Gaps in Arizona's Health Care System For Children Birth To Age Five

Arizona's public and privately funded system of health care resources does not serve all children well or is simply not accessible to children birth to age five and their parents. As documented in the January 2009 First Things First Board briefing document, the health care system gaps fall into three categories:

- Access to Health Care
- Screening and Early Identification
- Workforce Readiness and Supply

A brief recap of the key elements contributing to these gaps is provided below, followed by proposed strategies to address these gaps.

Access to Health Care

Lack of **health insurance coverage** is a major barrier to timely and consistent medical and dental health care for many Arizona families and children. Uninsured children are more likely to be in fair or poor health than insured children. Uninsured children have less access to health care, are less likely to have a regular source of primary care, and use both medical and dental care less often.[1]

Both national and state data have shown that effective outreach efforts result in increased enrollment in public health insurance programs, resulting in greater access to preventive care and timely care when children are ill.[2]

Health outcomes and services for children are improved when essential care is coordinated through **medical and dental homes**, rather than offered separately by different sources of care that may not exchange information and coordinate health care plans and services. Medical and dental practices that use the medical or dental home model promote a high level of communication between providers and the family, which in turn leads to better recognition of problems and needs, earlier and more accurate diagnoses, better monitoring, and increased satisfaction with care. For these reasons, care provided in medical and dental homes is often less costly and more effective than care provided through emergency departments, walk-in clinics, and other urgent-care facilities.[3] Although some medical and dental practices in Arizona are organized to deliver care within a medical and dental home framework, this is not universal. The Arizona Department of Health Services and the Arizona Chapter of the American Academy of Pediatrics have taken the lead in providing technical assistance and coaching to expand the medical or dental home model; however, the practice has not been fully implemented.

Screening and Early Identification

Too many Arizona children arrive at kindergarten without benefit of **medical screenings and the early intervention** that would have addressed delays and deficits in growth and development. Lack of early screening is a primary factor in late diagnosis of developmental delays. Some children do not receive requisite screenings because they are uninsured and their families cannot pay the costs of preventive care, they do not have a medical or dental home, or the health care resources that would provide developmental screenings are not accessible. Some children may have a health care provider, but are not screened at well child visits with a

standardized, validated developmental screening tool that offers the most reliable and appropriate method for assessing growth and developmental status.

Data suggests that a full year passes between the time a parent first forwards a concern and the child receives assessment and appropriate treatment.[4] Research findings by the US Centers for Disease Control show that children with an autism spectrum diagnosis had signs of a developmental delay before the age of three, but average age of autism diagnosis was five years[5]. Both the American Academy of Pediatrics and the Commonwealth Fund indicate that increasing the use of a standardized, validated developmental screening tool would improve early detection of developmental concerns.

Workforce Supply and Readiness

According to *Building Bright Futures, 2007 Needs and Assets* Report and the 2008 Regional Partnerships Councils' Needs and Assets Reports, the supply of **medical and dental providers** is inadequate in many areas of the state. This is substantiated by the Federal Health Resources Service Agency (HRSA) finding that Arizona has a shortage of 333 primary medical providers, 114 dentists, and 164 mental health providers. These shortages are mainly in rural areas of Arizona.[6] Early childhood medical specialists, such as, developmental pediatricians who specialize in treating children with developmental delays and disabilities, and pediatric dentists are in very short supply with most practicing in urban communities. Regardless of insurance status, these provider shortages limit the options that families have for timely and consistent health care access for their children.

An accurate estimate of the shortage of **therapists to serve young children with developmental disabilities** is difficult to establish because Arizona's need for service is imprecise. According to *Bright Futures*, Arizona is serving 1.6 percent of all children birth to age three in its early intervention program (Individuals with Disabilities Education Act, Part C) compared with a national baseline of 2.4 percent. For children ages three to five, 5.2 percent of children are served (IDEA, Part B) compared to a national average rate of 5.8 percent[7]. Based on these comparisons, research by professional organizations and the testimony of parents at the First Things First 2007 statewide community forums, Arizona indeed may not have sufficient numbers of speech/language, occupational, and physical therapists to serve all children throughout the state.

