



## FIRST THINGS FIRST

*The right system for bright futures*

### **Recommended Strategies to Address Gaps in Arizona's Health Care System For Children Age Five and Younger**

**Following a lengthy research process with guidance and consultation from the First Things First Health Advisory Committee, the Early Intervention Logistic Team, and other community stakeholders, five strategies to support statewide health infrastructure are presented to the First Things First State Board for consideration. These five recommended strategies are summarized below and include any new considerations since the February 24, 2009 presentation to the Board.**

#### **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.*

#### Summary

Research has shown that the most effective outreach is by person to person in community settings.<sup>1</sup> 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.<sup>2</sup> 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.

Ten Regional Partnership Councils have approved funding plans that include health care outreach and enrollment assistance. A Request for Grant Application (RFGA) is in development to seek qualified providers for this health care strategy.

This strategy supports FTF goals and strategic direction to increase the percent of children birth through five that are insured.

#### Strategy Activities and 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.

#### State Funds Requested to Support Strategy

No statewide funding is requested at this time.

#### Recommendation to the Board:

No Board action is requested at this time.

### **Strategy 2: Increasing Access to Oral Health Screening and Care**

*This multi-pronged strategy is a joint effort of FTF staff, Regional Partnership Councils, public agencies, dental and oral health organizations and stakeholders. FTF 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. FTF 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.*

#### Summary

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 FTF goals and outcomes. At the community level, FTF Regional Councils are addressing the oral health care needs of their birth through five children through a range of strategies from planning to screening and preventive care. At the statewide level, FTF 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.

Building effective partnerships, developing achievable strategies and finalizing an implementation plan would be the key outcomes to achieve through a facilitated process lead by an expert consultant and stakeholder volunteers.

This effort supports FTF goals and strategic direction to collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care; and to build on efforts to increase the number of health care providers utilizing a dental home model.

#### 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, and fluoride varnish pilot programs in WIC settings.
- 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, ADHS, dentistry schools, dental philanthropic organizations, and professional dental organizations and associations, advocate for an increase in dental health providers that serve children covered by public health insurance.
- Advocate for changes to the administrative mechanism and procedures to increase oral health care for pregnant women and children covered by public health insurance. (AHCCCS has approved a policy change that allows for pediatricians to complete a first oral health screening at about age one. This option is not yet funded due to budget constraints but does demonstrate agreement and support by dental providers and pediatric health providers for this option.)

State Funds Requested to Support Strategy

Item	FY10
<b>Consultant with expertise in oral health to provide: research, meeting facilitation, report-out, data collection and analysis, recommendations and final report on improving oral health of children birth through age five. 12 month contract.</b>	\$50,000

Recommendation to the Board:

Approve the requested amount from Statewide Grant funds to research, facilitate collaborative meetings, and deliver final report that identifies statewide strategies to strengthen the oral health care delivery infrastructure for children birth through age five.

**Strategy 3: Physician Outreach and Education**

*First Things First will strengthen the system of health care for children birth through 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.*

Summary

Physician outreach and education is a quality improvement strategy with the goal of assisting physicians in identifying the health system and practice procedures that need to change or be implemented that would result in consistent quality care for children. Physicians involved in a quality improvement strategy engage in activities that includes assessment of their delivery systems and development of a plan for improvement. They

receive technical assistance and coaching as well as 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 timeliness of intervention. Pediatricians and family physicians receive technical assistance related to procedures and best practices to elicit parents' concerns and perceptions through developmental screening using a standardized, validated tool. Additional support and education is provided around the development of systems that track children a physician refers for evaluation. Support is also provided to assist practices in identifying community resources that support child development based on the individual needs of the child and family. The importance of this component of the education and outreach strategy is heightened due to the current economic situation. As services change and the intervention system evolves, physicians will need support in understanding those changes and how to best provide information to families.

A key benefit of the physician outreach and education strategy is that it supports a medical home model of care. Through development of high quality assessment and follow up activities, physicians fully integrate practices that provide strong continuity of care for children and families.

#### Strategy Activities and Characteristics

- First Things First will seek proposals through the RFGA process for a 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 lessons learned and best practices in physician continuing education programs.
- Work with Arizona Early Intervention Program (AzEIP), Arizona Department of Education, Arizona Department of Health Services and AHCCCS regarding early screening, referral, and follow-up.
- Continue to advocate for insurance coverage for early screening using standardized, validated screening tools.

Statewide Funds Requested to Support Strategy

Item	FY10	FY11	FY12
<b>Project Manager – .50 FTE</b>	\$75,000	\$75,000	\$145,000
<b>Practice Management Advisor 1 FTE Year 1; 2 FTE Year Two and Three*</b> Practice Assessment, TA, Coaching, Screening Tool Medical Education	105,000	210,000	210,000
<b>Administrative Support</b>	50,000	50,000	50,000
<b>Program Administration</b>	40,000	55,000	55,000
<b>Total</b>	<b>\$270,000</b>	<b>\$390,000</b>	<b>\$390,000</b>

\*Year one requires outreach to build the physician practice involvement and requires one Practice Management Advisor while reaching the target number of physician practices. An additional Practice Management Advisor is required to reach the increased targeted number of physician practices in Years Two and Three.

Recommendation to the Board:

Approve the requested amount from Statewide Grant funds to strengthen the system of health care for young children by contracting with an administrative organization to implement the practice improvement project in 50 physician practices (average of four physicians/practice) during Year One, and 100 physician practices in Years Two and Three.

