanged to facilitate modification or correction of the issue. When data collection or reporting discrepancies were identified, we contacted the FSM Partner to discuss and develop a correction plan. The Partners knew they could reach out to us at any time for questions or assistance needed to reach their deliverables.

Professional development opportunities to help assure quality and consistency will be shared, facilitated or provided by the AH according to the requirements in the Standards of Practice. The assistance of the ADHS, Office of Oral Health and the FTF OH Communities of Practice will be very helpful meeting this demand. Staff and supervisors (including direct service staff, volunteers and sub-grant partner or partner personnel implementing the strategy) must

receive one-time professional development through the Arizona Department of Education on the: Introduction to the Arizona Infant and Toddler Developmental Guidelines, and Introduction to the Arizona Early Learning Standards. Other required trainings or topics, include but are not limited to: Smiles for Life, cultural responsiveness, Basic Screening Survey, utilizing and completing the oral health risk assessment tool, appropriate process to apply fluoride varnish, approaches to mitigating a child's apprehension about oral health screening and fluoride varnish, approaches to providing oral health care in a public health setting, cultural responsiveness, utilizing motivational interviewing skills to provide anticipatory guidance and two other courses relevant to the oral health strategy.

FTF mandated trainings were calculated to be a minimum of 20 hours per person. Concerns were expressed about clinical staff, especially dentists and dental hygienists, missing patient hours and production time. The AH has replicated a successful strategy used in other health care provider grants and programs. For year 1, training hours will be covered under professional development expenses and payment is based on which employees are required to attend. PCHD will offer continuing education credit to the dental providers and will share resources where they can get credit for courses that deal with the requirements and populations FSM serves.

A couple of very important trainings are provided by employers, as mandated by state and federal laws, for the protection of providers and clients. Dental professionals are required to complete annual trainings that include Safety Training (TB and Blood borne Pathogens, Occupational Safety & Health Administration) and Health Insurance Portability and Accountability Act (HIPAA) Compliance. In addition, PCHD staff are required to participate in at least 2 workforce development courses and supervisors have several required courses that address management issues.

- Service integration specific to sub-grantees

Both formal and informal methods will be use to facilitate collaboration and coordination of all sub- grantees so that all FSM Partners are aware of and agree to the provide services according to the FTF Scope of Work and Standards of Practice.

Pima County has many standard items in the contracts for sub- recipients, agencies or individuals, which advise and reinforce agreement requirements. The program staff create a Scope of Work that outlines and clearly defines the required elements of the contract for the partners and subcontractors. The Standards of Practice document from FTF is included in the documentation provided to contractors, who are expected to adhere to the requirements. In order to assure they will meet the guidelines, the AH will conduct an informational training meeting and provide hard copies of the documents they need to reference to maintain compliance with grant requirements.

All FSM partners work together to implement the Oral Health strategy. Each Partner will collaborate with First Things First funded family support providers in the Pima regions. FSM will plan to hold screening events and provide referral and navigation services to ensure that

families enrolled in family support programs are connected to a dental home for ongoing dental care. Family Support programs include home visitation, parent outreach and awareness and family support for children with special needs.

FSM has always held an annual “calibration meeting” with FSM Partners to review the early childhood oral health issues affecting our communities, educate the screeners on the Basic Screening Survey, review the consent packet and recording requirements for the parent take home forms. This meeting also allowed the Partners to express their concerns and work together for solutions to their concerns or questions when providing FSM services.

Going forward, we plan to create a listserv or group messages that will allow frequent dissemination of information and ensure consistent messaging to FSM Partners. Through the Southern AZ Oral Health Coalition, we have seen the use and benefits of an online resource, “go to meeting” that could be used for meeting with program supervisors and managers regularly.

- Outreach and Recruitment

The Administrative Home will implement a coordinated outreach and recruitment process in order to reach as many children birth to 5 and expectant mothers as possible with consistent messaging and information.

The FSM Program plans to work with the PCHD Communications Department to develop a marketing plan and will specifically utilize the following:

- Commercials broadcast on Spanish-Language radio
- Public media outlets, including television
- Facebook and other social media interfaces

PCHD Communications Department that has garnered national attention for their innovative syphilis awareness campaign will be leading our social media and communications campaigns. Following the FTF Branding guide, we will develop and implement community based culturally appropriate messages that focus on: early prevention of tooth decay; importance of oral health to overall health; and promoting regular dental visits beginning at age 1 and other messages being promoted by FTF and the FSM Partners for the oral health strategy.

For outreach and to begin the service delivery in both Pima North and Pima South, FSM will utilize a comprehensive list of licensed childcare centers and homes that we request from the Child Care Resource and Referral agency in Tucson. The list provides business, contact name and number for staff to call and introduce the program or in the case of Pima South is used to reconnect with centers and preschools that have participated in the past.

- How consents will be managed and completed.

The new FTF consents will be printed by the AH and distributed to FSM Partners for their use with uninsured children and all expectant women in their clinics, WIC centers or at health fairs. PCHD staff will distribute consents to directors, health staff or teachers in childcare centers, Head Starts, and preschools. The consent packet, a front page with a simple explanation of what the child will receive the day of screening, pages for demographics and medical/dental history, and the Pima County Health Department's Notice of Privacy Practice are all printed in English and Spanish.

- How oral health risk assessments will be completed with parents of young children and expectant women and risk assessment tools to be utilized.

The FTF consent has several questions that help to further define the risk level of the child or expectant woman. It should be noted that all children in Pima County are considered at moderate to high risk due to the fact that our community water sources are not fluoridated. In Arizona, Hispanic and Native American children have higher prevalence of decay experience and untreated decay. Previous decay is the greatest predictor of future decay, so those children are also at moderate to high risk. Identifying the risk factors allows the provider to prioritize the areas that will be addressed when providing anticipatory guidance to the parent or expectant woman.

- How screenings (with fluoride varnish application) will be conducted and screening tools to be utilized.

Only certain licensed providers (dental hygienist, dentist, nurse practitioner, practical nurse or physician) are legally able to apply fluoride for the First Smiles Matter Program. In order to be eligible they will have successfully completed a training on early childhood oral health and the Basic Screening Survey (BSS) to assure consistency in reporting of dental needs. Dental hygiene students may be used for the application of fluoride varnish under the supervision of a (PCHD staff/contracted) dental hygienist under a cooperative agreement with Pima Community College and according to AZ state laws and rules as set forth by the dental board. Other students or health professionals may be utilized for recording of information or assistance in simple clinic operations.

For those children with parental consent, a screening is conducted using a flash light and disposable mirror. Oral health data is collected and recorded by the provider or assistant. Qualified providers have been trained to use a national standardized and calibrated data collection tool, Basic Screening Survey (BSS), developed by the Association of State and Territorial Dental Directors (ASTDD) to provide a framework for obtaining oral health data that is inexpensive and easy to implement; yet always consistent. It is not a thorough clinical exam, it is designed to identify pre-cavities, gross oral lesions, past and present decay, and urgency of need for dental care. A "Findings" form, that includes instructions for post application, will be filled out and given to the parent or guardian or sent home with the child.

FSM staff, once trained, will utilize motivational interviewing to address oral health issues identified in the child or expectant woman. Behavior changes are very difficult and one of

the best strategies is to engage the client or parent and allow them to self-select an area to modify or change. One or two goals are identified, possible solutions are discussed, and the provider provides encouragement. At another visit, the provider follow ups with the client to hear their successes or challenges with the interventions. Again, positive encouragement and discussion with the client continues until the client either is satisfied with their success or selects another strategy to work on.

After the screening has been completed the professional fluoride applications are provided in a simple, two step dry & paint on process of a 5% sodium fluoride varnish with xylitol. It dries to a natural tooth color on contact and sets readily in the presence of saliva, minimizing fluoride ingestions. The Program uses a single unit dose of .25 ml appropriate for young children.

Most children will receive two screenings per year; however, children with high risk scores may receive more than two screenings per year. A second visit will be scheduled so that FSM can provide a follow up visit approximately 6 months after the first visit. This allows FSM to see what treatment, if any, has been completed, a second notification to the parent, a new toothbrush and a second application of fluoride to prevent and arrest tooth decay.

- How efforts will be made to conduct screening events with parents present. There are several venues where the parent or guardian will definitely be present, ie. WIC, Immunization clinics, and pediatric medical or dental clinics. Parents are always welcomed to be present for a FSM visit. They will be invited to attend their child's preschool, as allowed by school or center, on the day FSM is scheduled to provide education or preventive services. All FSM partners will explore new possibilities and venues with different agencies serving the same target population i.e. home visitors, Parents as Teachers, and literacy events for onsite screening events.
- How anticipatory guidance will be provided to parents and expectant women with special attention to processes to be implemented when parents are not in person at the screening event.

Once trained by ADHS, we expect all providers will utilize motivational interviewing skills to provide anticipatory guidance to parents or expectant women. Anticipatory guidance is given based on the risk factor and the oral health status of the child or expectant woman. Until that time a more traditional approach is utilized allowing providers to use their personal and professional experiences to explain the findings to the parent or expectant women. They would also explore to find out if the parent has any concerns or difficulties that can be addressed by the provider.

A parent, if not present for the screening, will be contacted if their children had urgent dental needs, pain, infection or swelling, to encourage the parents to have the child seen by the dentist within 24-48 hours. When the parent or guardian is not present at the screening, at least two attempts will be made to provide anticipatory guidance by phone.

- Which parents and expectant women will be provided referral and navigation services and how those will be provided.

All parents/caregivers of children or expectant women without a dental home or with high risk for tooth decay will be provided a referral and navigation assistance. Those with urgent needs will be contacted within 24 business hours from the screening date. If a parent/caregiver is not on site for the screening event then FSM will contact the parent/caregiver within 1 week from the screening date to provide referral and navigation services. If an expectant woman request s call to set up a dental appointment, they will also be contacted within 1 week.

If the clients have granted permission to their dental office, we will be able to make at least 2 attempts to confirm with the dental home that the child or expectant mother attended the dental appointment.

- How education will be provided to ECE programs, and dental/medical clinics.

Oral health education is provided by FSM to parents/caregivers, ECE providers, and dental and medical professionals. The FTF Standards of Practice for Oral Health are utilized to assure that FSM meets or exceeds the guidelines, providing culturally sensitive, age, and literacy level appropriate oral health information delivered by qualified staff and providers.

Education to caregivers may be provided in a group setting at a parent meeting or during their child's visit with a FSM provider when possible. With a direct link to the caregiver, oral health information can be individualized to the child and family or to the expectant woman. Other parent education is provided to groups of parents whose children attend a specific childcare center or preschool. These sessions are provided in English or Spanish with ADHS, Empower materials, simple activities are incorporated to aid comprehension, and oral hygiene handouts and supplies are provided to participants.

Many of the centers and preschools are registered participants with the Arizona Department of Health Services' Empower Curriculum. The program requires their staff to receive training on age- appropriate Empower topics each year, one option is oral health. The Empower Curriculum's Standard #7 addresses oral health by requiring participating centers to provide monthly oral healthcare education or implement a tooth-brushing program.

To meet a new requirement of FTF, PCHD will incorporate the new ADHS, OH online training "Tooth Brushing in Child Care Settings" for the ECE programs. These trainings provide practical information and evidence-based rationale to guide the implementation of a tooth-brushing program. Participating centers also receive the necessary supplies for starting and maintaining a tooth-brushing program.

Education for dental and medical providers is made available to FSM providers and pre-professional dental hygiene students. One approach that was valuable to some of the dental

providers was having the presentation during lunchtime. A “Lunch n Learn” appointment is scheduled with the office and on the day of the meeting, lunch is provided by FSM to those in attendance. FSM staff will identify new practices, obstetrics/gynecology clinics, and health clinics to reinforce the importance of caring for expectant mothers’ oral health and to assist with finding a dental home if needed. FSM staff will also identify new primary care clinics, pediatric practices and federally qualified health centers to encourage primary care physicians to provide oral health screenings, apply fluoride varnish, and refer families to a dental home by the child’s first birthday.

The guidelines from AHCCCS, requires medical providers to complete appropriate modules of the “Smiles for Life” curriculum to be eligible for reimbursement of fluoride varnish treatments. The curriculum, and the four identified courses by FTF, will be routinely used to align with the new FTF requirement. For the next cycle, PCHD plans to contract with another experienced educator and former oral health grantee from another county to conduct the education to medical/ dental clinics.

- How claims for AHCCCS eligible children will be filed to AHCCCS health plans, and
- How recouped funds from paid AHCCCS claims will be reinvested back into the oral health program, all as required in the Oral Health Standards of Practice.

PCHD has been working to determine the best approach to comply with FTF’s new requests regarding AHCCCS reimbursement. Filing claims for children covered by AHCCCS and reinvesting funds back into the FSM Program will require additional research and development.

Further clarification by FTF staff, Pima North and Pima South Regional directors has helped the community health centers understand that they do not need to reinvest their AHCCCS billing dollars because they will not be counting services for FTF that are provided to their AHCCCS clients. They will serve and be reimbursed for screening, fluoride, education and case management for all of their uninsured children and all expectant women that are screened and educated by the FSM partner.

PCHD will meet with ADHS, Office of Oral Health to determine the billing process. Together we can work to streamline the process for billing AHCCCS, through ADHS, for FSM clients that receive services by PCHD staff or contracted registered dental hygienists.

At this time, it is unknown how long it will take to collect the reimbursement dollars through ADHS and how much will be realized. FSM will report the progress and dollars received in each quarterly report to FTF. By the end of year one, PCHD should have received AHCCCS dollars. At that time there will be discussion with FSM and community partners to determine the best approach for reinvesting those dollars to benefit the FSM program and their clients. Some ideas include making provisions for emergent dental care for expectant women with no dental coverage because their dental complications could affect the birth process etc.,

providing a speaker for a continuing education event for medical/ dental providers, or supporting mutually beneficial activities of the Southern AZ Oral Health Coalition.