The relative newness of the infant-toddler mental health field results in a limited supply of licensed **mental health clinicians (psychiatrist, psychologists, clinical social workers and mental health therapists)** who have specialized expertise to work with infants, toddlers and their families.[8] This shortage impacts the availability of clinicians prepared to serve the needs of young children and their parents.

One of the remaining gaps includes family awareness and knowledge of children's health and the health care system. Recommendations for filling the gaps around family education and awareness will be presented under the Family Support area at the March 2009 Board Meeting. The strategies proposed below set in motion the first steps in improving overall quality and access to health care. First Things First asserts that these are fundamental tasks and will provide the infrastructure on which others can continue to build and provide support.

Strategies to Address Gaps in Arizona's Health Care System For Children Birth To Age Five

Access to Health Care

Strategy 1: Outreach and Enrollment Assistance for Public Health Insurance

First Things First will support outreach and enrollment assistance at the regional level. FTF Policy and Research and Communications staff will work with AHCCCS, DES, ADHS, philanthropy, and community advocates to promote policies and funding support for outreach and enrollment assistance to eligible but not yet enrolled families.

Outreach is the mechanism by which potentially eligible individuals are contacted and provided with information about public insurance and given the opportunity to make application. Enrollment assistance is provided by individuals with training in the application process. They help with any questions about the application forms and requirements needed for the application to be processed. Enrollment assistance is often available during outreach events.

Why Does This Work

Research has shown that the most effective outreach is by person to person in community settings[9] Both national and state data have shown that effective outreach efforts result in increased enrollment in public health insurance programs, resulting in greater access to preventive care and timely care when children are ill.[10] These data substantiate that known and trusted community based organizations (CBOs) are most likely to be successful in helping parents understand the importance of health insurance, and moderate any concerns about applying for a government program. Trust is of particular importance for communities of color. Local organizations are the most likely to have established that trust and can develop linguistic and culturally appropriate approaches. A number of evaluations conclude that outreach efforts linked to a health care provider agency are effective in both enrolling children in the insurance program and creating a medical home.

Once families are aware of health insurance programs, virtually everyone needs assistance to understand health insurance coverage and the enrollment process. Those with employer-based coverage have human resource staff; those with public insurance frequently do not have a similar resource. Application assistance has proven itself to be successful in keeping enrollment on track, whether it is provided by trained staff in CBOs or clinics or by out-stationed eligibility workers. Overwhelmingly, parents find the assistance helpful. One study found that there was a 28% higher rate of enrollment when there was application assistance in the community compared to another community without assistance.[11] Personal contact with families is important on a number of fronts. Trust is built through outreach workers (case manager, promoter, etc.) establishing new relationships with local families. Direct assistance is provided in helping parents gather materials, understand the process and complete the application. Troubleshooting is also enhanced as outreach workers become intermediaries with the eligibility agency. A randomized, controlled trial among uninsured Latino children found that families that received community-based case management were substantially more likely to obtain health insurance coverage when compared with children whose families did not receive this type of assistance (96% vs. 57%).[12]

Strategy Characteristics

- At the statewide level, FTF Policy and Research staff will collaborate with health providers, philanthropy, and community advocates to support the availability of health insurance coverage for all children.
- At the statewide level, FTF Policy and Research staff will collaborate with AHCCCS, DES and other stakeholders to identify and implement administrative mechanisms that streamline the application process and reduce the number of times children cycle off and back on to care.
- FTF Policy and Research staff will support regional strategies by providing data and research findings as requested to all Regional Partnership Councils regarding children's insurance coverage, federal and state policies impacting children's insurance coverage, and children's access to health care.

Applicable First Thing First Goals

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Applicable Key Measures

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of children receiving appropriate and timely well-child visits
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health

State and Federal Considerations Related to This Strategy

One of the consequences of the economic downturn in Arizona is that the number of children without health insurance may rise. Families that lose employment will likely also lose heath coverage and, without significant income, may be unable to pay out-of-pocket to maintain the health care coverage previously paid by their employer.

