

Project Title: **Arizona's Early Childhood Comprehensive Systems Initiative** of the State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS) Implementation Grant Program

Project Number: 2 H25MC00239-03-00

Application No.: 27335

Project Director: Sheila Sjolander, MSW
Arizona Department of Health Services
Office of Women's and Children's Health

Contact Person: Mary Warren, PhD
Arizona State School Readiness Board

Grantee: Arizona Department of Health Services
Office of Women's and Children's Health

Address: 150 N. 18th Ave.
Phoenix, AZ 85007

Phone Number: 602-364-2240

Fax: 602-542-4644

Email address: mwarren@az.gov

Project Period: September 1, 2005 – August 31, 2008

Terms and Conditions

Dated: 9/01/2005

Submitted to: Dena Green, Public Health Analyst
Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau
5600 Fishers Lane RM 18A-39
Rockville, MD 20857-0001

Date Submitted: December 20, 2005

Introduction:

Arizona is pleased to provide HRSA with additional information on Arizona's Early Childhood Comprehensive Systems Initiative of the State Maternal and Child Health Early Childhood Comprehensive Systems (SECCS) Implementation Grant. The intent of this report is to provide a clear description of Arizona's three year plan to improve the health, safety and school readiness of Arizona children through an integrated early childhood education system that provides children and families with access to a medical home; information and support for positive social emotional development and as needed, appropriate behavioral health services; high quality, developmentally appropriate early care and education; parent education and family support services. The methodology for building the early childhood education system includes the 17 components required by this grant.

This report organizes information to articulate how the 17 components required in this grant have been or will be addressed in Arizona's early childhood education system development. It addresses eleven (11) required components as they pertain to all five system areas of the SECCS grant. These are:

1. Clear vision and mission statements (page 3),
2. Evidence of a establishment of multi-agency state-level partnerships among critical stakeholders including role descriptions in the new early childhood system (page 3),
3. Description of significant family and local community involvement in the planning process and how this involvement will be critical to the implementation process (page 7),
4. Evidence of how the planning process is positioned to maximize greatest policy impact (page 7),
5. Presentation of review of current best practices to be utilized as theoretical guiding principles for the SECCS comprehensive plan (page 7),
6. Results of an internal environmental scan that has mapped and assessed MCH capacity in each of the five system components (page 8),
7. Description of current financing of early childhood services supported by the Title V program (page 8),
8. Results of an external environmental scan and critical analysis of pre-existing early childhood systems and initiatives external to MCH, identifying relationships and connections between state MCH and critical stakeholders and describing the current financing of early childhood services supported by other state programs and agencies (page 11),
9. Description of the development of concrete methods to be used to align funding streams, program resources and policies in order to produce and support effective systems integration (page 15),
10. A plan to strengthen data collection to track child outcomes and make system improvements (page 16), and
11. Description of integration of Healthy Child Care America objectives of a) quality through standards; b) infrastructure building through development of a network of child care health consultants, c) access to medical homes and health insurance through early care and education providers (page 16).

This is followed by a description of how Arizona plans to address *each* of the five system areas with specific information on the six additional components:

12. Clearly stated goals and objectives for the early childhood systems development plan implementation, with appropriate with timelines for completion.
13. Summary of the implementation plan for each component including the agency or program that will have the lead role for each component, the role of the Title V program, a description of the way that the service will be provided, the level of resources currently available for the services and the remaining unmet need.
14. Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the statewide early childhood systems development plan.
15. Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.
16. Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).
17. Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

Overall Plan components (11) applicable to all five SECCS focus areas:

Clear vision and mission statements

The vision for the Arizona Early Childhood Comprehensive Systems grant is that all children in Arizona start 1st grade safe, healthy and ready to succeed. The mission is that we prepare children for success in school and life through Ready Families, Ready Programs and Schools, Ready Teachers, and Ready Communities.

This vision and mission is consistent with that of Governor Napolitano's State School Readiness Board (SRB). A decision was made at the onset of the SECCS grant to place the implementation of the grant under the School Readiness Board since both the School Readiness Board and the Maternal Child Health Bureau have a similar aim: to build a comprehensive system of early childhood education systems. The State School Readiness Board (SRB) met for the first time approximately the same time that the first SECCS grant was awarded to Arizona. To ensure that the implementation of the objectives of the SECCS grant were aligned with the objectives of the State School Readiness Board, both operate under the same vision and mission. These are diagrammed on a logic model contained in Appendix A.

Evidence of establishment of multi-agency state-level partnerships among critical stakeholders including role descriptions in the new early childhood system.

Responsibility for planning and implementation of the SECCS grant is cooperatively shared as documented in an Intergovernmental Agreement between the Arizona Department of Health Services (ADHS), Office of Women's and Children's Health (the Maternal Child Health bureau in Arizona) and the State School Readiness Board (SRB) in the Governor's Office for Children, Youth & Families.

The State School Readiness Board (SRB) was established by Executive Order and met for the first time in Governor Napolitano's third month in office in January 2003. Its 38 members include legislators, state agencies, Head Start, Tribal, business and community leaders, advocates and experts in the early childhood education field. It is chaired by Nadine Basha, a prominent community leader and a member of the State Board of Education. The SRB advises the Governor on policies to improve the coordination, quality and delivery of early childhood education. The state Head Start Collaboration Office and school-age child care grants are housed under the umbrella of the SRB in addition to the SECCS grant.

Organizations represented on the SRB include: Arizona Association of School Business Officials; Arizona Child Care Association; Arizona Community Foundation; Arizona Department of Economic Security; Arizona Department of Education; Arizona Department of Health Services; Arizona Head Start Association; Arizona Health Care Cost Containment System (AHCCCS); Arizona House of Representatives; Arizona State Library, Archives and Public Records, Arizona State Senate; Arizona State University, College of Education; Association for Supportive Child Care; Camelback Community Bank; Center for the Future of Arizona; Child & Family Resources; Children's Action Alliance; City of Phoenix; Complete Child Care; Empire Southwest; Flowing Wells Schools; Intertribal Council of Arizona; Mesa Public Schools, Early Childhood; Nina Mason Pulliam Charitable Trust; Parents & the Public; Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program; Phoenix Fire Fighters; Rodel Foundation; Southwest Human Development; Tohono O'Odham Nation; Tucson Electric Power; Tucson Medical Center; Tucson Unified School District/Early Childhood Block Grant; United Healthcare of Arizona; University of Arizona; Valley of the Sun United Way; Virginia G. Piper Charitable Trust. A full roster is included in Appendix B.

Planning Process Involves More than 140 Organization Representatives & Parents:

During 2003, the SRB convened six Policy Work Groups that involved more than 140 citizens to ascertain recommendations on how best to build an early childhood system that ensures children are healthy and ready to succeed by 1st grade. Representatives were from state agencies; directors of Head Start programs, child care centers, and community-based organizations; civic and corporate leaders; tribal representatives; health care professionals; and family members.

More than 100 recommendations were provided to the SRB. These were synthesized for overlap and duplication. From this list, the SRB narrowed the priorities to ten and transmitted them to Governor Napolitano.

In early 2004, Governor Napolitano developed a 5-year School Readiness Action Plan that was based on the SRB's recommendations. It can be found at: <http://gocyf.az.gov/SSRB/Policy/061705GovSRActionPlan.pdf>

The Governor highlighted the School Readiness Plan in the State of the State address. Governor Napolitano's Plan outlines strategies for building a high quality early childhood education system that supports the learning and development of Arizona's youngest children.

Governor's School Readiness Plan addresses 17 Components of SECCS Grant

The components of the SECCS grant are integrated into the work of the SRB and its Implementation Teams. Implementation Teams are chaired by a member of the SRB who is responsible for updating other SRB members on the activities that occur within their Team. Implementation Teams are charged with developing components of the early childhood system and include:

- Healthy Child Collaborative (formerly Health Implementation Team), made up of 35 members, is chaired by Dr. Grace Caputo, the Director of the Pediatric Residency Program at Phoenix Children's Hospital/Maricopa Medical Center and Medical Director of the Reach Out and Read State Coalition. The five issue areas of the SECCS grant are specifically addressed by this Team: developing medical homes and ensuring children receive well-child screening, Social-Emotional Development and Behavioral Health, Child Care Health Consultation, and Parent Education and Family Support.
- Professional Development & Articulation, made up of 27 members, is chaired by Barbara Ralston, the CEO of Camelback Bank. This team addresses education and training of teachers in early childhood programs; compensation and benefits; leadership and professional development; and articulation of courses and program requirements between community colleges and universities.
- Quality, which consists of members of state agencies who are working on development of a statewide quality rating system for parents to ascertain the level of quality of early childhood programs through a designation of one to five stars; and members who work on the specific standards which will be used to measure each star level.
- Early Childhood Education Core is made up of members of the Department of Health Services, Department of Economic Security, Arizona Health Care Cost Containment System (AHCCCS – Arizona's Medicaid agency), the Intertribal Council (which represents 20 of Arizona's 21 Indian Tribes) and Head Start/Early Head Start. The purpose of this group is to coordinate cross-systems issues between state agencies and between state agencies and Head Start and Tribes.

- Budget & Legislative Team is convened by the SRB and run by the Governor's Chief of Staff and Deputy Chief of Staff of Finance and Budget. It includes community organizations that promote public policy on behalf of young children. It meets weekly during the legislative session to coordinate strategies to work toward adoption of budget goals that will assist to develop the early childhood system. The major focus in the past year was adoption of a budget that ensured that there was no waiting list for child care subsidies.

- Coordination Team is chaired by the chair of the SRB and includes the state agencies, child advocates, Head Start, United Way and philanthropic foundations. This Team meets on an annual basis to receive recommendations from the other Implementation Teams for action in the following calendar year. They assess the recommendations for overlap and feasibility and synthesize them for consideration by the full SRB. After adoption of the recommendations by the full SRB, they are transmitted to the Governor.

- The Arizona Early Education Funds (AEEF) were established at the Arizona Community Foundation with funding partners statewide to help communities across Arizona build quality and capacity of early care and education programs for children birth to age five. These funds were established with the support of Governor Napolitano and the Arizona School Readiness Board. A Design Team, chaired by the Chair of the SRB and involving parents, state agency representatives, corporations and philanthropic foundations, has been appointed through the Arizona Early Education Funds. This Team is responsible to design Regional School Readiness Partnerships and the process for allocation of Arizona Early Education Funds to support their development and ongoing operation. Arizona Early Education Funds grants will be targeted to support the Arizona School Readiness Action Plan and will be designed to build both statewide and regional support for a comprehensive system of early care and education. A Request for Proposals is due out in early 2006 to support the development, growth, planning and action of the Regional School Readiness Partnerships. In addition to funding, Regional Partnerships receiving awards will receive an array of technical assistance based on their individual needs.

Healthy Child Collaborative Focuses on 5 SECCS Issue Areas

The Chair of the Healthy Child Collaborative is a member of the School Readiness Board. Through her leadership, the specific work that pertains to the five issues areas is blended with the work of the other Implementation Teams and the School Readiness Board. In turn, the work of the other Implementation Teams that pertains to SECCS system components is integrated with the five issue areas through the School Readiness Board. A full roster is included in Appendix C.

The Healthy Child Collaborative is composed of representatives of state agencies, including the Department of Health Services¹ (which includes the Office of Women's and Children's Health, the Office for Children with Special Health Care Needs, the Office of Oral Health, the Office for Child Care Licensure, and the Division of Behavioral Health Services), the Department of Economic Security (the human services agency which includes the Arizona Early Intervention Program, the Child Care Administration, and the medical and dental program for children in foster care), and AHCCCS, the Medicaid agency; AHCCCS health plans, the health care delivery system for Medicaid recipients; the Maternal Child Health Coordinator for Indian Health Services; community-based organizations; the Academy of Pediatrics and Arizona physicians; Head Start grantees; private child care providers; tribal early childhood programs; and parents.

The Senior Health Policy Analyst for the School Readiness Board, Mary G. Warren, PhD, is responsible for coordinating and documenting the activities of the Healthy Child Collaborative and coordinating implementation of the 17 components of the SECCS grant.

The members of the Healthy Child Collaborative represent the points of the triangle that surrounds a healthy child: parents/family, health practitioners, and child care providers. The Collaborative meets monthly to identify issues for further study, recommendation, and implementation around each of the five SECCS components.

The primary subcommittees have addressed improvements in early childhood screening and the design and implementation of a system of Child Care Health Consultants.

Recommendations for implementation strategies are forwarded through the Coordination Team to the full School Readiness Board for inclusion in the School Readiness Action Plan that is supported by the Governor.

Description of significant family and local community involvement in the planning process and how this involvement will be critical to the implementation process.

Parents/family members are involved in the Healthy Child Collaborative, and the other School Readiness Board Implementation Teams, and represent both urban and rural areas of the state. In addition, the recommendations and strategies of the School Readiness Action Plan are utilized by parent groups.

¹ The Arizona Department of Health Services (ADHS) includes the Maternal Child Health office. To highlight the leadership role played by the ADHS, references will be underlined in this report.

The School Readiness Board and SECCS grant are working with the Community Development Initiative—Arizona (CDIAz), a parent-led organization fostered by the Department of Health Services, Office for Children with Special Health Care Needs. CDIAz held a day long seminar April 26, 2005 to educate state agencies about using parent-led community development teams around the state to develop local community and personal capabilities. Parent-led teams also participated in a grant funded conference through the Southwest Institute for Families to educate communities about well-child screening/medical homes and child care health consultation (two of the SECCS emphases). Information provided encouraged parents to request developmental screening as part of well-child visits and funding for Child Care Health Consultants for local child care centers.

A member of the CDIAz parent led team in central Arizona is a member of the School Readiness Board/Arizona Early Education Funds Regional Partnerships Design Team. A parent on the Healthy Child Collaborative is involved with the System Redesign for the Arizona Early Intervention Program. Involving parents in early childhood education systems development accelerates communication and acceptance to other parents and the public at large.

Evidence of how planning process is positioned to maximize greatest policy impact.

The Healthy Child Collaborative, and the other Implementation Teams of the School Readiness Board, develop policy and strategic action recommendations which are reviewed by the Coordination Team. The Coordination Team determines the feasibility of the recommendations which are then presented to the full School Readiness Board. The Board's End of Year Report is forwarded to the Governor for her prioritization. The Governor attends the January School Readiness Board meeting, the first of the new year, to discuss her direction to the Board, including her budget items. Throughout the legislative session, the Budget and Legislative Team meets weekly to oversee progress toward implementing the policy and budget recommendations.

Presentation of review of current best practices to be utilized as theoretical guiding principles for the SECCS comprehensive plan.

Best Practice Theoretical research from four primary resources was useful in designing the School Readiness Action Plan for Arizona: Charles Bruner's *The ABC's of Early Learning System Building: Some Rules of Thumb in Developing Planning, Governing and Management Strategies* and *Building Early Learning Systems to Achieve School Readiness: State and Local Governance Issues*; Sharon Lynn Kagan's *Back to Basics: Essential Components of an American Early Care and Education System; the work of* Lisbeth Schorr's *Pathways Initiative*; and Sharon Lynn Kagan and Elizabeth Rigby's 2003 paper for the Center for the Study of Social Policy entitled *Policy Matters: Setting and Measuring Benchmarks for State Policies—Improving the Readiness of Children for School*. The Bruner and Kagan research informed Arizona's governance model and infrastructure. The School Readiness Board specifically studied North Carolina's Smart Start, a community based public-private partnership.

Development of the Arizona Early Education Funds (AEEF) was an initial step in establishing a public-private delivery system. The AEEF will begin distributing funds to Regional School Readiness Partnerships in April 2006.