B. Provide a description of the following related to the target population to be served by the proposed strategy:

- How the program will specifically address the target population identified in this agreement.

The FSM Program has provided preventive oral health services in childcare centers, Head Start Programs, and pre-schools in the target communities in the Pima South region for more than eight years. This experience guides FSM's plans to identify, recruit, and retain children and expectant women into the program. Outreach is conducted directly to early childcare providers, educators and parents regarding the importance of oral health and the availability of the FSM prevention and early intervention program. Clinics may also be provided at other sites where parents and children receive other health services, or at a prearranged times at locations in their communities.

United Way of Tucson and Southern Arizona (UW-TSA) and Child and Family Resources (CFR) will continue to help connect us with childcare centers, families, and home and group homes through the First Focus on Kids coalition and the Family Support Alliance. Early childcare providers and educators are recruited at meetings or at area conferences specifically designed for these providers. The Child Care Resource & Referral Program, with Child & Family Resources, provides a current list of licensed childcare centers and homes in zip code area(s) in Pima County. This list contains center and director names, addresses and contact numbers for the director of each center in the Pima South designated zip codes and communities. The centers/sites are assigned to the appropriate FSM Partners, based on service area and their ability to provide services off site.

The centers and sites that FSM currently serves will all continue to participate with the Program when funded. Some centers and sites in Pima North are anxiously awaiting the preventive oral health services they have heard so much about from their colleagues in Pima South.

- The proposed units of service to reach in alignment with the Target Service Units stated in the Scope of Work.

We propose the following service numbers in the respective regions:

Region	Number of children receiving oral health screenings:	Number of expectant mothers receiving oral health screenings	Number of medical clinics, dental clinics, and early care and education programs receiving oral health education
Pima North	6,055	3,250	50
Pima South	3,640	830	25
Total	9,695	4,080	75

The PCHD Oral Health Programs focus on low income, underserved, uninsured and higher risk populations in Pima County. Since 2009, FSM has been serving low-income expectant women and children through the Head Start programs, preschools and childcare centers in high poverty areas. Additionally, we have served rural and more remote locations within Pima South, such as Arivaca and Sasabe among others. These factors have historically affected the number of clients we were able to serve.

With expansion into Pima North, we anticipate serving a similar population and risk factors, over a much larger geographic area. These factors potentially increase the personnel hours and costs related to travel.

All children and pregnant women residing in Pima County are at greater risk for tooth decay simply because of sub-optimal fluoridation of the municipal water systems and most wells. The factors that place this population at higher health and economic risk also contribute to higher risk for, and rates of tooth decay. Best practices indicate that 2-4 fluoride varnish treatments are beneficial to prevent and arrest tooth decay and therefore require more than one visit and necessitate the use of personnel time and supplies.

High-risk individuals are less likely to have a dental home, less likely to regularly attend to health care needs and may have compromised nutritional status, which all increase their risk factor status. The extensive new navigation protocols, while a good strategy, will require countless personnel hours of trying to reach a parent or guardian. If we are able to make contact we must effectively engage them utilizing motivational interviewing to address the oral health needs and importance of a dental visit.

Our visit statistics from FY 17-18 reveal that 70% of the children served were unduplicated while 29% had two or more visits. Based on this historical service delivery and all of the risk factors discussed above, we have calculated our projected number of children for unduplicated service.

For the last nine years, FSM and Partners have been contracted to provide services to 60-100 expectant women in Pima South. We have been able to serve that number but not exceed it by more than 5%. With positioning of a program coordinator in each region, we project we will be able to increase this number in this next cycle. Through community outreach and new contacts we are confident we can overcome our limited experience in Pima North.

We have reviewed the proposed numbers for service delivery to expectant women and will work towards serving 3,250 expectant women in Pima North and 830 in Pima South. While this is a 6700% increase over prior years, with an increased service capacity and a shorter service year we

will make every effort to meet these new projections and we will reevaluate as we progress. We will have a better indication about the number that can be served in year 2 and beyond. The FSM program manager will meet with FSM Partners to define expectations, monitor the progress each month, and evaluate the strategies as needed. Further discussion with FSM Partners, specifically the community health centers, will help us to know if we can meet these projected service delivery numbers based on their service capacity and their experience in their service delivery area. To date, the largest CHC with whom we currently contract with has projected that of the 1,050 prenatal patients enrolled at El Rio they would be able to commit to see 30 expectant women. This number is based on their prior challenges as they attempted to provide oral health services in their OB/GYN clinics in prior years.

FSM will provide outreach and education as outlined in the scope of work and standards of practice to medical and dental clinics utilizing four specific courses from the Smiles for Life curriculum. In our experience, one of the best ways to reach the medical and dental professionals is through the “lunch n learn” approach. Lunch and continuing education credits are offered to dental professionals, who are required to accumulate more than 54 credit hours each triennial license renewal. Using the same approach, medical professionals will receive lunch and oral health educational and promotional materials to promote dental health literacy to their clients.

We will work toward reaching 50 health and early childhood sites in Pima North region. In Pima South during FY 17-18, we educated 125 adults in 6 sessions, under the new requirements (sites vs individuals) that would equate to only 6 sites reached. With a nine year history of providing FSM services in Pima South, we have provided education to many health and early childhood sites already. We propose to reach at least new 25 medical/ dental clinics or ECE sites the first year in Pima South. Early care and educational providers are best reached at regional meetings such as the Family Support or SAZAEYC conferences. In addition, childcare centers that participate in the ADHS Empower Program are required to receive credit hours related to the Empower Standards. Both of these provide the opportunity to reach many individuals and centers. We also honor requests for onsite education from individual centers and ECE sites. To escalate our proposed numbers towards FTF Pima North & South RPC goals, we will concentrate our efforts on establishing new relationships to reach sites in Pima North as well as in Pima South.

- How the program will meet the needs of the targeted population in terms of being culturally responsive, linguistically appropriate, age appropriate and gender responsive.

PCHD has provided care to underserved and uninsured populations in Southern Arizona since 1955, and employs a diverse nursing and dental staff representing the diverse populations served. PCHD staff are experienced in providing culturally and linguistically appropriate care, and regularly receive county sponsored trainings, seminars and on-line webinars on cultural sensitivity. Much of PCHD's staff are bilingual, reflecting the large and proud Hispanic community living here, and a translation service available at all clinic sites to aid staff in communicating with clients who primarily speak a language other than English or Spanish.

The FSM Partners have demonstrated a lengthy successful history of providing culturally competent outreach, education and healthcare services in our community as well. Oral health

issues are not limited to any gender, age, race or ethnicity. PCHD respects this fact and has worked for decades to ensure forms and educational materials are available in both English and Spanish to serve the Hispanic community, the concentration of which is much higher in Pima County than in the nation as a whole.

PCHD will continue to use its experience providing programming for young children to ensure interventions are age-appropriate, and will enforce experience with children as a minimum qualification for partners seeking employment or contracting with the program. The recruitment for staff or contractors will focus on identifying individuals that are experienced working with diverse clientele and are understanding of other cultures and ethnic experiences. Staff that will be charged with communicating with parents, whether at a screening event or for follow up, will be required to speak the 2nd most common language in our area, Spanish. While many of the children we serve may come from families where Spanish is spoken regularly, we have always been able to communicate with the children in our broken Spanish or with help of a teacher or staff member.

Within 6 months of hire and annually, all staff will participate in professional development that includes topics relevant to the target population served as well as support to understand and reflect on staff's own culture and potential bias. A free online education program accredited for oral health professionals is now available, and will be recommended to FSM Partners. This e-learning program provides oral health professionals with basic knowledge and skills related to cultural and linguistic competency, based on the HSS Office of Minority Health's National Standards for Culturally and Linguistically appropriate Services in Health and Health Care (the National CLAS standards). U.S. Department of Health and Human Services, Office of Minority Health [HHS OMH]. (2013).

- How recruitment and outreach efforts, and engagement and retention practices will be employed in this program for the targeted population.

The FSM Program has provided preventive oral health services in childcare centers, Head Start Programs, and pre-schools in the target communities in the Pima South region for more than eight years. This experience guides FSM's plans to identify, recruit, and retain children and expectant women into the program. Outreach is conducted directly to early childcare providers, educators and parents regarding the importance of oral health and the availability of the FSM prevention and early intervention program. Clinics may also be provided at other sites where parents and children receive other health services, or at a prearranged times at locations in their communities.

United Way of Tucson and Southern Arizona (UWTSA) and Child and Family Resources (CFR) will continue to help connect us with childcare centers, families, and group homes through the First Focus on Kids coalition and the Family Support Alliance. Early childcare providers and educators are recruited at meetings or at area conferences specifically designed for these providers. The Child Care Resource & Referral Program, with Child & Family Resources, provides a current list of licensed childcare centers and homes in zip code area(s) in Pima County. This list contains center and director names, addresses and contact numbers for the director of each center in

the Pima South designated zip codes and communities. The centers/sites are assigned to the appropriate FSM Partners, based on service area and as defined in their in contracts. The centers and sites that FSM currently serves will all continue to participate with the Program if funded. Some centers and sites in Pima North are anxiously awaiting the preventive oral health services they have heard so much about from their colleagues in Pima South.

Dental and medical practices are identified by zip code utilizing AHCCCS and dental licensure lists in targeted areas within the Pima South and Pima North geographical regions. Dental offices are cold-called and encouraged to participate in a "Lunch-N-Learn" continuing education session. Dentists and dental hygienists are contacted through board meetings, monthly continuing education meetings and newsletters with the assistance of the Southern Arizona Dental Association and the Southern Arizona Dental Hygienists' Association.

Pima Community College Dental Hygiene and Dental Assisting and Grand Canyon University Nursing Program have all participated in the FSM Program in the past. Students receive training about early childhood oral health and its importance to school readiness. Students also receive the opportunity to rotate through FSM clinics to provide assistance to the dental hygienist, specifically in recording the screening findings. This first-hand experience allows the students to have a realistic view of the unmet dental needs of young children, and is extremely valuable to the pre-professional students.

Retention of sites does not seem to be an issue for FSM. Once the Program is invited into a center, school or site and provide our services FSM has always been welcomed back. If notification is received that the FSM program has been funded in Pima North, we are expecting an influx of requests for services throughout region. For years, we have been asked by CCHCs, parents and providers in Pima North if FSM would provide the prevention services to their centers, children and families.

- C. Identify infrastructure or capacity building which will be needed to provide the proposed program, including agreements and partnerships with other departments and agencies, additional resources, and training and technical assistance.

We truly appreciate that "Pima South and Pima North Regional Partnership Councils recognize and acknowledge that FSM will need to scale up service delivery to reach both regions and the contracted service units. This will require time (the first year of the contract) to grow the program in terms of reach, staffing, purchase of supplies and data tracking."

Current contracts are in place for zero dollars with El Rio CHC and Desert Senita CHC. An amendment will be generated to fund the CHCs once this IGA is in place. Once the FSM Partners have confirmed their level of participation a new scope of work will be created and the FTF SOP will be an "exhibit" attachment to the amendment. Initial contracts will need to be created for the new partner, Marana Health Care, then processed through the Partner's agency as well as the Pima County Board of Supervisors. The timeframe is difficult to determine with all the various processes that need to be carried out by all the different agencies.

Several internal discussions have taken place within PCHD. We will schedule a meeting to determine the best way to integrate the FSM Services at all the different PCHD locations. FSM will identify sites with the greatest number of clients that fit our target population, and develop details to implement the services along with the site manager and staff. We anticipate this will be a straightforward process.

We have asked all of the participating partners (3) to complete the DATA packet as we have done, in order to know the data that is currently being collected and what new data will need to be included for FTF requirements. We have learned that the El Rio CHC IT Department helps support the IT structures in several of the other CHCs. This however does not mean that any of the systems are able to talk to each other or report data in the same way.

PCHD uses a different system for electronic health records, eCW. FSM Program staff would need training by software program staff to use the EHR and its templates. The software staff would need to be scheduled as they travel from other states so the exact time frame is unknown at this time. FSM has researched dental software and proposes to purchase a program to facilitate additional oral health data collection. This software program would also require additional training for FSM staff.

We have started the conversation with ADHS, Office of Oral Health about having them be the intermediary entity that will conduct all AHCCCS billing activities on behalf of the PCHD. PCHD has agreed to set up a "revenue" account where the AHCCCS dollars will be deposited so that it can be reinvested back into the FTF Oral Health program. The time frame is unknown as is the amount of reimbursement after actual costs are realized.

D. Identify barriers to providing the proposed program and plans for addressing these barriers.

All the new trainings required by FTF add up to approximately 20 hours per person. Every one of the trainings is appropriate to help prepare all the providers and supporting staff for serving the FSM clients across Pima County. Finding qualified and interesting speakers, scheduling the trainings and the providers may prove to be a little difficult. Most dental providers' time is considered to be of more value when they are serving patients and when not producing there is concern about "lost" revenue. For the first year, FSM has determined there will be sufficient funding to provide the CHCs funding to cover the employees' time and mileage to attend required professional development trainings, thereby lessening the burden of "lost" revenue.

Data collection and reporting has also been an area that raised much concern by the CHCs. While all of the FSM potential Partners collect data, it is done so differently and with different software programs. They expressed concern that the reporting requirements will need to be simple and well defined in order to minimize the number of staff hours to complete this task.

FSM has conducted several meetings with potential partners for service provision. To date, we have just received commitments from three of the community partners. Some of the points for the stated hesitation have included complexity and extensive requirements that would be placed upon them through this contract.