The state budgetary outlook puts significant pressure on AHCCCS staffing levels as well as allocations for direct care. The FY2008 legislative budget fix recently passed and signed by Governor Brewer reduced the AHCCCS budget by $28,299,531. However, at least until July 1, 2009 when the 2010 budget will go into effect, KidsCare and KidsCare parent's programs will not be affected by these reductions. As of January 1, 61,201 children were enrolled in KidsCare. This is actually a decline in enrollment in this program from the December 1, 2007 enrollment numbers. AHCCCS staff does not yet have information sufficient to explain the decline in applications. According to information from Linda Skinner, AHCCCS Assistant Director, enrollments in the month of February are on the rise.

The immediate consequence of the AHCCCS budget reductions that may impact children's health care coverage is the loss of staff to process any new applications that result from outreach efforts. Careful analysis and discussions with AHCCCS and DES are necessary to determine the full impact of these budget reductions on the planned efforts of First Things First to conduct outreach to increase the proportion of children that are covered by health insurance. AHCCCS requested that these discussion occur after their staff have identified the required administrative and program reductions.

On February 4th, 2009, President Barak Obama signed the reauthorization of SCHIP, the State Children's Health Insurance Program (Arizona's KidsCare program). Key elements of the legislation extend the SCHIP program for 4.5 years and raise SCHIP funding levels so states can *both* sustain existing enrollment by children *and* cover more low-income children. These costs are offset primarily through a $.61 increase in federal tobacco taxes.

The SCHIP reauthorization also provides financial incentives to states to enroll more uninsured children who already are eligible but not enrolled. The Congressional Budget Office estimates show that these provisions would help make significant progress in reaching the lowest-income uninsured children. This would require authorization by the Arizona Legislature.

The reauthorization of SCHIP also adds a provision that permits states, at their option, to cover certain legal immigrant children (and pregnant women) through Medicaid and SCHIP who are otherwise eligible for those programs. Under current law, states are prohibited from providing federally-funded Medicaid and SCHIP coverage to legal immigrant children for the first five years after entering the United States, though 18 states now provide such coverage at 100 percent state expense.

Expected Impacts and Change

- Increase in the number of eligible children enrolled in public health insurance.
- Increase number of children with timely access to medical and dental care.
- Reduce administrative barriers to health insurance enrollment.
- Increase the number of children that have continuous coverage.

State Funds Requested to Support Strategy

No statewide funding allocation is requested at this time.

Regional Funding Approved for FY2010

Region	Amount
Central Maricopa	$ 750,000
Central Phoenix	200,000
Central Pima	50,000
North Phoenix	440,000
North Pima	75,000
Pasqua Yaqui	26,265
South Pima	200,000
Southeast Maricopa	500,000
Southwest Maricopa	120,000
Yavapai	10,000
Total Regional Allocation	$2,371,265

Funding supports outreach activities and enrollment support including utilization of the Healthy e-application.

Strategy 2: Increasing Access to Oral Health Screening and Care

This multi-pronged strategy is a joint effort of First Things First, Regional Partnership Councils, and public agencies, dental and oral health organizations and stakeholders. First Things First Regional Partnership Councils have funding plans approved that will provide support for information and education to parents on the value of early oral health screening and care, community planning to meet the oral health care needs of regions, increasing the delivery of community based oral health screening and referral for treatment. First Things First Policy and Research Staff will collaborate with key oral health stakeholders to develop statewide strategies to strengthen the oral health care delivery infrastructure for children birth through age five.

Supporting the oral health of children birth through age five involves community level action and support as well as state level policy analysis, development, and/or change to achieve First Things First goals and outcomes. At the community level, First Things First Regional Councils are addressing the oral health care needs of their birth to five children through a range of strategies from planning to screening and preventive care. At the statewide level, First Thing First staff, key leadership within the oral health community, the ADHS Office of Oral Health and AHCCCS concur that the infrastructure for oral health care must also be addressed through planning, advocacy, and policy change.

