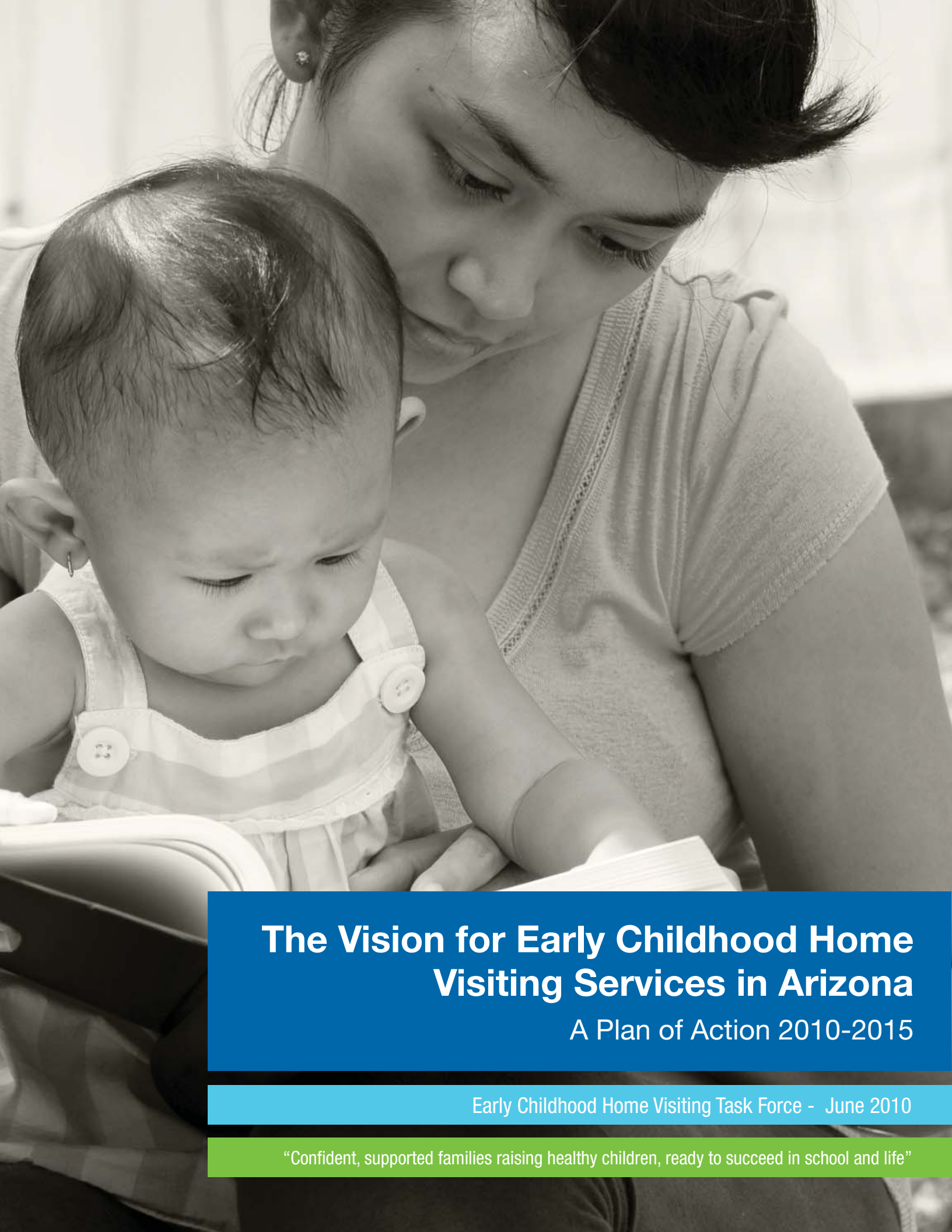


The Vision for Early Childhood Home Visiting Services in Arizona

A Plan of Action 2010-2015

Early Childhood Home Visiting Task Force - June 2010

"Confident, supported families raising healthy children, ready to succeed in school and life"

PREFACE

The Vision for Early Childhood Home Visiting Services in Arizona has been a collaborative effort among state and local government agencies, providers of home visiting services, and advocates for young children. The purpose of this Plan is to position Arizona for the provision of home visiting services as part of an overall system of early childhood development and to provide a framework for future growth and development of this effective strategy.

Many home visiting models of service delivery are evidence based family support strategies with proven results for pregnant women, first time parents and families with children birth through age five. Arizona has embraced home visiting strategies such as Healthy Families Arizona, the Nurse Family Partnership, Parents as Teachers, Health Start, Early Head Start and others through multiple funding sources and local government and community based organizations in numerous communities throughout the State.

To ensure an ongoing system-wide, collaborative approach to the future expansion of high quality home visiting services, the Home Visiting Task Force has provided Recommendations and an Implementation Plan.

The Implementation Plan calls for

1. Continued involvement and collaboration among funders and providers of service,
2. Methods to assure high quality, effective home visiting services, and
3. Priorities for targeting new funding opportunities.

Our vision of "*Confident, supported families raising healthy children, ready to succeed in school and life"* can be achieved through this ongoing collaborative effort.

The Arizona Early Childhood Home Visiting Task Force

June 2010

The Vision for Early Childhood Home Visiting Services in Arizona

Executive Summary

In October 2009, First Things First and the Arizona Departments of Health Services, Economic Security and Education along with community providers of home visiting services convened the Early Childhood Home Visiting Task Force. The purpose of the *Vision for Early Childhood Home Visiting in Arizona – Plan of Action* is to position Arizona for the provision of home visiting services as part of an overall system of early childhood development and to provide a framework for future growth and development of this effective strategy. It seeks to provide a pathway for delivery of consistent, high quality home visiting services in the context of Arizona's statewide early childhood development and health system.

Research of home visiting services finds that the earlier in a child's life this support is provided the greater the potential for having long lasting positive results. Home visiting with pregnant women specifically helps create the environment for a healthy birth by incorporating the importance of healthy behaviors throughout the pregnancy such as accessing prenatal care, appropriate nutrition, not smoking, and exercise. Additionally, research has confirmed home visiting as an effective strategy for families at risk due to poverty, health conditions of the child or parents, child maltreatment and low literacy levels.

While Arizona has many home visiting programs providing quality services to some of Arizona's young families, there is not a systematic approach for planning, funding, and collaborating in providing accessible, quality home visiting services. Currently available programs include evidence based models as well as models that have not undergone extensive evaluation. Approximately 53,000 children birth to age five and their families will be provided home visitation services in FY 2010. Geographic availability of home visiting services ranges from approximately 64% of young children in Santa Cruz County receiving some type of home visiting services to less than 3% in Pinal County.

To ensure an ongoing system-wide, collaborative approach to the future expansion of high quality home visiting services, the Home Visiting Task Force has provided Recommendations and an Implementation Plan.

The Implementation Plan calls for

4. Continued involvement and collaboration among funders and providers of service,
5. Methods to assure high quality, effective home visiting services, and
6. Priorities for targeting new funding opportunities.

The Arizona system of home visiting services is intended to be an integral part of Arizona's early childhood development and health continuum. The system of home visiting services provides the opportunity for pregnant women and families with young children to voluntarily access home visiting services:

- Within their own communities,
- With the level of service appropriate to their needs and desires,
- With assurance of high quality, and
- Within the context of their families' culture, values and beliefs.

To achieve a comprehensive, coordinated system of quality home visiting services, the essential components of the continuum of home visiting services must include:

- Outreach, Engagement and Access to Services – providing information, supporting voluntary participation of families and referring families to appropriate services and supports in their communities.

- Screening and Assessment - determining the appropriate level of service; number of visits, skill building techniques appropriate for a specific family based on their strengths and needs.

- Service delivery – provision of high quality home visiting services relevant to the families' needs, culture and values of the family, and circumstances including parent education, family support, and facilitation of access to health care.

- Quality Assurance – adherence to statewide standards of practice, work force requirements and monitoring of quality and a system of ongoing training and technical assistance.

- Continuous Improvement – including ongoing evaluation based on a common set of core outcomes and research designed to determine the short and long term effectiveness of various home visiting models in Arizona.

- Public Awareness – raising the understanding among Arizonans of the importance of early childhood development and the significant difference early childhood experiences can make in terms of children achieving their full potential.

- Policy and Funding – ensuring access and quality through coordination of policy, practice and funding opportunities statewide, across all service systems.

Our vision of "*Confident, supported families raising healthy children, ready to succeed in school and life"* can be achieved through this ongoing collaborative effort.

The Early Childhood Home Visiting Task Force
June 2010

TABLE OF CONTENTS

INTRODUCTION

Families provide the early environment that prepares children for success in school and later life. Children who feel loved, safe and secure develop the cognitive, emotional, motor and social skills that prepare them for life. The purpose of home visiting services is to build parent's capacity and skills so they can support the healthy development of their child. Home visiting, as a key component of a comprehensive early childhood system, enhances the relationship between the parent and child to foster the child's positive social-emotional and language and literacy development and thus their readiness for school.

In October 2009, First Things First and the Arizona Departments of Health Services, Economic Security and Education along with community providers of home visiting services convened the Early Childhood Home Visiting Task Force. While Arizona has a number of home visiting programs currently providing quality services to some of Arizona's young families, there is not a systematic approach for planning, funding, and collaborating in providing accessible, quality home visiting services. The purpose of the Task Force, therefore, was to define a system-wide strategy for the future development and delivery of quality home visiting services throughout Arizona. The Home Visiting Task Force is comprised of representation from State and local government agencies serving young children, community based service providers and child advocates. (See Appendix A for Membership)

Background

Comprehensive early childhood systems include high quality, accessible, affordable early education; health care delivered through a medical home and a system of family support programs and services. Home visiting represents a core strategy for delivery of family support services with the aim of increasing family self sufficiency so families acquire and maintain a basic set of skills to thrive independently and support their child's early development. Nationally, home visiting has been embraced as an effective strategy to support families in providing their children with every opportunity to reach their full potential and be prepared to enter kindergarten.

