

First Things First
Overview of Statewide Health Strategies

Workforce Support and Readiness: Provider Loan Repayment and Stipend Program Agreement with Arizona Department of Health Services (ADHS)

The First Things First Early Childhood Provider Loan Repayment and Stipend Program is being established to increase recruitment of therapists into communities where access to services is lacking. Two components have been developed to reach this goal. The first component of the program will be to pay off portions of education loans taken out by Speech and Language Pathologists, Occupational or Physical Therapists, Child Psychologists, and Mental Health Specialists with certifications in infant/toddler mental health. The second component is a stipend allowance to provide agencies who wish to use financial incentives to support the recruitment, hiring, and retention of Speech and Language Pathologists, Occupational or Physical Therapists, Child Psychologists and Mental Health Specialists with certifications in infant/toddler mental health. To implement this program, the ADHS shall provide the following services for FIRST THINGS FIRST:

- Oversee and monitor the distribution of loan repayment funds to financial institutions on behalf of contracted Occupational, Physical, and Speech/Language therapists, mental health specialists, psychologists, and pediatricians by specified regions of the state.
- Oversee and monitor the distribution of stipends to therapists willing to commit to working in specified regional communities.
- Assist with the recruitment of therapists from graduate programs into the loan repayment program.
- Oversee and monitor the maintenance of service obligations.
- Agree to follow guidance and procedures regarding the loan repayment and stipend programs as set by FTF.

ADHS currently oversees similar programs that address shortages related to medical providers and therefore was seen as an agency with a strong infrastructure in place, as well as having the knowledge and expertise to provide the service. With ADHS' current programs, they have set model agreements with providers for meeting service obligations, they have varying recruitment strategies in place and understand the procedures for prioritizing the needs of communities.

We are looking forward to a strong and viable partnership with the agency to help all of Arizona's communities address their urgent needs related to health and intervention services.

Child Care Health Consultants

Child care providers are entrusted with young children for hours every day. While providing early education services, they must also keep children safe and protected from injuries and potentially serious infectious diseases. Child care staff also work with parents to promote good social, emotional and physical health for children—all generally without benefit of medical expertise. Center staff may have to call multiple resources to answer health related questions.

Child Care Health Consultants (CCHCs) are experts in child health available to support child care providers to assure that children in their care are safe, healthy and ready to succeed. CCHCs provide advice on the well being of a single child, classroom, home or center with the view toward giving child care staff the information and guidance they need to prevent and intervene appropriately. CCHCs provide a one-stop health resource through:

- Onsite and telephone guidance and consultation
- Staff training on health and safety best practices and requirements
- Nutrition and physical activities best practices including combating obesity
- Linkages and referrals to community resources
- Developing and providing information for parents

CCHCs have specific training following the National Training Institute (NTI) Child Care Health Consultation curriculum. They are prepared to train child care staff to talk with families about health topics such as oral health, nutritional eating and weight control, developmental screening, and the value of physician well-child exams and immunizations.

Child Care Health Consultation Program Implementation:

First Things First will implement the Arizona Child Care Health Consultation System through an administrative entity. This administrative agency will be responsible for:

- Recruiting consultant
- Providing training and certification with the NTI curriculum
- Providing continuing education
- Review and oversight of service delivery
- Evaluation and data collection for performance outcomes

Child care health consultants will be affiliated with County Health Departments, Community Health Centers, hospitals and Indian Health Service or Tribal health clinics. Linking to a licensed medical facility assures a system that provides the umbrella of malpractice insurance, medical practice oversight, medical consultation, quality assurance review, and continuous training in specified health care issues germane to children in early care and education settings.

Physician Education and Outreach

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 in a medical home model. They receive technical assistance and coaching as well as materials to support clinical practice improvement. Support may also be provided through the formation of collaborative learning groups that commit to the quality improvement process. Additionally, some regions may wish to procure care coordination services and distribute incentives to encourage and support implementation of recommended medical home model of practices.

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.

Early Childhood 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, refer for treatment, and reduce the impact of mental health problems among children from birth through age five and their families.ⁱ Providing financial support to gain credentials provides incentives for mental health therapists to serve young children.

Children's social and emotional health is inextricably linked to school readiness and provides the foundation for academic success.ⁱⁱ 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.ⁱⁱⁱ 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.^{iv} 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.^v 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.^{vi}

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.

- First Things First statewide funding will support the development of an administrative 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 and other service provider settings; support quality, consistent delivery of consultation, and provide continuing education opportunities and a tuition reimbursement program. Regional funds have the option to support mental health consultants within regions and additional tuition reimbursement opportunities.
- The mental health consultation administrative entity selected through RFGA will work with regional councils to provide mental health consultation that meets the First Things First Standards of Practice and is responsive to the needs and approved plan for MHC in each region.

- The administrative entity will administer a tuition reimbursement program to increase the number of individuals with the knowledge and skill to provide mental health consultation to early childhood education programs and services.
- A tuition reimbursement program will support continuing education at state universities or approved in-state early childhood mental health institutes for post graduate study leading to and approved early childhood mental health credential or endorsement.
- Guidelines and application procedures will be developed with First Things First and will include a work requirement for those accepting tuition reimbursements. A typical commitment is two years of service for each year of tuition reimbursement provided.
- Those individuals that accept tuition reimbursement from specific regions will be expected to fulfill their work commitment within the region that provided the reimbursement.
- Approved programs for tuition reimbursement will include a practicum experiences or equivalent of working with children birth to age five to gain specific expertise and knowledge to work with this age child and their parents or caregivers.
- 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.

Annual statewide funding committed to support the administrative home is \$400,000 (amount to be prorated based month of contract award). This funding includes \$50,000 for continuing education and the tuition reimbursement program.

Regions will fund the costs of mental health consultant in their regions at \$100,000 per FTE and to be administered through the administrative home.

ⁱ 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

ⁱⁱ National Research Council and Institute of Medicine (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips. (Eds.). Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.

ⁱⁱⁱ Alkon, A., Ramler, M., and MacLennan, K. (2003) "Evaluation of Mental Health Consultation in Child Care Centers." *Early Childhood Education Journal*. vol. 31, no. 2: 91-99

^{iv} Green, B., et al. (2004). "Management Strategies for Positive Mental Health Outcomes: What Early Childhood Administrators Need to Know." Research and Training Center on Family Support and Children's Mental Health, Portland State University. online at www.rtc.pdx.edu/pgPubsScript.php.

^v Green, B., et al. (2003). *Mental Health Consultation in Head Start: Selected National Findings*. Research and Training Center on Family Support and Children's Mental Health, Portland State University. online at www.rtc.pdx.edu/pgPubsScript.php.

^{vi} Green, B. Everhart M., and Gordon L. (2004). "What Early Childhood Directors Should Know about Working with Mental Health Professionals." *Focal Point*, 18(1): 8-11.