The School Readiness Action Plan is organized around the Ready Child, Ready Families, Ready Programs and Schools, Ready Teachers, and Ready Communities framework that has been adapted from *Policy Matters*. This framework was also adopted by the national school readiness report *Getting Ready: Findings from the National School Readiness Indicators Initiative* (February 2005)², and used by many states for communicating and documenting their school readiness strategies and indicators. As one of the fourteen states participating in the original School Readiness Indicators Project, funded by the David and Lucile Packard, Ewing Marion Kauffman, and Ford Foundations, Arizona is building on the indicators collected and reported for that project.

The SECCS Planning grant requirement to conduct an environmental scan was the catalyst for identifying updates to those indicators and identifying others that form the basis for the School Readiness Key Performance Indicators Report to be distributed by the School Readiness Board in 2006. The Key Performance Indicators will be the mechanism for tracking and trending future measures of the impact of the School Readiness Action Plan.

Results of an internal environmental scan that has mapped and assessed MCH capacity in each of the five system components. Description of current early childhood services supported by the Title V program.

Title V funds in Arizona are allocated through the Office of Women's and Children's Health within the Department of Health Services. The Director of the Department of Health Services is a member of the School Readiness Board. The Chief of the Office of Women's and Children's Health (OWCH) and the Section Manager of Planning, Education and Partnership within OWCH are members of the Healthy Child Collaborative.

Health related activities impacting early care and education which are allocated funding through the Title V program in 2004-2005 are as follows. Programs are organized by the five SECCS components.

Medical Home

The *Medical Home Project*, in collaboration with the Arizona Chapter of the Academy of Pediatrics and the Arizona Department of Education, provides a medical home for uninsured children. School nurses refer children and Head Start children to providers who accept an assigned fee. In Maricopa County, younger siblings of school age children can be referred as well. This ongoing project is

² www.gettingready.org

anticipated to be expanded from the current 12 counties to all 15 Arizona counties and to offer services to younger siblings in all counties, not just Maricopa.

The *Sensory Program* provides financial support and technical assistance to help schools and pre-schools in Arizona carry out the state mandate for hearing screening.

Health Start contracts with lay health workers to make home visits to pregnant and postpartum women and families until the child is two years old. The lay health worker provides case management, support, and education and helps the family to advocate for themselves, with oversight by nurses and social workers. This ongoing program anticipates providing more training on infant mental health to lay health workers. Lay health workers will provide more parenting education classes.

The *High-Risk Perinatal Program (HRPP)* provides a safety net for families to ensure the most appropriate level of care surrounding a high risk birth. It provides the early identification and support for a child's developmental needs through medical consultation, case management, and maternal and/or neonatal transport to a higher level of medical care. Physicians provide care to infants in the NICU. Community nurses assist with transition of infants from the NICU to home, conduct home visits, identify babies needing early intervention services, monitor medical needs, and conduct developmental screenings until case discharge. As of July 2005, the HRPP began contracting with agencies to provide developmental assessments. The HRPP, in collaboration with the Office for Children with Special Health Care Needs, also assists in follow up of newborns without public or private health care coverage needing developmental screening and assessment.

The *Office of Oral Health (OOH)* trains health professionals who develop dental clinics and other dental care systems, and supports oral health programs and services for children. OOH provides education about oral health awareness for young children, including assisting the Child Care Health Consultant to develop the oral health awareness used with child care providers, and collaborates with AHCCCS to expand outreach efforts to increase utilization of covered dental services. OOH is initiating parent education programs targeting education to mothers about passing the germs that cause tooth decay to their children and about the relationship between gum disease and preterm, low birth weight infants.

The *Office for Children with Special Health Care Needs (OSCHCN)* provides medical treatment, rehabilitative services, youth and parent activities, anticipatory guidance, referrals, coordination of care, and medical and developmental screening for children with special health care needs. The Office educates physicians about the medical home concept. OSCHCN received a federal three year grant entitled, "Integrated Services for Children with Special Health Care Needs, Priority #5: The President's New Freedom Initiative: State Implementation Grants for Integrated Community System for Child with Special Health Care Needs." One of the objectives of

this grant is to improve the quality of select medical homes. Members of the Healthy Child Collaborative participate on the Grant Advisory Committee.

The *Service Coordinators Network* works with insurance companies, state agencies, community providers, schools, churches, and other agencies to coordinate access to services needed to support a child's continued growth, development, and learning, particularly for those children enrolled in AzeIP (Arizona Early Intervention Program).

Healthy Steps was a one-time grant to train community physicians/office staff in select modules of the Healthy Steps curriculum for pediatric residents. More than 300 people attended the one-day trainings offered in 4 locations around the state.

Parent Education

Hotlines (Pregnancy and Breastfeeding, Children's Information Services, and Women, Infants, and Children's) provide education, information and referral, and Baby Arizona pre-screening for eligibility for prenatal care coverage.

Domestic Violence/Rural Safe Homes is a program that provides prevention education, temporary emergency shelter, legal advocacy, peer counseling, case management, and counseling for children who have witnessed abuse. Program staff support the state domestic violence coalition. This ongoing program intends to enhance collaborative efforts with local providers in rural and underserved areas.

Ready to Learn Video "What We Have Always Known" was a one-time project to fund a culturally appropriate video to educate Native Americans about the importance of early brain development. The video, now nationally known, is distributed through the InterTribal Council.

Injury Prevention Program (SafeKids) is funded to develop strategies, provide education to reduce unintentional injuries, and collect and publish data. Arizona is moving administration and funding decisions from local areas to ADHS.

Early Childhood Education Package provides information on oral health, child abuse, nutrition, domestic violence, injury prevention, tips for new parents, child development, and exercise. This is an ongoing project.

Community Health Grants fund projects at the community level designed to reduce infant mortality rates and prevention of injury and death caused by motor vehicle crashes.

County Prenatal Block Grant provides funding on a formula basis to each county health department in Arizona. Counties provide a variety of maternal and child health programs to meet the needs identified through a local needs assessment process. Services include but are not limited to: assisting pregnant women to gain early access to prenatal care; parent education, and family support services.

The Arizona Partnership for Immunizations (TAPI) purchases vaccines for children, monitors immunization levels, provides education materials, and works to increase parent awareness about understanding and complying with recommended immunization schedules. This is an ongoing program.

Maternal and Child Health Nutritionist, Office of Chronic Disease Prevention and Nutrition Services provides education about folic acid and breastfeeding. The program will develop guidelines for women of childbearing age with inborn errors of metabolism. This ongoing program sees opportunities for future collaboration with the WIC program.

Community Development Program develops parent-led community action teams that bring together families, physicians, teachers, administrators, state program personnel, community leaders, and interested citizens to develop a family-based, comprehensive home and community based system of care. Representatives of these parent-led teams participate in the design of the Regional School Readiness Partnerships.

Other Parent Education programs are explained above and include:

Health Start

High-Risk Perinatal Program (HRPP)

Office of Oral Health (OOH)

Office for Children with Special Health Care Needs (OSCHCN)

Child Care

Child Care Health and Safety Consultation partially funds a Child Care Health Consultant (CCHC) to provide leadership and training statewide, development of select reference guides for child care providers, and direct services to child care providers in Pima County. This ongoing funding is targeted to training additional public health nurses as Child Care Health Consultants and developing training modules on medication administration, behavioral problems, developmental delay, and infections. Ten more nurses or other health professionals are being recruited for the 2006 class. The SECCS grant also partially funds the Child Care Health Consultant.

Train the Trainer (T3) Project, a collaboration between the University of Arizona's Cooperative Extension and the Department of Health Services to train health educators to train child care personnel on health and safety in child care settings. The SECCS grant will provide new funding for a T3 Institute on a well-child screening curricula developed under Healthy Child Care America funding.

Behavioral Health

Infant/Toddler Mental Health Institute funds sponsor the Arizona Infant/Toddler Learning Institute that utilizes the West Ed curriculum “Programs for Infant/Toddler Certification (PITC)”. This Institute supports the SECCS objective in Social Emotional Development/Behavior Health.

Other Behavioral Health programs are explained above and include:

High-Risk Perinatal Program (HRPP)

Office for Children with Special Health Care Needs (OCSHCN)

Domestic Violence/Rural Safe Homes

Family Support

Family Support programs are explained above and include:

Health Start

Hotlines

County Prenatal Block Grant

Office for Children with Special Health Care Needs (OCSHCN)

Domestic Violence/Rural Safe Homes

Community Development Program.

Results of an external environmental scan and critical analysis of pre-existing early childhood systems and initiatives external to MCH, identifying relationships and connections between state MCH and critical stakeholders and describing the current financing of early childhood services supported by other state programs and agencies.

Arizona is the state with the second fastest growing population of children under age 5 in the country³. Arizona Census 2000 data and Arizona Department of Economic Security (DES) 2004 population estimates indicate that approximately 437,411 children birth to five years of age live in Arizona. This figure represents an increase of over 30 percent in the last 10 years, with people moving into the state from other parts of the United States as well as from other countries, particularly Mexico. Arizona is at a critical juncture in its efforts to keep up with this rapid growth and to raise healthy children who are ready to succeed upon entry to 1st grade.

The environmental scan undertaken under the SECCS planning grant demonstrates that although multiple child related programs operate in Arizona, with funding from federal, state, local, and private sources, there is not a comprehensive, coordinated system to assure that children are safe, healthy, and ready to succeed as they enter first grade. Funding sources, in particular governmental

³ US Census 2000

funds, have specific spending limitations related to eligibility of child/family (ex: poverty level, citizenship), focus for spending (ex: program/service specific), or time constraints (within the fiscal year).

The environmental scan showed that child care licensing regulations fall short of standards found in documents like *Caring For Our Children/Stepping Stones*⁴, or the accreditation standards for the National Association for the Education of the Young Child. Qualifications for teachers and caregivers are minimal (age 18 and a high school diploma). Wages are substandard (average \$9.00/hour). Employee benefits provided to child care workers are minimal, if provided at all. Personnel turnover is high; 32% of assistant teachers have been on the job for less than 2 years.⁵

The government funded early childhood programs and services in Arizona and the populations served, are described below. Data regarding funding and number of clients served were gathered in the environmental scan conducted in the first year of the SECCS Planning Grant and will be updated as part of the 2006 grant. The program/services are organized by entity responsible to administer funds in Arizona.

Department of Economic Security (Arizona's human services agency)

The Arizona Early Intervention Program (AzEIP) is an interagency system of early intervention services for families and their children, birth to three years old, with or at risk for disabilities or developmental delays. Ongoing dialogues between AzEIP, the Medicaid agency, the Department of Health Services, and the Division for Developmental Disabilities have led to changes in the service delivery networks to increase the number of children/families served and the methodology for doing so. AzEIP is engaged in public forums to explain the System Redesign based on the coaching model inherent in interdisciplinary, family-centered teams due to be implemented July 2006. Despite efforts to encourage referrals particularly for children from birth to one year, Arizona's narrow definition for eligibility (50% delay in 3 or more areas) has meant that only .61% of Arizona children birth to one received early intervention services in 2004, compared to the national figure of .92%. Arizona has submitted a Part C State Performance Plan to increase the percentage of infants birth to 1 receiving early intervention services to .80% by 2010.⁶

The Child Care Development Fund (CCDF) provides funding for child care subsidies (reimbursements to child care providers on behalf of eligible parents in low income families, families receiving TANF, families transitioning off TANF, and children who are in the Child Protective Services system). Adequate funding of this critical family support program continues to be a priority of the Governor's budget.

⁴ Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, AAP, APHA, National Resources Center for Health and Safety in Child Care. <http://nrc.uchsc.edu/CFOC/>

⁵ Compensation and Credentials: A survey of Arizona's Early Education Workforce, July 2005, State Board on School Readiness/Governor's Office; Association for Supportive Child Care; Children's Action Alliance

⁶ Department of Economic Security, Arizona Early Intervention Program, December 2005. Part C State Performance Plan: 2005-2010; OMB NO: 1820-0578.

Quality Set-Aside monies of the Child Care Development Fund (CCDF) are used to fund:

- a registry of trainers, trainings offered, and child care practitioners who have taken trainings, called S*CCEEDS (Statewide Child Care Early Education Development System);
- contracts to provide training sessions for child care personnel, including the Arizona Infant/Toddler Institute;
- the Self-Study Project that assists child care providers to voluntarily prepare for national accreditation, and eventually the STARS (Strategies to Achieve Readiness Standards) system, Arizona's Quality Rating System for child care.

Healthy Families is a home-based, voluntary child development program serving at-risk families during pregnancy and/or from the birth of a new child and continuing for the first five years of the child's life. The Governor requested additional funds in her 2004 and 2005 budgets.

Department of Education

Even Start/Family Literacy, administered by the Division of Early Childhood, assists parents to accomplish goals related to adult education and jobs and provides high quality preschool to their children. Services are provided to parents and children birth to eight years of age.

Preschool Special Education (federal IDEA Part B) provides assessment, evaluation, education planning, instruction, and transition to kindergarten for children age 3 to 5 years who have developmental delays.

The Early Childhood Block Grant (ECBG) provides state funds to school districts and charter schools to support preschool programs for economically disadvantaged children, full-day kindergarten and other support services for kindergarten through 3rd grade.

Kindergarten & Full-Day Kindergarten is administered by the state and by local school districts. In Arizona, half-day kindergarten is funded by the state for all public and charter schools, with full-day kindergarten funding from the state available to schools with at least 80% of students eligible for the free and reduced price lunch (FRL) program.

School districts or charter schools not eligible yet for full-day kindergarten state funding must blend funds from various sources, including federal Department of Education Title I, ECBG, School District maintenance and operations budgets, K-3 override, and parent fees to offer these programs.

Governor Napolitano has made state funding for full-day kindergarten a top priority of her administration. Her budget requests were approved in the past two years and now provide State funding for full-day kindergarten for 22,954 kindergarteners in schools with

80% or more of students eligible for the Free and Reduced Price Lunch Program⁷. The Governor pledges to continue to work with the State legislature to increase state funding until all Arizona's children can voluntarily participate in a full-day kindergarten program.

Federal Child Care Bureau; Head Start/Early Head Start

Head Start provides parent support and education, social services, special education, nutrition, transition to kindergarten, part-day instruction for children 3 to 5 years of age and their families at or below federal poverty levels. As of December 2004, there were seven regional Head Start/Early Head Start grantees with 14 delegate agencies, 12 tribal grantees, and one migrant grantee, bringing more than \$140 million in federal funds to Arizona's economy⁸.

Early Head Start provides early childhood education, parent involvement, parent education, family support, and comprehensive health and nutrition services for children birth to 3, their mothers, and pregnant women at or below the federal poverty. In 2004, children under age 3 were enrolled in an Early Head Start program in 7 sites, including a Tribal grantee⁹.

Other community-based efforts to ensure a focus on quality early childhood programs in Arizona include:

- United Way early childhood development projects.
 - The United Ways have developed a social marketing campaign, "You're It!", designed to galvanize the public will to invest in early childhood.
 - The United Way in Tucson and Southern Arizona is implementing many of the School Readiness Board Action Plan strategic initiatives through a federal Early Learning Opportunities Act grant.
 - The Valley of the Sun United Way has multiple early childhood initiatives underway, and is partnering with the School Readiness Board, TAPI, and a community-based organization (Southwest Human Development) to submit a Local Funding Partners Initiative grant application to the Robert Wood Johnson Foundation to seed the Child Care Health Consultant network in central Arizona.
 - The Mesa United Way, under Title V funding, has developed a nationally recognized video for Native Americans on early brain development titled, "What We Have Always Known".
- Communities for Kids, an initiative funded by the Arizona Community Foundation in two communities to encourage community collaborations to include pediatricians, librarians, community college professors, and others on behalf of children birth to 5 years.