The AHCCCS reinvestment strategy caused much distress and confusion for potential contracting partners and PCHD. Subsequently, FTF Staff met with PCHD and potential partners to explain the intent and to clarify that the CHCs would not need to reinvest their AHCCCS dollars because they would not be counting those services towards FSM.

Three major community health providers in our community have declined the opportunity to work this grant and FSM, one of whom serves a more remote and underserved portion of Pima County. One entity was not able to appropriately bill for services through AHCCCS and had concerns with the extensive data collection and reporting requirements. The second entity declined due to the potential burden on staff in many departments to produce the reports necessary for this program.

If we could streamline the reporting process, it could encourage participation from these reluctant and important community partners.

Our experience working with our target populations has raised concerns about potential compliance with the new extensive FTF consents. Since we have provided services in Pima South with an entirely different consent for nine years, we will be able to compare consent return rates. Staff have expressed that their clients are very hesitant to provide very personal and financial information. The new consent form now gives explicit opportunity for parents to decline the fluoride treatment. This is mostly problematic when parents are not on site, as they do not have the benefit of elaboration from professional staff on the benefits of fluoride in addition to just the screening.

Another identified barrier is poor attendance of parents/caregivers at the educational presentations. Experience shows that even with incentives, attendance rates have been poor. To overcome this barrier we plan to:

- 1) Provide services when the parent is present allowing for individual education based on the child's needs, e.g. during a WIC visit, an immunization or well child visit;
- 2) Explore times/dates that may be more convenient for parents/caregivers to attend educational presentations;
- 3) Continue to work with the various home visitors, Parents as Teachers, Health Start, and Nurse Family Partnership to help deliver oral health messages to parents and families.

FSM has historically identified absenteeism and enrollment change as barriers in reaching children in childcare settings. Clinics are scheduled on days with the highest enrollment according to the center's suggestion for day of week and time of day. To overcome this barrier, a second fluoride varnish clinic was coordinated with childcare staff to serve the children who were previously absent or are newly enrolled.

Desert Senita continues to struggle with reaching the target service units for expectant women due to the lack of OB/GYN services in the Ajo area. Desert Senita is working with their medical staff, WIC and the home visitation program to identify children, families and expectant women to receive services.

Unfortunately, misinformation related to fluoride also continues to be a barrier to this program. Many people still oppose the use of fluoride despite the strong evidence demonstrating there are safe and effective ways to deliver fluoride, and some parents reportedly refuse this effective preventive strategy because of stated myths and misconceptions not based on scientific evidence. A wealth of evidence from the American Dental Association has shown that optimal levels of fluoride not only reduce cavities in children and adults, but also help in repairing the early stages of tooth decay even before the decay is visible. We must continue to inform and educate parents, staff, and health professionals about the importance, benefits and safety of fluoride, especially now that other products are readily available that can help to prevent tooth decay.

- E. Describe plans to recruit and locate personnel within the geographical region of the provided program that meet the staff qualification standards detailed in the Standards of Practice, and are linguistically appropriate and culturally responsive for the population to be served. If there is anticipated difficulty in hiring qualified personnel, include a plan and timeline for supporting staff to meet the qualification standard.

Personnel recruitment and selection follows Pima County Merit System Rules (MSR) and Personnel Policies. As stated in MSR 4.1, "Recruitment efforts shall be planned and carried out in a manner that ensures open competition. Development and implementation of recruitment plans shall be a cooperative venture between departments and Human Resources and shall be based on projected workforce needs and labor market conditions, as well as the need for recruitment of minorities, women and other groups where there is under representation in the County's workforce".

Recruitment is conducted using the County Wide Classification System, minimum qualifications for each position are set by Pima County Human Resources; however, programs can specify preferred qualifications. For example, the program can specify that applicants have "experience working with children" or "Bachelor of Science Degree in Health Education" or experience with diverse populations.

The PCHD FSM program will utilize the FTF Oral Health SOP staffing qualifications as preferred qualifications for recruitment. FSM will be recruiting Spanish speaking individuals for positions that will be working with parents or expectant women that identify Spanish as their preferred language.

It is the policy of PCHD to ensure positive healthcare outcomes by providing socially, culturally, and linguistically appropriate services. In an effort to achieve health equity PCHD provides services to a diverse population in a culturally competent manner by following the National Standards for culturally and Linguistically Appropriate Services (CLAS). Education is provided in a person-centered manner to assure that participants understand, are informed, educated and involved in the discussion.

PCHD strives to recruit and retain culturally diverse staff representative of the population in PCHD's service area. PCHD staff are experienced in providing culturally and linguistically

appropriate care, and regularly receive county sponsored trainings, seminars and on-line webinars on cultural sensitivity, which includes disabilities and gender related issues.

Staff are currently housed at the Abrams Public Health Center, which is close to the freeway, allowing easy access to most of the geographic regions served by the program. All PCHD staff and contractors are aware they will need to travel throughout Pima North & Pima South regions to reach our target populations and that they will be reimbursed according to the AZ State travel policy. Further information on the recruitment, selection and application process can be found at http://webcms.pima.gov/government/human_resources/ (Rules and Policies – Merit System Rules and Personnel Policies).

- F. Describe how collaboration will be approached and the steps that will be taken to promote collaboration with other government departments and partners working with the agency. Identify partners to engage with (including those that may be needed to seek AHCCCS reimbursement, potential funders that could be outreached to expand service delivery, as well as community partners identified in the Description of Strategy section of this grant) and the current status of these relationships, including how collaborations will align with the continuum in the Standards of Practice and Scope of Work.

PCHD has a history of successful community collaborations and relationship building within the oral health community. As the Administrative Home, PCHD will collaborate with new and existing programs and FTF grantees to enhance the system of oral health care within Pima County.

We work very closely with the ADHS, Office of Oral Health, to provide oral health preventive services to school age children in Pima County schools. At this time, they will also act as the intermediary to bill AHCCCS for FSM services provided by PCHD staff and contractors. The details and procedures have not yet been defined by ADHS, OOH staff.

Coordination with individuals, community agencies and group organizations have greatly enriched programs and/or services to target populations and assisted with the delivery of preventive oral health services across Pima County. This coordinated effort benefits from the involvement of medical/dental providers, community educators and social service agencies among others.

PCHD received several grants from the Delta Dental Foundation of AZ (DDF) to revitalize and grow the Southern AZ Oral Health Coalition. Our networking efforts have been very successful in recruiting community members from the public and private sectors, including a variety of different agencies serving Pima County residents. The FSM staff help to facilitate the monthly meetings that promote cooperation and ultimately coordination. DDF community grants promote oral health across the life span and there are several other grantees in southern Arizona.

Pima County has contracts in place with El Rio CHC and Desert Senita CHC to provide screenings, fluoride treatments, referrals, navigation and education to children and families in various settings and communities across southern Pima County. There will be an amendment to expand the service area and update the scope of work for FY 19. We plan to establish a contract with

Marana Health Care as soon as possible and hope that within the next year we will be able recruit and contract with the two other CHCs in Pima County.

The FSM staff participate in the United Way of Tucson and Southern Arizona's (UWSTA), First Focus on Kids (FFK) Coalition to promote awareness of the importance of good oral health in childhood development and for school readiness and to learn more about the early childhood network. Members of the Coalition include early childhood professionals, business leaders, educators, early childhood and literacy experts, youth and family development agencies, state and local government representatives, parents and United Way staff. Within the Coalition, some of the programs that facilitate reaching high-risk populations include the Family Support Alliance, Quality First, Healthy Families, Easter Seals Blake Foundation and Parents as Teachers.

The Oral Health Coordinator is a member on the Nutrition and Health Advisory Council with the local Head Start (HS) Grantee, Child Parent Centers. They discuss various health issues, standards, and guidelines ranging from immunizations to tooth brushing protocol. Several PCHD staff are members along with other community agencies, early childhood health providers and parents of children who attend Head Start. All 7 of the HS centers in the Pima South region participate in the First Smiles Matter Program, receiving screening and fluoride applications, parent education, and tooth brushing programs. The other 19 centers in Pima North have anxiously been waiting for the FSM Program to serve their region.

FSM's collaboration with the PCHD Childcare Health Consultants (CCHC) program allows both programs to benefit from the work that each does. The CCHCs provides technical assistance, health and safety information, conducts training, and provides other direct or referral services related to health and safety to early childhood providers for children birth to age five. Their support for oral health within the centers helps to introduce the importance of oral health to childcare staff. The FSM staff provides consultation and education to childcare centers and partners with CCHCs and provide continuing education for childcare professionals at area conferences and at smaller venues across Pima County. FSM provides education and resources to PCHD's Health Start and WIC staff, to share with the families enrolled in their programs.

Participation in the Pima South Coordination of Services meetings has promoted partnerships that have been instrumental in expanding outreach to children and families in need of preventive oral health services in the communities of Sunnyside, Summit View, Three Points, Arivaca, Sasabe, and Amado. Individuals known as "community connectors" facilitate the recruit for and implementation of services and are supportive in advocating for oral health.

In addition to relationships within the early childhood sector, FSM has established partnerships with Pima Community College- Dental Studies, Southern Arizona Oral Health Coalition and the Southern Arizona Dental Hygienists' and Dental Associations. As a result of these relationships, pre professional students have the opportunity to work with dental public health providers and to participate in a dental public health activity. Our connections with the professional associations help us to recruit and educate providers for early childhood oral health prevention.

- G. Download, complete, and submit the FTF Data Reporting Requirements document for this strategy (for a link to this document, refer to the Guidance Materials section of this Agreement). For only the categories of data (Program Implementation, Participant Demographic, and Programmatic Outcome) that are marked “Yes, Required” or “Yes, Capacity Building” indicate whether your program is currently collecting (or has the capacity to collect) each of the data indicators listed by selecting Yes or No. If your response is a NO, for any types of data marked required, describe (where indicated within the FTF Data Reporting Requirements document) how you will modify your data collection to comply with the FTF data requirements. Provide sufficient details to clarify your plan.

Also located at the end of the FTF Data Reporting Requirements document is a section to describe the data collection process for any categories of data that are required. In this section, describe the program data collection process; who will be responsible for data collection and data submission; what procedures will be in place to ensure timely, accurate, and secure collection and submission; and how data will be used to inform and improve programming. If applicable, also include the anticipated approval process to collect, submit, and report data from tribal government programs.

The completed FTF Data Requirements document must be completed and submitted with your Agreement.

Included:

- Pima County Health Department
- El Rio Community Health Center
- Desert Senita Community Health Center

1. Guidance Materials

- a. **Oral Health Standards of Practice**
- b. **Mandated Reporting Policy**
- c. **Food Service Policy**
- d. **Oral Health CSU Guidance Document**
- e. **Oral Health SFY19 FTF Data Reporting Requirements**
- f. **Oral Health SFY19 FTF Data Reporting Requirements Definitions**

Attachment D - Implementation Plan

The purpose of the Implementation Plan is to identify and define the activities, tasks, and timelines for implementation of the proposed program to ensure effective implementation. The Implementation Plan demonstrates the day-to-day activities and operations of the proposed program that align to and fulfill the strategy Standards of Practice and/or Scope of Work. If the proposed program will be implemented for the first time, the implementation plan should include the additional activities required for start-up and the anticipated timelines for the onset of service delivery to the target population.

All applicable activities and timelines for the following components must be addressed in the plan. Note: the date the task will be completed should include a level of specificity that demonstrates when and how often the activity will take place (e.g. weekly, bi-monthly, quarterly, etc.) Terms such as ongoing, continuous or until met are not acceptable.

Implementation Plan September 1, 2018 – June 30, 2019

I. Organizational Infrastructure - including but not limited to the following activities. Add additional rows as needed. <ul style="list-style-type: none"> • Recruitment, hiring and training of all staff (supervisors, direct service and administrative support staff) including orientation, initial and ongoing professional development, certifications, and training on curriculum, assessments and tools. • The development/updating of policies and procedures for program implementation • Determination of staff assignments 				
<i>Activity a major unit of work for strategy implementation</i>	<i>Task(s) set of specific steps or actions to complete the activity</i>	<i>Person(s)/Roles Responsible</i>	<i>Timeframe Task(s) Will Be Completed A date, range of dates or frequency (daily, weekly, monthly, quarterly, annually)</i>	<i>Supporting Documentation</i>
Secure new sub- recipients & contracted individuals Amend contracts with existing FSM partners and contractors	Notify FSM Partners, new partners and community of FTF award	PCHD Communications Program Manager	By 9/15/18	Notification via email to each partner and announcement on website
	Define scope of work, based on FTFs current Standards of Practice (SOP) FY19	Program Manager Contracts Manager	Within 15 Days of award notification	Scope of Work Exhibit A
	Complete necessary PCHD contract amendments for returning FSM Partners	Contracts Manager Program Manager	Within 30 Days from award notification	Amendment and new Scope of Work for FSM Agencies and Providers
	Create solicitation documents for registered dental hygienists (RDH)	Program Manager Contracts Manager	Within 30 days of award notification	Solicitation document & Scope of Work
	Produce contracts for new FSM Partner Community Health Centers	Program Manager Contracts Manager	Within 30 days of award notification	Contract & Scope of Work documents