Why Does This Work

Region Partnership Councils have identified the need for access to oral health screening in their regions and have developed specific funding plans in response to those needs and gaps. For some Regional Councils, additional planning has been identified as a beginning step. For other Regional Councils, oral health screening and parent education activities are identified for implementation. Statewide, there are strong oral health advocates, veteran leadership, and a vibrant oral health coalition. First Things First as new partner in promoting children's oral health will bring another voice and expertise in early childhood development to the efforts of these groups in improving children access to dental health care.

Building effective partnerships to promote improvements in oral health requires planning that is different than that of building an oral health coalition. A partnership is a "voluntary, strategic alliance of public, private and nonprofit organizations to enhance each other's capacity to achieve a common purpose by sharing risk, responsibility, resources and awards."[13] Such partnerships can be an effective means to augment the work of the state oral health coalition. The Centers For Disease Control, Division for Oral Health recommends that states identify, consult with, and involve appropriate partners to address areas critical to developing state-level and community-based programs to promote oral health and prevent disease. These efforts can avoid duplication of effort, ensure synergy of resources, and enhance the overall leadership within the state.[14]

Strategy Activities and Characteristics

- Through Child Care Health Consultation provide education to child care providers and parents on the value of early oral health care.
- Support integration/coordination of oral health into total health and health systems, programs, and services.

- At the regional level, support social marketing for parents on prevention of tooth decay, oral health training for child care providers including referral for early dental visits, fluoride varnish pilot programs in WIC setting.
- Collaborate with partners to implement a marketing campaign targeted at medical/dental providers and parents on the importance of the first dental visit by age one.
- Advocate for expansion of training for medical and dental providers on application of fluoride varnish for high-risk children.
- With AHCCCS, the Department of Health Services, dentistry schools, dental philanthropic organizations, and professional dental organizations and association advocate for an increase in dental health providers that serve children covered by public health insurance.
- Advocate for changes to administrative mechanism and procedures to increase oral health care for pregnant women and children covered by public health insurance.

Applicable FTF Goals

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.
- FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.
- FTF will lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Applicable Key Measures

- Total number and percentage of children receiving appropriate and timely oral health visits
- Total number and percentage of oral health care providers utilizing a dental home model Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private, and tribal systems

Things Expected Impacts and Change

- Increase in oral health screening for children birth to age five.
- Increase in a first dental health visit by age one.
- Increase in access to oral health services at the regional level.
- Increase in parents' knowledge of the value of oral health for children beginning at birth.
- Increase in children that arrive at Kindergarten with healthy teeth and mouth.
- Increase in children's knowledge and practice of keeping teeth clean and healthy.

- Coordination and alignment of state and community resources that support children's oral health.
- Administrative and legislative policies that support children's oral health.

State Funds Requested to Support Strategy

$50,000 is recommended for expert facilitation to support statewide planning, consensus building, and policy change strategy building among all organizations over a 12 month period.

Regional Funding Approved FY2010

Coconino
White Mountain Apache Tribe
Santa Cruz
Navajo-Apache
Gila
South Pima
North Phoenix
Southwest Maricopa
Southeast Maricopa
Central Maricopa

Regional Partnership Council approved strategies vary across regions and include planning (Coconino), oral health screening, application of fluoride varnish, and parent education.

Screening and Early Intervention

Strategy 3: Physician Outreach and Education

First Things First will strengthen the system of heath care for children birth to age five by providing statewide funding support to conduct physician outreach, technical assistance and coaching to medical practices throughout Arizona, including pediatric practices, family medicine, Federally Qualified Health Centers (FQHC), Community Health Centers, Indian Health Services and Tribal Health facilities.