For many families, the challenge is simply having the information to know what actions on their part have the most positive impact on their child's development. However, there are families who, for a variety of environmental, economic, or health reasons are not able to achieve a level of adult interaction with their child that supports their child's optimum development. Factors that influence family functioning may include a history of abuse or neglect, violence in the home, substance abuse, limited parenting or problem-solving skills, single or teen parenting, economic instability, isolation, and/or health, mental health or learning challenges.

> *"Home visiting programs provide young and vulnerable parents and parents-to-be with a range of information and skills to help keep their children and families healthy, safe, and ready to learn. As a prevention tool, home visitation is one of the few widely-evaluated interventions that have been proven effective in reducing child abuse and neglect.*[i]

Home visiting programs have been shown to be an effective strategy in preventing child abuse, improving child development and establishing strong and nurturing parent-child relationships while preventing harm to children.[ii]

Several home visiting models have undergone extensive research which consistently documents the positive outcomes from home visiting strategies. Three such models include Health Families America, Nurse Family Partnership, and Parents as Teachers. Through voluntary participation, home visiting services have been provided as part of a family focused intervention that strengthen families and reduce the risk of child abuse and neglect. According to a report released by the Carnegie Corporation of New York, "the earliest years of a child's life are society's most neglected age group, yet new evidence confirms that these years lay the foundation for all that follows."

The Healthy Families America model emphasizes the belief that programs that begin working with parents right after the birth of their child stand the greatest chance of reducing the risk of child abuse for several reasons:

- New parents are eager and excited to learn about caring for their babies;
- Positive parenting practices are supported before patterns are established;
- Most physical abuse and neglect occurs among children under the age of two;
- Forty-four percent of fatalities due to child maltreatment occur before the first birthday;
- Children need to be immunized from childhood disease during the first two years of life; and
- The most critical brain development occurs during the first few years of life.

The Nurse-Family Partnership home visiting research study is a 30 year randomized, controlled trial targeting first-time, low-income mothers. While the study is ongoing, the strongest evidence to date includes consistent positive effects in the following areas[iii]:

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness for children born to mothers with low psychological resources

The Parents as Teachers has conducted research into the outcomes to be achieved since its inception and results have been confirmed through multiple studies over the past 25 years. Among the recent research findings are:

- Children who participate in Parents as Teachers are healthier.
- Parents as Teachers children score high on kindergarten readiness tests and on standardized measures of reading, math and language in elementary grades.
- Parents as Teachers parents are more knowledgeable about child development and child-rearing practices.
- Parents as Teachers parents engage in more language- and literacy-promoting behaviors with their children.
- Parents as Teachers together with preschool, not only positively impacts children's school readiness and school achievement scores, but also narrows the achievement gap that poor children typically face as they enter kindergarten.

Evidence Based Home Visiting Programs[1]

There is substantial evidence available to establish the factors that define evidence based practice in home visiting. Factors which if incorporated into the design and system of home visiting services can be expected to result in positive outcomes for children and families. The significant factors found by the research to maximize the positive outcomes include:

- Intervention provided earlier in life, rather than later, is likely to be more effective and less costly.
- Prevention services initiated prenatally or when the baby is born.
- Quality home visiting programs have well-trained, experienced staff and minimal staff turnover.
- For maximum impact on later academic success and mental health, early childhood programs should give the same level of attention to young children's emotional and social needs, as to their cognitive skills."[iv]

Federal Policy Action[v]

An unprecedented opportunity to enhance and expand home visiting services is currently being considered at the Federal level through two legislative proposals. Arizona's opportunity is to be prepared to incorporate a strong home visiting strategy through a statewide, intentional system of comprehensive, quality services.

The two Congressional proposals that have been introduced will, if passed, expand early childhood home visiting opportunities.

Early Support for Families Act (H.R. 2667): Introduced in June 2009, the legislation establishes a new state grant program under Title IV-B of the Social Security Act to provide mandatory funding to create and expand early childhood home visitation programs. The grant award is based on the number of families in each state that live below the poverty line, with emphasis on communities with high numbers of low income families or high incidents of maltreatment.

Evidence-based Home Visitation Act (S.1267): Introduced in June 2009 this legislation amends Title V of the Social Security Act to provide grants to local agencies to establish or expand home visitation for low-income pregnant women or families with children. Grant eligibility will be based on the local agency's ability to offer an approved home visiting model, specifically defined as one that has "demonstrated significant positive effects on parent and child outcomes", such as reducing abuse and neglect, improving prenatal health, improving school readiness, reducing juvenile delinquency, and improving family economic self-sufficiency.

At this time, Health Care Reform has been signed into law and includes funding specifically for home visiting services. Detailed information about the requirements and process to access this funding are not yet available.

[1] Evidence Based Practice – For purposes of this report, evidence based practice means the approach, tools, and content of home visiting services are proven practices based on the results of outcome research of various models of early childhood home visiting services.

HOME VISITING CONTINUUM OF SERVICES

Home visiting provides individualized support in the safety of a family's home and is focused on the parent and the parent-child relationship. It builds on family strengths and provides home-based individual interventions with the child, helps families make the best use of sometimes limited resources and links them to health, social service and education resources.

Home visitors work with families who are pregnant and/or parenting children birth through age five. Parents are helped to assess and articulate their needs so resources can be acquired and education and skill building is provided for parent(s). Home visiting is the core service delivery method, which differentiates it from programs which may incorporate visits to the home as part of the delivery of services, for example a visit to a home by a preschool teacher.

Models that are research based with a commitment to continuous program improvement where research drives practice have the most impact on positive family functioning and child development.

Characteristics of Home Visiting Services

Home visiting is provided for families experiencing a range of challenges and varies in levels of intensity, staffing and funding mechanisms. Home visiting programs integrate research into the program design and delivery of services. Descriptions of some of the home visiting models operating in Arizona are in Appendix B.

Home visiting services include key characteristics which result in a comprehensive approach to facilitate access to services, ensure the appropriate service based on the individual family, and specifically incorporate the education and skill building components needed by the family. The key characteristics are engagement, assessment, and education/parent skill building and service delivery.

Engagement: Home visiting is offered to families on a voluntary basis, sometimes when a mother first discovers she is pregnant, sometimes at the hospital at the time of birth and sometimes through a service delivery program that encounters preschool-aged children or their parents, such as a clinic, early education program, community event or social service agency.

Assessment: Once a family accepts an offer of service, the home visitor completes an initial assessment. Depending on the program purpose, approach and needs of the family, there may be further assessment(s). The information obtained allows the home visitor, working in partnership with the family, to determine the appropriate level of service, number of visits, frequency of visits, and skill building practices which would be most beneficial for the family. This becomes an individualized plan of action for the family and home visitor to implement collaboratively.

Education/Parent Skill-Building and Service Delivery: Implementation of the family plan promotes a trusting relationship between the parent(s) and home visitor. This relationship provides a foundation for accomplishment of the actions jointly agreed to in the plan. Services provided include various levels of parent education and skill building, information about and referrals to community resources and delivery of interventions for a specific child or the parent. Specific child and parent education may include health education, literacy and early learning components to enhance the child's readiness to begin school. Home visitors all work to forge a strong relationship with the parent(s) and have a range of education and expertise. Depending

on the program model and approach home visitors may be lay health workers, paraprofessionals, nurses, or masters level health and social services professionals.

The Pyramid Model for Promoting the Social and Emotional Development of Young Children

The Pyramid Model is a tiered intervention framework for evidence based practice that promotes the social, emotional and behavioral development of young children.[vi] It describes tiers of intervention practice depending on the needs of the child and his or her family. The Pyramid which is based on the public health model of services includes: Promotion (Universal), Prevention (Targeted Populations) and Intervention (Intensive Individual Services). All tiers have as a foundation an effective work force and systems and policies that promote and sustain the use of evidence-based practices.

Universal (dark green levels) indicates a system of services and supports for all children and families; *targeted* (light green level) indicates services for children that reduce risk factors and *intensive* (orange level) indicates services for children and families in need of intensive individualized interventions.

High Quality Supportive Environments and Nurturing and Responsive Relationships are represented by two tiers of the pyramid that are considered universal in that all children benefit

from strategies to ensure the environments and relationships in a child's life are supportive and of high quality.

Targeted Social and Emotional Supports includes home visiting approaches that include systemic methods to reach at-risk families. The approaches are designed to teach social and emotional development of young children, parenting, and child development skills for young families who may not have had prior opportunities to understand early childhood development. Targeted home visiting services are designed for teen parents, first time parents, families living in poverty and/or families with parent or child health concerns. In this context, home visiting services can reduce the incidence of child abuse or neglect, increase access to health care, and to help parents better prepare their children to enter school healthy and ready to succeed.

Intensive Intervention (top of the pyramid) addresses those services that are specifically designed as interventions for high risk populations such as newborns with special health care needs, families involved with child protective services and/or children who have been identified as having specific developmental disabilities. The home visiting interventions are based on an assessment that results in a very individualized approach to addressing the specific needs of the family and child. For example, for children who spend time in neo-natal intensive care units following their birth, the home visiting intervention may focus on education for the parent(s) about how to care for their baby who may have physical and developmental challenges and to better understand and meet the health care needs of their child. A comprehensive network of intensive social, emotional, health, education and family supports are needed for children and families who are experiencing very challenging conditions. Home visiting can augment this network.