⁷ ADE Full Day Kindergarten Report, September 15, 2005.

⁸ Arizona Head Start Association, *Accomplishments and Statewide Impact Report 2004*.

⁹ Arizona Head Start Association, *Accomplishments and Statewide Impact Report 2004*.

- Business/Corporate initiatives to raise awareness of the impact of high quality early learning opportunities as workforce investment (ex: P-20 [pre-kindergarten through college], Alpha Project, Arizona Business Education Council, Greater Phoenix Leadership).

Staff of the School Readiness Board and Arizona's Maternal and Child Health department, the Office of Women's and Children's Health within the Department of Health Services, are represented on most of the above programs and initiatives, as are members of the above projects also represented on School Readiness Board Implementation Teams. This interlocking membership facilitates information sharing and opportunities for increased coordination and collaboration.

Description of the development of concrete methods to be used to align funding streams, program resources and policies in order to produce and support effective systems integration.

The School Readiness Board commissioned Linda Redman, PhD, an economics consultant, to research the primary funding sources for early childhood care and education in Arizona. Her report, *An Analysis of Select Early Childhood Education Funds/Programs, June 2004*, focused on the Child Care Development Fund (CCDF), Early Childhood Block Grant (ECBG), Child and Adult Care Food Program (CACFP), and Department of Health Services, Office of Child Care Licensure. While there are not readily accessible untapped sources of federal or state monies that can be maximized to support these funds, the consultant did identify opportunities to more effectively utilize monies already allocated by targeting and prioritizing how the funds are used and by enhancing the coordination among the state agencies responsible for operating with them.

The report specifically recommended:

1. An evaluation of whether the quality set-aside and earmarked CCDF funds are being spent on programs in alignment with and supportive of the SRB strategies and priorities; are being spent on programs/activities that lead to improved outcomes for children; are being spent on programs that demonstrate effectiveness of interventions; and are being allocated through an effective RFP process.
2. Consideration for eliminating the current funding formula for ECBG funds and replacing it with methodologies to target SRB priorities; targeting ECBG funds to high quality programs; and providing ADE with the authority to follow through with corrective action.
3. Developing strategies to enhance participation in the CACFP.
4. Exploring the feasibility of consolidating the regulation of child care homes and requiring all to be licensed/certified in order to participate in child care subsidies or CACFP; and support increasing funds appropriated for funding child care licensing surveyors in order to meet the National Association for the Education of Young Children standard of 1 to 45.

The recommendations are being incorporated in School Readiness Board activities:

1. Discussions are ongoing with the DES, Child Care Administration to revise the RFP to improve allocation of the quality set-aside in support of quality training and technical assistance.
2. The School Readiness Board supports the Department of Education's efforts to improve the efficiency of allocations of the ECBG funds.
3. The School Readiness Board is actively supporting state appropriations for additional licensing surveyors.

A plan to strengthen data collection to track child outcomes and make system improvements.

The SECCS Planning grant requirement to conduct an environmental scan was the catalyst for identifying indicators and identifying others that form the basis for the School Readiness Key Performance Indicators Report to be distributed by the School Readiness Board in 2006. The Key Performance Indicators will be the mechanism for tracking and trending future measures of the impact of the School Readiness Action Plan. It will be updated and reported to the Governor every two years.

The indicators described for each of the five system components include both indicators that are now available and collected in Arizona, as well as some emergent indicators that will be measured and reported as a result of new initiatives. Where appropriate, Maternal Child Health Bureau Performance Measures of child health status routinely collected and reported by the Department of Health Services are included as indicators for the SECCS components.

Description of integration of Healthy Child Care America objectives of a) quality through standards; b) infrastructure building through development of a network of child care health consultants, c) access to medical homes and health insurance through early care and education providers.

The Healthy Child Care America objectives are integrated in the work of the Healthy Child Collaborative and the School Readiness Board.

Quality through standards is emphasized in incorporation of the standards of *Caring for Our Children* and state licensing regulations in the *Arizona Health & Safety Policy Manual for Child Care Centers*. The Manual was written under the SECCS planning grant and will be published and distributed in the SECCS Implementation phase. To increase access to medical home and health care coverage, the new *Arizona Health & Safety Policy Manual for Child Care Centers* contains information on medical homes as well as eligibility and applications for AHCCCS and KidsCare. Child care providers will continue to be trained to assist families to connect to medical homes and health insurance coverage.

Quality is being built into the standards of the state's quality rating system, STARS (Strategies to Achieve Readiness Standards). The criteria for each level in this five star rating system are based on increasing evidence of quality practices as measured on the Environmental Rating Scale (which includes Interactions, Parents and Staff, and Personal Care Routines), Director and staff qualifications, child/staff ratios and group size, family partnership activities, and early childhood standards. Experience with quality rating systems in North Carolina, Oklahoma, and Wisconsin, among others, were consulted for inclusion in Arizona's rating tool. Quality through standards is driving the revisions proposed to the state child care licensing regulations and will be built into the recommendations of the Infant Mental Health State Plan, both actions scheduled for implementation in Year 1 of the Implementation Schedule. Infant Mental Health standards based on research from Zero To Three, Ounce of Prevention, and states such as Michigan, Colorado, and Florida are included in the Infant Mental Health State Plan.

Arizona currently has only one full-time Child Care Health Consultant (CCHC). However, she is a certified trainer from the North Carolina National Training Institute for Child Care Health Consultants and over the past four years has trained another 29 Child Care Health Consultants. When funding is available to align CCHCs with child care centers, Arizona will have a trained group of interested persons available. In addition to training nurses and other health professionals as Child Care Health Consultants, new child care provider curricula have been developed to increase knowledge and awareness of oral health and overweight/obese children. SECCS Implementation Grant funds will be used to hold a Train the Trainer Institute to train health educators on these new curricula.

Overview of 5 system areas:

Children must be healthy physically and mentally in order to be ready to succeed. Young children live within families. Support to families is critical to ensuring the health of children. Support can be from myriad contacts (ex., physicians, child care staff, home visitors) and within various environments (home, child care setting, office). That support most often requires collaboration from multiple partners. These partners are joined in membership on the Healthy Child Collaborative. The five focus areas for the Healthy Child Collaborative follow the federal Maternal Child Health Bureau's focus areas in the design and implementation of Statewide Early Childhood Comprehensive Systems: access to medical homes, parent education, family support, mental health, and child care.

The Healthy Child Collaborative recommends that all who come in contact with families with young children have the training and tools needed to provide the best care and advice possible. Working with transdisciplinary personnel, training curricula are being developed and disseminated to train physicians, child care staff, state licensing staff, Child Care Health Consultants, and others about developmental screening, the importance of well-child visits, oral health, nutrition and physical activity for the young child, health and safety regulations and preferred practices, and social and emotional development in the young child. New parents are being provided up-to-date parenting information and state and national resources in healthy child development. Physicians are being recruited to participate in the Reach Out and Read program to encourage parents to begin early literacy by giving a new book to children between

6 months and 5 years of age who come in for well-child visits. State agency and community-based organization personnel are working together to identify objectives and strategies to improve the system capacity to recognize and respond to improving the mental health of young children. Families are encouraged to enroll in health coverage programs for which they qualify in order to have access to health screening and intervention as needed.

Over the next three years (2005-2008), the School Readiness Action Plan and the Healthy Child Collaborative will specifically address the five SECCS focus areas as described below. (Headings in italics identify six of the 17 elements enumerated in the SECCS grant guidance; the other eleven elements are described beginning on page 19 of this document.)

1. **MEDICAL HOME**

Clearly stated goals and objectives for Medical Home, with appropriate timelines for completion.

Goal: Enhance the quality of medical homes by working with pediatric practices.

Objectives:

- Increase the number of children birth to 6 who have well-child screening visits using a nationally validated developmental screening tool.
- Increase the number of pediatric practices self-identifying as a medical home.
- Expand the number of pediatric practices participating in Reach Out and Read, an evidence-based national program that promotes early literacy and facilitates parent guidance on child development.
- Increase the number of children/families with health care coverage.

Summary of the implementation plan for Medical Home including the agency or program that will have the lead role, the role of the Title V program, a description of the way that the services will be provided, the level of resources currently available for the services and the remaining unmet need.

The initial recommendation in the School Readiness Board Action Plan was to ensure that all children enrolled in the AHCCCS/KidsCare Health Plans receive their full complement of EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screenings and immunizations. Developmental screening as part of EPSDT was not being routinely done (according to a study of AHCCCS claims data¹⁰) but is key to identifying helpful guidance for parents and/or early intervention or treatment to help children to be ready to succeed. To ensure higher EPSDT utilization, the Healthy Child Collaborative recommended that physicians and other professionals who care for children receive training on developmental screening and be encouraged to use a common screening tool.

¹⁰ AHCCCS EPSDT Performance Measures, 1998

The Parental Evaluation of Developmental Status (PEDS) was recommended as the screening tool most amenable to use in busy physician practices. Physicians will begin use of the PEDS tool with AHCCCS enrolled babies discharged from a Newborn Intensive Care Unit (NICU) as of January 1, 2006. If evaluation of the use of the PEDS proves effective and cost-beneficial, all AHCCCS/KidsCare enrolled children will eventually be screened with this developmental screening tool.

Developmental screening is a component of medical home. Medical home is an approach to providing efficient and comprehensive primary care in partnership with parents¹¹. To educate more physicians about the medical home concept and improving the quality of care they provide, the Arizona Chapter of the Academy of Pediatrics has been awarded a grant funded through the Vermont Child Health Improvement Partnership, Commonwealth Fund, and National Initiative for Children's Health Care Quality. This two-year grant will recruit physicians to join a quality improvement project, the Arizona Child Health Improvement Partnership, to increase pediatric practices self-identifying as medical homes. This grant will work in coordination with the President's New Freedom Initiative: Integrated Services Grant for Children with Special Health Care Needs. One of the quality improvements to be targeted in both grants is incorporation of the PEDS into the practices' procedures. The grant funds both an on-site coordinator in Arizona and technical assistance from consultants in Vermont to train physician practices using the *Plan Do Study Act* model of quick change quality improvement.

To further improve the quality of physician practices, continuing efforts are underway to expand the number of physician practices participating in the Reach Out and Read program. Reach Out and Read targets low income families with young children and gives away an age appropriate book at each well child visit between 6 months and 5 years. The pediatrician is taught how to use the book as a tool in developmental screening and to give anticipatory guidance to parents about child development and early literacy. Dr. Grace Caputo is a member of the School Readiness Board, Chair of the Healthy Child Collaborative, and Medical Director for the state Reach Out and Read Coalition. Through her leadership and advocacy, information and materials will be distributed through the Healthy Child Collaborative to AHCCCS Health Plans and other communication channels in order to recruit additional practices.

In order to maximize the number of children receiving health care through a medical home, Arizona will focus on increasing the number of children enrolled with AHCCCS/KidsCare. This strategy involves support through the child advocacy organization (Children's Action Alliance) for reducing cost-sharing premiums for families eligible for the KidsCare (SCHIP) program and for reinstating the 12-month eligibility redetermination period for AHCCCS. (See further discussion under Family Support, page 46.)

¹¹ Inkelas, M, Regalado, M, Halfon, N. July 2005. *Strategies for Integrating Developmental Services and Promoting Medical Homes*, National Center for Infant and Early Childhood Health Policy. Building State Early Childhood Comprehensive Systems Series, No. 10

Needs assessment: Although nearly 91% of Arizona children birth to 19 years have medical insurance, according to a study specific to Arizona, a major insurer is AHCCCS, the state's Medicaid agency (which also administers the SCHIP program)¹². These publicly funded programs provide medical insurance to approximately 40% of Arizona's children ages birth to 5. Therefore, improving health care for AHCCCS (Medicaid) and KidsCare (SCHIP) enrolled children improves care for a significant number of Arizona children. Additionally, because AHCCCS/KidsCare operates a managed care model, with recipients provided health care in mainstream community physician offices, there are increased opportunities to affect policies and practices afforded to all children when community physician offices comply with the Medicaid agency's requirements.

AHCCCS collects mandated performance measures from their contracted Health Plans based on claims paid, including the number of children assigned a primary care provider, utilization of EPSDT well-child visits, and immunization status of two-year olds. Data from 2004 reveal that 86.5% of AHCCCS enrolled children have an assigned primary care provider (PCP); 68.1% of 15 month olds have had six or more EPSDT visits since birth; 52% of children aged 3-6 years have had an annual EPSDT visit; 70.3% of two-year olds are 4:3:1:3:3 series complete¹³.

The Reach Out and Read Arizona Coalition has a statewide coordinator and now has three regional coordinators. Expansion of the number of practice sites participating in the program has grown from 55 in 2003 to 89 in 2005.

The state budget passed in 2003 required premium increases for families enrolled in KidsCare. In one year, over 16, 300 children lost health care coverage due to nonpayment of premiums¹⁴. Another legislative change—to reinstate the six-month renewal process for AHCCCS eligibility—also results in loss of health care coverage for children/families. Over 50% of families do not complete the redetermination interview or submit required paperwork in a timely manner¹⁵.

Gaps/challenges: In 1998, AHCCCS studied the contents of Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) visits and discovered that most physicians complied with required screening tests, except for developmental screening. Since up to 50% of children are at some risk for developmental delays and/or behavior problems¹⁶, with a third of them not discovered until kindergarten enrollment, conducting developmental screening was a logical challenge for the Healthy Child Collaborative. Pediatric research indicates that only about a third of pediatricians use a validated developmental screening tool, even when developmental screening is done¹⁷. As a result of these findings, the Healthy Child Collaborative focused on identification of a specific screening tool.

¹² Johnson, William, *Health Query Data from Yuma County*, Arizona State University, 2003.

¹³ Arizona's School Readiness Action Plan: The AHCCCS Report Card on Children's Preventive Health Initiatives, May 2005.

¹⁴ AHCCCS KidsCare Discontinuation Related to Non-Payment of Premiums, January-June 2004.

¹⁵ Stemmler and Associates. "Churning through AHCCCS: What Happens to Medicaid Applications," Feb 2005.

¹⁶ Glascoe, FP, Detection of Developmental and Behavioral Problems. *Pediatrics in Review*, August 2000; 21:272-280.

¹⁷ Glascoe, FP, Detection of Developmental and Behavioral Problems. *Pediatrics in Review*, August 2000; 21:272-280.

However, without health care coverage, parents do not even bring children to the doctor for preventive well-child screening visits. Without changes to legislation requiring premium-sharing for parents with children eligible for KidsCare, the number of children continuously enrolled in KidsCare is declining. Likewise, children eligible for AHCCCS are not continuously enrolled when the time period for redetermination is 6 instead of 12 months because families fail to comply with redetermination paperwork in time to maintain continuous enrollment.

Activities to address challenges:

1. Based on the recommendations of a group of developmental pediatricians convened through the Arizona Chapter of the Academy of Pediatrics, the Parental Evaluation of Developmental Status (PEDS) was recommended as the screening tool.
2. AHCCCS and the Academy of Pediatrics are collaborating to provide training to physicians who will begin use of the PEDS tool with AHCCCS enrolled babies discharged from a Newborn Intensive Care Unit (NICU) as of January 1, 2006. As of September 2005, 65 pediatricians have been trained to use the PEDS tool.
3. AHCCCS is also developing mechanisms to monitor the referral care provided to the NICU babies as a measure of the effectiveness of routine surveillance with the PEDS screening tool.
4. The Department of Health Services, Office of Women's and Children's Health and the Office for Children with Special Health Care Needs, are combining forces to contract with community nurses to coordinate care for NICU babies who are not insured by commercial or public insurance. Community nurses will conduct developmental screening and make follow up referrals as needed for further evaluation and treatment for these children.
5. The Arizona Child Health Improvement Partnership will increase pediatric practices self-identifying as medical homes. One of the quality improvements to be targeted in the grant is incorporation of the PEDS into the practice procedures.
6. Additional physician practices will be recruited to participate in the Reach Out and Read program.
7. Children's Action Alliance (CAA) is educating legislators about the negative effects on children/families of the KidsCare premium-sharing increase and the AHCCCS eligibility reduction of the redetermination time period from twelve months to six months. CAA Fact Sheets will be distributed to Healthy Child Collaborative members to help them support this legislation.