Physician outreach and education is a quality improvement strategy with the goal of assisting physicians in identifying the heath system and practice procedures that need to change or be implemented that will result in consistent quality care for children. Physician practices are engaged in improvement activities that includes an assessment of the clinical delivery system and practices and then developing a plan for improvement. They receive technical assistance and coaching, tools and materials to support clinical practice improvement. Additional support may also be provided through the formation of collaborative learning groups that commit to the quality improvement process. This strategy is particularly important to strengthening early identification of developmental delay and timely intervention. Pediatricians and family physicians receive technical assistance and support to implement procedures and best practices to elicited parents' concerns and perceptions; developmental screening using a standardized, validated screening tool; promoting development of systems that track children referred to early intervention; and assisting practices in identifying community resources that support

child development based on the needs of the child and family. Physician outreach and education supports a medical home model of care.

Why Does This Work

Research evidence supports the implementation of physician quality improvement programs to achieve high-quality pediatric health care. Research shows that providing assistance to physicians is an effective strategy and that those receiving quality improvement support were more likely to improve their preventive and developmental services.[15]. A study of pediatric and family practices in Vermont and North Carolina found that a collaborative quality improvement program helped practices implement systems to provide parents with child-rearing guidance and information on healthy development. Data also showed that the changes brought about by the program increased parents' satisfaction with their children's care.[16] Other research has shown that providing parental education about physical and development care, using developmental screening tools, and identifying family risk factors like maternal depression or violence in the home can help tailor pediatric care to families' needs.

Strategy Characteristics

- First Things First will seek proposals through the RFGA process for three year statewide Physician Outreach and Education Initiative to include:
    - Practice assessments and implementation plans to improve the delivery of preventive service such as immunizations, lead screening, anemia risk screening, tobacco risk exposure, sleep position risk identification, dental screening, and vision screening in accordance with standards of preventive care.
    - On site education and coaching on enhanced use of parent assessments, parent education and establishment of medical homes.
    - Onsite technical assistance and coaching on establishing systems to track referrals to early intervention services based on level of delay.
    - Information about referral pathways and intervention services when delays are identified.
    - Development of collaborative learning groups to identify barriers to quality practice and develop plans and strategies to achieve practice-based quality improvement activities.
    - Integrate lesson learned and best practices in physician continuing education programs.
- Work with Arizona Early Intervention Program (AzEIP), Arizona Department of Education, Department of Economic Security and AHCCCS regarding early screening, referral, and follow-up.
- Continue to advocate for insurance coverage for early screening using standardized, validated screening tools.

Applicable FTF Goals

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.
- FTF will build on current efforts to increase the number of health care providers utilizing a medical and dental home model.
- FTF will expand use of early screening in health care settings to identify children with developmental delay.

- FTF will advocate for timely and adequate services for children identified through early screening.
- FTF will build a skilled and well prepared early childhood development workforce that will address the strengths and needs of the whole child, including cognitive, language, social-emotional, motor development, creativity, and physical health.

Applicable FTF Key Measures

- Total number and percentage of children receiving appropriate and timely well-child visits
- Total number and percentage of health care providers utilizing a medical home model
- Ratio of children referred and found eligible for early intervention

State and Federal Considerations related to this Strategy

The current economic downturn and the resulting funding reductions to Arizona's health agencies, including AHCCCS and the Department of Health Services, provide little to no options to support the quality improvement activities that will strengthen Arizona's health system for children. Previous funding support from the Department of Health services to provide physician training in the use of a standardized, validated developmental screening tool (PEDS) was recently discontinued.

At this time it is does not appear that these are specific federal funds earmarked for practice improvement efforts at the state level. The Robert Wood Johnson Foundation and Commonwealth Fund are private philanthropies that have provided funding support for quality improvement initiatives in selected states. The American Academy of Pediatrics website provides on-line information to support practice improvement for their members.