The tiers or levels of intensity and intervention are differentiated by several factors:

- *Primary risk factor(s)* the home visiting strategy is designed to address. For example, Healthy Families addresses families at risk of child abuse or neglect, Head Start and Early Head Start are designed to promote school readiness for families below the federal poverty level, Arizona Early Intervention Program (AZEIP) provides intervention for children with special needs and Health Start targets low income communities.
- *Age of the child* (including prenatal). Some programs begin prenatally with a focus on healthy birth outcomes while others target specific age groups from birth through age five.
- *Education, training and discipline of the staff.* Programs employ different levels of professionals who deliver home visiting services. For example, intense interventions are typically provided by staff with masters-level social work education, registered nurses or specifically trained lay health workers.
- *Program content.* Program models have research that demonstrates positive outcomes as a consequence of program participation. Home visitors receive intensive training and supervision to ensure fidelity to the curriculum or program content that lead to these outcomes.
- *Duration*. Duration of home visiting programs vary according to the target population the model was designed to serve and the outcomes to be achieved by the home visiting intervention. For example, a program model aimed at reducing the risk of abuse and neglect may begin prenatally with the goal of providing support to the family, as appropriate, until the child enters kindergarten. Another model with the aim of supporting a healthy birth outcome may begin during pregnancy and extend through the first year or two of the life of the baby.

- *Frequency of Visits*. Some home visiting services are offered weekly and taper off as the family gains skills and confidence and risk factors are reduced. Others are offered on a scheduled but less frequent basis.

The Continuum of Home Visiting Services

Level of Intensity	Elements of Home Visiting	Characteristics
Intensive Intervention	• Access to Health Care • Parent / Child Relationship Development • Education & Skill Building in Early Childhood Development and Parenting	○ Based on an individual assessment and interventions specific to the child and family. ○ More frequent visits. ○ Specifically trained staff based on the type of intervention.
Targeted Services – reducing risk factors	• Access to Health Care • Parent / Child Relationship • Parent Education & Skill Building • Language & Literacy Development	○ Serves at risk populations. ○ Duration and intensity based on the risk factors present. ○ Focus on parental education and skill building.
Services / Supports for all Children and Families	• Access to Health Care • Information about: ○ Health ○ Child Development ○ Parenting	○ Provided primarily as parent education and information. ○ Less frequent visits (maybe one visit). ○ Foundational information relevant to all parents and children.

ARIZONA FAMILIES WITH YOUNG CHILDREN

Arizona population characteristics provide a snap shot of the general population and the specific at risk populations that may access home visiting services. Research of home visiting services finds that the earlier in a child's life this support is provided the greater the potential for having long lasting positive results. Home visiting with pregnant women specifically helps create the environment for a healthy birth by incorporating the importance of healthy behaviors throughout the pregnancy such as accessing prenatal care, appropriate nutrition, not smoking, and exercise. Additionally, research has confirmed home visiting as an effective strategy for families at risk due to poverty, health conditions of the child or parents, child maltreatment and low literacy levels.

General Population

Between 2000 and 2008 Arizona's population increased by 25%, with children under age 5 growing faster than the general population. Overall population growth from 2000 through 2008 in Arizona has increased in nearly all counties, with Pinal County experiencing a dramatic 80% increase and four counties climbing 20 percent or more.

During this same time, the number of children under age five increased by 30.9% from 382,386 in 2000 to 500,531 in 2008.[vii]

Children Under Age Five by County 2008

County	% of Children Under Age Five	# of Children Under Age Five	County	% of Children Under Age Five-	# of Children Under Age Five
Apache	1.2%	5,854	Mohave	2.4%	12,190
Cochise	1.8%	8,955	Navajo	1.8%	9,103
Coconino	2%	9,957	Pima	13.7%	68,534
Gila	.7%	3,410	Pinal	4.7%	23,283
Graham	.5%	2,515	Santa Cruz	.5%	2,495
Greenlee	.2%	933	Yavapai	2.3%	11,594
La Paz	.2%	1,115	Yuma	3.3%	16,434
Maricopa	64.9%	324,159			

Source: U.S. Census: American Community Survey Demographic and Housing Estimates, 2006-2008

Births in Arizona

The number of births in Arizona has decreased from 102,042 in 2006 to 92,244 in 2009, a decrease of 9.6%.

- Over 42% of the births in 2009 were to mothers who identified themselves as White – non-Hispanic and 41.6% were mothers who identified themselves at Hispanic or Latino.[viii]

Total Births in Arizona by County 2006 - 2009

	2006 Total Births	2007 Total Births	2008 Total Births	2009 Total births
Total State	102,042	102,687	99,215	92,244
Apache	1,189	1,149	1,211	1,196
Cochise	1,808	1,860	1,781	1,844
Coconino	2,062	2,132	1,985	1,861
Gila	667	694	697	704
Graham	540	582	644	645
Greenlee	110	138	131	130
La Paz	229	230	246	175
Maricopa	66,160	65,931	62,667	57,662
Mohave	2,468	2,439	2,301	1,948
Navajo	1,877	2,012	1,944	1,882
Pima	13,929	13,798	13,503	12,835
Pinal	4,467	5,285	5,731	5,306
Santa Cruz	753	766	796	760
Yavapai	2,380	2,411	2,216	2,060
Yuma	3,354	3,252	3,362	3,235
Unknown				1

Source: Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

Risk Factors

The risk factors described below provide a state level view of targeted populations that specifically benefit from home visiting strategies. Where available, data by County has been included in Appendix C.

Low Birth Weight Babies

In 2009, 7.1% of all births were low birth weight births. Santa Cruz County had the highest percentage of low birth weight births at 9.6% followed by Cochise County (8.2%) and Coconino County at 8.1%.[ix]

Teen Mothers

Teen mothers experience poor birth outcomes and less education more frequently than mothers over the age of 19. In 2009, 92,244 children were born in Arizona. Of those children 10,936 were born to mothers 19 years or younger (11.9%). A baby born to a teenage mother is at higher risk for premature birth, low birth weight, and other serious health problems. Teen mothers are more likely to drop out of high school and more than 75 percent of all unmarried teen mothers go on welfare within 5 years of the birth of their first child.[x]

Infant Mortality[xi]

The major causes of infant mortality are low birth weight, preterm birth, and multiple births. Births of infants weighing less than 1,000 grams accounted for 0.6 percent of births, and 43 percent of all infant deaths. Preterm infants (those born at less than 37 weeks of gestation) accounted for 10.6 percent of births and 68.9 percent of all infant deaths. Multiple births

accounted for 2.8 percent of births, but 13.4 percent of all infant deaths. A weight gain of 31 pounds or more by the mother was correlated with lower infant mortality.

Infant mortality was lowest for babies born to Asian and White mothers. Black infants have the lowest survival chances among the ethnic groups. The infant mortality rate for these babies increased by 31.3 percent during 2005 to 2006. In contrast, the rate for American Indian infants declined by 22.9 percent 2005 to 2006.

Developmental Risk Indicators[xii]

Based on the *2007 National Survey of Children's Health*, the indicators of the status of children who are 4 months to 5 years old and are at risk for developmental or behavioral problems indicated over 27% are at moderate or high risk for developmental, behavioral, or social delays.

- Hispanic children had the highest percentage of children 4 months to 5 years old at moderate or high risk of developmental or behavior problems at 39.7% followed by White, non Hispanic and Multi-racial, non-Hispanic at 23.4% and Other, non-Hispanic at 6.4%.

- Hispanic children, Spanish primary language had the highest percentage of children 4 months to 5 years old at moderate or high risk of developmental or behavior problems at 50.0% compared to Hispanic children, English primary language at 27.2% and Non-Hispanic children at 20.8%.

- Two-parent (at least one step parent) families with children 4 months to 5 years old at moderate or high risk of developmental or behavior problems had the highest percentage at 59.9%, followed by all other family structures at 55.2%, Mother only (no father present) at 28.6% and two-parent (biological or adoptive) at 24.9%.

- Special health care need families had 41.5% of children 4 months to 5 years old at moderate or high risk of developmental or behavior problems and no special health care needs families are at 26.6%.

- In families who are currently uninsured or have had periods with no coverage, 44.3% of the children 4 months to 5 years old are at moderate or high risk of developmental or behavior problems compared with 23.3% for families who are consistently insured.

Unemployment

According to the Special Unemployment Report 2010, Arizona's unemployment rate for February 2010 was 9.5%. Yuma County had the highest unemployment rate in February 2010 at 19.9% followed by Apache County (17.1%), Navajo County (16.2%) and Santa Cruz County (15.2%). The lowest unemployment rates were in Cochise County (8.4%) and Pima County (8.9%). Unemployment rates include Native American Reservations in the County.

Poverty

<u>Poverty Among Children Under Age Five</u>

Based on the American Community Survey 3-year estimates for 2006 - 2008, there were 48,914 children age five and under living below the poverty level in the past 12 months.

Families at 100-199% of the Federal Poverty Level (FPL) with children 4 months to 5 years old at moderate or high risk of developmental or behavior problems had the highest percentage at 46.2% followed by 0-99% FPL at 30.3%, 400% FPL or higher at 19.8% and 200-399% FPL at 17.9%.[xiii]

Single Parents and Poverty

Single parent households experience more poverty. In 2007, children living in households headed by single mothers were more than five times as likely as children living in households headed by married parents to be living in poverty.[xiv] More than 45% of the children (44,728) were born to unwed mothers. Fifty four percent (54%) of these births had a public payer for the birth expenses indicating low income status of these families and the clear dependence on the public health care system in Arizona.[xv] In nearly all Arizona counties over one-quarter of births to families living below the poverty level were to single headed households with children 5 years old and younger.[xvi]

Health

Health of Mother[xvii]

Mothers perceive health status as good less frequently than women nationally: 53.2% of Arizona mothers of children age 2 to 5 years old report excellent or very good physical and mental health less frequently when compared to a national rate of 59.1%.[xviii] A similar trend exists for mental and emotional health. Approximately two thirds (67.6%) of Arizona mothers of children age 2 to 5 years old report excellent or very good mental and emotional health compared with almost three fourths (72.6%) of mothers nationally. Single fathers in Arizona reported excellent or very good mental and emotional health in greater numbers (75.3%) than single mothers (67.6%).[xix]

Childhood Obesity

Among children 2 to 5 years old, obesity has increased from 5.0% in 1980 to 12.4% in 2006.[xx] Childhood obesity is a leading health concern that disproportionately affects low-income and minority children. One of 7 low-income, preschool-aged children is obese. In 2008, the prevalence of obesity among Arizona children was 14.6%. The Inter Tribal Council of Arizona reports that 23.5% of Native American children are impacted by obesity with 16.9% of children on the Navajo Nation impacted. Children who are obese in their preschool years are more likely to be obese in adulthood and to develop diabetes, asthma, and other health concerns.[xxi] One study found that if indications of being overweight begin before 8 years of age, obesity in adulthood is likely to be more severe.[xxii]

Immunizations

Statewide, 66.57% of children born between July 1, 2008 and June 2009 had completed the recommended immunizations for 12 – 24 month olds.[xxiii]

Child Abuse and Neglect

From April 1, 2009 through September 30, 2009 the number of child protective services reports (all ages: birth to age 18) received was 16,134. Of those, 6,942 (43%) were assessed as being low risk while 14.2% were considered high risk and 31.9% were considered moderate – low risk.[xxiv]

Child Fatalities

The 2008 Child Fatality Review Report found that 1,038 children younger than 18 years of age died from preventable causes, a decline from 2007. However the percentage of children ages one through four years increased from 10 percent of all child deaths in 2007 (n=113) to 12 percent of all child deaths in 2008 (n=126). The largest percentage of deaths was among infants younger than 28 days which accounted for 42 percent (n=423) of the total number of child deaths.