	Release Solicitation for RDHs in Pima North and Pima South as needed	Program Manager	Within 45 days of award notification	Release date of Solicitation
	Send amendments and contracts to FSM Partners and contracted Providers for approval and signatures	Contracts Manager	Within 2 weeks after Board of Supervisor's (BOS) approval of FTF IGA	Signed Amendments/Contracts with FSM Agencies and Providers on file
Recruit & Hire Program Staff	Follow Pima Co HR and PCHD personnel procedures for recruitment and hiring of staff	Program Manager PCHD Personnel Division	Within 90 days of BOS approval	Requisition request for List of eligibles
	Create functional job descriptions for new positions and outline specific responsibilities	Program Manager Division Manager	Within 30 days of award notification	Functional job descriptions
	Advertise positions on Pima Co Website, local paper, U of A paper, Career Builders and through "word of mouth"	PCHD Personnel Division Program Manager	Within 30 days of award notification	Website postings, advertisement in papers and email announcement sent to dental community & Coalition members
	Conduct interviews and select best candidates for new staff positions	Program Manager and selected panel members, EEO Monitor	By 11/30/2018	List of Interviewees Acceptance of employment offers
	PCHD Orientation and outline of mandatory PCHD trainings and Intro to FTF & FSM	Personnel Program Manager New staff	By 1/2019	Orientation Checklist completed and handouts
Development/Update policies and procedures for program implementation	Review current policies and procedures, update based on Arizona State Board of Dental Examiners rules and new FTF requirements FY19 and no less than annually thereafter	Program Manager Dental Assistant	By 9/30/2018 and no less than annually	2018-2019 FSM Policy and Procedure notebook
Meetings with FTF, FSM Partners and Contractors	Schedule Annual Calibration Meeting with Partners, Contractors and FSM Staff	Program Manager Administrative Support Specialist	By 10/1/18	Agenda and Handouts

	Attend FTF Pima South and Pima North RPC meetings And Grantee Meetings as required	Program Manager Program Coordinators	Monthly meetings and as scheduled	FTF and program calendar
<p>Program Orientation and Training</p> <p>For staff Contractors FSM Partner Providers</p>	Provide FSM Policy and Procedure training, Smiles for Life Curriculum (SFL), review FTF requirements of staff, training and professional development courses as outlined in SOP FY19, pgs. 10- 12.	Program Manager Administrative Support Specialist All Staff and Contractors	Within 20 days of hire and within 30 days of execution of contract for FSM Partners	Training Record Sign-in SFL Certificate
	Review of Program processes and forms i.e. consent, caries risk assessment and Basic Screening Survey (BSS), and application of FV	Dental providers, Contractors and staff	Within 20 days of hire and within 30 days of execution of contract for FSM Partners	Training Record Sign-in
	Research and identify courses/ presenters that meet FTF requirements for ongoing professional development;	Program Manager FSM Staff	Completed by 12/30/18 or within 6 months of hire	List of Courses, online or in person
	<p>Staff and supervisors (including direct service staff, volunteers and sub-grant partner or partner personnel implementing the strategy) must receive one-time professional development through the Arizona Department of Education on the: Introduction to the Arizona Infant and Toddler Developmental Guidelines, and Introduction to the Arizona Early Learning Standards.</p> <p>Other required trainings including but not limited to: Smiles for Life, cultural responsiveness, Basic Screening Survey, utilizing and completing the oral health risk assessment tool, appropriate process to apply fluoride varnish, approaches to mitigating a child's apprehension about oral health screening and fluoride varnish, approaches to providing oral health care in a public health setting, cultural responsiveness, utilizing motivational interviewing skills to provide anticipatory guidance and two other courses relevant to the oral health strategy.</p>			
	Create schedule of professional development opportunities for staff, FSM Partners and Contractors and monitor	Program Manager Administrative Support Specialist	For completion by 12/30/18 or within 6 months of hire	Schedule of Events

II. Outreach and Marketing to the target population and geographic area (including but not limited to the following activities) <ul style="list-style-type: none"> • The development and approval of collateral materials - brochures, flyers etc. (refer to FTF Branding Guide, http://www.firstthingsfirst.org/grants/grantee-resources) • Media and news releases (refer to FIF Branding Guide, same link) • Plan and implementation of targeted outreach activities • Coordination and alignment with partners of outreach to target population to be served 				
Create a Marketing Plan for First Smiles Matter Program and all FSM Partners including brochures, flyers, media and news releases	Read FTF Branding Guide & share with PCHD Communications Dept. Develop specific strategies to reach targeted population	Program Manager PC Communications	By 10/15/18	Acknowledgment of receipt from Communications Dept.
	Identify /create culturally appropriate materials outlining the FSM Program and services according to FTF Branding Guide	PCHD Communications Program Manager FTF Communications Administrative Support Specialist FSM Partners	9/1/2018 – 11/2018	Marketing materials and brochures, flyers etc.
	Submit to FTF for approval all informational and marketing materials (flyers, news release etc)	Program Manager	As soon as available and no later than 11/2018	Communications Log in PGMS
	Disseminate media and news releases	PCHD Communications Program Manager	By 12/2018	News and media releases
Identify Sites for Delivery of FSM Services Within and Outside PCHD	Identify potential PCHD sites where FSM Services could be provided and other community health venues	Division Manager Program Manager PCHD Managers Meeting	By 9/30/2018	List of potential sites and contact person(s)
	Meet with Managers of PCHD programs that serve similar target populations to determine best approach to partnering	Program Manager WIC, PHN Offices NFP, Health Start	9/30/2018 - 6/30/2019	Agenda and meeting minutes
	Update zip code mapping to identify child care centers, dental and medical professionals serving young children and expectant women	PCHD Epidemiologist	10 /1/2018 - 6/30/2019	Maps indicating childcare centers, dental and medical offices serving
Coordination and Alignment with partners of outreach to target population to be	Develop “Frequently Asked Questions” to assist FSM staff and partners when speaking to parents	Program Manager Dental Assistant	By 11/2018	FAQ sheet

served Plan and Implement Outreach Activities	Contact Child Care Resource and Referral for current list of licensed centers and homes in Pima North & south regions	Program Manager	By 9/5/2018	Comprehensive list of licensed centers in Pima County
	Contact childcare centers and preschools in Pima South and Pima North to inform and schedule	Program Manager Dental Assistant Program Coordinators	By 9/10 - 6/30/2019	Program Spreadsheet and Calendar
	Prioritize dental and medical locations	Program Manager RDH Educator	By 12/2018	Prioritized list of locations
	Identify community events where young children, families and expectant women can be reached	FSM Staff FSM Partners	By 12/2018 – 6/30/2019	Calendar of Events and locations
	FSM Partners will identify and prioritize programs within their organization for outreach	FSM Partner Lead FSM Partner Team FSM Staff	By 11/2018	List of departments/programs with in Partner Agencies that will be targeted and when

III. Service/Program Delivery (including but not limited to the following activities)				
<ul style="list-style-type: none"> • When services/programming will occur (Frequency/duration) • Implementation of intake, enrollment and referral processes, as applicable • Implementation of ongoing program elements and activities required in the Standards of Practice and/or Scope of Work (how often and when they are to occur) e.g., core model elements, screenings, assessments, surveys, etc. • Determination and processes for ending the service - e.g., completion or discontinuation of services as determined by type of strategy and target population 				
Staff Preparation for Parent and ECE presentations	Attend ADHS Empower Training Program to learn about program, including the oral health standards	Dental Assistant Public Health Aide	By 11/30/2018	Certificates of completion
	Meet with Childcare Licensing staff for clarification w/ Empower Tooth brushing Guidelines	Program Manager Dental Assistant	By 10/1/2018	Program Calendar Meeting summary
Educational Presentations to Parents and Providers	Schedule dental and medical professionals for presentations using the "Smiles for Life" per SOP FY19	Program Manager Contracted Educator/RDH	By 12/1/2018-6/30/2019	Calendar with scheduled presentations and Sign-In Sheets
	Schedule and deliver education sessions for parents/caregivers and childcare staff and deliver, using the ADHS, OOH Empower curriculum.	Dental Assistant Public Health Aide	10/1/2018 - 6/30/2019	Calendar with scheduled presentations and Sign-in sheets
	Implement brushing programs in child care centers - ADHS Empower online training, "Tooth Brushing in Childcare Setting	Contracted Educator /RDH	10/1/2018 - 6/30/2019	List of participating centers and attendance sheets
Order and purchase supplies (office, clinical and dental supplies, pamphlets and booklets, etc.)	Monitor necessary office supplies, dental and educational materials Place order with county approved vendor(s)	Program Coordinator Dental Assistant	9/1/2018 - 6/30/2019	FSM Inventory Spreadsheet Receipt of Invoice(s) Vendor Files
Oral health service delivery	Schedule clinics at service delivery sites and with providers	Dental Assistant Public Health Aide	10/1/2018 - 6/30/2019	Calendar of scheduled clinics
	Provide FTF Informed Consent form/ packet to centers/ sites or parent- when present; retrieve and review prior to service delivery and to assure non duplication within OH community	Dental Assistant Public Health Aide	9/1/2018-6/30/2019	List of Centers/ Sites that received forms for inclusion with registration papers or distribution to parents; Program Calendar

	Schedule Meet & Greet opportunities when parents/children arrive at center or sites to facilitate understanding, enrollment and informed consent.	Program Coordinator Dental Assistant Public Health Aide	9/15/2018-6/30/2019	Program calendar
	Deliver oral health services to target population (s) according to the SOP document immediately on paper chart; patient forms are returned daily to PCHD and data entry completed within 72 hours of service(data entry by staff)	Contracted RDHs Dental Assistant Public Health Aide FSM Partners	10/1/2018 - 6/30/2019	Service records EHR Program Calendar
Notification of findings from the dental screening/risk assessment /fluoride varnish Treatment and Referral	Provide parents or expectant women with written screening results that includes oral care after fluoride application	FSM Partners Contracted RDHs Dental Assistant Public Health Aide Admin Support Specialist	Written results will be provided to expectant woman or child's parent present or sent home with child same day	Completed screening form, documentation of in person or case management record
	Notify parents when urgent needs (pain, swelling, or infection) - w/ parent present or expectant mother urge them to see dentist within 24-48 hours - w/o parent present follow up with parent within 24 business hours	FSM Partners Contracted RDHs Dental Assistant Public Health Aide	10/1/2018 - 6/30/2019	Documentation in service records
	Using motivational interviewing technique, assist parent or expectant woman with developing an oral health goal and plan then referral to provider, as appropriate	FSM Partners Contracted RDHs Dental Assistant Public Health Aide	10/1/2018 - 6/30/2019	Documentation in service records
	Referral for oral health follow up (referral and navigation) (w/o a dental home or w dental needs) monitor and document compliance with referral	FSM Partners Contracted RDHs Dental Assistant Public Health Aide	10/1/2018 - 6/30/2019 Within one week of screening date	Documentation in service records and EHR if in use
	Follow-Up activities	Conduct follow up with client families and dental offices regarding referral and navigation	Dental Assistant Public Health Aide FSM Partners	10/1/2018 - 6/30/2019 Daily, notification to parent within 24hrs
Referral follow-up, tracking compliance	Review all client records, document compliance status i.e. treatment received	Dental Assistant Public Health Aide Program Coordinators FSM Partners	11/1/2018 - 6/30/2019 At least weekly, more often as needed	Documentation in service records and EHR if in use

IV. Coordination and Collaboration (including but not limited to the following activities)				
<ul style="list-style-type: none"> • Describe the process for and implementation of collaboration efforts: <ul style="list-style-type: none"> ○ Within your organization, across unit/team coordination, as applicable ○ With external partners including other organizations that are a part of the early childhood system (FTF grant partners, FTF Regional Partnership Councils, and FTF regional grant partner meetings, non-profits, community or county-based alliances, coalitions, initiatives, state or tribal government entities, national model organizations, professional entities, faith communities, etc.), ○ With sub-grant partners, consultants, volunteers, etc. 				
Collaboration & Coordination to reach expectant women and young children	Identify dental and medical professionals for collaboration & serving the oral health needs of our community	Contracted Educator and RDH Dental Assistant Public Health Aide Program Manager	By 11/1/2018	Contact Lists
	Meet with managers of Family Nurse Partnership, WIC, PCHD Immunization clinics and Health Start	Program Manager Program Coordinators WIC Maternal Child Health PH Nurse Mgrs N, S, E offices	11/1/2018 - 6/30/2019	Meeting Summary and sign in sheet
	Investigate possibility of training NP and RN in PCHD PHN to provide services in PCHD clinics	Program Manager Division Manager	By 12/2018	Outline of required steps, internal and to comply with Board of Nursing and FTF required trainings
	Meet with CCHCs that serve Pima North & Pima South	Program Manager Program Coordinators CCHC team	11/1/2018 - 6/30/2019	Meeting summary and sign in sheet List of CCHC served Centers
	Attend So AZ Oral Health Coalition to gather and disseminate information	Program Manager Program Coordinators	9/1/2018-6/30/2019 Monthly	Agenda and Mtg notes
	Attend FTF OH Community of Practice teleconference	Program Manager Program Coordinators	9/1/2018-6/30/2019 monthly, as needed	Agenda and Mtg notes
	Investigate possibility of training NP and RN in CHC to provide services in their well child, prenatal clinics, etc.	Program Manager Program Managers at CHCs	By 12/2018	Outline of required steps, internal and to comply with Board of Nursing and FTF required trainings
	Identify and contact community partners and agencies including but not limited to: ECE, faith based, health & social service providers, medical and dental societies, parent support, school districts other FTF strategies and literacy support	Program Coordinators Program Manager	11/1/2018 - 6/30/2019	Spreadsheet of community partners and agencies