Timelines for Implementation:

To achieve the goal of enhancing the quality of medical homes, in **Year 1**, Arizona will introduce the use of a validated developmental screening tool to be used at routine well-child visits. The Parental Evaluation of Developmental Status (PEDS) will be used in all routine well-child visits for AHCCCS/KidsCare (Arizona's Titles XIX and XXI programs) babies who start life in the newborn

intensive care unit (NICU babies). AHCCCS will provide enhanced reimbursement to physicians trained to use the PEDS, who are registered with the AHCCCS program, and who submit properly coded claim forms on NICU babies. The mechanics of setting up the training sessions and computer codes are in process in Year 1.

To meet the objective of increasing the number of pediatrics practices self-identifying as a medical home, the Arizona Quality Improvement Partnership begins in **Year 1** to recruit up to ten pediatric practices to participate in the rapid cycle change model for quality improvement (*Plan Do Study Act*). Technical assistance provided through the grant is designed to help these practices become Medical Homes as defined by the American Academy of Pediatrics.

In **Year 1** (9/1/2005-8/31/06), Arizona will focus on increasing the number of children with access to a continuing source of health care coverage for well-child screening, treatment, and referral. This strategy involves support through the child advocacy organization (Children's Action Alliance) for reducing cost-sharing premiums for families eligible for the KidsCare (SCHIP) program and for reinstating the 12-month eligibility redetermination period for AHCCCS. (See also the Family Support focus area starting on page 46.)

In **Year 2** (9/1/06-8/31/07), the initiatives begun to screen all NICU babies with the PEDS tool and to provide education in quality improvement to pediatric practices will be continued and strengthened. By **Year 3** (9/1/2007-8/31/2008), the PEDS developmental screening tool will be used for all routine well-child visits for newborn intensive care unit babies at a minimum. An evaluation of the effectiveness of such routine screening to identify and refer children needing early intervention, and an analysis of budget impact, will inform next steps in rolling out this process to all young children. The Arizona Quality Improvement Partnership project evaluation will also inform planning to increase access to medical home practices for families with young children, especially for families with children with special health care needs. If successful, additional funding will be sought to continue providing this model to more physician practices.

In **Years 1-3**, Arizona will continue to recruit new pediatric practices statewide for the Reach Out and Read program to enhance the quality of pediatric medical homes. The incentives to parents and children to have well-child screening visits at the doctor's office, and the training Reach Out and Read provides to pediatricians in developmental screening and anticipatory guidance, combine to make this program a very successful school readiness tool.

Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.

To monitor progress, convene involved parties, and maintain high visibility for these activities, multiple partners are assisting in the activities enumerated above.

1. AHCCCS, the state Medicaid agency is a key partner in identifying the target population (NICU babies) and collecting evaluation measures as well as reimbursing registered physicians for conducting the PEDS screens.
2. The Department of Health Services, through the High Risk Perinatal Program and the Office for Children with Special Health Care Needs provides community nursing home visits and developmental screening for NICU babies not enrolled in AHCCCS/KidsCare.
3. The Arizona Chapter of the Academy of Pediatrics is conducting training sessions on the PEDS screening tool, and implementing the Arizona Child Health Improvement Partnership.
4. The Reach Out and Read (ROR) State Coalition and its local partners Southwest Human Development, Maricopa County Public Health, and the University of Arizona Residency Programs sign up and train pediatric practices to use the ROR program.
5. The AHCCCS contracted managed care health plans are providing key assistance in communicating with their physician networks and enrolled members about the PEDS screening tool, Reach Out and Read, and quality improvements, as well as in collecting and reporting the data required for performance measurement related to the PEDS screening.
6. The major child advocacy organization, Children's Action Alliance, is mustering public support to revise legislation regarding AHCCCS/KidsCare premium-sharing and eligibility redetermination timeframes. Children's Action Alliance is spearheading a study to assess the impact on families of the six month eligibility redetermination requirement.

Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the plan.

AHCCCS identifies Annual Performance Measures for its contracted managed care health plans, mandating data collection and reporting for each measure. These AHCCCS Annual Performance Measures are consistently defined and mandated over time in order to record improvements and trends. AHCCCS is in the process of defining measures and benchmarks of the effectiveness of use of the PEDS developmental screening tool.

The Reach Out and Read Arizona Coalition has a statewide coordinator and now has three regional coordinators. Expansion of the number of practice sites participating in the program has grown from 55 in 2003 to 89 in 2005. This figure, as well as the number of children served, will also be consistently reported each year.

Current indicators include:

- % of AHCCCS enrolled children assigned a PCP

- % of AHCCCS enrolled children at 15 months with up to 6 EPSDT visits since birth
- % of AHCCCS enrolled children between three and six years old with an annual EPSDT visit
- # of physicians and children participating in the Reach Out and Read program

Emergent indicators may include:

- # of NICU babies with a PEDS screening
- # of physician practices participating in the Arizona Quality Improvement Partnership
- # of pediatric practices self-identifying as a Medical Home Practice
- % of children with newly diagnosed developmental delays at kindergarten entrance

Long term evaluation/outcomes:

It is anticipated that system changes will be evident in the number of children receiving routine developmental surveillance screens. Initial impact will only be measurable on those babies enrolled in AHCCCS who were discharged from an NICU after birth on or after 1/1/06. It is hoped that methods will be identified within the next ten years to measure the number of children, AHCCCS enrolled or covered under commercial insurance, who receive developmental screening.

It is anticipated that child health status changes will begin to be seen, particularly at kindergarten enrollment. AzEIP and Child Find will have captured children meeting eligibility requirements so that fewer children will enroll in kindergarten with undiagnosed developmental delays or requiring Special Education Individual Education Plans (IEPs), because early intervention and parental guidance was received as a result of identification of potential developmental delays.

Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).

A major piece in the financial sustainability of improving pediatric practices is Medicaid reimbursement for using the PEDS screening tool at all routine EPSDT visits from birth to 5. It is anticipated that the quick change methodology for implementing quality improvements to be taught in the Arizona Quality Improvement Partnership grant will also lead to sustainable improvement.

Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

Challenges and opportunities inherent in the systems implementation process involve collaboration between state agencies responsible for shepherding and financing separate fund sources and service programs, and for obtaining ongoing budget appropriations. The Title V program in the Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) has received a

multi-year federal Integrated Services Grant. A facet of this grant will be incorporated with the Quality Improvement Partnership grant to develop improved medical homes. The Title V program in the Department of Health Services, Office of Women's and Children's Health has a long-standing commitment to fund training for Child Care Health Consultants. The Title V program will work closely with AHCCCS and other partners in the Healthy Child Collaborative to implement the screening of all NICU babies through its High Risk Perinatal Program. The Office of Women's and Children's Health is providing Title V funds to support a study being conducted through the Children's Action Alliance to assess the impact of the six month eligibility redetermination period for AHCCCS. Results of the study will be used to inform the implementation activities regarding increasing the number of children who have access to a consistent source of health care. The Title V program, along with AHCCCS, the state Medicaid agency, is well-represented on all SRB Implementation Teams in order to facilitate service integration and maximization of Medicaid/SCHIP funds.

2. PARENT EDUCATION

Clearly stated goals and objectives with appropriate with timelines for completion.

Goal: Educate parents about how they can help their children to be healthy, safe, and ready to succeed.

Objectives:

- Increase parent awareness about the importance of taking children to the doctor for well-child visits through distribution of a Parent Kit for every newborn in Maricopa County (Year 1), and throughout the state (Years 2-3).
- Increase parent awareness about how to raise healthy children through use of consistent messaging in the "You're It!" campaign.
- Increase parent awareness about how to raise healthy children through health promotion efforts of child care providers.

Summary of the implementation plan for Parent Education, including the agency or program that will have the lead role, the role of the Title V program, a description of the way that the service will be provided, the level of resources currently available for the services and the remaining unmet need.

A guiding principle of the School Readiness Action Plan is that parents are a child's first and best teacher. In this role, parents can benefit from education about child development and their parental role in providing the environment to maximize each child's potential. Multiple media are needed to capture parents' attention and deliver consistent, simple messages. These media include advertising (for example, billboards and message magnets); speakers' bureaus; written materials (such as newspaper articles and brochures); television and radio programming; and face-to-face communications. All are used in Arizona to provide parent education.

A local philanthropy, the Virginia G. Piper Charitable Trust (the Trust), has adopted recommendations of the School Readiness Action Plan in support of parent education and child health. During 2005, the Trust convened an interdisciplinary team of early childhood

advocates and experts to assist them in retooling the *Parents' Kit* developed in California and funded through California's First Five program for distribution to all new parents in that state. The *Arizona Parents' Kit* contains high quality videos/DVDs about health and nutrition, child safety, early literacy, discipline, and quality child care (produced by the I Am Your Child Foundation), a child's first book, and the *Arizona Parents' Resource Guide*, a compendium of national and Arizona specific resources (websites and/or 1-800 telephone numbers) for parents from the prenatal stage through the birth of the child and until the child is five years old.

The Task Force representatives from the School Readiness Board, the Title V agency, and the pediatric community emphasized the need to include strong messages about taking children to well-child visits and emphasizing parents' roles in developing positive mental health in their young children.

The *Arizona Parent's Kit* is now being distributed on a pilot basis to parents of newborns in two metropolitan hospitals in Maricopa County (the state's largest county) to evaluate its impact to change parental actions in support of their child's development and readiness for school. The Healthy Child Collaborative will convene a planning group of state agency representatives (including the Title V agency, the Office of Women's and Children's Health), corporations, parents, and community-based organizations to plan for distribution of the *Arizona Parent's Kit* throughout the state.

The United Way organizations in Arizona have developed a social marketing campaign to provide parent education messages, and to educate the public at large about the need to invest in early childhood education. School Readiness Board staff have participated in the development of this campaign; the Governor launched it November 7, 2005; and members of the School Readiness Board and its committees (including Healthy Child Collaborative) continue to be involved in its deployment through a speakers' bureau, distribution of written materials like the Tool Kit for 3-5 Year Olds and "You're It!" car message magnets.

Child Care Health Consultants and other health educators provide health promotion training and materials to child care staff, and for parents at child care center Parent Meetings. Training and materials provided by Child Care Health Consultants enable child care staff themselves to pass on valuable parent education, and to be considered part of the team of experts in a community about early childhood.

Using funds from the SECCS grant in 2006, the Train the Trainer (T3) program will hold a T3 Institute to train a new class of health educators to provide additional training opportunities to child care providers on oral health and obesity and overweight children to enable them to pass on these health promotion messages to parents. Train the Trainers (T3) was begun with funding to the University of Arizona's Cooperative Extension Agency from Title V.

To continue to emphasize the child care providers' role as child health and development resource, it is planned that the third year cohort of Emergent Leaders will focus on improving quality in child care settings in Arizona. Part of the focus on quality will be on how to actively support parent education and involvement. Emergent Leaders, a program begun under the School Readiness Board in 2004 and now funded by Chase Bank, are chosen by application from Directors and staff of child care settings and others administering child care programs and services who indicate their desire to become leaders in early childhood education in Arizona.

A member of the Department of Health Services (the Title V entity in Arizona) participates in both the United Way and Piper Trust projects. The Title V entity is a major supporter and user of the T3 program.

Needs assessment: There have been numerous separate and independent efforts by television (Belo Communications' *Educating Arizona Families* program), newspapers (several series and columns focused on early childhood health and education), community-based organizations (United Way's local [*You're It!*] and national [*Born Learning*] campaigns), corporations, and tribes all of which affect limited numbers of parents, with varying messages, over a generally short time span. There are numerous books about raising children; however, there is a dearth of state specific information regarding resources to assist parents with child health and development issues.

There is only one full-time Child Care Health Consultant to provide health and safety training to child care providers. There are many trainers and training sessions for child care providers, but few with the expertise to train on health and safety topics.

Gaps/challenges: There is currently no statewide, coordinated parent education program aimed at parents of young children birth to age 5 years. There are a very limited number of working Child Care Health Consultants, and a limited number of trained health educators for child care staff. Child care providers are not recognized as sources of child development and health/safety messages for parents.

Activities to address challenges:

1. During Years 1-3 of the SECCS Implementation Grant, the Healthy Child Collaborative will develop a plan for statewide distribution of the *Arizona Parents' Kit*. The plan will include mechanics to order, produce, store, and distribute the *Kits*; identification of partners to assist with all of the distribution activities; identification of sustained funding; development of a revision process to make needed corrections based on changes to the delivery system, new communications technology, or new research in early childhood health and education; and evaluation of the effectiveness of this means of parent education.
2. Based on funding and evaluation results, distribution may be to targeted populations such as teen parents, families with children with special health care needs, or low English literacy.

3. The goal of the Healthy Child Collaborative will be to ensure consistent messages about child health are included in the “You’re It” social marketing campaign and that Healthy Child Collaborative members are aware of their role in distributing the messages in their communities.
4. Through Child Care Health Consultants and trained health educators, child care providers will be developed as trusted messengers of health promotion and child development.
5. Under subcontract to the SRB, the Train the Trainer (T3) program will hold an Institute to train a new class of health educators to use the curricula developed under the Healthy Child Care America grant on oral health awareness and obesity and overweight children.
6. Emergent Leaders will participate in activities to strengthen their knowledge and skills to implement quality in their programs. Part of quality is to educate and involve parents in healthy child development.

Timelines:

The **Year 1** focus on parent education is through development of a plan to fund and distribute the Arizona Parents’ Kit statewide, and continued development of consistent, simple to understand messages about taking children to the doctor for well-child visits, about oral health, nutrition, and social and emotional development for inclusion as the “You’re It!” campaign rolls out.

To train more Child Care Health Consultants, Kathi Ford, a Certified Trainer from the National Training Institute for Child Care Health Consultants, will continue to train additional health professionals, under subcontract to the SRB.

To train more health educators, in **Year 1**, under subcontract to the SRB, the University of Arizona’s Cooperative Extension program will hold a Train the Trainer (T3) Institute to train an additional twenty-five health educators using the curricula developed by the Arizona Chapter of the Academy of Pediatrics, the Department of Health Services/Office of Oral Health, and the Child Care Health Consultant in Pima County about oral health awareness and obesity and overweight children.

In **Year 2** the logistics of distribution of the Parents' Kit statewide to select populations will be worked out and implemented pending availability of funding. **Year 2** will see continued events and efforts to extend and expand the "You're It!" campaign relating to additional health messages as recommended by members of the Healthy Child Collaborative. Child care provider training sessions will be scheduled to increase child care provider awareness and knowledge of health promotion opportunities for parents.

By **Year 3**, the Parents’ Kit may be effectively distributed through the School Readiness Regional Partnerships in order to provide parenting information. In **Year 3** the "You're It!" campaign will continue.

If funding is available, additional T3 Institutes will be held in **Years 2 and 3** to train on the well-child curriculum currently in test mode. The Institute will emphasize the creation of child care staff as local resources in child development issues.