The primary causes of death among young children include prematurity, substance abuse related fatalities, automobile accidents, drowning, homicides and child maltreatment. Ninety (90) infants died in unsafe sleep environments, including 44 infants who were placed to sleep in adult beds and 13 who were placed to sleep on couches or chairs. Thirty one (31) infants were placed to sleep on their sides or stomachs, forty-eight (48) infants were bed sharing with adults and/or other children, and twenty-five (25) of the adults who bed shared were using illegal drugs, prescription drugs, and/or alcohol.

Fourteen percent of all child deaths occurred in or around the home, and 89% of these deaths were determined to have been preventable (n=126). In 2008, 141 children died in or around the home, due to causes such as drowning, sleep-related suffocations, poisonings, falls, and fires. Seventy percent (70%) of these deaths were among children younger than five years of age (n=120).

Substance Abuse[2]

The Arizona Statewide Substance Abuse Epidemiology Profile, Dec, 2009, reported an increase in the percentage of adults who reported using any illicit drug (other than marijuana) in the past 30 days from 2005 (3.5%) to 2007 (5.5%). In 2007, 3.7% of the respondents Nationwide reported illicit drug use. Detailed data can be found in the Profile Report at: http://gocyf.az.gov/SAP/PR_SAEP09.asp

Linguistic Isolation

According to the 2006-2008 US Census population estimates, 25.9% (1,229,237) of Arizona's population 5 years old and over speak a language other than English at home. This compares to 17.9% nationally.

In Arizona, 121,289 household with a primary language of Spanish, 8,437 families with other Indo-European languages and 9,002 Asian and Pacific Island languages were considered linguistically isolated. A linguistically-isolated household is defined by the U.S. Census Bureau as one in which 1) no member 14 years old and over speaks only English or 2) no member 14 years and over speaks a non-English language and speaks English "very well". In other words, all members 14 years old and over have at least some difficulty with English. See Appendix D for detailed information by County.

[2] Data are from the National Survey on Drug Use and Health and are not available by County.

Summary of Selected Indicators by County

Apache, Maricopa and Yuma Counties have the highest percentages of children under the age of five. A review of the County level information about population risk factors provides insight into possible priorities for targeted home visiting services.

The three Counties with the highest percentages of risk by indicator included:

- For teen birth rates and low birth weights, all the counties with the highest percentages are rural counties including Cochise, Coconino, Gila, Greenlee, Navajo and Santa Cruz.
- For poverty related indicators, all the counties with the highest percentages are rural counties including Apache, La Paz, and Navajo for percent of families living below poverty and Gila, Mohave and Yavapai for the number of single parents living below poverty.
- The highest unemployment rates as of February 2010 are in rural counties; i.e. Yuma, Apache, and Navajo Counties. (Unemployment rates include Native American Reservations in each County.)
- Apache, Maricopa, and Yuma County have the highest rates of linguistic isolation.

The high percentage of families with risk factors in three of the categories is driven by high population centers; i.e. Maricopa, Pima and Pinal Counties have the largest populations, therefore would have the largest percent of infant mortality, child abuse reports, and child fatalities.

Review of the remaining indicators finds that Apache, Gila and Navajo Counties have the highest percentages of families at risk in three of the indicators. Apache County has the 2nd highest unemployment rate, the highest percent of families living below poverty and the highest number of linguistically isolated families. Gila County has the highest teen birth rates and number of single parents and the lowest immunization rate for 12-24 month olds. Navajo county has the third highest unemployment rate, the third highest teen pregnancy rate, and the third highest percentage of families living below poverty.

Counties with the Three Highest/Lowest Percentages in Risk Factors

	Highest %	2nd Highest %	3rd Highest %
Category	**County**	**County**	**County**
% of Unemployment	Yuma	Apache	Navajo
% of Teen Births	Gila	Greenlee	Navajo
% of Low Birth Weight (LBW)	Cochise	Coconino	Santa Cruz
% of Families Below Poverty	Apache	La Paz	Navajo
% of Single Parents Below Poverty	Gila	Mohave	Yavapai
% of Immunizations Not Complete	Gila	Yavapai	Graham
% of Linguistically Isolated Families	Apache	Maricopa	Yuma
Indicators that are population driven			
% of Infant Mortality (2006)	Maricopa	Pima	Pinal
% of Child Abuse Reports (all ages)	Maricopa	Pima	Pinal
% of Child Fatalities	Maricopa	Pima	Pinal

ARIZONA'S HOME VISITING SYSTEM

Across Arizona county health departments and community based providers have implemented home visiting strategies to support families in their communities. The current home visiting programs represent the range of models from new born support to intensive interventions. The Arizona system also has an array of State level and local home visiting coalitions and professional training institutions. The strength of the existing services, collaborations and training options provides the foundation for establishing the future system of quality home visiting service.

Like many States, Arizona budget decisions over the past two years, have reduced the health and human service system capacity. Among the programs dramatically impacted were home visiting services.

Number of Children Served by County and Tribal Nation

Approximately 53,000 children will be provided home visiting services during FY2010. Among Arizona counties there is wide variation in the percent of children birth through age five receiving services. Approximately 64% of young children in Santa Cruz County receive some type of home visiting services compared to Pinal County where an estimated 2.6% of the young children are provided home visiting services.

Without a system of standard reporting, a precise number of children served is not possible; however, the estimates provide a starting point for understanding current levels of service and for planning strategic methods for expanding quality home visiting services to the most underserved areas of the state.

About the Data

The following assumptions have been made to provide the most accurate estimate based on currently available data:

1. The number of children served reflects a.) actual counts of children reported by program administrators and b) where number of families (versus children) served was reported, one family was estimated to represent 2.2 children. Based on US Census 2008; there were 1,670,377 children under the age of 18 in Arizona and there were 747,659 families with children under the age of 18; an average of 2.2 children under the age of 18 per family (US Census Tables B11004 and B17006).

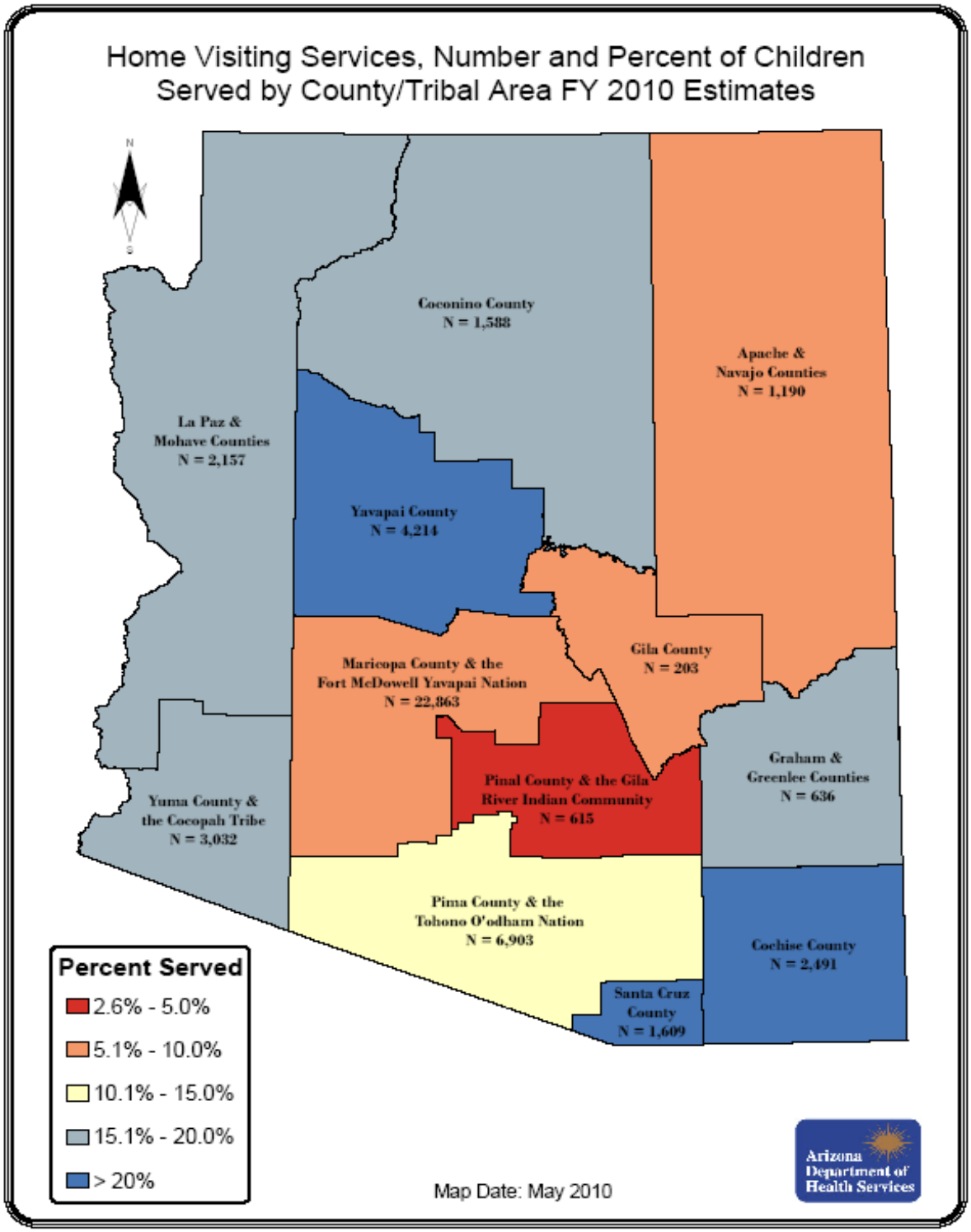
2. Where contracts were awarded to serve multiple counties, estimates were made to attribute a share of the reported children to each County in the service area.