Expected Impacts and Change

- Improved rates of preventive care delivery, better outcomes for children, and improved parents' satisfaction with care.
- Increase in the number of physicians that provide developmental screenings using standardized screening tools at scheduled well child visits.
- Increase in the numbers of children appropriately identified and referred for developmental services based on their level of delay and decrease the number of unnecessary referrals.
- Increase physician understanding of the early intervention system and the additional resources for assisting children with mild delays or parental concerns
- Improve pathways of communication with early intervention programs and resources and reduce frustration of medical providers and families regarding the early intervention system
- Increase in physicians' use of parent surveys and other tools to enhance communication around parent perceptions and education.

Statewide Funds Requested to Support Strategy

$300,000 year one and $500,000 for years two and three for an administrative organization to provide outreach, on site assessment and technical assistance, materials to meet the scope of work to 50 practices (1-4 physicians on average per practice) in each year.

Regional Funding Approved for FY 2010

Regional Partnership Councils have not allocated funding for this infrastructure activity.

Screening and Early Identification

4. Workforce Support and Readiness

The program for speech language pathologist preparation is a strategy to expand specified early intervention knowledge as part of a master's degree program as well as a post-degree certificate program. The pre-service training option focuses on preparing master's level speech-language pathologists to work in early intervention settings. The master's level program would be geared toward incentivizing speech-language pathology students to choose a pediatric tract and remain in Arizona to serve children in birth to three programs. The post-degree certificate strategy will include a certificate program for various personnel who currently work with young children (e.g. early interventionists, developmental specialists, support coordinators, special education teachers, etc.) and who wish to develop and/or enhance skills in early intervention service delivery. Included in both strategies is an emphasis on pediatric feeding, a specialty area identified as strongly needed by families, current early intervention therapists, and community groups which support young children and their families.

Why Does This Program Work

The gaps in Arizona's service delivery are two-fold. The first gap is in the lack of specified knowledge around best practice for working with young children birth to five by those who are in the field. The second gap is in the actual number of therapists available, and who choose to serve young children.

During comments made to Arizona Senator Linda Gray in a special hearing related to issues of capacity, several speakers noted that of the number of graduates who complete programs in Arizona universities, many of them, especially non-resident graduates, leave the state to practice elsewhere. A scholarship program, similar to that proposed by FTF, is currently being implemented at ASU and includes the use of scholarships in return for service obligation. ASU's program is demonstrating significant progress in increasing the number of speech-language graduates who stay in Arizona to practice due to the scholarships. According to the ASU Department of Speech and Hearing Science Graduates Employment Data Report (2003-2008), while the majority of Arizona residents have remained in Arizona to practice, since implementing the scholarship program, even the number of Arizona resident graduates practicing in Arizona has increased from 85% in 2003 to 100% in 2008. Additionally, since implementing the scholarship program, the number of both resident graduates and non-resident graduates remaining in Arizona to practice has increased from approximately 65% in 2003 to 80% in 2008.

The scholarship strategy proposed also provides support for infrastructure development within ASU's speech-language program. Included are administrative costs for faculty specializing in infants and toddlers and personnel to administer the scholarships themselves. ASU indicates that as an added benefit to this infrastructure development, the program can expand its capacity to provide an additional certificate program for post-degree students.

This strategy both increases the number of therapists through the scholarships as well as helps build a cadre of specially trained early intervention personnel through the post-degree certificate program. This is important to Arizona because families are not only in need of people to provide therapeutic services, but also of others who have the knowledge and skills to address the unique needs of their very young children. Families often work with support coordinators, developmental specialists, early childhood teachers and others who lack the understanding of the most effective ways to work with children birth to three. Those who obtain a specialized post-degree certificate can then provide higher quality services to families and assist in building Arizona's capacity by supporting, mentoring and training others to do the same. Creating an infrastructure within a current program to offer the specialized training and skills needed for working with young children allows Arizona to build its workforce capacity in a way that can grow beyond the simple number of graduates.