	Attend coalition meetings and community events including but not limited to: Pima County Parenting Coalition, Strong Families, Family Support Alliance , First Focus on Kids, Head Start Health Advisory Board, Southern AZ Oral Health Coalition, Kiwanis Young Children Council	Program Coordinators Program Manager	11/1/2018 - 6/30/2019	Program calendar and meeting agendas and FSM flyers distributed
	Identify and meet with managers of other community Family Nurse Partnerships, WICs, and other family support providers	Program Manager Program Coordinators WIC Maternal Child Health/ NFP and others Mgrs.	11/1/2018 - 6/30/2019	Meeting Summary and sign in sheet
Coordinate, Support and Manage partners, consultants, contractors, volunteers, and pre professional students	Assure FSM partners and providers are fully equipped to provide services according the FTF Standards of Practice, Contractual requirements including registration in Arizona Early Childhood Workforce Registry	Program Coordinators Program Manager	11/1/2018 - 6/30/2019	Calendar and meeting agendas Scope of Work, Contracts, FTF SOP
	Meetings to address needs, issues, progress monitoring and successes	Program Manager	Upon initiation of contracts, quarterly 10/2018, 1/2019, 4/2019, 6/2019	Calendar and agendas Mtg. notes, sign in sheets
	Provide presentation / orientation to pre professional students; clinical observation	Program Manager Program Coordinators	1/2019	Outline Sign in sheet
V. Continuous Quality Improvement(CQI) <ul style="list-style-type: none"> • Staff supervision including program directors/managers, supervisors, line staff, and administrative staff (e.g. individual supervision, team meetings, staffing, chart reviews, observation and shadowing,etc.) • Review of program implementation and current CQI methods (e.g., data collection, surveys, participant feedback, etc.) to inform ongoing work • Ongoing review and updating of program policies and procedures 				
Continuous Quality Improvement Activities Internal and External	Ongoing review and updating of Policies and Procedures Staff sign acknowledgement of review	Program Manager Dental Assistant	By 10/1/2018 and every 6 mos thereafter	Updated Policies and Procedures Manual
	Conduct regular meetings with PCHD contractors and individual staff	Program Manager Program Coordinators Admin staff Clinical staff	By 9/30/2018 Upon initiation of contract or hire; weekly for the first month and then monthly or more frequently as needed	Agenda meetings minutes sign-in sheets

	FSM Partners initial meeting In person or teleconference	Program Manager Program Coordinators	By 9/30/2018 Upon initiation of contracts	FSM Calendar Sign-in sheets
	Schedule and conduct shadowing and direct service observation of all FSM staff and partners	Margaret Perry RDH with FTF experience	11/1/2018 – 6/30/2019	FSM Calendar Observation notes
	Conduct chart reviews	Program Manager Program Coordinators	12/2018 quarterly	Chart audit records
	Create list serve or use group emailing to update, address concerns, clarify responsibilities	Program Manager Program Coordinator	9/1/2018-6/30/2019	Meetings minutes / sign-in sheets
	Schedule and conduct regular meetings with FSM Partners In person or teleconference	Program Manager	Upon initiation of contracts, quarterly 9/2018, 12/2018, 3/2019, 6/2019 and as needed	Calendar, meeting agendas and minutes, sign in sheets
	Create and distribute participant surveys/ feedback forms; compile and report back to appropriate provider	Program Manager Program Coordinators	11/1/2018 – 6/30/2019	Survey document and survey results summary
	Develop and present Performance plans(PP) Prepare and conduct Performance appraisals (PA)	Program Manager Program Coordinators	Upon initial hire, 6 mos, 12 mos then annually	HR records
VI. Data Collection, Reporting and Evaluation				
<ul style="list-style-type: none"> • Ongoing data entry • Reporting and submission of data and narrative reports to FTF, State and National Offices • External evaluation, if applicable 				
QA on completion of encounter forms and data entry	Review of all client records to assure completion	Dental Assistant Public Health Aide FSM Partners	9/1/2018 - 6/30/2019	Correctly completed client records
	Enter data into database within 72 hrs of services delivery	Dental Assistant Public Health Aide FSM Partners	9/1/2018 - 6/30/2019	Excel or EHR Reports
	Generate "Visit Summary Report" and send Evaluation form to Site Directors	Dental Assistant Public Health Aide FSM Partners	10/1/2018 - 6/30/2019	Visit Summary Report and Evaluation results
	Create a reporting template for FSM Partners utilizing the FTF required report template	Program Manager Program Coordinators	By 9/30/2018	Report Template (Data and Narrative)

	Collate FSM Partners' Reports and compile into one unified report	Administrative Support Specialist Program Coordinators	10/1/2018 to 6/30/2019 Collected & Compiled monthly and submitted quarterly to FTF	Electronic reports from FSM Partners and compiled report
Monitor, enhance or improve program activities /services as needed	Review progress of FSM program and implement any changes	Program Manager Program Coordinators	11/1/2018 - 6/30/2019 Monthly team mtgs and Quarterly, Semi and Annually	Team mtg minutes and Progress Review
VII. Financial Oversight and Management				
<ul style="list-style-type: none"> • Review of budget • Reimbursements • Modifications 				
Oversight and management of budget and expenditures	Review invoices, process for reimbursements and monitor payments	Program Manager Program Coordinators Admin Support Specialist	9/30/2018 to 6/30/2019 Weekly	Invoices and Expenditure Summary
	Monitor spending, approve expenditures and review balance sheet	Program Manager Program Coordinators	9/1/2018 to 6/30/2019 Monthly	Expenditure Reports
	Review budget and determine need for modification, submit to FTF for approval	Program Manager Admin Support Specialist Grants Management	12/1/2018 to 6/30/2019 Monthly	Monthly expenditure report and modification request
	Enter monthly expenditures for reimbursement	Grants Management	10/1/2018- 6/30/18	PGMS Report
AHCCCS Reimbursement & Reinvestment	Request a revenue account for AHCCCS funds	Program Manager Division Manager	10/1/2018	PCHD Account number
	Track & record AHCCCS reimbursements	Program Manager Program Coordinator	10/1/2018- 6/30/18 Monthly	Spreadsheet with monthly deposits and quarterly reconciliation
	Review and reconcile revenues from AHCCCS	Program Manager and Program Coordinator	10/1/2018- 6/30/18 Quarterly, Year end	Spreadsheet
	Discuss and develop plan for reinvestment into the FSM Program	Program Manager FTF RPCs FSM partners So AZ OH Coalition	3/1/19 the first year and every 6 mos after	Meeting minutes

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	\$258,103
Salaries	Program Manager 1 FTE	\$66,017	
	Health Aide 1 FTE	\$20,787	
	Health Aide 1 FTE	\$20,787	
	Admin Specialist 1 FTE	\$26,351	
	Program Coordinator 1 FTE	\$34,971	
	Program Coordinator 1 FTE	\$34,971	
	Dental Assistant 1 FTE	\$22,647	
	EHR Program Coordinator 0.3 FTE	\$13,353	
	EHR Special Staff Assistant 0.3 FTE	\$9,975	
	Communications- Special Staff Assistant Sr. .25 FTE	\$10,114	
	Mobile Dental RV Driver 0.1 FTE	\$1,702	
	Program Division Manager 0.1 FTE	\$6,427	
EMPLOYEE RELATED EXPENSES		Employee Related Expenses Sub Total	\$79,292
Fringe Benefits or Other ERE	Program Manager 1 FTE	\$18,485	
	Health Aide 1 FTE	\$7,899	
	Health Aide 1 FTE	\$7,899	
	Admin Specialist 1 FTE	\$10,013	
	Program Coordinator 1 FTE	\$13,289	
	Program Coordinator 1 FTE	\$13,289	
	Dental Assistant 1 FTE	\$4,594	
	EHR Program Coordinator 0.3 FTE	\$1,966	
	EHR Special Staff Assistant 0.3 FTE	\$1,137	
	Communications- Special Staff Assistant Sr. .25 FTE	\$503	
	Mobile Dental RV Driver 0.1 FTE	\$51	
	Program Division Manager 0.1 FTE	\$167	
PROFESSIONAL AND OUTSIDE SERVICES		Professional and Outside Services Sub Total	\$271,200
Contracted Services	RDH Pima South 1 FTE	72,800	
	RDH Pima North 1 FTE	72,800	
	RDH Pima North/South 1 FTE	72,800	
	RDH Education Consultant 0.5 FTE	46,800	
	Dentist Consultant	6,000	
TRAVEL		Travel Sub Total	\$23,230
In-State Travel	Mileage: miles + 7 FTF Summit (mileage +hotel + per diem)	\$14,230	
Out of State Travel	National Oral Health Conference 3-4 staff	\$9,000	
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	\$154,609
Subgrants or Subcontracts to organizations/agencies/entities	Federally qualified health center serving Green Valley area	\$28,500	
	El Rio Community Health Center (1000 c/30 pw)	\$58,710	
	Desert Senita Community Health Center (85 c/15 pw)	\$5,700	
	Marana Health Care	\$57,000	
	Electronic Health Record Trainer	\$4,699	
OTHER OPERATING EXPENSES		Other Operating Expenses Sub Total	\$247,871
<ul style="list-style-type: none"> • Telephones/Communications Services • Internet Access • General Office Supplies • Food • Rent/Occupancy • Evaluation (non-contracted and non-personnel expenses) • Utilities • Furniture • Postage • Software (including IT supplies) • Dues/Subscriptions • Advertising • Printing/Copying • Equipment Maintenance • Professional Development/Staff Training • Conference Workshops/ Training Fees for Staff • Insurance • Program Materials • Program Supplies • Scholarships • Program Incentives 	Mobile phones and service	\$2,515	
	2 aircards for mobile connectivity	\$1,620	
	Misc office supplies	\$1,576	
	Lunch N Learn	\$7,875	
		\$0	
		\$0	
		\$0	
		\$0	
	Postage/Freight - annual estimate	\$7,068	
	Electronic health record licenses	\$3,317	
	OSAP annual membership; Open Dental Integration	\$10,875	
	B Marketing	\$70,000	
	Parent information sheet, Consents, Privacy Act, Screening forms	\$13,200	
	Mobile Dental RV	\$3,500	
	Required trainings for all providers	\$43,800	
	FTF Summit & NOHC	\$3,800	
		\$0	
	Banners, Finger print cards	\$7,205	
	Medical and lab supplies for Clinic sessions	\$61,500	
		\$0	
Program pens, Books-reading and coloring, puzzles for centers/sites	\$10,000		
NON-CAPITAL EQUIPMENT		Non-Capital Sub Total	\$14,786
Equipment \$4,999 or less in value	desktop, laptops	\$14,786	
Subtotal Direct Program Costs:		\$1,059,091	\$1,059,091
ADMINISTRATIVE/INDIRECT COSTS		Total Admin/Indirect	
Indirect/Admin Costs	Option A: As allowed by First Things First, up to 10% of direct costs.	\$105,909	\$105,909
Total		\$1,165,000	\$1,165,000

Authorized signature  Date 8/15/18
 Donald Gates, Senior Program Mgr - Pima County Health Department

FY19 Budget Narrative

The budget narrative should provide a clear and concise description of how amounts were determined, including calculations, for each proposed line item in the Line-Item Budget. If a budget category does not apply, either leave blank or delete the category.

Personnel Services: Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.

Program Manager	TBAppointed Margaret Perry	10 mos	\$37.51	1	\$66,017
Health Aide*	TBHired	10 mos	\$11.74	1	\$20,787
Health Aide*	TBH	10 mos	\$11.74	1	\$20,787
Admin Specialist*	TBH	9 mos	\$17.22	1	\$26,351
Program Coordinator*	TBH	9 mos	\$22.85	1	\$34,971
Program Coordinator*	TBH	9 mos	\$22.85	1	\$34,971
Dental Assistant*	Crystal Mendoza	10 mos	\$12.79	1	\$22,647
EHR Program Coordinator	Marcia Ortega	528 hrs	\$25.29	0.3	\$13,353
EHR Special Staff Assistant *	TBH	528 hrs	\$18.78	0.3	\$9,975
Communications- Special Staff Assistant Sr. *	Bonnie Leko-Shapiro	440 hrs	\$22.85	0.25	\$10,114
Mobile Dental RV Driver*	Elizabeth Boswell start 8/20/18	176 hrs	\$10.70	0.1	\$1,702
Program Division Manager	Richard May	176 hrs	\$40.68	0.1	\$6,427
<i>Subotal Salary Cost:</i>				<i>Total</i>	<i>\$268,103</i>

*All PC employees making under \$50,000 will receive a 1% pay raise 1/1/2019 per PC Board of Supervisors

Employee Related Expenses: Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.

	Fringe Rate	FTE	
Program Manager	0.28	1	\$18,485
Health Aide	0.38	1	\$7,899
Health Aide	0.38	1	\$7,899
Admin Specialist	0.38	1	\$10,013
Program Coordinator	0.38	1	\$13,289
Program Coordinator	0.38	1	\$13,289
Dental Assistant	0.20	1	\$4,594
EMR Program Coordinator	0.49	0.3	\$1,966
EMR Special Staff Assistant	0.38	0.3	\$1,137
Communications- Special Staff Assistant Sr.	0.20	0.25	\$503

Mobile Dental RV Driver	0.30	0.1	\$51
Program Division Manager	0.26	0.1	\$167
Subtotal Fringe Benefit Costs:			\$79,292

Fringe Benefits at Pima County include: FICA (social security), Arizona State Retirement System, Long Term Disability, Medical, Dental and Life insurance, Workmen's Compensation, Unemployment benefits, with additional options for Health Savings Plans. Non-cash benefits include vacation, sick time and paid holidays. Most benefit rates are set by state and federal statute (retirement, unemployment, FICA with LTD) as a percentage of salary. Others are contracted (life insurance, health and dental plans) and are dependent upon employee selections/preference. The % of salaries budgeted for benefits varies for each individual according to the actual expenses as compared to the salaries for that individual. Variances in rates used are primarily due to variances in the cost of health insurance depending on the plan selected and the number of dependents and the ratio of this cost to salary.