3. Since many contracts in La Paz and Mohave Counties and in Apache and Navajo Counties report their service area as being across both Counties, for purposes of this comparison, the number of children served and the population estimate for those counties have been combined.

4. Number of Children Under Age Five is from the US Census Fact Finder 2006-2008 Population Estimates. County population estimates include populations residing on Tribal Lands; therefore, Tribal programs are included in the totals for each County.

5. The percent of children receiving home visiting services is inflated as a result of the comparison to the population under age five, while most of the home visiting programs identified serve children through age five.

Note: The number of children served by AzEIP (5,688) is not available by County; therefore is not included in the by County number of children or percentages.



Arizona Home Visiting Services Number and Percent of Children Served by County Fiscal Year 2010 Estimates			
County / Tribal	# of Children	County # Children Under Age Five	% Children served
Statewide AZEIP	5,688	N/A	N/A
Apache / Navajo	1,190	14,957	8.0%
Cochise County	2,491	8,955	27.8%
Coconino County	1,588	9,957	16.0%
Gila County	203	3,410	6.0%
Graham Greenlee	636	3,448	18.4%
La Paz Mohave Total	2,157	13,305	16.0%
Maricopa County and the Fort McDowell Yavapai Nation	22,863	324,159	7.1%
Pima County and the Tohono O'odham Nation	6,903	68,534	10.1%
Pinal County and Gila River Indian Community	615	23,283	2.6%
Santa Cruz	1,609	2,495	64.0%
Yavapai	4,214	11,594	36.0%
Yuma County and the Cocopah Tribe	3,032	16,434	18.4%
Statewide Total	53,289	500,031	10.7%

Source: The number of children served is based on reports from the funders of home visiting programs for Fy2010 and as needed, with clarification from the agencies providing services.

Home Visiting Programs by County or Tribal Location

At this time there are home visiting services available in each county in Arizona. Healthy Families, Early Head Start and Arizona Early Intervention Services have a presence in all Counties. The Home Visiting Task Force defined home visiting programs as programs that have as their core strategy through which services are delivered and where participation is always voluntary on the part of the parent(s). This inventory of programs provides a snapshot of what currently exists and was developed based on self-identification by program administrators. While several of the programs identified below are based on national evidence based models, others have not undergone intensive of evaluations. Data about AzEIP services is not available by County or Tribal location; therefore AzEIP is not included in the matrix or in the map on Page 18.

Type of Program by County

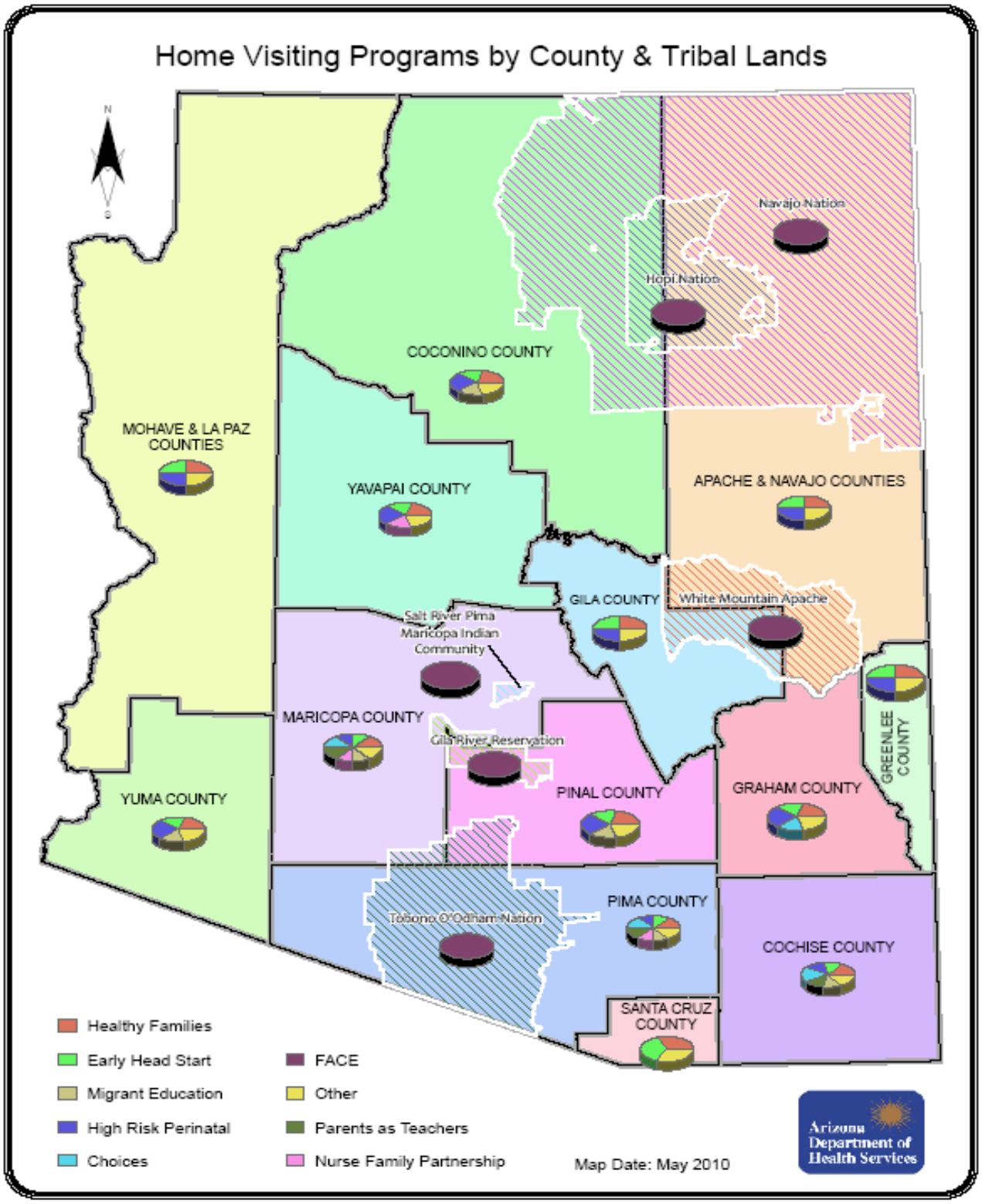
County	Healthy Families	Early Head Start	High Risk Perinatal	Choices	Parents as Teachers	Nurse Family Partnership	Migrant Education	Other*
Apache / Navajo	x	x	x					x
Cochise	x	x	x	x	x		x	x
Coconino	x	x	x				x	x
Gila		x	x					
Graham	x	x	x	x				x
Greenlee	x	x	x					
La Paz /Mohave	x	x	x					x
Maricopa	x	x	x	x	x	x	x	x
Pima	x	x	x		x	x	x	x
Pinal	x	x	x				x	
Santa Cruz	x	x						x
Yavapai	x	x	x			x		x
Yuma	x	x	x	x			x	x

"Other" includes programs identified in one or two counties such as Healthy Steps; Health Start; Healthy Start, Adolescent Child Health Program; Bright Start; In-home Parent Aide; Building Bright Futures; Parent Connection; First Steps; Pregnancy, Parenting and Play; Teen Outreach Pregnancy Services; Raising Healthy Kids; Parent Partners; Building Blocks for Children; Healthy Babies; Early Steps; and Smart and Healthy.

Type of Program by Tribal Nation

Tribal Nation	FACE	Other
Cocopah Tribal Community		Early Steps
Fort McDowell Indian Community		Early Intervention Home Visiting
Gila River Indian Community	x	Building Blocks for Children
Hopi Tribal Community	x	
Hualapai Tribe		Maternal & Child Health
Navajo Nation	x	Early Head Start
Salt River Pima Maricopa Indian Community	x	
San Carlos Indian Community		
Tohono O'Odham Nation	x	
White Mountain Apache	x	

The circles represent the type of program only and are not proportional to the number of children served by each program. Since the number of children served by AzEIP is not available by County, AzEIP is not included in the type of program map.



Funding for Home Visiting Programs

Major funders of current home visiting programs include five state agencies and the Federal Bureau of Indian Education which provides funding for the Family and Child Education (FACE) program on Tribal Lands. Total funding from State and Federal funding sources for State Fiscal Year 2010 is $60,741,030.