Strategy Activities and Characteristics

- Students receive a scholarship to cover tuition costs (resident) for two years of study leading to completion of a master's level program.
- Students who choose to accept the scholarship must commit to two years of service working with the birth to three populations in Arizona for every year of tuition paid. For partial tuition paid (e.g. non-resident tuition), student must commit to one full year of service in Arizona with birth to three populations.
- In addition to the core early intervention training program that is currently offered at ASU, the proposed strategy would provide additional coursework and intensify training specific to infants and toddlers to enhance knowledge and understanding around working with children in non-clinical environments; working from a family strengths perspective; working with pediatric feeding concerns; and working specifically with populations of children with unique needs (e.g., children with autism, children with special health care needs).
- Some of the regional strategies offer financial incentives that provide for recruitment of program graduates to complete their service obligation directly in their communities.
- Hands on experiences required in the degree and certificate programs include specifically working with infants and toddlers to gain expertise and knowledge for working with early intervention participants.
- The strategy proposed also includes the expansion of the availability of early childhood training to include development of a certificate program for personnel (such as developmental specialists, early childhood special education teachers, early interventionists, etc) who currently work in the field and wish to enhance their knowledge and skills in early intervention.

Funds Requested to Support Strategy

$400,000 annually to ASU for 3 years

In-state tuition for 10 students to complete 2 years – 200,000
Full time faculty with ERE – 105,000
Adjunct faculty course delivery – 10,000
Assistantships – 45,000
Clerical support – 40,000

Regional Funding Approved for FY2010

Santa Cruz	$46,057
Cochise	$350,000
CRIT	$8,000
Graham/Greenlee	$75,000
North Pima	$5,000

Total Regional Allocation $484,057.00

Strategies vary across regions. Activities include incentive grants, recruitment support, payment for certificates of completion to enhance skills, and the support of an administrative home for the dissemination of incentive grants.

Expected Impacts and Change

- Expansion of the Arizona workforce by 30 therapists with specialized training and knowledge of working with young children and the early intervention system.
- Improved access to timely and adequate services for children in need of additional speech and language supports.
- Increased numbers of therapists who then can act as mentors and leaders for further growth in the early intervention system.
- Increased state capacity to serve young children with special risks or needs by increasing specialized knowledge of the current workforce as the result of an additional post-degree certificate program.

Strategy 4: Early Childhood Mental Health Consultation

Early Childhood Mental Health Therapists and Mental Health Consultation Preparation

Establish statewide infrastructure and educational scholarships to support the mental health consultation services prioritized and funded by First Things First Regional Partnership Councils. Regional Partnership Councils have identified early childhood mental health consultation as an essential service to support the growth and development of children birth to age five. Statewide funding will support continuing education scholarships to licensed mental health clinicians and therapist to gain the requisite education, credentials, or endorsements to provide mental health consultation to early childhood care and education programs serving young children.

Mental health consultation in early childhood settings is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of

expertise, primarily child care center staff. Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 and their families.[17] Providing financial support to gain credentials provides incentives for mental health therapists to serve young children.

Why Does This Work

Children's social and emotional health is inextricably linked to school readiness and provides the foundation for academic success.[18] The recognition of this connection and the increasing numbers of young children with challenging behaviors and emotional problems has fueled a growing effort to provide mental health consultation services in early childhood. Only a limited number of studies on mental health consultation exist. However, the results are promising and shed light on some of the factors that influence the success of mental health consultation. In a June 2003 evaluation of mental health consultation services in San Francisco, mental health consultation to child care programs improved several aspects of center life, including lower teacher turnover, improved center quality, an increase in teachers' sense of self-efficacy, and an improvement in teachers' communication skills.[19] After receiving mental health consultation in their classrooms, teachers reported an improved understanding of children's difficult behaviors, children's social and emotional development, and how to work more effectively with parents. Researchers from the Research and Training Center on Family Support and Children's Mental Health at Portland State University have completed several studies on mental health consultation in child care. Their research documented aspects of mental health consultation that make the service more or less successful. For example, one study concluded that using mental health professionals to provide program-level consultation produced more positive outcomes than when consultants provide primarily individual-level, child-focused consultation.[20] In addition, they found that program management and leadership also play an essential role in setting the tone for how an entire program thinks about and approaches early childhood mental health issues, above and beyond the presence of experienced and well-trained staff and consultants. Another study out of the Research and Training Center on Family Support and Children's Mental Health involving Head Start centers confirms that the quality of the relationship between child care staff and the mental health consultant has a significant impact on the effectiveness of the consultation.[21] Head Start staff also reported that the characteristics most important to them in their mental health consultant was his or her relevant experience working with young children and low-income families; the ability to make a long-term commitment; and whether their approach was consistent with the program's philosophy and with best practice principles.[22] Overall, the research suggests that mental health services, including child care consultation services, should be: strengths-based; individualized and culturally competent; family-centered; comprehensive; community-based; coordinated and multi-disciplinary; and focused on developmental needs.