Professional and Outside Services: *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.*

Costs for professional registered dental hygienist (RDH), educational consultant and dentist services are based on current contract prices. Some contracts are already in place, new contracts will be developed for new FSM Partners and RDH contractors will be generated according to Pima County procurement policies and as needed to meet the needs of the program.

	FTE	Unit cost	
Registered Dental Hygienist (Ed. Consultant/ MPH) @ 0.5 FTE	0.5	\$45	\$46,800.00
RDH @ 1.0 FTE (Pima South)	1	\$35	\$72,800.00
RDH @ 1.0 FTE (Pima North)	1	\$35	\$72,800.00
RDH @ 1.0 FTE (Pima North/South)	1	\$35	\$72,800.00
America Cole, DMD (Standing Orders & consultation as required)	1	\$6,000.00	\$6,000.00
		Subtotal	\$271,200

Travel: *Separate in-state and out-of-state travel. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Applicants must use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://gao.az.gov/travel/welcome-gao-travel>) for both in-state and out-of-state travel.*

Travel (in state and Out of state)= \$23,230

All travel will abide by the State of AZ Travel Policy. Travel to sites outside of Pima County require prior authorization from PCHD's appointing authority.

Instate travel= \$14,230

-Local mileage for staff for outreach, education, clinics, meetings etc.

	Est miles	State rate	Cost
Program Manager	1500	\$0.45	\$667.50
Health Aide - North	5,200	\$0.45	\$2,299.76
Admin Specialist	400	\$0.45	\$178.00
Program Coordinator - North	5,200	\$0.45	\$2,299.76
Program Coordinator -South	3,300	\$0.45	\$1,485.00
Health Aide -South	3,300	\$0.45	\$1,485.00
Dental Assistant	3,300	\$0.45	\$1,485.00
		Subtotal	\$9,928.50

-FTF Summit in Phoenix = \$1,680 mileage (\$89 rt mi x 7) = \$623; hotel (\$120/nt x 2 nt x 7 staff) = \$1,680 and per diem (\$39/ day x 2 days x 7 staff) = \$546

Desert Senita CHC, Marana HC and El Rio CHC = \$2,621

Key staff will be required to travel to Tucson to receive training on the required FTF curriculum

Marana- 800 miles round trip from Marana to Tucson for training * \$0.445 per mile = \$356

• Cross-regional travel to serve Pima North is estimated for 185 miles * \$0.445 per mile = \$82.33

• 327 miles round trip from Desert Senita to Tucson * \$0.445 per mile * 5 staff * 3 trips = \$2,182.75

Out of state travel= \$9,000

Estimated air fare and hotel for NOHC, Tennessee for 3 staff members

Aid to Organizations or Individuals: In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will perform, and how costs for each subcontractor are determined.

	Contracted Service Units	each*	cost
Federally Qualified Health Center serving Green Valley area	500	\$57.00	\$28,500.00
El Rio Community Health Center (1000 c/30 pw)	1030	\$57.00	\$58,710.00
Desert Senita Community Health Center (85 c/15 pw)	100	\$57.00	\$5,700.00
Marana Health Care (not yet determined)	1000	\$57.00	\$57,000.00
		Providers	\$149,910

* A \$57 reimbursement rate to CHCs was determined using AHCCCS rates for an oral health screening and fluoride treatment.

EHR Contract / dental component	1	\$4,699	\$4,699
		Subtotal	\$154,609

Other Operating Expenses: Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. Items can only be categorized in the following line items: Telephones /Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.

All purchases will be made using established Pima County Procurement Code and Purchasing Procedures.

Telephones/Communication Services= \$2,515

5 phones @ \$53 = \$265

Mobile phone charges for 2 PHA, 2 Prog Coord and 1 Prog Manager 5 (X) \$45/mo (X)10= \$2,250

Internet Access= \$1,620

2 Air cards for mobile internet service \$45/mo (X) 2 (X)18 mos= \$1,620

General Office Supplies= \$1,440

Pens, staplers, calendars, clipboards, labels, folders and paper/ toner for printer

Food for Lunch n Learn=\$7,875

75 health/ECE sites with average 7 people per site =525 (X) \$15.00 per lunch/dinner

Postage=\$7,118

Postage for mailing consents, supplies, referral forms, freight and other necessary communications to/from parents, partners, etc.

Software= \$3,317

Adobe Acrobat DC= \$1,658 (X) 2

Dues subscriptions =\$10,125

Annual membership for 10 staff/contractors to Organization for Safety, Asepsis and Prevention (OSAP)=\$125/yr
eCW dental component license= \$2,000/year (X) 5 providers

Advertising and Marketing=\$70,000 PC Communications Dept. facilitate a comprehensive advertising and marketing plan, With consult with FTF in the planning of public awareness/marketing strategies such as websites, advertising or media campaigns and in alignment with FTF Branding Guidelines and with FTF approval

Printing/Copying= \$13,200

Parent information sheet, Consents, Privacy Act, Screening form, \$.33 for each packet x 25,000 = \$8,250 Summary of Findings, Community Dental Referral form, \$.23 for each packet x 15,000 = \$3,450

Encounter forms, one per child, 15,000 x \$.10 = \$1,500

Equipment maintenance for Mobile Dental RV=\$3,500

Mobile dental unit will be used to provide a clinic site at locations where facilities are not conducive to establishing a private clinic area for providing FSM services

Professional Development/Staff Training = \$43,800 Estimated expense for staff costs was determined for all parties involved in providing services. FTF approximately 20 hrs of required trainings, Dentist (\$100 x5) x 20=\$10,000; RDHs (\$35 x 20) x 20 =14,000; Office staff (\$18 x 55) x 20=\$19,800

Conference Workshops/Training Fees for Staff= \$3,800

2019 FTF Summit \$200 x 7 = \$1,400; 2019 National Oral Health Conference \$800 x3 = \$2,400

Program materials= \$7,205

Banners for display at clinic sites promoting FTF and FSM 4@\$300 = \$1,200

Fingerprint clearance cards (staff & contractors) 15 @ \$67 = \$1,005
Benefits of fluoride, 1st dental visit, etc from American Dental Association = \$5,000

Program Supplies= \$61,500

Medical and lab supplies for Clinic sessions (screening and fluoride application and tooth brushing programs):

- Disposable supplies (mirror, gloves, masks, gauze, toothbrush) = 14,000 service units x \$3.50 per visit = \$49,000
- Fluoride varnish (.4% sodium fluoride unit dose), \$1.25 per fv application; 10,000 x \$1.25 = \$12,500

Program Incentives= \$10,000

Dental incentives for centers, preschools and sites that consist of reading books, coloring books, and tooth puzzles. Novelty gifts for children losing their first tooth. Pens for parents and staff and incentives, magnet reminders of dental goals, etc.

Capital Equipment: NA

Non-Capital Equipment: For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.

Non-Capital Equipment= \$14,786 1 desktop computer (with keyboard and mouse, estimated at \$1,187) + 9 laptops (with docking station and equipment, estimated at \$1,369 each) for key staff and two partners + 9 monitors for laptop docking stations estimated at \$142 each

Administrative/Indirect Costs: Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.

Applicants must list either Option A or Option B and provide proper justification for expenses included:

- Option A - Administrative Costs:** with proper justification, applicants may include an allocation for administrative costs for up to 10% of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.

Administrative Costs = \$105,909

Pima County does not have a current negotiated cost rate with the federal government on file, and is electing to request the 10% of total direct costs. \$1,059,091*10%= \$105,909

Authorized Signature  Date 08/15/18

Funding Sources and Financial Controls

A. **Funding Sources.** In the following table, identify other funding/resources (including federal, state, local and private funding) that the agency/organization will leverage to achieve the objectives of the proposed program. First Things First (FTF) funding can be used to enhance or expand the program funded by these additional funds, but FTF funding cannot supplant or be used to replace any existing state or federal funding for early childhood development and health programs.

Type of Funding (federal, state, local, private) and Agency/Organization Received From:	Brief Description of How the Funding Helps Achieve the Program Objectives	Amount
	NONE	
Total:		

B. **Financial Controls.**

Grantees will be expected to follow generally accepted accounting principles and be consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by their agency/organization - across all funding sources.

Describe the financial controls and accountability measures the agency/organization will employ for the use of FTF funding for the proposed program.

Financial oversight and control of the Program will fall under the purview of the Pima County Grants Management and Innovation Department. Using the centralized financial management system, Advantage Management Systems (AMS), staff will regularly track and report on financial activities pertaining to the Program. Staff will work closely on a regular basis across the 12-month performance period (including start-up; implementation; and close-out) with the Program Manager. Grants Management Staff and the Program Manager will set regular benchmarks to track invoicing and progress of draw-down of funds on a quarterly basis, and regularly examine budget values to actual spending to ensure benchmarks are met. In addition to providing internal oversight, the Pima County Grants Management Department complies with state requirements for annual audits to ensure accountability.

Authorized Signature  Date 8/3/18

Program Evaluation

An evaluation study is a project that is conducted in order to answer questions about the services you provide. There are several types of evaluations that can be conducted, including the following that are most relevant in relation to program implementation:

- **Process/implementation evaluation:** Determines whether program activities have been implemented as intended. **This type of evaluation examines if the program is implemented with fidelity.**
- **Outcome/effectiveness evaluation:** Measures program effects in the target population by assessing the progress in the outcomes or outcome objectives, which the program is supposed to achieve. **This type of evaluation examines if the program is achieving these intended outcome(s).**

Refer to the *Types of Evaluation* brochure created by the Centers for Disease Control and Prevention (CDC) for additional information on program evaluations:

<https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

The following questions are about whether your organization has or is planning to conduct an evaluation study (with or without funding from First Things First).

- A. Has an evaluation study been conducted on your program? (e.g., process evaluation, outcome or impact evaluation study)? Yes No

If Yes, include:

- One (1) copy of the **evaluation report** (if available) with your agreement.
- A **brief synopsis of the study's specific aims and results:**

- B. Are you planning on having an evaluation study conducted on the program proposed in this agreement? Yes No

If YES, please go to C. If No, stop here.

- C. Will FTF funds be utilized to conduct the evaluation study?

Yes (Yes, funds are budgeted in the line-item budget and budget narrative for an evaluation study.)

No (No, we will be using other sources of funding for an evaluation study)

If YES, provide detailed responses to each of the following items: *, ** If No, stop here.

1. Purpose, Intended Outcomes, and Research Questions

2. Methodology and Design

3. Proposed Timeline and Party Responsible (e.g., external vendor/contractor or grant partner program staff) to carry out the work

4. Intended Use of Findings and Dissemination Plan

** If FTF funds are being requested for an evaluation study, the study will need approval by FTF's Research and Evaluation team prior to implementation. Specifically, the applicant will be required to provide FTF with a detailed summary of the work proposed (Refer to the Ownership of Intellectual Property section under the Grant Terms and Conditions in this RFGA.) In those instances when the evaluation proposal is in its preliminary stages and therefore lacks sufficient detail at the time of submission (e.g., Applicant is planning to get a vendor to determine the method and design etc.), the grant partner will be required to submit a detailed study proposal when it becomes available. This study proposal is subject to approval by FTF's Research and Evaluation division.*

*** If the data collection requirements or proposed evaluation will include data from a tribal community (e.g., data gathering in tribal lands), appropriate tribal approvals must be in place prior to commencing data collection. In instances when tribal data approvals are necessary, FTF's Research and Evaluation and Tribal Affairs divisions will work with the grant partner to secure approvals from the tribe(s). (Refer to the Tribal Data Policy and the Ownership of Intellectual Property sections under the Grant Terms and Conditions in this RFGA).*

In instances when data gathering occurs in tribal lands, the applicant shall address how they will ensure a culturally appropriate methodology (e.g., in- person interviews), and culturally responsive interaction with participants and other stakeholders.

Exhibit A – Overview of First Things First and Scope of Work

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 five. First Things First partners with families and communities to help kids have the positive, nurturing experiences they need to arrive at school ready to succeed.

First Things First is designed to meet the diverse needs of children and families in Arizona communities. The statewide First Things First Board and Regional Partnership Councils in local communities across the state share the responsibility of ensuring that early childhood funds are spent on strategies that will result in improved development, health and education outcomes for young children.

Local Regional Partnership Councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school and set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders and philanthropists.

First Things First Strategic Direction

First Things First's commitment to young children means more than only funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. The strategic direction approved by the First Things First Board identifies twelve priority system roles to be addressed by First Things First and are the following:

1. **Early Care and Education System Development and Implementation** –comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the educational system.
2. **Quality Early Care and Education Standards, Curriculum and Assessment** – quality standards for early childhood care and education programs, curricula and assessments.
3. **Quality, Access and Affordability of Regulated Early Care and Education Settings** – increase availability of access to high quality, regulated, culturally responsive, affordable early care and education programs.
4. **Access to Quality Health Care Coverage and Services** – increase access to high quality health care services and affordable health care coverage for children and their families.
5. **Early Screening and Intervention** – increase awareness of and access to a continuum of information, support and services for families and their children who have/are at risk of having developmental, physical and/or mental health issues.
6. **Information and Education for Families** – dissemination of high quality, diverse, and relevant information and education on the importance of the early years, child development, health, early education and related resources for families, providers, partners, and the public.
7. **Supports and Services for Families** – development, enhancement and sustainability of a variety of high quality, culturally responsive and affordable services, supports and community resources for young children and their families.
8. **Professional Development System and Recruitment and Retention of Professionals in the Early Childhood System** – development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality and articulation; and recruitment, adequate compensation and retention of high quality, culturally diverse early childhood providers.