Arizona Department of Economic Security, Healthy Families FY 2009/2010	$ 6,300,000
Arizona Early Intervention Program (AZEIP) ADES Only:	$ 9,600,000[3]
Arizona First Things First: FY 2010	$ 21,228,400
Arizona Department of Education, Migrant Home Visiting	$ 189,722
Arizona Department of Health Services: High Risk Perinatal	$ 1,787,000
Arizona Department of Health Services Health Start	$ 1,517,956
Early Head Start	$ 20,117,952[4]
Total:	$ 60,741,030
Federal Bureau of Indian Education (FACES Programs)	$Not Available

Cost of Home Visiting Services

The cost of implementing home visiting services depends upon the service model of the program and may range from $1,000 to $10,000 per family depending upon intensity of the program. Costs include:

- Staff
- Mileage
- Staff Training
- Outreach and Promotion
- Screening Instruments including training to utilize tools
- Curriculum (including specific materials that augment the program such as the Arizona Parent Kit[5] or Brain Boxes[6])
- Space
- Supervision

The National Resource Center for Child Abuse and Neglect Prevention FRIENDS Factsheet, *"Home Visiting Programs: A Brief Overview of Selected Models"* (December 2007) reported the following approximate program costs[7]:

[3] Arizona Master List of Programs, ADES, AZEIP, 2009 Estimate
[4] Based on Arizona total Head Start Allocation of $107,014,507 (ECLKC); 1,908 EHS Enrollments; Average Cost of $10,544.
[5] The Arizona Parents Kit – developed by Virginia A Piper Trust, provides expert advice, parenting tips, and national and local resources to help parents navigate the first critical years. New parents receive a kit free-of-charge either during childbirth classes or upon discharge after childbirth. The kits contain an 80-page Arizona Parents Guide, six videos/DVDs and an infant board book, all available in both English and Spanish.
[6] The Brain Box® is a unique patented educational product for caregivers to use with children from birth to 5½ years old. Each box contains activity guides and all the materials needed for adult-child interaction that encourages healthy brain development.
[7] The program costs listed above are based upon national data. Local costs may vary.

1. Healthy Families America-$3,500 per year per family
2. Home-based Instruction for Parents of Preschool Youngsters (HIPPY)-$1,250 per year per family
3. Nurse-Family Partnership-$5000 per year per family
4. Healthy Steps-between $402 and $933 per family in 2000 dollars
5. Parents as Teachers-$2000 per year per family
6. The Parent-Child Program-$2,400 per year per family
7. Early Head Start-in 2002, the average cost per child was $10,544

Current Research Underway in Arizona

Through research, Arizona can develop an effective and efficient system of home visiting services based on evidence based practice. At this time there is one research effort specific to home visiting services in Arizona that is in the planning stage and that will provide foundational information for improving the quality of Arizona home visiting programs.

The Arizona Department of Economic Security and Lecroy and Milligan have received Federal Department of Health and Human Services funding for research into the Arizona Healthy Families Program.

Workforce Development Options

Each model of home visiting service has its own training requirements, and some organizations provide a specific training curriculum that all staff must attend before providing service. Programs that support the training and education of early childhood professionals to provide quality home visiting services include but are not limited to the following:

- Arizona's Community College System provides multiple opportunities for degree and certification programs in early childhood. Examples include:
    - Central Arizona College – provides Associates of Arts Degrees and Certifications in Early Childhood Education: Family Child Care, Infant/Toddler, Management, Preschool and School-age.
    - South Mountain Community College – provides an early childhood development program which emphasizes a multi-linguistic and multi-cultural approach in working with children to equip teachers and home visitors to work effectively with children and families in both school and home environments.
    - Northland Pioneer College provides Associate Degrees in Early Childhood Infant/Toddler, Special needs Educational Assistant, Preschool and Management.
    - Pima Community College offers an Associates Degree in early childhood education as well as certificates in basic early childhood studies and advance early childhood studies and a post degree certificate in early childhood, birth – age 8.
- Healthy Families Institute – Healthy Families America provides a Train-the-Trainers Institute that leads to a certification as a HFA Trainer of Family Support Workers or of Family Assessment Workers (www.HFA.org).
- NCAST provides workshops designed to give professionals, parents and other caregivers the knowledge and skills to provide nurturing environments for young children by developing and disseminating innovative research-based products and training programs used in many disciplines and settings, (www.ncast.org).

Coalitions in Arizona

Arizona has 9 coalitions of providers of home visiting services. Local coalitions provide opportunities for building locally and regionally the network of providers who can ensure coordination of the provision of services, access to the most appropriate type of home visiting services and an unduplicated approach to building the system of services.

- First Things First Southeast Regional Partnership Council (Maricopa County)
- Head Start Association (Statewide)
- Health Start Consortium (Statewide)
- Healthy Families Statewide Steering Committee (Statewide)
- Interagency Coordinating Council (Statewide)
- North Phoenix Home Visitation Providers
- Parents as Teachers Consortium – Tanner Community (Maricopa County)
- Southern Arizona Family Support Alliance
- Yavapai County Coalition

THE VISION FOR HOME VISITING SERVICES IN ARIZONA

The Arizona system of home visiting services is intended to be an integral part of Arizona's early childhood development and health continuum. The system of home visiting services provides the opportunity for pregnant women and families with young children to voluntarily access home visiting services:

- Within their own communities,
- With the level of service appropriate to their needs and desires,
- With assurance of high quality, and
- Within the context of their families' culture, values and beliefs.

Our Vision

Confident, supported families raising healthy children, ready to succeed in school and life.

Values and Beliefs

To guide the development of the Statewide Early Childhood Home Visiting Plan and the ongoing delivery of home visiting services, the values and principles that must be considered throughout the planning and delivery of services are:

- Children's earliest experiences have the most impact on their future development.
- Comprehensive home visiting is an effective approach to strengthening families.
- All aspects of home visiting must be family-centered and strengths-based.
- Evidence based, quality home visiting services are the foundation for home visiting services in Arizona.
- A coordinated, collaborative planning and service delivery process results in an effective and efficient system that is seamless for participating families.
- Ongoing research and evaluation form the basis for continuously improving the quality of home visiting services.
- Culturally competent service planning and delivery must be present in all service strategies.
- A strong financial base allows for consistency and high quality of home visiting services.
- Strong political support is essential for the ongoing delivery of quality home visiting services.
- Engagement in home visiting services is based on voluntary participation by families.

Target population

The Arizona population served by home visiting programs includes expectant parents and families with children birth through age 5 or entry into kindergarten.

System Components

To achieve a comprehensive, coordinated system of quality home visiting services, the essential components of the continuum of home visiting services must include:

- Outreach, Engagement and Access to Services – providing information, supporting voluntary participation of families and referring families to appropriate services and supports in their communities.

- Family Screening and Assessment - determining on an ongoing basis the appropriate level of service; number of visits, skill building techniques appropriate for a specific family based on their strengths and needs.

- Developmental and sensory screening – though the use of appropriate screening tools, assists parents and other caregivers in identifying children who may be in need of additional intervention or support services to support healthy development.

- Service delivery – provision of high quality home visiting services, according to approved standards and curriculum; and relevant to the families' needs, culture, values and circumstances. May include parent education, family support including referral to community resources and facilitation of access to health care.

- Quality Assurance – adherence to statewide standards of practice, work force requirements and monitoring of quality and a system of ongoing training and technical assistance.

- Continuous Improvement – including ongoing evaluation based on a common set of core outcomes and research designed to determine the short and long term effectiveness of various home visiting models in Arizona.

- Public Awareness – raising the understanding among Arizonans of the importance of early childhood development and the significant difference early childhood experiences can make in terms of children achieving their full potential.

- Policy and Funding – ensuring access and quality through coordination of policy, practice and funding opportunities statewide, across all service systems.

Outcomes to be Achieved

The outcomes represent the results to be achieved from implementation of high quality, comprehensive home visiting services. The outcomes and indicators relevant to specific home visiting programs will vary depending on the target population and the home visiting model being implemented. With each outcome are the possible indicators that when measured would signal progress toward achieving the outcome.

<u>Outcomes for Children</u>

#1: Children are safe in their homes and in their communities.

Indicators of Progress
- Decrease in child abuse and neglect
- Decrease in domestic violence incidents involving young children
- Decrease in preventable childhood injuries
- Decrease in infant mortality
- Increase in parent understanding of early childhood development
- Increase in effective parenting skills

#2. Children are healthy[8].

Indicators of Progress
- Decrease in the number of low birth weight babies
- Decrease in obesity rates among young children
- Increase in the number of 19 to 35 month olds who receive a full schedule of age appropriate immunizations
- Decrease in the percentage of children determined to be at moderate to high risk of developmental or behavioral problems based on parent's specific concerns

#3. Children are developmentally on track and prepared to enter school, ready to succeed.

Indicators of Progress
- Increase in the number of young children who are at appropriate developmental milestones – ages and stages
- Increase in readiness for school
- Increase in parental engagement, including absent parents as well as custodial parents, in their child's learning

#4. Children have healthy relationships.

Indicators of Progress
- Number of children with attachment to at least one person who provides the safe, healthy environment
- Proportion of mothers of children under age 6 screened and appropriately referred for depression
- Decrease in substantiated abuse and neglect reports

<u>Outcomes for Parents and other family members</u>

#1. Parents are competent and confident – feeling competent in their knowledge and skills to be a parent.

Indicators of Progress
- Increase in effective parenting skills
- Increase in Parents understanding of early childhood development.
- Increase in the involvement of fathers in child rearing
- Increase in parent involvement in their child's learning

#2. Families are more resilient.

Indicators of Progress
- Increase in parents' utilization of community resources
- Increase in parents' problem solving skills
- Increase in social supports outside the home visiting program

[8] *Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.* This is the definition developed by the FTF Health Committee, September 2007 and used in policy papers and recommendations to the Board.

#3. Families are increasingly self sufficient

Indicators of Progress:

- Increase in participation in training and/or education programs
- Increase in the ability of families to meet their basic needs
- Increase in parents accessing and using community resources

#4. Parents maintain a healthy lifestyle for themselves and their children.