In **Year 3**, Emergent Leaders will participate in activities to strengthen their knowledge and skills to implement quality in their programs. Part of quality is to educate and involve parents in healthy child development for their children. Emergent Leaders is a professional development course, designed and offered in partnership between the SRB and Southwest Human Development and funded through Chase Bank.

Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.

Multiple partners are needed to complete the above plans and include:

- Virginia G. Piper Charitable Trust, major funder of the *Arizona Parents' Kit*.
- United Ways, developers of the "You're It!" campaign.
- University of Arizona Cooperative Extension T3 Program, the train the trainer program in health and safety topics for child care providers.
- Department of Health Services/ Office of Women's and Children's Health, /Office of Oral Health /Office for Children with Special Health Care Needs, for providing technical expertise in health messages and training curricula, assisting with dissemination, and for providing some funding for training.
- Arizona Chapter of the Academy of Pediatrics for providing technical expertise in development and evaluation of training curricula.
- Child Care Health Consultants for training child care providers.
- Pima County Public Health Department for continued hiring of the sole full-time Child Care Health Consultant.
- Arizona Republic Season for Sharing for assistance with funding of the *Arizona Parents' Kit*
- Southwest Human Development, partnering with the SRB to implement the Chase Emergent Leaders Program
- Chase Bank, for two-year funding for the Emergent Leaders Program

Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the statewide early childhood systems development plan.

Indicators: Indicators will be identified as part of the plan for statewide distribution of the *Parents' Kit*. Some of the measures may include:

- # of *Parent Kits* distributed, by county, by parent grouping (teen parent, Spanish-speaking, etc.)
- parent survey results (from the Maricopa County pilot evaluation)

Emergent indicators may include:

- # new CCHCs trained
- # health educators trained via T3 Institute
- # parent education meetings conducted by CCHCs
- parent satisfaction with child care staff as resources for child development issues

Long term evaluation/outcomes:

Anticipated system changes include broad acceptance and promotion of “You’re It!” messages, making it a vehicle for consistent, simple messages to reinforce parents’ roles in keeping their children safe and healthy and helping them to be ready to succeed. It is anticipated that child care providers will begin to view themselves as expert advisors to parents about healthy child development.

Because of parent education, child health status changes should begin to be measurable in the Medical Home indicators by increases in the number of AHCCCS/KidsCare children with an assigned primary care provider and with the recommended number of well-child visits each year.

Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).

The Plan to distribute the Parents’ Kit more broadly across the state will involve funding. Funding could be available from the Child Abuse Prevention License Plate Fund with money generated from specialized license plates sold annually and matched by the Arizona Republic Season for Sharing campaign. Continued use of the “You’re It!” campaign messages may rely on grants obtained through United Way agencies. Funding for additional Child Care Health Consultants is included in the Department of Health Services budget request. Information sharing about parent education opportunities will continue to be shared among members of the Healthy Child Collaborative to facilitate ongoing collaborative efforts.

Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

Communication is a challenge and an opportunity. Several well-researched publicly and privately generated messages, from local, state, and national campaigns, for example the United Way *Born Learning* campaign, apply to early childhood education.

Disseminating them requires coordination and oftentimes funding. The Title V program has several grants and initiatives with early childhood health messages that apply to the parent education initiatives supported through the School Readiness Action Plan. Examples include: Project MUNCH, a nutrition and physical activity program in child care centers, and the STEPS grant working to address diabetes and asthma in border communities. The Title V program is well-represented on SRB committees to play a major role in facilitating the coordination of communications and is well situated to disseminate parent education messages and opportunities through its various networks.

3. **CHILD CARE**

Clearly stated goals and objectives for Child Care implementation with appropriate with timelines for completion.

Goal: Bolster quality health and safety practices in child care settings.

Objectives:

- Fund the beginning of a statewide system of Child Care Health Consultants (CCHCs) in state budget appropriations and grant awards.
- Provide an *Arizona Health & Safety Policy Manual* to improve health and safety practices in child care centers.
- Reinforce health awareness and health promotion messages to parents and staff of child care centers through training sessions on oral health and obesity/overweight children.
- Ensure that STARS (Strategies to Achieve Readiness Standards), a quality rating system for child care centers, includes health and safety criteria and consultation from Child Care Health Consultants as evidence of quality.
- Support market rate adjustment to at least the 2002 market rate for child care subsidy payments.
- Support DHS budget request for additional child care licensing staff to eliminate the backlog of annual licensing visits and improve quality in child care settings.

Summary of the implementation plan for Child Care including the agency or program that will have the lead role, the role of the Title V program, a description of the way that the service will be provided, the level of resources currently available for the services and the remaining unmet need.

The Healthy Child Collaborative and the School Readiness Board recommended phasing in a statewide system of Child Care Health Consultants (CCHC) by requesting two additional CCHCs in Maricopa County (where the largest number of children are in child care) and continuing to provide consultation to child care centers in Pima County. The recommendation was to continue expanding the number of CCHCs in FY 2008 by four full-time nurses so that six of the fifteen Arizona counties could be served.

In FY 2006 Child Care Health Consultants have been integrated into the grant-funded pilot project that is testing a quality rating system. This joint initiative of the School Readiness Board and the United Way of Tucson and Southern Arizona is engaged in 46 child care centers in Pima County in southern Arizona. An additional three CCHCs are included in a three-year grant proposal to the Robert Wood Johnson Foundation to pilot Child Care Health Consultants within STARS (the child care quality rating system) for 40 child care centers in Maricopa County.

To assist child care providers to improve health and safety practices in their centers, the *Arizona Health & Safety Policy Manual for Child Care Providers* was drafted under the second year of the SECCS Planning Grant. The *Manual* is in its final draft. The *Manual* complies with the state regulations governing child care licensure and the standards in *Caring for Our Children*. The format makes it easy for the individual child care center director/staff to fill in the blanks and customize the *Policy Manual* to identify pertinent staff and locations to carry out the policy/procedures for the particular center. During the Implementation Grant period, the *Manual* will be distributed and child care providers will be trained to customize it for their centers.

Under the Healthy Child Care America grant, child care provider training modules were developed about children's oral health awareness and nutrition and physical activity to reduce childhood overweight and obesity. The curricula have been completed, tested, and some child care personnel have been trained using the final versions. Additional training sessions are scheduled for 2006. A new curriculum is under development and testing to train child care staff to reinforce with parents the need for well-child screening visits.

Staff of the School Readiness Board are working with state agency personnel and child advocates to ensure a state budget that includes funds to increase to the 2002 market rate (from 1998) the base calculation used to determine the amount of child care subsidy payments, and to continue to phase in full funding for child care licensing surveyor positions. Also under development by School Readiness Board staff are the criteria for each level proposed in STARS and the identification of resources to fund technical assistance and tiered reimbursement to centers improving, and trying to improve, their quality rating.

Needs assessment: Health and safety violations are the top licensing deficiencies found during state child care licensing surveyor site visits. However, there is only one Child Care Health Consultant (CCHC) working full time in the whole state to assist child care providers with policies and practices to improve the health and safety of their environments. The CCHC is a public health nurse employed by the Pima County Department of Health and has been a full-time CCHC for the past 17 years. The Department of Health Services/Office of Women's and Children's Health Title V program has funded this position since its inception. The CCHC in Pima County is a Certified Trainer from the National Training Institute for Child Care Health Consultants and has trained 29 other nurses and allied health professionals as child care health consultants. None of the trained CCHCs is employed full time as a CCHC, although several do consult on an ad hoc basis with child care settings in their area. The primary reasons for the lack of full time

CCHCs aligned with child care centers is both a dearth of funds to hire/reimburse them, and lack of understanding about their value to child care providers on the part of funders.

Child care providers are mostly unaware of CCHCs; however a recent survey suggests they would value having access to one. The Arizona Department of Health Services/ Office of Women's and Children's Health, in conjunction with the Arizona Center for Community Pediatrics, sponsored a telephone survey in 2004 to evaluate health and safety issues that early childhood practitioners encounter on a regular basis. More than one-third of child care workers said they dealt with children with behavioral or emotional issues and children with learning or developmental delays on a daily basis. Although survey respondents were generally satisfied with community resources for most health and safety issues, they reported lower levels of satisfaction for resources dealing with signs of abuse or neglect, dental problems, and limited access to health care.¹⁸

Despite the fact that health and safety practices are mandated in child care licensing regulations, there is not a standard health and safety policy manual for child care providers to help them to be in compliance with regulatory standards. Nor do the regulatory standards go far enough to ensure high quality safe and healthy environments in child care settings.

In 2003, 29 DHS Licensing Surveyors conducted 1,454 annual licensing inspections, 173 mid-year inspections and 646 renewal inspections. There was a backlog of 304 annual inspections, 118 mid-year inspections, and 132 renewal inspections. Without additional licensing surveyors, approximately 40 monthly initial surveys will not be timely, which will delay the opening of facilities¹⁹.

Gaps/challenges: Funding is needed so that more Child Care Health Consultants can be aligned with child care settings to develop the consulting and technical assistance relationship. Child care providers anecdotally indicate they cannot afford to buy the services of a Child Care Health Consultant. More trained trainers to offer training in health and safety topics are needed to increase child care staff competence and confidence in assisting children and families to address health problems. A standard manual of health and safety policies and practices would help child care providers to implement good practices to improve the quality of their facilities.

Funding is needed to hire additional child care licensing surveyors to enable each licensed child care setting to be visited at least annually. Funding is needed to increase the base amount (new market rate year) for calculation of child care subsidies and to provide subsidies to all children/families meeting the eligibility criteria (under 165% of the federal poverty level [FPL]).

¹⁸ *Child Care Health & Safety Survey*, March 2005, Arizona Department of Health Services and the Arizona Center for Community Pediatrics.

¹⁹ Child Care Licensing Fact Sheet, School Readiness Board, 2004

Activities to address challenges:

1. Support the Department of Health Services budget request to hire two CCHCs for child care centers in Maricopa County and continue to provide consultation to child care centers in Pima County.
2. Include feedback of the Child Care Health Consultants involved in the pilot quality rating system that is being led by the United Way of Tucson and Southern Arizona in the development of the proposed statewide STARS.
3. Submit a three-year grant proposal to the Robert Wood Johnson Foundation to hire three Child Care Health Consultants to pilot a Quality Rating System for 40 child care centers in Maricopa County.
4. Publish and distribute the *Arizona Health & Safety Policy Manual for Child Care Providers*. The *Manual* complies with the state regulations governing child care licensure and standards in *Caring for Our Children*.
5. Provide introductory training to individual child care center personnel to customize the *Policy Manual* to identify pertinent staff and locations to carry out the policy/procedures for the particular center. Training will be provided by Child Care Health Consultants, participants in the Chase Emergent Leaders program, and by child care licensing staff.
6. Train more child care staff using the training modules about children's oral health awareness and nutrition and physical activity to reduce childhood overweight and obesity that were developed under the Healthy Child Care America grant.
7. Test the new child care provider training curriculum aimed at reinforcing with parents the need for, and expectations of, well-child screening visits.
8. Support the budget to fund child care subsidies at a recalculated market rate and sufficient to eliminate any waiting list to received subsidies for eligible children/families.
9. Support the Department of Health Services budget request to fund additional child care licensing surveyor positions.

Timelines:

To accomplish the continued development of a Child Care Health Consultation system for the state, in **Year 1**, the School Readiness Board is supporting the FY2007 budget request by the Department of Health Services (Title V agency) and is working with United Way agencies, local philanthropies, and the Department of Health Services and county public health departments to write grant applications to fund Child Care Health Consultants (CCHCs) to provide part-time or full time health consultation aligned with child care centers and homes. A federal Early Learning Opportunities Act (ELOA) grant awarded to the United Way of Tucson and Southern Arizona incorporates the Child Care Health Consultants in STARS (the child care quality rating system) being implemented in 46 child care centers over the period of the 18-month grant, which ends August 2006. Lessons learned from this grant are informing future plans. The United Way in central Arizona, Valley of the Sun United Way, is in Stage II of applying for a 3-year Local Initiative Funding Partner's Program Grant from the Robert Wood Johnson Foundation for a similar model using Child Care Health Consultants.

Child Care Health Consultants are participating in the southern Arizona quality rating system pilot project, and if Maricopa County receives grant funding, Child Care Health Consultants will begin assisting child care providers in development and implementation of quality improvement plans.

Also in **Year 1**, the *Arizona Health & Safety Policy Manual for Child Care Providers*, developed under funding from last year's SECCS funds, will be published and distributed. Ideally, the *Manual* will be distributed along with training by CCHCs. As there will not be additional CCHCs in 2006, child care practitioners participating in the School Readiness Board's Chase Emergent Leaders program and child care licensing surveyors will help distribute the *Manual* and train child care providers to use it.

Under funding last year from Healthy Child Care America and the SECCS planning grant, curricula were developed for training child care providers and parents on oral health awareness and obesity and overweight in children. These training modules have been used in southern Arizona and are scheduled to be taught on an ongoing basis. The **Year 1** SECCS implementation grant funds will organize a Train The Trainer Institute to train additional personnel on these two curricula. A third curriculum, on well-child screening visits, is in the final stages of development and testing and will be tested and taught in **Year 1**.

In **Year 1** School Readiness Board staff will continue to work with child advocates to sufficiently fund child care subsidies to eliminate the waiting list, increase the amount of subsidy payments to a new base year, and continue to phase in funding for child care licensing surveyor positions.

Year 2 will focus on evaluation of the effectiveness of the alignment of Child Care Health Consultants with child care centers and use of the STARS rating tool and the *Health & Safety Policy Manual* to assist child care centers to improve health and safety practices. The additional health education trainers will schedule trainings for child care personnel in oral health awareness, obesity and overweight children, and well-child screening visits. The *Health & Safety Policy Manual* will continue to be distributed with training in customizing it for use by individual child care providers. Advocacy efforts will continue to ensure stable funding via subsidies and a fair market rate as well as adequate licensing surveyor staff to allow a minimum of an annual inspection for all licensed child care settings.

Year 3 will involve continued efforts to institutionalize sustainable state funding for Child Care Health Consultants and licensing surveyors, child care training, broader distribution of the *Health & Safety Policy Manual* to family child care providers, and increased child care provider participation in STARS. Advocacy will ensure child care subsidies are adequate to meet the need for all eligible families.

Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.

Partners include:

- A philanthropic donor to fund publication of the *Arizona Health & Safety Policy Manual for Child Care Providers*
- Arizona Chapter of the Academy of Pediatrics for curricula consultation and development and expert comment on the Manual and evaluation of its effectiveness to child care providers.
- University of Arizona Cooperative Extension T3 Program to conduct a Train the Trainer Institute
- Department of Health Services/ Office of Women's and Children's Health/Office of Oral Health/Office for Chronic Disease Management/Office for Children with Special Health Care Needs/Office for Child Care Licensure for funding trainings and for assistance in distribution of the Manual to child care providers.
- Department of Health Services/Office of Women's and Children's Health (Title V agency) to develop future state budget requests for expansion of the Child Care Health Consultation System, and continued support of the Pima County CCHC through Title V funds.
- Chase Emergent Leaders Program for assistance in distribution of the Manual to child care providers.
- United Way of Tucson and Southern Arizona to procure a grant to provide pilot funding and sites involving Child Care Health Consultants in the quality rating system for child care centers.
- Valley of the Sun United Way Arizona for providing pilot funding and sites involving Child Care Health Consultants in the quality rating system for child care centers.
- If funded, Maricopa County Department of Public Health for employing Child Care Health Consultants.
- Pima County Health Department for employing Child Care Health Consultants.
- Children's Action Alliance, a major statewide child advocacy organization, and other advocates for supporting legislative action to fund needed staff, ensure funding to eliminate the subsidies waiting list, and to rebase subsidy payments to an updated market rate.

Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the statewide early childhood systems development plan.

Indicators:

- Number of Child Care Health Consultants
- Number of Child Care Health Consultants aligned with child care providers
- # CCHC training sessions on oral health awareness, the overweight child, EPSDT visits

- # *Health & Safety Policy Manuals* distributed
- # child care licensing surveyors
- # of children/families on the child care subsidies waiting list

Emergent Indicators:

- # child care centers participating in STARS
- # child care centers changing STARS levels

Long term evaluation/outcomes:

Systemic change will be seen in the increase in the number of Child Care Health Consultants from 1 to 3 by FY2007. Health and safety violations recorded by state child care licensing surveyors will reduce in areas where CCHCs are aligned with child care centers. STARS, the child care quality rating system, will include criteria at all levels reflecting quality of health and safety practices.

All licensed child care settings will have a licensing visit at least annually. Reimbursements to child care centers that improve quality as evidenced by STARS levels will receive higher tiered reimbursement. More and more child care settings will voluntarily participate in STARS. All families eligible for child care subsidies will receive them when needed.

Child health status changes will be seen and measured, long term, in the priorities identified for the ADHS Title V program, including:

- Reduction in obesity and overweight in children
- Reduction in the rate of injuries (in child care centers)
- Improvement of oral health of children, especially among high-risk populations
- Increase in the accessibility and availability of individualized health and wellness resources for children with special health care needs, (specifically plans of care written by Child Care Health Consultants for participation in child care)
- Increase in the recognition of families as integral partners in the care of their children's health and wellbeing.

Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).

Sustainability of many of the initiatives discussed above will be facilitated by institutionalizing the budget requests of both the Governor and the Department of Health Services (specifically, Child Care Health Consultants, child care licensing surveyors, child care subsidies new base rate).

Lessons learned from the pilot projects to test the quality rating system (precursors to the statewide STARS (Strategies to Achieve Readiness Standards) system and an increased market rate reimbursement for child care subsidy payments will hasten adoption of

STARS, and increase voluntary participation of child care providers. STARS is envisioned as a visible, parent-driven accountability system and therefore firmly embedded in the child care system.

Sustainability of the messages promoted in child care trainings will be accomplished by increasing the “reach” of the oral health and obesity curricula. This is happening already by incorporating SECCS developed materials into other public health efforts targeting children birth to 5. Examples include: adding the oral health anticipatory tip sheet to DHS/OOH oral health information training for WIC staff and physician offices, and adding the obesity materials to DHS/Nutrition and Physical Activity Project MUNCH operating in child care centers.

Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

Appropriating new funding within the State budget (for child care health consultants and child care licensing surveyors) is a challenge. An additional challenge is running legislation needed to change child care licensure regulations and subsidy payment rules to accommodate a quality rating system. To be ready to support budget appropriations and legislative changes will require continued work to prepare documents explaining the need as well as the proposed solution(s). The Department of Health Services staff are involved in drafting new regulation language to accurately enable system changes. The Department of Health Services staff also fund and direct many grant funded projects that can incorporate materials applicable to the birth to five population. The Department of Health Services Office of Women’s and Children’s Health will play a major role in the implementation of a statewide CCHC system. Should state funding be awarded for additional CCHCs, the Title V program is well positioned to oversee and administer the state funds and would work closely with the SRB and Healthy Child Collaborative in this endeavor. In addition, the Office of Women’s and Children’s Health Title V program will continue its long-standing commitment of funding the CCHC in Pima County, which provides the model for statewide implementation.

4. BEHAVIORAL HEALTH

Clearly stated goals and objectives with appropriate with timelines for completion.

Goal: Promote positive social emotional development and mental health for infants and young children.

Objectives:

- Train personnel in contact with young children to recognize and appropriately respond in order to support positive mental health in young children.
- Write an Infant and Early Childhood Mental Health State Plan.

Summary of the implementation plan for Behavioral Health, including the agency or program that will have the lead role for each component, the role of the Title V program, a description of the way that the services will be provided, the level of resources currently available for the services and the remaining unmet need.

National research from *Neurons to Neighborhoods* states that social emotional development is the foundational task of young children for future success. In order to develop the persistence, motivation, and curiosity for future exploration and learning, children need secure attachments with primary caregivers, generally parents²⁰. Unfortunately, some infants and toddlers experience mental health problems. Their early social and emotional development, instead of being based on secure attachments to caring adults, is instead formed through repeated exposure to violence, persistent fear and stress, abuse and neglect, severe chronic maternal depression, biological factors such as prematurity and low birth weight, and conditions associated with prenatal and postnatal substance abuse. Without intervention, from persons trained to recognize and respond to the needs of young children, these children will most likely develop mental health disorders. Appropriate intervention can prevent or ameliorate the effects of negative early experiences²¹. Parents, physicians, child care practitioners, home visitors, and all who come in contact with families with young children help to ensure that children learn to regulate their emotions and form positive relationships with others in order to learn. The Healthy Child Collaborative recommends that Arizona seek to improve the mental health of infants and young children.

To support training for those in contact with young children, the Healthy Child Collaborative will work to revise child care licensing regulations to require that child care providers caring for infants and toddlers receive specific training on social emotional development and the power of nurturing relationships. The revised regulation language will use the language in the Child Care Provider Competencies Required to Support Infant/Toddler Social-Emotional Development and Mental Health developed under the National Infant/Toddler Child Care Initiative/Zero To Three grant in 2005. Current infant/toddler training courses will be matched against anticipated numbers of caregivers needing to take the courses to meet new proposed licensing requirements to identify training needs. Agreements will be worked out between the Child Care Administration and the Office for Child Care Licensing to enable child care licensing surveyors who monitor child care settings for compliance with regulation to be trained to better recognize the environments and interactions needed to promote positive social emotional development in infants and toddlers. The new training module on infant/toddler mental health in the annual NTI CCHC (National Training Institute for Child Care Health Consultants) course will be enhanced based on feedback from the pilot session last year. Through this class Child Care Health Consultants are being trained to provide consultation to child care providers to assist them to establish the environments and to promote the staff-child interactions so that infants and toddlers will be supported in their social emotional development.

²⁰ *From Neurons to Neighborhoods: The science of early childhood development.* 2004. The National Academy of Sciences.

²¹ Joy Osofsky, April 28, 2004 address before the Subcommittee on Substance Abuse and Mental Health Services, Congressional Committee on Health, Education, Labor and Pensions

To both encourage personnel training in social emotional development and support increased behavioral health clinical capacity, an Infant and Early Childhood Mental Health State Plan will be written to set statewide goals and objectives for workforce development in the multiple state child-serving agencies that touch the lives of families with young children (the Department of Economic Security, Department of Education, Department of Health Services, and AHCCCS, the Medicaid agency). The State Plan will identify strategic goals and objectives to develop and fund a program delivery continuum from promotion/prevention of mental health to treatment of mental illness for young children.

School Readiness Board staff and subcommittees have the lead role in developing a state plan. The Department of Health Services staff play prominent roles in revising licensing regulations regarding training for infant/toddler caregivers, ensuring licensing surveyors receive training in infant/toddler social emotional development, funding training for Child Care Health Consultants, supporting training opportunities for the networks of providers and programs that service young children, and in drafting the Infant Mental Health State Plan.

Needs assessment:

Arizona has the second fastest growing population of children under 5 in the country²². Because more than 55% of mothers with children under age 3 are in the labor force, most of these children spend an average of 25 hours per week in the care of someone other than a parent²³.

In 2003-04, 9% of children served in the state behavioral health system were age birth to five, a percentage that is quickly increasing²⁴. Approximately 550 children in Arizona are removed from the home each month due to abuse or neglect, with 5,145 children removed from homes across the state in 2004. As of September 2004 there were 3,578 (40%) children age 0-5 in the state's care due to child abuse and neglect²⁵. Infants are the fastest growing category of children entering foster care nationally—21% of admissions to foster care are under the age of one year²⁶. Infants and toddlers stay in foster care longer, they are less likely to be reunified with their parents, and they are more likely to be abused and neglected while in foster care than older children²⁷. Referrals to the child welfare and early intervention systems are increasing in Arizona, indicating an increasing need for services to young children and their families²⁸.

²² US Census, 2000

²³ Better Baby Care. "Infant and Toddler Care Facts" <http://betterbabycare.org/facts.html>

²⁴ Department of Health Services, Division of Behavioral Health Services

²⁵ Department of Economic Security, Administration for Children Youth and Families

²⁶ Matthew Melmed Testimony before the House Committee on Ways and Means/Human Resources, June 22, 2005.

²⁷ Ibid. Matthew Melmed Testimony June 11, 2005.

²⁸ Department of Economic Security, Administration for Children Youth and Families

Child care staff indicate that children with challenging behaviors are in nearly every center, without a good support system for dealing with them. The Arizona Department of Health Services/ Office of Women's and Children's Health, in conjunction with the Arizona Center for Community Pediatrics, sponsored a telephone survey in 2004 to evaluate health and safety issues that early childhood practitioners encounter on a regular basis. More than one-third of child care workers said they dealt with children with behavioral or emotional issues and children with learning or developmental delays on a daily basis, and that they would like help to do so.

Gaps/challenges:

Arizona has no regulations regarding child care group size, and child to staff ratios in regulation fall short of national standards set by the National Association for the Education of the Young Child (NAEYC) or the American Academy of Pediatrics. Ratios and group size impact the quality of child-staff interactions and relationships, the most critical element in improving the emotional health of young children in child care. Early childhood providers are not provided adequate funds for training, careful staff selection and supervision, nor paid adequate wages to ensure quality care. Parents and child care providers do not yet have a coordinated, consistent system to recognize quality in out-of-home child care settings.

One of the most influential factors determining the quality of the child care environment is specialized training for caregivers in positive social interaction with children²⁹. There are currently no requirements in regulations or policy regarding child care licensure or certification requiring infant/toddler caregiver training on social emotional development, a key factor in infant and early childhood mental health. Arizona's professional development system does not yet recognize infant/toddler specialization among regulated child care providers, licensing surveyors, nurses, or other service providers. Arizona needs to train behavioral health clinicians, child welfare, and juvenile justice personnel in a training continuum that builds on recognized competencies to nurture positive social emotional development in young children, and to certify those so trained within a system that rewards and reimburses the application of new skills.

Activities to address challenges:

1. Revise child care licensing regulations to require that child care providers caring for infants and toddlers receive specific training on social emotional development and the power of nurturing relationships.
2. Train child care licensing surveyors to better recognize the environments and child/adult interactions needed to promote positive social emotional development in infants and toddlers.
3. Train Child Care Health Consultants to provide consultation to child care providers to assist them to establish the environments and to promote the staff-child interactions so that infants and toddlers will be supported in social emotional development.

²⁹ Jeffrey Arnett, 1989. Caregivers in Day-Care Centers: Does Training Matter? *Journal of Applied Developmental Psychology* 10:541-552.

4. Write an Infant and Early Childhood Mental Health State Plan to set statewide goals and objectives.

Timelines:

In **Year 1**, revised language will be proposed for the child care licensing regulations regarding infant/toddler caregiver training. In 2004-2005, Arizona was the recipient of a technical assistance grant from the National Infant/Toddler Child Care Initiative (NI/TCCI). A primary goal identified as a result of participating in the NI/TCCI process was improvement of the mental health of infants and toddlers in group child care. Since nurturing relationships are key to positive social emotional development for infants and toddlers, caregiver training is the logical means for this improvement. Caregiver competencies in infant/toddler mental health were agreed upon and training courses were identified that matched the competencies. Initial agreements were worked out with various child care advocates and operators around licensure requirements and the identified trainings for infant/toddler caregivers. In **Year 1**, the process to submit revisions to the state's child care licensure regulations will be initiated.

Efforts begun under the SECCS planning grant to train child care licensing surveyors and Child Care Health Consultants in infant/toddler social emotional development received very positive feedback, and will be continued in **Years 1-3**. The training module will be expanded that is now part of Arizona's NTI CCHC training on Infant Mental Health. To expand the number of CCHCs who are trained as resources to child care providers around challenging behaviors, previously trained CCHCs will be invited to attend the upcoming NTI CCHC training session on Infant Mental Health.

During **Year 1** the Infant and Early Childhood Mental Health State Plan will be rewritten. An interagency workgroup is drafting the State Plan. The draft Plan will be reviewed with representatives from a broader group of state agency staff and community-based organization personnel for additional input and revision to ensure that the Plan supports initiatives and strategies that each entity is charged to implement and highlights needs and means for inter-agency coordination. A significant recommendation will be to adopt a crosswalk between the Zero To Three Coding Manual *DC:0-3R*, or other accepted diagnostic coding manual specific to children birth to three, and the Medicaid diagnostic coding scheme (ICD-9) to allow reimbursements to behavioral health clinicians treating infants and young children, thus increasing funds in the system.

In **Years 2-3** the Infant and Early Childhood Mental Health State Plan will be discussed with relevant agencies and organizations and indicators will be determined and begin to be collected to measure its impact. The Healthy Child Collaborative will work with the Department of Economic Security, Child Care Administration to revise the DES Request for Proposal for child care training to emphasize the core competencies for infant/toddler caregivers, qualifications for trainers, and requirements to provide onsite technical assistance in the child care setting post-training.

Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.

Partners include:

- Department of Health Services, Office of Child Care Licensing/Office of Behavioral Health Services/Office of Women's and Children's Health
- Department of Economic Security, Administration for Children Youth & Families, Child Protective Services, Arizona Early Intervention Program
- Arizona Infant/Toddler Institute, uses the Programs for Infant/Toddler Certification (PITC) curriculum to train infant/toddler child care providers and licensing surveyors
- Southwest Human Development, a community-based organization providing mental health counseling and consultation for families with young children, as well as training for a broad range of professional audiences through the Harris Infant and Early Childhood Mental Health Training Institute.
- Arizona Department of Education, particularly the Early Childhood Division and the Early Childhood Inclusion Coalition they sponsor.
- Infant/Toddler Mental Health Coalition of Arizona, the professional organization for clinicians and others working in the field of infant/toddler mental health.

Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the statewide early childhood systems development plan.

Indicators:

- # children enrolled in the state behavioral health system
- # of Child Care Health Consultants trained in Infant Mental Health module

Emergent indicators may include:

- # recognized behavioral health specialists
- # hours of competency based training hours for infant/toddler caregivers in child care licensing regulations re: I/T training
- adoption of the DC:0-3R to ICD9 clinician coding and reimbursement system
- # child care licensing surveyors trained in infant/toddler social emotional development

Long term evaluation/outcomes:

System changes will be evident by the numbers of personnel in the system such as behavioral health clinicians, CPS specialists, child care licensing staff, and Child Care Health Consultants with specialized training in the social-emotional development of young children. Long term system measures will overlap among the other five SECCS components and other initiatives of the School Readiness Action Plan, such as the number of children participating in the Arizona Early Intervention Program, or needing a special education Individualized Education Plan (IEP).

Child health status changes will be measured in a reduction of the number of children admitted to the behavioral health system for the seriously emotionally disturbed; although this measure may be confounded by population growth, the health of the economy, and increase in parental use of illegal substances. Long term, the education system will see a reduction in the number of children in special education.

Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).

The Infant Mental Health State Plan will recommend adoption of the crosswalk between the DC:0-3R/other accepted coding manual and the ICD-9 coding systems and recognition of professional expertise through a specialty endorsement system. Both of these recommendations aim to improve the capacity and financial sustainability of the public clinical provider network. Medicaid funds would reimburse clinical services for families with very young children.

Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

The Department of Health Services staff play prominent roles in revising licensing regulations regarding training for infant/toddler caregivers, ensuring licensing surveyors receive training in infant/toddler social emotional development, funding training for Child Care Health Consultants, supporting training opportunities for the various networks providing services to young children, drafting the Infant Mental Health State Plan, and in overseeing the behavioral health system.

5. FAMILY SUPPORT

Clearly stated goals and with appropriate with timelines for completion.

Goal: Fund family support programs that strengthen families and promote school readiness.

Objectives:

- Support advocacy efforts to reduce premium-sharing for families enrolled in KidsCare and reinstate twelve-month eligibility redetermination for AHCCCS enrollees.
- Maintain funding for Healthy Families.
- Maintain funding for child care subsidies at a level to eliminate a waiting list.
- Educate eligible families about the Earned Income Tax Credit program.

Summary of the implementation plan for Family Support, including the agency or program that will have the lead role for each component, the role of the Title V program, a description of the way that the service will be provided, the level of resources currently available for the services and the remaining unmet need.

A major objective of the Healthy Child Collaborative is to provide support to families to help children to be healthy, safe, and ready to succeed. A three-pronged initiative of two of the Healthy Child Collaborative partners, the Medicaid program and the child advocacy organization, is to ensure eligible children have a primary source of well-child screening and health care by 1) devising outreach actions to bring in all eligible children into AHCCCS and KidsCare, 2) eliminating cost-sharing premiums for KidsCare eligible families who are at or under 150% of the federal poverty level, thereby encouraging them to remain enrolled in Arizona's SCHIP program, and 3) reinstating 12-month eligibility redetermination (rather than 6-month redetermination) for AHCCCS members to both cut program administration costs and to ensure continuous enrollment for at least one year at a time. Healthy Child Collaborative members will help to support this legislative agenda.

The Healthy Child Collaborative also supports maintaining funding levels for the Healthy Families program. Maintenance of funding adequate to fund child care subsidies to a level that eliminates the waiting list is also critical. (See discussion of child care subsidies under Child Care section, page 30.)

The Healthy Child Collaborative members will work with the School Readiness Board staff of the Head Start Collaboration Office to help Head Start grantees to educate eligible families about how to apply under the Earned Income Tax Credit program. Because many families who participate in Head Start are Spanish-speaking, some of these bilingual parents will be recruited to assist other families to understand and apply for the tax credit program if they qualify.

Needs assessment:

The state budget passed in 2003 required premium increases for families enrolled in KidsCare. In one year, over 16, 300 children lost health care coverage due to nonpayment of premiums³⁰. Another legislative change—to reinstate the six-month renewal process for AHCCCS eligibility—also results in loss of health care coverage for children/families. Over 50% of families do not complete the redetermination interview or submit required paperwork in a timely manner³¹.

Healthy Families is a home visiting child development program designed to curb child abuse and neglect and assist parents to practice good parenting skills to nurture and protect their children. It is a voluntary program, open to new parents who meet eligibility requirements that are designed to identify parents at risk for child abuse or neglect. Despite the consistent program evaluations that demonstrate high family satisfaction, high rates of child immunizations, high rates of utilization of well-child visits, and zero instances of reports to Child Protective Services, there is funding for only 17.8% of eligible families. That is nearly double the number of families (to 15,550) engaged in the program over last year's numbers and is due to passage of the Governor's 2004 budget request of \$8.7M to double state funding for the program.

Child care costs between \$4,250 and \$7,500 per child per year, more than annual tuition at an Arizona university³². Child care subsidies are a bridge for families between poverty and self-sufficiency. A single parent earning \$20,000 annually with one 3 year old child spends 30% of their income on child care. The average time a low-income working family uses child care subsidies is 10.8 months. Single mothers with young children who receive child care assistance are 40% more likely to still be employed after 2 years than those who did not receive assistance³³. Former welfare recipients who receive child care assistance are 82% more likely to be employed after 2 years than those who did not receive assistance³⁴. The number of Arizona families on TANF who are required to participate in work-related activities that received child care subsidies increased 15.9% from FY 2002 to 2003³⁵. Children involved with child protective services may also receive child care services. Approximately 18% of the children in licensed or contracted child care in Arizona rely on subsidies³⁶.

Many working Arizona families do not realize they qualify for the Earned Income Tax Credit, a federal anti-poverty program that has the greatest potential to lift the greatest number of families out of poverty. The Governor's Office led a successful campaign for the

³⁰ AHCCCS KidsCare Discontinuation Related to Non-Payment of Premiums, January-June 2004.

³¹ Stemmler and Associates. "Churning through AHCCCS: What Happens to Medicaid Applications," Feb 2005.

³² *Child Care Subsidies Fact Sheet*, Children's Action Alliance. Jan. 2005. http://www.azchildren.org/caa/mainpages/Fact_Sheets_&Links/CC_Subsidy_1-13-05.pdf

³³ Boushey, H. *Staying Employed After Welfare: Work Supports and Job Quality Vital to Employment Tenure and Wage Growth*. Economic Policy Institute, Washington, DC. 2002. Calculations by Children's Defense Fund 2003.

³⁴ Op Cit., Boushey, H. *Staying Employed After Welfare: Work Supports and Job Quality Vital to Employment Tenure and Wage Growth*.

³⁵ Department of Economic Security Projections July 11, 2003.

³⁶ Op Cit. *Child Care Subsidies Fact Sheet*, Children's Action Alliance. Jan. 2005.

past two years to increase the number of families receiving the tax credit. In 2003 in Arizona, the Earned Income Tax Credit (EITC) program returned \$672,676,090 in over paid taxes, an increase of \$27 million over 2002, and involved 371,467 families (up 3.4% over tax year 2002). The average family received \$1700 as a result of filing for this tax credit. The EITC pulls more families out of poverty than any other state or federal family support program, including Temporary Assistance to Needy Families (TANF) or Food Stamps³⁷.

Gaps/challenges:

Families without health care coverage frequently go without preventive care like well-child screening visits and immunizations. If acute care is accessed, it is generally in an emergency department or county immunization clinic rather than a primary care physician office. Thus the family does not obtain the anticipatory guidance and parent education provided by the primary care physician—these are the tips that help families to raise healthy children. Continuous, affordable health care coverage is essential to healthy children. Arizona needs to ensure such coverage is available via Medicaid/SCHIP by reducing the barriers to eligible families to use it.

Family support programs are not a legislative priority; therefore support for programs such as Healthy Families and child care subsidies requires the concerted efforts of advocates and interested parties. Although the number of communities that now have access to Healthy Families home visitors are a little more than 100, only 17.8% of eligible families are engaged in the program.

Arizona assists families at or under 165% of the federal poverty level to pay for child care while parents work. Such child care subsidies are needed by families who make over 165%, but the state legislature routinely attempts to scale back even that much state financial involvement. But for the passage of the Governor's budget requests in the past two legislative sessions, there would be a waiting list again today for families meeting the eligibility requirements but unable to access the subsidy due to lack of funding for this vital welfare to work program.

There is not a consistent vehicle for communicating with parents about how to access financial supports for which they may qualify. This is true about efforts to encourage eligible families to apply under the Earned Income Tax Credit program or to comply timely with the AHCCCS eligibility redetermination process.

Activities to address challenges:

- a. Support legislative efforts of Children's Action Alliance, the child advocacy organization, to ensure eligible children have a primary source of well-child screening and health care by revisions to the outreach, premium-sharing, and redetermination timeframes of the AHCCCS program.
2. Support of maintenance of funding levels for the Healthy Families program.
3. Support funding child care subsidies to eliminate a waiting list.

³⁷ Governor's Office for Children, Youth & Families, EITC Report, 2004

4. Work with the School Readiness Board staff of the Head Start Collaboration Office to help Head Start grantees to educate eligible families about how to apply under the Earned Income Tax Credit. Because many families who participate in Head Start are Spanish-speaking, some of these parents will be recruited to assist other families to understand and apply for the tax credit program if they qualify.

Timelines:

In **Year 1** (9/1/2005-8/31/06), Arizona will focus on increasing the number of children with access to a continuing source of health care coverage for well-child screening, treatment, and referral. This strategy involves support through the child advocacy organization (Children's Action Alliance) for reducing cost-sharing premiums for families eligible for the KidsCare (SCHIP) program and for reinstating the 12-month eligibility redetermination period for AHCCCS (Medicaid). (See also the Medical Home focus area starting on page 18.)

In **Year 1** the SRB Budget and Legislative Team will target maintenance of current funding levels for the Healthy Families program and continued state funding to provide child care subsidies for all families under 165% of FPL. The Head Start Collaboration Office within the SRB will work with Head Start grantees to publicize the Earned Income Tax Credit program and assist in recruiting Head Start parents as translators.

Actions in **Years 2 and 3** will be dependent on success/failure of Year 1 efforts.

Evidence of the development of strong leadership and participation of the state MCH programs in multi-agency early childhood systems development initiatives and a description of partnering agencies.

Partners include:

- AHCCCS
- Children's Action Alliance
- Department of Economic Security, Healthy Families/ Child Care Administration
- Budget and Legislative Team
- Head Start Collaboration Office and Head Start grantees

Description of core indicators developed to measure the state's early childhood health status including measures of service system performance and how these will be used to track the progress of implementation of the statewide early childhood systems development plan.

Indicators:

- # KidsCare and AHCCCS enrollees
- # families served by Healthy Families
- # families on the child care subsidy waiting list
- # families participating in the EITC program

Long term evaluation/outcomes:

System changes should be seen long term in a reduction of families eligible for Medicaid and welfare related programs due to receipt of tax refunds under the EITC; however measurement will be confounded by societal changes such as population growth and economic health. Likewise, there should be a long term reduction of abused or neglected children in the foster care system due to the positive interventions of the Healthy Families home visitors. This measure will also be confounded by population growth and economic health.

Child health status changes will be measured in the indicators found in the Medical Home section due to continuous health coverage under AHCCCS/KidsCare if actions are successful to revise the rules for these programs to encourage more eligible people to remain continuously enrolled.

Sustainability plan that includes financing and resources leveraging strategies for carrying out the follow up implementation phase of the project (including infrastructure and service delivery).

The Governor supports Healthy Families, a family support program. She is committed to maintaining current funding for Healthy Families and to maintaining funding for all eligible families requesting child care subsidies. The state's largest child advocacy organization supports reductions in premium-sharing amounts for families enrolled in KidsCare, and in reinstating the 12-month eligibility redetermination period for AHCCCS enrollees.

Summary of challenges/opportunities to be addressed during systems implementation including a description of the role of the state Title V program in the implementation process.

Marshalling support to fund the multiple array of welfare related programs such as those for family support and health care coverage is a challenge. Fortunately other entities are involved in these same issues. The Healthy Child Collaborative members work on these efforts. Although the Title V program does not have a direct role in the family support programs being promoted under the SECCS grant, they are involved in other family support programs. Two Title V programs in particular support young children. The Health

Start program provides lay health workers to educate pregnant and parenting families statewide to raise healthy children. The Title V agency is also supporting the implementation of the state plan to prevent domestic and sexual violence issued by the Governor's Commission to Prevent Violence Against Women in 2004 and provides funding for services to children who witness domestic violence through a federal domestic violence grant.

Three-Year Implementation Plan 2005-2008

1. Access to Medical Home

Goal: Enhance the quality of medical homes by working with pediatric practices.

Objectives:

1. Increase the number of children birth to 6 who have well child screening visits using a nationally validated developmental screening tool.
2. Increase the number of pediatric practices self-identifying as a medical home.
3. Expand the number of pediatric practices participating in Reach Out and Read.
4. Increase the number of children/families with health care coverage.

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Introduce routine developmental screening at well-child visits using the PEDS screening tool, beginning with AHCCCS enrolled NICU babies born on/after 10/1/05.	<ul style="list-style-type: none"> - Train physicians to use PEDS tool. - Begin screening NICU babies. 	<ul style="list-style-type: none"> - Continue screening. - Monitor % of NICU babies screened. - Work with AHCCCS to increase % of babies screened, if needed. - Assess cost-benefit for budget request. 	<ul style="list-style-type: none"> - Evaluate screening effectiveness. - Plan for roll-out, including budget impact for expanded population. 	# NICU babies with PEDS tool screen
Implement a Quality Improvement Partnership project to increase pediatric practices self-identifying as medical homes.	<ul style="list-style-type: none"> - Procure grant. - Recruit physicians through Academy of Pediatrics. - Through grant, begin technical assistance to up to 10 practices. 	<ul style="list-style-type: none"> - Train practices to do rapid cycle QI. - Add new QI projects at practice initiation. 	<ul style="list-style-type: none"> - Procure additional funding. - Recruit and train more physicians. 	# pediatric practices self-identifying as a Medical Home practice
Increase the number of physician practices participating in Reach Out and Read.	<ul style="list-style-type: none"> - Recruit and train physicians - Report participation. 	<ul style="list-style-type: none"> - Recruit and train physicians - Report participation. 	<ul style="list-style-type: none"> - Recruit and train physicians - Report participation. 	# participating sites # children served

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Work with the children’s advocacy organization to revise legislation that would reduce premium-sharing for KidsCare families and reinstate 12-month eligibility redetermination for AHCCCS.	- Discuss Children’s Action Alliance (CAA) initiative with Healthy Child Collaborative to gain member support with legislature. - Distribute CAA Fact Sheets.	Continue Healthy Child Collaborative education as needed to garner legislative support.	Continue Healthy Child Collaborative education as needed to garner legislative support.	# children/families enrolled in AHCCCS/KidsCare

2. Parent Education

Goal: Educate parents about how they can help their children to be healthy, safe, and ready to succeed.

Objectives:

1. Increase parent awareness about the importance of taking children to the doctor for well-child visits through distribution of a Parent Kit for every newborn in Maricopa County (Year 1), and throughout the state (Years 2-3).
2. Increase parent awareness about how to raise healthy children through use of consistent messaging in the “You’re It!” campaign.
3. Increase parent awareness about how to raise healthy children through health promotion efforts of child care providers.

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Develop a plan for statewide distribution of the <i>Arizona Parents’ Kit</i> .	- Distribute Parent Kits in Maricopa County. - Evaluate effectiveness. - Convene Task Force - Develop plan, including processes to update/ revise/ evaluate contents and use of the Kit	- Determine method to distribute Kits. - Identify printing/collating/ transportation contracts to provide Kits statewide. - Find sustainable statewide funding.	- Identify populations to receive Kits. - Work out distribution mechanics. - Seek sustainable organization for ongoing management.	# kits distributed
Provide consistent messages about child health for inclusion in the “You’re It” social marketing campaign.	- Launch “You’re It” - Continue to participate in United Way Partners for Arizona’s Children to expand “You’re It”	- Continually review parent messages. - Add healthy child messages. - Through Healthy Child Collaborative encourage community members to use campaign materials in their communities.	- Continually review parent messages. - Add healthy child messages. - Through Healthy Child Collaborative encourage community members to use campaign materials in their communities.	# “You’re It!” campaign releases around the state

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Through Child Care Health Consultants, child care providers will be developed as trusted messengers of health promotion and child development.	- Recruit health professionals to take NTI CCHC training. - Continue to train child care providers about health promotion.	- Recruit health professionals to take NTI CCHC training. - Continue to train child care providers about health promotion. - Align additional CCHCs with child care centers to provide training and consultation.	- Align additional CCHCs with child care centers to provide training and consultation. - Through the Emergent Leaders program, add a focus on implementing quality programs, including parent education and involvement.	# parent meetings conducted by CCHCs parent satisfaction survey results
Hold a T3 Institute to train a new class of health educators.	Hold T3 Institute to train 25 health educators to use the curricula on oral health awareness and obesity and overweight children.	Health educators schedule training sessions	- Add training curricula to T3 Institute - Health educators schedule training sessions.	# health educators trained # training sessions conducted by health educators

3. Child Care

Goal: Bolster quality health and safety practices in child care settings.