9. **Early Childhood System Leadership** – high quality, child and family centered, coordinated, integrated and comprehensive early childhood system that includes clearly defined roles and responsibilities.
10. **Coordinated Use of Early Childhood System Data and Evaluation** – define and carry out roles related to collecting, analyzing and reporting data; and utilize data to design, develop, plan and evaluate the early childhood system; and provide leadership in the evaluation of the early childhood system and collaborate with partners to utilize the results to foster continuous improvement of the system.
11. **Building Public Awareness and Support** – increase public awareness of and support for early childhood development, health and early education among partners, public officials, policymakers and the public.
12. **Early Childhood System Funding** – secure, coordinate and advocate for resources required to develop and sustain the early childhood system.

The strategies funded by First Things First work collectively to develop a comprehensive system across the state and regionally to address the priority system roles, specific goals associated with them and system measures of success which are indicators designed to guide and measure progress in building an effective early childhood system in Arizona. Taken collectively, they provide a comprehensive picture of how our state is preparing its youngest children for success in kindergarten and beyond. The First Things First Board and Regional Partnership Councils determine the priority system roles, goals and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

Measures of Success

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive and motor and physical.
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.
- # of Institutes of higher education with degree requirements and pathways aligned with Arizona’s Workforce Knowledge and Competencies that support the movement from high school career and technical education program to an Associate Degree and completion of a Bachelor’s Degree.
- #/% of early childhood teachers and administrators, separately, with college degree(s) and/or relevant experience.
- # of programs offering professional development across the state to the early childhood workforce that are aligned with the Workforce Knowledge and Competencies.
- #/% of professionals participating in professional development across the state.
- #/% of children with health coverage.
- #/% of children receiving at least six well child visits within the first 15 months of life.
- #/% of children age 19-35 months who are immunized.
- #/% of children age 5 with untreated tooth decay.
- #/% of children age 9 months to 5 years who received a standardized screening for developmental or behavioral problems.
- % of families who report they are competent and confident about their ability to support their child’s safety, health literacy and well-being.

Statement of Need

Tooth decay is the leading chronic disease in the United States amongst children, yet known to be the most preventative. Tooth decay in early childhood (also known as early childhood caries or ECC) can have a significant negative impact on children including but not limited to pain and infection in the mouth, increased risk of infection in the rest of the body, symptoms of failure to thrive, decreased self-esteem, and a decreased ability to focus on learning and attending to tasks. This in turn can lead to performance challenges at school. Furthermore, due to the degree of pain caused by untreated tooth decay and infection, more than 51 million school hours are lost each year to dental-related illness. Healthy teeth in early childhood are needed to bite and chew food, develop speech, develop the jawbones and face muscles, and to hold space for and guide adult teeth into proper position. In addition, a healthy smile supports growth of a child's self-esteem. In the long term, undetected and untreated tooth decay can negatively impact development of adult teeth leading to long-lasting effects, including bone loss and systemic infections.

Prenatally, research has linked poor oral health hygiene in expectant mothers to low birth weight as well as premature birth, both of which can significantly impact the developmental and health trajectory of infants (Parihar et al, 2015). The large majority of expectant mothers are unaware of the importance of oral health hygiene during their pregnancy as well as the impact that untreated tooth decay can have on the health of their baby. Furthermore, in Arizona, low-income expectant mothers on Medicaid (AHCCCS) do not have a dental covered benefit, further exacerbating the problem.

Tooth decay (dental caries) in children is five times more common than asthma and seven times more common than hay fever. The American Academy of Pediatrics estimates that half of all children in the U.S. will develop caries, and some will experience severe dental disease. Current statistics indicate that in the United States alone, the number of 5 year olds with tooth decay experience totals approximately 36 percent (National Health and Nutrition Examination Survey), while in Arizona, the rate increases to 52 percent of kindergarten children. The number of Arizona kindergarteners with untreated tooth decay totals 27 percent. While this has been a decrease from 2005 survey data that indicated a rate of decay of 35 percent, it remains a significant problem in some sub-populations – particularly certain racial and ethnic groups and low-income children. National data indicate that 80 percent of tooth decay in children is concentrated in 25 percent of the child population, with low-income children and racial/ethnic minority groups having more untreated decay than the U.S. population as a whole. This disparity is also seen in Arizona, with low-income and minority children having the highest level of untreated decay and decay experience.

In the Pima North and Pima South Regions oral health care for children birth to 5 and expectant mothers has become a very apparent need. In Pima North 55 percent of kindergarteners screened reported to have experienced tooth decay and 33 percent had untreated tooth decay. In Pima South, 62 percent of kindergarteners screened reported to have experienced tooth decay and 38 percent had untreated tooth decay (First Things First Oral Health Survey in 2016).

The Pima North and Pima South Regional Partnership Councils have identified the need to establish an Administrative Home to implement the Oral Health strategy. An administrative home approach model will allow for a lead agency to have the potential to work with multiple community partners to implement the countywide scope of work and achieve oral health outcome objectives. This approach will allow for funding from the Regional Partnership Councils to be pooled and leveraged to both build infrastructure and capacity, and to move towards scale. This approach while reducing the overall administrative cost, will also

assist in moving the oral health agenda forward and gradually propel the system toward increased sustainability. The Administrative Home model will increase overall community capacity through leveraged skills, assets and other resources.

The creation of an Administrative Home will yield a seamless service delivery structure, founded on a strong collaboration among multiple partners delivering the same service, and provide for a county-wide surveillance system that tracks child level data, hence maximizing efficiencies and ensuring decreased duplication of service.

In addition, an Administrative Home can provide one single entity that will coordinate all reimbursements for AHCCCS eligible children and ensure that funds collected through reimbursements are reinvested back in to service delivery via a strategic plan that spans both regions. The Administrative Home can ensure consistent oral health messaging to children, families, caregivers and professionals, maintain a high degree of quality referral and navigation services, and provide professional development for staff amongst all sub-grantees.

Description of Strategy

Oral Health Program:

The purpose of the Oral Health strategy is to enhance the oral health status of children birth to age five, as well as the population of expectant mothers. Specifically, the strategy is designed to reduce the rate of tooth decay in early childhood and increase the number of children and expectant mothers enrolled and receiving services from a dental clinic/home.

The Oral Health strategy has several required components. For both target populations of children and expectant mothers, the grant partner must utilize the First Things First approved consent form to seek informed consent to provide an oral health risk assessment within a variety of community based and early care and education (ECE) settings. The oral health risk assessment is inclusive of a risk assessment questionnaire/interview as well as an oral health screening of the mouth, utilizing the Basic Screening Survey tool. The outcome of both is to ensure a risk assessment score that would indicate the level of next intervention provided by the grant partner. For children age five and younger and only when parents provide consent, the screening must also include the application of fluoride varnish to the surface of children's teeth. When providing screenings to children, the grant partner must demonstrate efforts to coordinate and schedule screenings where the parent can be present in person.

Results must be provided to the parent/caregiver or expectant mother in written and verbal format. This includes the provision of anticipatory guidance utilizing motivational interviewing skills with adults. For more details regarding the expectations of the grant partner in the provision of the risk assessment, please reference the Oral Health Standards of Practice.

The grant partner must provide all Referral and Navigation services as indicated in the Oral Health Standards of Practice. This includes outreach to the parent/caregiver or expectant mother when a dental home is not indicated and/or when the risk assessment indicates a high risk score (urgent needs). In these scenarios, the grant partner must contact the parent/caregiver or expectant mother to find a dental clinic in their area and schedule an appointment with/for them.

To promote the important and increased knowledge of caring for the teeth of young children and expectant mothers, the grant partner must provide outreach and education to medical and dental clinics utilizing four specific courses from the Smiles for Life curriculum, as indicated in the Oral Health Standards

of Practice. Specific definitions of medical and dental clinics are included in the Standards of Practice. In addition, the grant partner is required to utilize the Empower curriculum to outreach and provide education to early care and education professionals who work at early care and education settings in both regions.

AHCCCS Reimbursement:

As part of this grant, the grant partner is required to seek reimbursement from AHCCCS health plans for the provision of fluoride varnish and ensure that standing orders for the application of fluoride varnish are secured with a dentist. The grant partner may obtain reimbursement from AHCCCS through one of two mechanisms. The first mechanism is by billing AHCCCS health plans directly, provided that the grant partner is (or plans to be) a registered AHCCCS provider and secures contracts with AHCCCS health plans. The second mechanism is through a partnership with the Arizona Department of Health Services Office of Oral Health who will act as an intermediary entity that will conduct all billing activities on behalf of the grant partner and funnel reimbursed funds back to the grant partner through First Things First. All collected reimbursed funds must be reinvested back into the oral health program implemented by the grant partner to provide services such as screening, varnish, referral and navigation services, and education to ECE programs.

Professional Development:

The grant partner is required to participate in professional development and technical assistance opportunities provided by the Arizona Department of Health Services Office of Oral Health on topics including but not limited to the Basic Screening Survey and motivational interviewing. The grant partner is required to participate in Community of Practice meetings facilitated by the Arizona Department of Health Services Office of Oral Health and First Things First.

Coordination with other programs:

The successful applicant(s) of this RFGA must partner, coordinate and collaborate with all family support programs in the region to hold screening events and to ensure that families enrolled in family support programs are connected to a dental home for ongoing dental care. Family Support programs include home visitation, parent outreach and awareness and family support for children with special needs.

Administrative home:

The grantee will implement the Oral Health strategy by utilizing an Administrative Home approach. The Administrative Home will collaborate with existing programs/grantees to provide a system of oral health care within Pima County. As an Administrative home, the successful applicant is responsible for the following tasks.

Task: Fiscal Management and Reporting

The Administrative Home is responsible for overall fiscal management including oversight and necessary management of any sub-grantees. The Administrative Home is responsible for submitting all financial reports and documents to FTF. This includes but is not limited to invoices, receipts for reimbursements, budget modifications and staff change forms.

Task: Coordination of data collection and reporting

The Administrative Home is responsible for collecting and reporting data to FTF. This includes collecting, tracking and reporting data pertaining to service delivery, the target population served, the staff providing direct service and other programmatic measures as outlined in this RFGA. The Administrative Home shall coordinate data collection activities amongst all sub-grantees and is solely responsible for electronically submitting data reports to FTF as required.

Task: Evaluation and Quality Assurance

In addition to participation by the Administrative Home as the FTF grantee, the Administrative Home is also responsible for coordinating sub-grantee participation in FTF evaluation and quality assurance processes.

Task: Service Integration specific to sub-grantees: coordination and collaboration of program and services with sub-grantees to implement Scope of Work and Standards of Practice

The Administrative Home grantee must utilize a variety of formal and informal mechanisms to facilitate collaboration with and coordination of sub-grantee(s) to implement the strategy and program/service delivery in accordance with the FTF Scope of Work and Standards of Practice.

Task: Outreach and Recruitment to establish/expand awareness of available program(s)/service(s) for young children and their families

The Administrative Home shall implement a coordinated outreach and recruitment process in order to reach as many children birth to 5 and expectant mothers as possible with consistent messaging and information.

The administrative home will employ at least one full time employee that is strictly dedicated to ensure that the responsibilities of the administrative home are being carried out in alignment with the Scope of Work and FTF Standards of Practice.

The administrative home will also ensure that all sub-grantee(s) implementing the Oral Health strategy collaborate with First Things First funded family support providers in the Pima regions to hold screening events and provide referral and navigation services to ensure that families enrolled in family support programs are connected to a dental home for ongoing dental care. Family Support programs include home visitation, parent outreach and awareness and family support for children with special needs.

Ramp up:

Given the breadth of this grant agreement, the first year of implementation is considered a ramp up year. Pima South and Pima North Regional Partnership Councils recognize and acknowledge that the grant partner will need to scale up service delivery to reach both regions and the contracted service units. This will require time (the first year of the contract) to grow the program in terms of reach, staffing, purchase of supplies and data tracking.

Arizona Early Childhood Workforce Registry:

The contracted staff employed at the grant partner/administrative home and any sub-grant partner who are working directly with or on behalf of young children as a part of the implementation of Oral Health strategy are required to enroll in and be a member of the Arizona Early Childhood Workforce Registry (Registry). The following resources were developed to support Registry enrollment:

- Registry Registration Video <https://www.youtube.com/watch?v=pPnDGuVmk9Q>
This video provides information about participation and enrollment in the Registry.
- E-mail inquiries info@thearizonaregistry.org
Send questions about registration to this e-mail to get support from the Registry staff.
- The Network Guide <http://azearlychildhood.org/flipbook/10172017/?page=1>
This guide has step by step instructions with screen shots about on how to enroll in the Registry.

Applicable Priority System Roles and Goals

Grant partners implementing this strategy will work collectively with First Things First to address the priority system roles and goals below:

Priority System Roles

1. **Access to Quality Health Care Coverage and Services** – increase access to high quality health care services and affordable health care coverage for children and their families.

Goals

- To increase the number of Arizona children birth through five with access to preventive health services, including oral health, behavioral health, and immunizations. This includes oral health, behavioral health, immunizations, and services for families that address the social determinants of health.
- To increase the number of Arizona children birth through five that are receiving care coordination services and health care through a medical and dental home.
- To increase parents' and caregivers' knowledge and understanding on how to support their child's optimal health and development.

Applicable Measures of Success

Grant partners implementing this strategy will work collectively with First Things First to address the measures of success below:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, motor and physical.
- #/% of children age 5 with untreated tooth decay.

Target Population and Geographic Area to Serve

The target population for the Pima North and Pima South Oral Health strategy includes children birth to age 5 (not enrolled in kindergarten), their parents, expectant mothers, medical/dental clinics and early care and education programs in the Pima North and Pima South regions.

Families identified in the target population must be served in health clinics, Women and Infant Care (WIC) clinics, early care and education settings, community events and other locations where families gather.