Indicators of Progress

- Increase in the understanding of how the parent's health impacts the long term health of children
- Decrease in children's exposure to tobacco smoke
- Increase in knowledge of nutrition
- Increase in health literacy[9]
- Increase in physical activity
- Decrease in the percentage of pregnant women who smoke.
- Increase in the percentage of infants born to pregnant women receiving prenatal care beginning at the first trimester
- Increase in use of family planning
- Increase in the percentage of women who breastfeed
- Increase in the percent of mothers who breastfeed their infants to at least 6 months of age.
- Decrease in maternal depression
- Decrease in substance use / abuse

[9] Health Literacy - Health literacy is defined in *Health People 2010* as: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions". (http://www.healthypeople.gov/Document/pdf/uih/2010uih.pdf),

RECOMMENDATIONS

The purpose of the *Vision for Early Childhood Home Visiting in Arizona* plan is to provide a pathway for delivery of consistent, high quality home visiting services in the context of Arizona's statewide early childhood development and health system.

This Five Year Plan and the recommendations herein will help ensure Arizona is, first and foremost, increasing the number of Arizona children who are ready to succeed when they start school. The recommendations provide guidance for systematically targeting funding and system development activities as resources become available to areas that would have the most positive impact on children and their families.

Recommendation 1: Prioritize Arizona's home visiting services by A) ensuring all parents of infants***** are offered home visiting services, and B) developing capacity for home visiting services in geographic areas of Arizona that have the lowest availability of home visiting services and the population with the highest combination of risk factors.

Research has demonstrated that starting early in a child's life has the most potential for achieving positive outcomes. While Arizona currently has an array of home visiting services that span the age group of prenatal to age five, an emphasis on targeting funding and capacity building starting with infants provides the best opportunity for use of available resources.

*****up to age 1

Recommendation 2: Establish a structure of collaborative decision-making at the state and the local level with one state agency taking the lead to facilitate a State Level Steering Committee that will ensure coordination of Home Visiting services at the state and local level.

The Home Visiting Task Force recommends that the agency to fulfill the lead agency role have an early childhood system building focus, and ideally will have as its mission early childhood development, health and school readiness.

A) State Level Early Childhood Home Visiting Steering Committee would recommend policies that support collaboration, foster joint decision making, leverage public and private resources, and assure quality standards are met. The Steering Committee would be comprised of state and local government agencies providing and/or funding home visiting services, providers of home visiting services, and private funders of home visiting services.

B) At the local level, service planning and delivery across local agencies would address but not be limited to: 1) common, jointly funded strategies for outreach, 2) collaborative assessment and referral to the most appropriate provider agency, and 3) sharing of information and practice knowledge across providers.

C) Areas of priority development for the State Level Early Childhood Home Visiting Steering Committee are:

⇒ Assure high quality home visiting services by defining statewide minimum professional qualifications, training, and practice standards, obtaining commitment to those standards, assuring fidelity to the requirements of evidence based home visiting models, and implementing training and technical assistance options.

Establishment of minimum home visitor qualifications, work force development and practice standards provides a quality foundation for all Arizona home visiting programs. This foundation creates an opportunity to support the development of

innovative approaches to home visiting while assuring quality, based on evidence based practices. See Appendix E for a proposed set of standard qualifications that every home visitor should meet regardless of the program model.

⇒ Establish a system of continuous quality improvement including ongoing review and assessment of system-wide results and the development and implementation of system-wide recommendations for quality improvement.

Commitment to a system of continuous quality improvement by all agencies / organizations funding and providing home visiting services is essential to achieve the full potential of home visiting services for children and families. The Home Visiting Steering Committee, in partnership with community stakeholders would establish core standards of practice, a monitoring protocol for use by all providers and guidelines for evaluation.

⇒ Establish a research agenda to ensure ongoing research is conducted about the effectiveness of home visiting programs in Arizona.

To ensure maximum use of resources for home visiting services, ongoing research must be planned and funded. The research plan and agenda must be: a.) inclusive of interagency collaboration, b) systematic and intentional in its allocation of resources to priority research topics, and c.) specific in its methods to integrate national and Arizona based research into practice.

⇒ Implement a public awareness program designed to inform the community about the value and benefits of family support services, including home visitation.

As clear as the evidence is with regard to the benefits to families and young children of high quality home visiting services, the information is not widely known among the public, policy makers, practitioners and families with young children.

⇒ Implement a collaborative effort to increase funding for a quality home visiting continuum through the identification multiple funding opportunities including federal, state and the philanthropic community and through a coordinated effort to access those opportunities.

Arizona will be better positioned to respond to and successfully access future funding opportunities through a collaborative approach which promotes statewide priorities, provides access to the most current and accurate information to support funding applications and clearly demonstrates a planned and intentional approach to family support throughout the State.

GOALS & OBJECTIVES

To implement the Home Visiting recommendations, goals, objectives and possible strategies have been defined that provide the next steps to achieving a statewide, collaborative network of high quality early childhood home visiting services.

Goal I: To provide the right services for the right family at the right time through collaboration.

Objective 1.1: By June 2011, a detailed community and state (multi level) system design is defined.

Strategies:

a. Establish agreed upon standards, definitions and expectations.
b. Establish a coordinated access, screening, and assessment system for early identification of strengths, critical issues, families' goals and risks.
c. Develop marketing that is inclusive of all family support programs – not just home visiting.
d. Establish a system for shared information and data.

Objective 1.2: By January 2012, policy, practice standards, training and technical assistance methods for a coordinated system of service delivery are implemented.

Strategies:

a. Establish an on-line, comprehensive directory of home visiting services. Provide the ability for all providers with internet access to update their own information in order to maintain current, specific information about Arizona home visiting services.
b. Secure the commitment from partners / agencies to the collaborative process.
c. Establish confidentiality agreements based on applicable Federal and state requirements.
d. Implement joint local planning to establish the collaborative process and facilitate access to services for families at the local level.
e. Consider establishing a co-op model of agencies.

Goal II: To provide high quality home visiting services which are accessible in all geographic areas of Arizona.

Objective 2.1: By January 2013, increase by 10% the capacity to provide home visiting services for families with children birth through age five in the geographic areas of rural Arizona that are most underserved.

Strategies:

a. Establish a multi-year timetable based on geographic and service intensity level needed.
b. Develop a model to determine which geographic areas are the highest priority for enhancing home visiting services based on the number of current programs and risk factors in the communities.
c. Identify priority geographic areas, assess capacity, and develop a fund development plan to support the expansion.
d. Establish a universal application – consider lessons learned in other home visiting practices. Build on Healthy E application process.

e. Conduct outreach through individual contact and with materials printed in the primary language of the families in that community.
    1. Define outreach strategies that are culturally relevant to engaging families in the priority communities.
    2. Provide information about accessing services through community organizations such as Family Resource Centers, churches, food banks, parks and recreation centers, child care homes and centers, Head Start Programs, Chapter Houses in Tribal communities,
    3. For families most at risk, provide information through WIC and DES eligibility offices
    4. Engage the private sector in providing information about accessing services.

Objective 2.2: By January 2013, increase by 20% enrollment in home visiting services of pregnant women who have not accessed prenatal care in the first trimester of their pregnancy.

Strategies:

a. Conduct Outreach at OB/GYN offices, mid wives, high schools, twitter/web sites / social media, family planning clinics, community based pregnancy centers, resource centers, libraries, community colleges, and GED course locations.
b. Establish the process of engagement, screening and family assessment (assessment tool that is not program specific).

Objective 2.3: By January 2015, 50% of all families with infants are offered home visiting services. (50% would be approximately 50,000 newborns per year).

Strategies:

a. Establish a collaborative process of screening, referral and engagement to appropriate programs.
b. Focus on high risk newborns first, through the public health system.
c. Connect families to home visiting services at the hospital at the time of birth by conducting screening and assessment while the family is in the hospital.
d. Add home visiting to the hospital discharge check list.
e. Establish multiple points of contact for families in the medical community including but not limited to at hospitals at the time of birth, pediatricians, community health clinics, midwives, and medical homes.

Goal III: To provide home visiting services that demonstrate adherence to quality standards.

Objective 3.1: By June 2011, establish the ongoing system for assuring continuous quality improvement throughout the home visiting service system.

Strategies:

a. Implement core standards of practice.
b. Ensure the standards are consistent with the Early Learning Standards.
c. Provide access to training for home visiting staff in the standards of practice.
d. Establish the protocol for quality monitoring and the implementation structure for quality assurance.

Objective 3.2: By January 2012, implement a system of workforce development based on core competencies, training standards, and current practice research.

Strategies:

a. Explore options for providing and assuring core competencies are met.
b. Establish a system for training and technical assistance using multiple options for delivery.
c. Through partnerships and collaboration develop methods to provide mentoring and technical assistance to individuals and organizations new to the home visiting field.

Objective 3.3: By January 2013, establish a broad based statewide evaluation plan to assess goal achievement on an ongoing basis across home visiting services and programs.

Strategies:

a. Engage current Arizona evaluation and research experts in the definition of the evaluation plan.
b. Define a multi-year strategy for ongoing evaluation in which all home visiting providers participate.
c. Determine priority research needs.
d. Identify possible costs and explore funding options for ongoing evaluation of programs and research.

Objective 3.4: By June 2013, 80% of home visiting programs demonstrate adherence to core[10] quality standards.

Strategies:

a. Establish "Quality Standards Alliance" with a regional foundation.
b. Develop and adopt Core Practice Standards including intake, triage, and quality assurance.
c. Provide training on core standards.
d. Monitor quality assurance of core standards.
e. Establish criteria for being a member of the Alliance based on adherence to quality standards and a timeline for implementation of the criteria

Goal IV: Arizonans value and invest in "supporting" parents.

Objective 4:1: By January 2013, increase the public's awareness of the importance of early learning and the benefits of home visiting services as demonstrated by an increase in the number of families voluntarily accessing home visiting services.

Strategies:

a. Develop, fund and implement social marketing campaign.
b. Incorporate messages into the FTF Communication Plan.
c. Develop consistent messaging that can be used by all programs, anywhere in the state.
d. Secure private funding for Spanish messaging, and ensure that message is culturally appropriate and in relevant media outlets.
e. Identify a "champion" public spokesperson.
f. Establish an Interagency public policy advocacy effort lead by an Arizona Advocacy Organization to obtain support for home visiting.