**Strategy 4: Workforce Support and Readiness**

*This workforce and readiness strategy proposes to partner with Arizona State University’s speech language pathology program for the expansion of students’ specified early intervention knowledge as part of a master’s degree program as well as a post-degree certificate program.*

Summary

A master’s level program strategy would be geared toward incentivizing speech language pathology students to choose a pediatric/early intervention tract and remain in Arizona to serve children in birth to three programs. A 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, early intervention therapists, and community groups which support young children and their families.

Based on Board input, FTF conducted further discovery into development of the strategy. Current admissions to the early intervention tract within ASU’s speech language pathology program allows for a maximum of eight to ten students per year. Additional students wishing to pursue an early intervention tract are placed on a

waiting list. Currently, there are eight students who have been identified as interested in entering the early intervention program, but who cannot be admitted. The FTF partnership program would allow for ASU to increase its capacity to serve up to seven additional students above their current maximum enrollment.

Speech language accreditation requires that any student providing evaluation or in-home services be supervised by a clinical faculty for at least 50% of the time. With increased enrollment, comes the need for increased clinical faculty. The FTF proposal provides the infrastructure funding needed to build the supervisory capacity of the program and allow for the seven additional students to work in family homes. These positions are not tenured faculty positions, but positions that allow for the ongoing supervision of clinical experiences of the students.

This strategy supports FTF goals and assists infrastructure development by expanding the workforce of therapists who have specialized training and knowledge for working with young children and the early intervention system. Access to timely and adequate services would be increased as well as allowing children and families to better assure children's optimal development. The increased capacity to serve young children with special risks or needs is also improved as the result of the additional post-degree certificate program.

#### 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

Item	FY10	FY11	FY12	FY13
<b>In-state tuition for 7 students to complete 2 years</b>	75,000	150,000	150,000	75,000
<b>Clinical Supervisors (1 FTE)</b>	105,000	105,000	105,000	105,000
<b>Adjunct course delivery (2 courses/semester)</b>	10,000	10,000	10,000	10,000
<b>Assistantships (5 graduate assistantships)</b>	45,000	45,000	45,000	45,000
<b>Clerical Support (.5 FTE for administration of scholarships, additional practicum placements, and support to additional staff)</b>	40,000	40,000	40,000	40,000
<b>Total</b>	<b>\$275,000</b>	<b>\$350,000</b>	<b>\$350,000</b>	<b>\$275,000</b>

Recommendation to the Board:

Approve the requested amount from the Statewide Grant funds to establish a partnership with ASU in order to expand and improve the health specialist workforce. This recommendation includes the following contingencies:

- An infrastructure for serving young children with disabilities remains in place to assure that there is a system for serving children when identified and in need.
- ASU provide assurances that the current enrollment capacity will remain intact throughout the partnership period.

**Strategy 5: 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 FTF 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 therapists to gain the requisite education, credentials, or endorsements to provide mental health consultation to early childhood care and education programs serving young children.*

Summary

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.<sup>3</sup> This shortage impacts the availability of clinicians prepared to serve the needs of young children and their parents. This shortage also affects the resources required to strengthen and improve child care and early education settings through mental health consultation. 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 through age five and their families.<sup>4</sup> Further, providing financial support to gain credentials provides incentives for mental health therapists to serve young children.

This strategy supports FTF goals and strategic direction to enhance specialized skills of the early childhood development and health workforce to promote the healthy social-emotional development of young children.

### Strategy Activities and Characteristics

- FTF 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, provide 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 through five populations in Arizona for every year of tuition paid.
- Practicum experiences must include working with children birth through age five to gain specific expertise and knowledge to work with children in this age range 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.

Funds Requested to Support Strategy

Item	FY10	FY11	FY12
Manager/Coordinator – 1 FTE	\$120,000	\$120,000	\$120,000
Consultant Supervision, TA, Coaching – 2 FTE	210,000	210,000	210,000
Administrative Support	50,000	50,000	50,000
Continuing Education/Credential, Endorsements Costs will vary based on program and number of applicants for each	50,000	50,000	50,000
<b>Total</b>	<b>\$430,000</b>	<b>\$430,000</b>	<b>\$430,000</b>

Recommendation to the Board:

Approve the requested amount from the Statewide Grant funds to establish an administrative entity to support mental health consultation and continuing education for those specialists.

## End Notes

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<sup>1</sup>Dubay, Lisa. *Getting to the Finish Line: A Review of Where We Have Been and How Far We Have To Go. Presentation, the Center for children and Families, Georgetown University, July2006*

<sup>2</sup> St. Luke's Health Initiatives, Children's Health Insurance Outreach: What Works?. April 2007 (PDF)  
[http://www.slhs.org/publications/studies\\_research/pdfs/childrehsoutreachpub.pdf](http://www.slhs.org/publications/studies_research/pdfs/childrehsoutreachpub.pdf).

<sup>3</sup> Knitzer, J. (1995). Meeting the mental health needs of young children and families: service needs, challenges, and opportunities. In B. Stroul (Ed.), *Systems of care of children and adolescents with serious emotional disturbances: From theory to reality*. Baltimore, MD: Paul H. Brookes.

<sup>4</sup> Cohen, E., ad Kaufmann, R. *Early Childhood Mental Health Consultation*. DHHS Pub. No CMHS-SVP01S1, Rockville MD. Center for Mental Health Services, Substance Abuse & Mental Health Services Administration, 2005