The Target Service Unit (TSU) will be achieved through an identified distribution between the two regions, accounting for service delivery and families served throughout all of the identified targeted areas. The successful applicant(s) will demonstrate equitability in service delivery and will ensure that regardless of where families live, urban or rural, they will receive oral health services. The total TSU may be obtained with contributions from multiple applicants that each cover distinct geographical areas. Applicants must demonstrate how families in both the rural and urban targeted communities will be served equitably.

The targeted geographic population encompasses the entire Pima North and Pima South regions including rural areas and with special prioritization given to underserved communities. Applicants responding to this RFGA must provide services throughout the regions.

Pima North Regional Partnership Council provides services to the communities of Catalina Foothills, Mount Lemmon, Marana, Oro Valley, Rillito, the City of South Tucson, and the Central and Northern Foothills parts of Tucson, including ZIP codes: 85619, 85658, 85701, 85704, 85705, 85707, 85708, 85709, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85718, 85719, 85726, 85730, 85737, 85739, 85741, 85742, 85743, 85745, 85748, 85749, 85750, 85755 and the portion of ZIP code 85653 in Pima County. The region also

includes Davis Monthan Air Force Base. As of July 1, 2014, ZIP codes 85746 and 85757, previously in the Central Pima region, are part of the Pima South region.

Pima South Regional Partnership Council provides services to Pima South County including Ajo, Amado, Arivaca, Green Valley, Lukeville, Sahuarita, Sasabe, Summit View, Three Points, Vail and Why, and some Tucson ZIP codes. Pima South ZIP codes include: 85321, 85341, 85601, 85614, 85622, 85629, 85633, 85641, 85645, 85706, 85735, 85736, 85746, 85747, 85756 and 85757. The region also includes ZIP code 85645 in Santa Cruz County. The region does not include the portion of the Tohono O’odham Nation in Pima County nor ZIP code 85602 in Pima County. As of July 1, 2014, ZIP codes 85730 and 85748 are no longer within the Pima South region and are instead in the Pima North region.

A map of the identified geographic areas can be found at: <http://www.firstthingsfirst.org/regions/find-your-region>

Units of Service and FTF Data Requirements

First Things First (FTF) requires grant partners to submit program service data on a regular basis. This includes Unit(s) of Service information and ongoing program implementation data (quarterly quantitative report and narrative report). Beginning in State Fiscal Year (SFY) 2019, and for specific strategies, FTF will begin to gather participant-level demographic information and programmatic outcome data to inform FTF’s reach and strategy impact.

Units of Service

A **Unit of Service** is FTF’s designated indicator of performance specific to each FTF strategy. It is composed of a unit of measure and a number. A Unit of Service can be a target population and/or a service or product that a grant partner is expected to serve during the year as part of their contract. In an FTF contract, the following types of Service Units are considered:

1. **Target Service Unit(s):** *The Regional Partnership Council targets a population and/or a service or product to be served or delivered during a state fiscal year (SFY) based on the total funds available (i.e., the grant award amount) for that strategy.*

Oral Health:

Region	Number of children receiving oral health screenings:	Number of expectant mothers receiving oral health screenings	Number of medical clinics, dental clinics, and early care and education programs receiving oral health education
Pima North	6055	3,250	50
Pima South	3640	830	25

2. **Contracted Service Unit(s) (CSU):**
 - i. Once the grant has been awarded and the grant partner signs the contract, the proposed service unit number(s) becomes the Contracted Service Unit (CSU) number for each strategy.
 - ii. As part of quarterly data submission grant partner submits data on actual **services provided** during the SFY (Actual Service Unit(s)). This data is used to monitor progress on meeting the CSU.

FTF Data Requirements

FTF requires grant partners to submit the following types of data for the Oral Health strategy as described below. Grant partners should refer to the Oral Health FTF Data Reporting Requirements document for the specific data requirements. For a link to this document, refer to the Guidance Materials section of this Agreement.

1. Quarterly Program Implementation Data

In addition to units of service data, FTF also requires grant partners to collect and submit quarterly program implementation data based on FTF’s Standards of Practice for the strategy. The grant partner collects and submits quarterly data (quantitative and narrative report) reflecting grant implementation activities to inform program monitoring, Quality Assurance, quarterly reporting to Regional Councils, and FTF annual reporting. This quarterly data is submitted to FTF at an participant level via FTF web-based data templates (Partner Grants Management System - PGMS), flat files and/or file transfer protocols (FTP) based on grant partner capacity.

2. Demographic and Programmatic Outcome Data

Beginning in SFY 2019, FTF has determined the following:

- Strategies that do not require any additional data, demographic and programmatic outcome data, to be collected and submitted to FTF.
- Strategies for which it is required by the grant partner to collect and submit demographic and programmatic outcome data to FTF.
- Strategies for which FTF will work with the grant partner on capacity building—to identify capacity and infrastructure needs and identify supports that will assist the grant partner to collect and submit demographic and programmatic data within the 4 year grant cycle (this is contingent on a grant being renewed).

Participant Level Demographic Information

Purpose: To better understand the reach of FTF programs within and across strategies and regions and to ensure that services are provided to the intended audiences in alignment with the scope of work. For the Oral Health strategy, the box checked below indicates the requirement for collection and submission of demographic data.

N/A Yes, Required for SFY 2019 Yes, Capacity Building in SFY 2019

Programmatic Outcome Data

Purpose: To inform fidelity of implementation and to fully assess and document the impact of First Things First strategies and outcomes of young children and their families and the professionals who serve them in Arizona. For the Oral Health strategy, the box checked below indicates the requirement for collection and submission of programmatic outcome data.

N/A Yes, Required for SFY 2019 Yes, Capacity Building in SFY 2019

Guidance Materials

The following documents can be accessed on the First Things First website, <http://www.firstthingsfirst.org/grants/strategy-toolkit/health> by selecting the “View” button next to the Oral Health strategy. If there is difficulty in accessing any of the documents, email the name of the document and the RFGA number to grants@azftf.gov for assistance.

A. Standards of Practice

- Oral Health

B. Additional Document(s) Required for the Strategy

- Mandated Reporting Policy
- Food Service Policy

C. Contracted Service Unit (CSU) Guidance Document(s)

- Oral Health CSU Guidance Document

D. FTF Data Reporting Requirements and Definitions

- Oral Health SFY19 FTF Data Reporting Requirements
- Oral Health SFY19 FTF Data Reporting Requirements Definitions

Data Security, Submission and Suppression Guidelines and Requirements for Collaborators

Background

The purpose of the Arizona Early Childhood Development and Health Board (First Things First - FTF) is to aid in the creation of a system that offers opportunities and support for families and communities in the development of all children, so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Submission and reporting of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children.

Scope

This Data Security, Submission and Suppression Guidelines and Requirements for Collaborators pertains to data collected by or shared with a grantee, governmental entity, or vendor ("collaborator") while assisting with an FTF needs and assets report, conducting an FTF-funded program or service, or performing research services on behalf of FTF.

Data Security Policy

Collaborators must ensure that the data is maintained in a secure manner. Collaborator data is likely to contain highly sensitive information on individuals, their education and their health. Therefore, all collaborators must have a data security policy in force that identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction. FTF has the right to review and request changes to a collaborator's policy. All collaborators subject to HIPAA, FERPA, tribal law, or other data regulation are required to comply with those laws.

Data Classification

FTF classifies data by three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

Public data is data that is readily available in the public sphere, such as websites, publications, or other widely used sources. Public data includes both data published by FTF (e.g., needs and assets reports and impact reports) and data that has been officially released by an organization and is able to be located and verified by any interested party utilizing the complete citation (e.g., census data). Public data also includes aggregated data, except where the aggregated data constitutes limited distribution data.

Limited distribution data is aggregated data that does not identify individuals, but which may be of sufficiently small cell size that its dissemination poses a reasonable risk to the anonymity of any individual. Limited distribution data may be subject to HIPAA, FERPA, tribal law, or other data regulation.

Confidential data is non-public data that identifies individuals or is governed by agreements or laws that limit its viewing, analysis, or dissemination. Confidential data may also include confidential business information. Confidential data may be subject to HIPAA, FERPA, tribal law, or other data regulation.

Data Submission to FTF

FTF wants to ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF has established data reporting requirements for collaborators. All collaborators will regularly submit reports as identified in their contract with FTF.

Collaborators Conducting an FTF-Funded Program or Service

Collaborators may submit **public data** and **limited distribution data** to FTF through the FTF Partner Grant Management System (PGMS). Subsequent to the award of a contract, FTF will provide the collaborator with general training on login and navigation within PGMS. With this login, the collaborator will be able to manage its contract information. FTF will also provide additional training on strategy-specific data submission requirements. Because PGMS is located in a secure extranet environment, collaborators using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and strategy-specific data submission orientations (password and login security, guidelines for upload of narrative and other reports).

Collaborators submitting **public data**, **limited distribution data** and/or **confidential data** may submit their data, with an agreement between the collaborator and FTF, through an established secure web service or FTP (File Transfer Protocol) site via the internet, rather than a PGMS web-based entry form. Collaborators that submit data through the secure web service must submit data within the established data structures and format, follow all login procedures, submit a formal data change request form if needed, and ensure that confidential data may not be intercepted or viewed at any time by parties other than the collaborator and FTF. Additionally, collaborators must ensure that throughout the reporting and submission process that the data is secured and that any confidential data is encrypted and/or de-identified.

Collaborators Assisting with a Needs and Assets Report or Performing Research Services on Behalf of FTF

Collaborators usually submit their data to FTF through an established secure web service or FTP (File Transfer Protocol) site. Collaborators must follow the more specific data submission requirements in their contracts with FTF. To the extent a contract does not provide more specific submission requirements, collaborators must seek and receive approval of their data submission method from FTF.

All Collaborators

All collaborators must be prepared for FTF review of client-level data (e.g., child-level, professional-level, or early care and education provider-level) during on-site visits. Additionally, FTF data reporting requirements may include submission of client-level data. Collaborators agree to allow FTF to access such data. Should

the data be subject to HIPAA, collaborators agree to enter into FTF's HIPAA Business Associate or Data Use Agreement as appropriate.

Beneficiary Permission for FTF Review

When a collaborator plans to obtain first-hand data from an individual, such as when conducting a program, providing a service, or conducting in-person research, the collaborator must inform the individual of FTF's reporting requirements. For instance, if the collaborator uses an enrollment form, the form should include the following statement: "I grant permission to [collaborator's name] to release my background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First, which is funding this program or service." The collaborator represents to FTF that prior to entering into the Agreement for FTF funding it has appropriately enquired and satisfied itself that it has the ability and authority comply with the requirements of this section.

Data Suppression Guidelines for Publications

Confidential and limited distribution data must not appear in publications. When a publication includes aggregate data, any limited distributed data must be suppressed. The statistical cutoff procedures help ensure that aggregated data does not put at risk the anonymity of any individual. FTF's intent is to avoid the possibility of inadvertently reporting personally identifiable information.

For data related to social service and early education programming, limited distribution data refers to counts of fewer than ten, excluding counts of zero (i.e., all counts of one through nine). Examples of social service and early education programming include the number of children served in TANF, AzMerit scores, and the number of children served with an IEP.

For data related to health or developmental delay, limited distribution data refers to counts of fewer than six, excluding counts of zero (i.e., all counts of one through five). Examples of health or developmental delay include the number of children without health insurance and the number of newborns admitted to an ICU.

Third-Party Sharing

Collaborators must not share collected data with individuals or parties other than FTF or the collaborator's contractor approved by FTF (see Collaborator Contractors section) or use the collected data for a non-FTF purpose without the prior written consent of FTF, except as follows. A collaborator that is an affiliate of an evidence-based model may share data with the organization that oversees the model as required by that organization. A collaborator providing a program or service under a grant from an entity other than FTF, such as the federal government, may share data with the other funding entity directly tied to that funding grant. Notwithstanding the foregoing, no data collected from tribal lands may be shared or used with any third-party without the appropriate tribal approvals and no data may be shared or used in violation of law.

Collaborator Contractors

All collaborators must contractually require any contractor used by them to assist with the collection, maintenance, submission, analysis or publication of data to comply with these Data Security, Submission and Suppression Guidelines and Requirements for Collaborators. In addition, collaborators must obtain advance written approval from FTF before using a contractor for any of these purposes.

Tribal Data

FTF recognizes Arizona tribes as sovereign nations that have the right to regulate research and data collection on their tribal lands. To this end, FTF is committed to obtaining all appropriate tribal approvals for data collection, analysis and reporting. Accordingly, collaborators must only collect, use and share data from tribal land with appropriate tribal approvals, which approval may require participation in cultural education and community orientation classes, and in accordance, as applicable, with FTF's Tribal Data Policy.

In the case of collaborators conducting an FTF-funded program or service, collaborators are responsible for obtaining the appropriate tribal approvals unless FTF notifies a collaborator in writing that FTF has already obtained the approvals. FTF Regional Directors and Tribal Affairs staff can provide support to collaborators in identifying and navigating each tribe's process and protocols.

In the case of collaborators assisting with a needs and assets report or performing research services on behalf of FTF, FTF staff will take the lead in securing appropriate tribal approvals for data collection. Collaborators need to assist FTF in this process as requested by FTF, which includes providing information and documentation requested by a tribe. Collaborators must not begin collecting data before necessary tribal approvals are obtained.

Compliance

The collaborator acknowledges that failure to comply with any requirement of these Data Security, Submission and Suppression Guidelines and Requirements for Collaborators constitutes a material breach of the Agreement.

FTF's own Data Security Policy & Procedures and Tribal Data Policy may be viewed on the FTF website at <http://www.firstthingsfirst.org/grants/grantee-resources>.

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