Strategy Activities and Characteristics

- First Things First statewide funding will support the development of an organizational structure for child care providers and other early childhood service programs to access skilled mental health consultation; assure mental health providers have knowledge and understanding of providing mental health consultation within child care settings; support quality, consistent delivery of consultation, and provides ongoing reflective supervision to mental health consultants.
- Scholarships will cover tuition costs (resident) at state universities or approved in-state early childhood mental health institutes for post graduate study leading to early childhood mental health credential or endorsements.
- Students who choose to accept the scholarships must commit to two years of service working with the birth to five populations in Arizona for every year of tuition paid.
- Practicum experiences must include working with children birth to age five to gain specific expertise and knowledge to work with this age child and their parents or caregivers.
- Regional strategies may offer financial incentives to encourage those with early childhood mental health consultation credentials to work directly in their communities.
- Statewide funding will also support the provision of high quality continuing education course offerings at the community level to maintain and update practice skills and knowledge.

Applicable FTF Goals

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.
- FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

Applicable Key Measures

- Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area
- Total number and percentage of professionals who work with young children, outside of early care and education, who are pursuing a credential, certificate, degree in early childhood development or other appropriate specialty area

State and Federal Consideration Related To This Strategy

The Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) is in the final months of a federal infrastructure grant to build the capacity of the mental health workforce to serve young children. They have utilized the specialized training offered through the Arizona Institute for Early Childhood Development (Harris Institute), and the Arizona Infant Toddler Mental Health Coalition. However, this federal funding is at an end.. The DBHS has recently lost 25 percent of its funding to provide services due to legislative budget reduction to address Arizona's revenue shortfall. It is unlikely that state funding is forthcoming in the near future to support this workforce development.

It is unknown at this time whether there are resources in the currently debated federal stimulus plan to support workforce development. Staff will continue to research and identify possible federal supports that may support this effort.

Statewide Funds Requested to Support Strategy

- $400,000 annually for 3 years to support administrative staff and operations to support mental health consultation to Regional Partnership Councils including: recruitment and supervision of consultants, quality assurance, continuing education for clinicians, coordination and planning for growth of mental health consultation.

Expected Impacts and Change

- Expansion of the number of Arizona therapists with specific knowledge to provide mental health consultation to child care and other family support services working with children birth through age five.
- Development of a cadre of professionals with credentials qualifying them to provide mental health services to children birth through age three.
- Increased numbers of mental health providers working in underserved communities.
- Creation of statewide infrastructure to support Arizona Early Childhood Mental Health Consultation in FTF Regions.

Regional Funding Approved Mental Health Consultation Services for FY2010

Pinal	$ 10,000
North Phoenix	850,000
Yavapai	200,000
Central Pima	500,000
Northeast Maricopa	330,000
Southeast Maricopa	550,000
Central Phoenix	200,000
South Phoenix	1,000,000
	2,640,000

Regional Partnership Council funding supports mental health consultation to child care centers and other home visiting and family support programs.

End Notes

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[14] Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, http://www.cdc.gov/Oralhealth/state_programs/infrastructure/activity7.htm

[15] P. A. Margolis, K. T. McLearn, M. F. Earls et al., "Assisting Primary Care Practices in Using Office Systems to Promote Early Childhood Development," *Ambulatory Pediatrics,* November–December 2008 8(6):383–87.

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