Objectives:

1. Fund the beginning of a statewide system of Child Care Health Consultants (CCHCs) in state budget appropriations and grant awards.
2. Provide an *Arizona Health & Safety Policy Manual* to improve health and safety practices in child care centers.
3. Reinforce health awareness and health promotion messages to parents and staff of child care centers through training sessions on oral health and obesity/overweight children.
4. Support market rate adjustment to at least the 2002 market rate for child care subsidy payments.
5. Support DHS budget request for additional child care licensing staff to eliminate the backlog of annual licensing visits and improve quality in child care settings.
6. Ensure that STARS (Strategies to Achieve Readiness Standards), a quality rating system for child care centers, includes health and safety criteria and consultation from Child Care Health Consultants as evidence of quality.

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Support State agency budget appropriation request and write grant applications to fund CCHCs.	<ul style="list-style-type: none"> - Support ADHS budget request. - Write grant application to Robert Wood Johnson Foundation - Work with ADHS to agree upon policy/procedure for hiring and deployment of CCHCs. 	<ul style="list-style-type: none"> - Support ADHS budget request. - Write grant applications as available. - Provide CCHC evaluation data as available. - Work with ADHS to implement CCHC deployment. 	<ul style="list-style-type: none"> - Support ADHS budget request. - Write grant applications as available. - Write CCHC evaluation report. 	<ul style="list-style-type: none"> # CCHCs # CCHCs aligned with child care settings
Publish and distribute the <i>Health & Safety Policy Manual for Child Care Providers</i> .	<ul style="list-style-type: none"> - Procure funding for printing. - Print 2000 copies. - Design Manual receipt form to track distribution. - Begin distribution through face to face contacts at conferences, Child Care Licensing Orientation meetings, visits to child care centers. - Track distribution to determine additional distribution strategies needed. 	<ul style="list-style-type: none"> - Continue distribution with training. - Revise Manual as indicated. - Monitor online downloads. 	<ul style="list-style-type: none"> - Evaluate effectiveness of <i>Health & Safety Manual</i> for improving child care center quality. - Write evaluation report. - Determine next steps to expand distribution of Manual to other child care settings. 	<ul style="list-style-type: none"> # copies of <i>Health & Safety Manual</i> distributed to child care providers and interested parties
Train child care providers to use the <i>Health & Safety Policy Manual for Child Care Providers</i> .	<ul style="list-style-type: none"> - Design training module. - Use training module to train Emergent Leaders, CCHCs, and licensing personnel to train child care providers to use Manual. 	<ul style="list-style-type: none"> - Revise training module as needed. 		<ul style="list-style-type: none"> # child care providers trained to use Manual
Train child care providers to improve children's oral health and reduce overweight/obese children.	<ul style="list-style-type: none"> - Schedule training sessions. - Hold Train the Trainer Institute to train 25 health educators with curricula. - Encourage child care providers to provide health promotion messages to parents. 	<ul style="list-style-type: none"> - Schedule training sessions. - Encourage child care providers to provide health promotion messages to parents. 	<ul style="list-style-type: none"> - Schedule training sessions. - Encourage child care providers to provide health promotion messages to parents. 	<ul style="list-style-type: none"> # child care providers trained on oral health and obesity. # T3 trained health educators for oral health and obesity curricula

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Train child care providers to reinforce with parents and staff the need for children to go to the doctor for well-child screening visits.	<ul style="list-style-type: none"> - Finalize curriculum on well-child screening visits. - Test curriculum with child care providers; revise as indicated. 	<ul style="list-style-type: none"> - Schedule training sessions and evaluate curriculum. - Write evaluation report. 	<ul style="list-style-type: none"> - Hold T3 Institute to train health educators on well-child screening curriculum. - Schedule training sessions. 	<ul style="list-style-type: none"> # child care providers trained. # T3 trained health educators for well-child screening curriculum.
Reinforce health promotion messages about children's oral health and obesity by increasing the "reach" of the oral health and obesity curricula by incorporating training materials into other public health efforts targeting children birth to 5.	<ul style="list-style-type: none"> - Add oral health anticipatory tip sheet to ADHS/OOH oral health information training for WIC staff and physician offices. - Add obesity materials to ADHS/Nutrition and Physical Activity Project MUNCH operating in child care centers. 	Look for other opportunities to cross-pollinate child care and public health activities.		
Include health and safety criteria and consultation from Child Care Health Consultants in the development of STARS.	<ul style="list-style-type: none"> - Provide recommendations for health & safety criteria to be included in the STARS rating tool. - Provide feedback about CCHC experience from the Southern AZ pilot of the Quality Rating System. 	For centers participating in STARS pilot projects, Child Care Health Consultants assist centers with Quality Improvement Plans.	For centers participating in STARS pilot projects, Child Care Health Consultants assist centers with quality improvement plans.	<ul style="list-style-type: none"> # child care centers participating in STARS # child care centers moving up in STARS levels
Work with advocates to support the market rate adjustment to at least the 2002 market rate for child care subsidy payments.	<ul style="list-style-type: none"> - Provide information to advocates as needed. - Communicate the need for Healthy Child Collaborative members to support the adjustment to a new market rate. 			Amount of base market rate
Support ADHS budget request for additional child care licensing staff	To phase in funding for additional licensing surveyors, provide information to ADHS re: impact of adequate licensing staff on assessing quality of child care settings.	To continue phase in of funding, provide information to ADHS re: impact of adequate licensing staff on assessing quality of child care settings.	Provide information to ADHS re: impact of adequate licensing staff on assessing quality of child care settings.	# licensing surveyors hired

4. Behavioral Health

Goal: Promote positive social emotional development and mental health for infants and young children

Objectives:

1. Train personnel in contact with young children to recognize and appropriately respond to support positive mental health in young children.
2. Increase the network capacity to intervene and treat families/young children will mental illness.

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Revise child care regulations to improve the quality of child care for infants and toddlers (I/T) through training for I/T caregivers.	<ul style="list-style-type: none"> - Meet with ADHS/OCCL to discuss feasible revisions. - Draft regulation language. - Gather training capacity and workforce need data. - Work with advocates to support new language. 	Work with DES/Child Care Administration to revise RFP for training to ensure trainer credentials, curriculum review against competencies, and back home technical assistance.	Work with the SRB Professional Development Team to design an Infant/Toddler Credential.	# of specified training hours for I/T caregivers in child care licensing regulations
Train child care licensing surveyors to recognize child care environments that support social emotional health in infants and toddlers	<ul style="list-style-type: none"> - Request AITI training hours from DES/CCA. - Schedule training sessions. - Train ADHS child care licensing surveyors 	<ul style="list-style-type: none"> - Request AITI training hours from DES/CCA. - Schedule training sessions. - Train DES child care certification surveyors 	<ul style="list-style-type: none"> - Request AITI training hours from DES/CCA. - Schedule training sessions. - Train new ADHS and DES surveyors; provide refresher training as desired. 	<ul style="list-style-type: none"> # ADHS licensing surveyors trained in Infant/Toddler social emotional development # DES licensing surveyors trained in Infant/Toddler social emotional development
Train Child Care Health Consultants to be resources to child care providers regarding children with challenging behaviors.	<ul style="list-style-type: none"> - Recruit health professionals to take the NTI CCHC course. - Expand the IMH training module that is part of the NTI CCHC training. - Invite previously trained CCHCs to sit in on the IMH module. 	<ul style="list-style-type: none"> - Continue to train CCHCs - 	<ul style="list-style-type: none"> - Continue to train CCHCs - Evaluate efficacy of CCHCs as resources to child care providers - Write evaluation report. 	# CCHCs trained in IMH curriculum

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Write the Infant and Early Childhood Mental Health State Plan.	<ul style="list-style-type: none"> - Convene state agency represented. - Write the State Plan - Obtain sign-off from agency Directors to implement the State Plan as appropriate for their agency strategic initiatives. 	<ul style="list-style-type: none"> - Present to Governor's Children's Cabinet. - Convene involved parties to assist in adoption of coding cross-walk and professional endorsement system. - Convene interested parties to agree upon performance measures and indicators. - Transition "ownership" of the State Plan to the appropriate state agency. 	Begin measurement of emergent indicators for workforce development.	Arizona Infant Mental Health State Plan

5. Family Support

Goal: Fund family support programs that strengthen families and promote school readiness.

Objectives:

1. Support advocacy efforts to reduce premium-sharing for families enrolled in KidsCare and reinstate twelve-month eligibility redetermination for AHCCCS enrollees (see also Medical Home for same Objective).
2. Maintain funding for Healthy Families.
3. Maintain funding for child care subsidies at a level to eliminate a waiting list.
4. Educate eligible families about the Earned Income Tax Credit program.

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Work with the children's advocacy organization to revise legislation that would reduce premium-sharing for KidsCare families and reinstate 12-month eligibility redetermination for AHCCCS.	<ul style="list-style-type: none"> - Discuss Children's Action Alliance (CAA) initiative with Healthy Child Collaborative to gain member support with legislature. - Distribute CAA Fact Sheets. 	Continue Healthy Child Collaborative education as needed to garner legislative support.	Continue Healthy Child Collaborative education as needed to garner legislative support.	# children/families enrolled in AHCCCS/KidsCare

Strategy/Action	Year 1	Year 2	Year 3	Indicators
Support the budget increase or maintenance of funding for Healthy Families program	Discuss Healthy Family program evaluation with Healthy Child Collaborative to gain member support with legislature.	Continue Healthy Child Collaborative education as needed to garner legislative support.	Continue Healthy Child Collaborative education as needed to garner legislative support.	Budget appropriation
Maintain funds for child care subsidies to avoid a waiting list of eligible families	- Discuss child care subsidies data with Healthy Child Collaborative to gain member support with legislature. - Distribute CAA Fact Sheets.	Continue Healthy Child Collaborative education as needed to garner legislative support.	Continue Healthy Child Collaborative education as needed to garner legislative support.	No waiting list for child care subsidies
Through Head Start grantees, educate families about Earned Income Tax Credit (EITC) and how to apply if qualified.	Recruit Head Start parents as Spanish translation volunteers	- Recruit translation volunteers. - Train previous volunteers to assist with outreach and tax applications. - Publish report by DES on EITC refunds.	- Recruit translation volunteers. - Train previous volunteers to assist with outreach and tax applications. - Publish report by DES on EITC refunds.	# families applying for EITC

Appendix A

School Readiness Board Plan

See Hard Copy Brochure

Appendix B

State School Readiness Board Membership Roster

Nadine Mathis Basha, Chair

Senator Linda Aguirre
Arizona State Senate

Frank Alvarez
President & CEO
Tucson Medical Center

David Berns
Director
AZ Dept. of Economic Security

Marilyn Box
Early Childhood Specialist
Mesa Public Schools

Ken Burdick
President & CEO
United Healthcare of Arizona

Grace Caputo, MD & Director
Phoenix Children's Hospital/
Maricopa Medical Center Pediatric Residency
Program

D.D. (Don) DeWitt
President
Complete Child Care

Chuck Essigs, Ph.D.
AZ Assn of School Business Officials

Sybil Francis, Ph.D.
Director
Center for the Future of Arizona

Michael Fronske
Department of Health Services

Representative Deb Gullett
Arizona House of Representatives

Victoria Hobbs
Tohono O'Odham Nation

Irene Jacobs
Director
Arizona School Readiness Board

Derrick Johnson
Phoenix Fire Fighter

Verna M. Johnson
Intertribal Council Representative

Carol Kamin, Ph.D.
Executive Director
Children's Action Alliance

Bruce Liggett
AZ Child Care Assn

Steve Lynn
Vice President
Tucson Electric Power

Steve Mittenthal, Ph.D.
President & CEO
Arizona Community Foundation

Judy Mohraz, Ph.D.
President
The Virginia G. Piper Charitable Trust

Maggie Molloy
Arizona Head Start Association

Carol Peck, Ed.D.
CEO
Rodel Foundation

John J. Pedicone, Jr., PH.D
University of Arizona

Edmund Portnoy, Ph.D.
Nina Mason Pulliam Charitable Trust

Barbara Ralston
President
Camelback Community Bank

Anthony Rodgers
Director
AHCCCS

Martha K. Rothman

Connie Shorr
Department of Economic Security

Ruth Solomon
Department of Education

Greg Stanton
City of Phoenix Councilman

Joseph Tobin, Ph.D.
Professor, College of Education
Arizona State University

Ginger Ward
Executive Director
Southwest Human Development

GladysAnn Wells
State Librarian
Arizona State Library, Archives and Public
Records

John Whiteman
Past CEO & Chairman, Empire Southwest

Susan Wilkins
Executive Director
Association for Supportive Child Care

School Readiness Board Staff:

Irene Jacobs, Director and Deputy Director of
the Governor's Office for Children Youth &
Families

Karen Ortiz, Assistant Director

Alicia Smith, EdD, Policy Advisor for
Professional Development

Mary Warren, PhD, Health Policy Analyst

Jennifer Johnson, Head Start Collaboration
Director

Donna Migliore, School Readiness Board
Associate

Melody Fowler, Administrative Coordinator

Appendix C

Healthy Child Collaborative Roster of Members

Grace Caputo, MD, Chair

School Readiness Board/American Academy of Pediatrics
Reach Out and Read Arizona Medical Director/
PCH/MMC Pediatric Residency Director

Juman Abujbara, MD

Mercy Care Plan

Jackie Cox

ADHS/Office for Children with Special Health
Care Needs

Marilee Dal Pra

Virginia G. Piper Charitable Trust

Lynn Davis

VP, APIPA

Molly Dries

Executive Director, AzEIP

Sue Eck, PhD

James Emch

Child Care Center Director

Diane Fellows

Child and Family Resources

Kathi Ford

CCHC, Pima County Public Health Dept.

Charline Franz

SRB Consultant

Mike Fronske

School Readiness Board/ADHS

Lillian Garcia

Director, Phoenix Day Child Care Center

Jakki Hillis

Program Administrator, DES/CMDP

Elizabeth Holmes

Parent

Irene Jacobs

Director, SRB

Ann Lauer

DHS/OCCL

Linda Luegering

Association for Supportive Child Care

Patty Merk

UA Cooperative Extension

Connie Morrison

Head Start, Pinal

Karen Ortiz

Assistant Director, SRB

Anu Partap, MD

Maricopa Integrated Health Systems/
American Academy of Pediatrics, HCCAZ

Annabel Ratley

The Blake Foundation

Anthony Rodgers

Director, AHCCCS

Jeanette Shea-Ramirez

Chief, ADHS/Office of Women's & Children's Health

Sheila Sjolander

ADHS/Office of Women's & Children's Health

Peggy Stemmler, MD

President, Arizona Chapter, American Academy
of Pediatrics

Susan Stephens, MD

Medical Director/DES/CMDP, Southwest Autism
Research & Resource Center, Pappas Homeless
School

Diane Umstead

Executive Director, The Blake Foundation

Margaret Tate

Chief, ADHS/Office of Chronic Disease
Management

Roy Teramoto, MD

Phoenix Area IHS Maternal Child Health
Consultant

Denise Tiemeier

Southwest Human Development Head
Start

RaNee Tuscano

DHS/OOH

Kim VanPelt

Children's Action Alliance

Ginger Ward

Executive Director, Southwest Human
Development

Mary Warren, SRB