[10] "Core Standards" references standards applicable to all home visiting programs. Based on the home visiting program model, there may be additional standards that are required.

Objective 4.2: By January 2013 and each year thereafter, increase funding invested in home visiting services for pregnant women and families with children from birth through age five by 5% per year.

Strategies:

a. Advocate at local, state, and federal level for family support revenue.
b. Apply for grant resources as state or multi-program collaborations. Create a central source of current information to support grant writing efforts. (For discussion - describe this.)
c. Recruit and secure major contributor(s), including
d. A family support champion.
e. Research and secure fee based (i.e. marriage license, birth certificates, etc.) revenue for family support.
f. Create a cadre of "alumni" of home visiting services to promote and speak on behalf of the benefits of home visiting.
g. Establish a fund development position to raise funding collaboratively to be used to support implementation of the priorities in the plan.
h. On an ongoing basis, publish, and distribute evaluation information on progress / outcomes for children and families through home visiting efforts.

APPENDICES

Appendix A: Home Visiting Task Force Membership

Amy Corriveau
Deputy Associate Superintendent
Early Childhood Education
Head Start State Collaboration Director
Arizona Department of Education

Chris Scarpati
CEO
Child Crisis Center

Colleen Day, MSW
Program Manager
Maricopa County Health Department
Office of Family Health

Connie Mitchell, ACSW, LCSW
Director
Arizona Partnership for Children LLP (AzPaC)

DeAnn Davies
Director, Early Childhood Development
Healthy Steps for Young Children
Scottsdale Healthcare, Community Health

Dee Ann Barber, ACSW, LCSW
Senior Vice President & Chief Operating Officer
Arizona Children's Association

Ginger Ward
CEO/Development Department
Southwest Human Development

Joan Katz
Coordinator
Sunnyside Unified School District
Parents as Teachers (PAT)

Joan Miles
Education Specialist for Title I
and Migrant Education
Arizona Department of Education

Judy Krysik, Ph.D.
Associate Professor
Arizona State University

Judy Walruff
Senior Policy Specialist, Interagency
Coordinator FTF – AzECDH Board
Early Childhood Division – Policy & Research

K. Vilay
Senior Policy Specialist – Family Support
FTF – AzECDH Board
Early Childhood Division - Policy & Research

Karen Bulkeley, MSW
Manager
DES - Office of Prevention & Family Support

Karie Taylor
Arizona Early Intervention Program (AzEIP)
Arizona Department of Economic Security

Kim Metz
Director
The Parent Connection

LaVonne Douville
Vice President, Community Development
United Way of Tucson and Southern Arizona

Mary Ellen Cunningham, M.P.A., R.N.
Chief
Arizona Department of Health Services
Bureau of Women's Health
Division for Children

Mary Haluska
Education Program Specialist
Arizona Department of Education

Melanie O'Neil
President
Arizona Head Start Association

Melissa Webb
Center Manager
Northland Pioneer College
Springerville/Eagar Center

Michelle Katona
Assistant Director
FTF – AzECDH Board
Early Childhood Division – Regional Councils

Molly Dries Bright, M.S.
Arizona Early Intervention Program (AzEIP)
Arizona Department of Economic Security

Patty Merk, Ph.D.
Family and Youth Agent
Maricopa County Cooperative Extension

Pauline Haas-Vaughn
Program Manager
Child & Families, Inc.
Healthy Families Arizona

Linda Cannon
Facilitator
Linda Cannon & Associates, Inc.

Rebecca Ruffner
Executive Director
Prevent Child Abuse Arizona

Steve Lazere
Interagency Coordinator
Arizona Department of Health Services
Division of Behavioral Health Services

Susan Fender
Home Visitor Director
Arizona Head Start Association

Susie Huhn
Executive Director
Casa de los Niño's

Toni Means
Office Chief, Arizona Department of Health Services, Bureau of Women's and Children's Health, Office of Women's Health

Wendy Sabatini
Regional Manager
FTF – AzECDH Board
Early Childhood Division – Regional Councils

Appendix B: Examples and Descriptions of Home Visiting Programs in Arizona

The list below includes programs identified as being provided in Arizona at the time of this report. Included are programs that represent models of evidence based practice, have demonstrated positive results from local evaluations, include some elements of national evidence based practice and/or may be in the program development stage of implementation.[11]

Arizona Early Intervention program (AzEIP) –is the statewide interagency system of early intervention for families and their children, birth to three years old, with disabilities or developmental delays. AzEIP and its contracted providers conduct timely, comprehensive, multidisciplinary evaluations of each child, birth through age two, who is referred to them. This evaluation must include a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. Early Intervention happens in places where children and families live, learn, and play; the families' natural environments—most often their home. AzEIP is governed by the federal Individuals with Disabilities Education Act (IDEA), Part C. Children eligible for AzEIP, as defined by state law, must be between birth and 36 months old and be developmentally delayed – defined as a child who has not reached 50 percent of their developmental milestones expected at her/his chronological age in one or more of the following areas: cognitive development; physical development, including vision and hearing, communication development; social or emotional development; self-help/adaptive development. Children may also qualify for AzEIP if they have a defined, established medical condition that creates a high probability of developmental delay.

Bright Start, a program of Arizona's Children Association (AzCA), is an early childhood home visitation program which utilizes brain development training and activities to support parents in promoting optimal development of their infants and young children. The cornerstone of the Bright Start in-home model for families with children birth to age five is the S.T.E.P.S. to Early Brain Development℠ curriculum of New Directions Institute, a partner agency of AzCA, targeting five critical developmental areas: Security, Touch, Eyes (vision), Play, and Sound. The Bright Start program includes individualized training utilizing the S.T.E.P.S. curriculum of New Directions Institute and incorporates in-home support visits for families. This home visitation program provides hands-on opportunities for parents and caregivers to work with their young children to help them develop healthy learning patterns, reaching their maximum learning potential by the time they enter school. Activities introduced by Bright Start offer families fun-filled opportunities to bond with their children. Home visits incorporate many elements of parent/child interaction around books and learning toys in an age-focused approach that is infused with simple, understandable messages about the developing young brain. Bright Start is based on the understanding that the foundational architecture of early learning patterns forms in a brain during the earliest years and it forms, in large part, as a result of a child's experiences. Parents and caregivers can be helped to understand that what they do with young children matters. Bright Start focuses on teaching parents/caregivers what to do to encourage healthy brain development.

Building Bright Futures offers a community-based, culturally appropriate family centered program that provides for child safety, school readiness and the enhanced ability for families to create a stable and nurturing home environment. Services are delivered to the family through home visitation. All services to families are free and voluntary.

Choices for Families provides short term (up to one year) case management and in-home parenting education through the development of individual goals related to parenting, life skills, health care and self-sufficiency. Services are delivered through weekly or bi-weekly home visits

[11] Definitions are from national web sites and local program descriptions in the First Things First Resource Guide.

as well as through parent/child activity groups. Developmental screenings are also provided for each enrolled child. The goals of the program are to prevent child abuse and neglect, assist families in becoming successful parents, and the education of parents on their child's physical, emotional, social, intellectual, and language development with a strong emphasis on brain development. Choices for Families serves pregnant and parenting families with children ages birth through age five. Source: Home Visitation Resource Guide: Present through June 30, 2010 – First Things First Regional Partnerships Councils

Choices for Teens provides a continuum of services both in the home and in a facility, individually and in groups for pregnant and parenting teens. The services are delivered through ongoing case management on a weekly to twice-monthly basis, with the primary goal of preventing child abuse and neglect. The program meets this goal by assisting teens in becoming successful parents; providing education on their child's physical, emotional, social, intellectual, and language development; offering support and guidance for life goals such as self-sufficiency and job readiness, family planning; information and referral to other agencies, and obtaining health care. Pregnant and Parenting Teens, ages 21 years and younger whose children are birth through age 5 and reside in Yuma County. Source: Home Visitation Resource Guide: Present through June 30, 2010 – First Things First Regional Partnerships Councils.

Early Head Start: The goal of this home-based option is to enhance children's physical, social, emotional, and mental development; enable parents to be better caregivers and teachers to their children, and to help parents meet their own goals, including economic independence. The program:

- Provides early, individualized child development and parent education services to low-income families with infants and toddlers according to a plan developed jointly by the parents and staff
- Provides these services through an appropriate mix of home visits and experiences at the Early Head Start center
- Provides opportunities for infants and toddlers with and without disabilities to grow and develop together in nurturing and inclusive settings
- Ensures that the Early Head Start program is supportive and nurturing to families
- Responds to the needs of families, including, where appropriate, the need for child care while families attend school or work
- Connects with other service providers at the local level to ensure that a comprehensive array of health, nutrition, and other services is provided to the program's pregnant women, very young children, and their families
- Recruits, trains, and supervises high quality staff, ensuring the kind of warm and continuous relationships between caregivers and children that are crucial to learning and development for infants and toddlers
- Ensures parent involvement in policy and decision making
- Coordinates with local Head Start and other child development programs in order to ensure continuity of services for these children and families

Family and Child Education Program (FACE) in Tribal Communities - The FACE program was created in 1990 by the Bureau of Indian Affairs (now the Bureau of Indian Education) within the Office of Indian Education Programs to develop an integrated model for an American Indian early childhood/parental involvement program. The program was designed to serve (1) birth-to-age five children and their parents, providing early childhood education and adult education — including academic and parenting services - in home- and center-based settings; and (2) children in grades K-3, providing opportunities for active learning. (www.famlit.org/educators/advocacy-and-policy/bills-acts/face)

Health Start utilizes community health workers to provide education, support, and advocacy services to pregnant/postpartum women and their families in targeted communities across the state. The community health workers live in and reflect the ethnic, cultural and socioeconomic characteristics of the communities they serve. Families receive home visits and case management with oversight by nurses and social workers, through the enrolled child's second year of life. Pregnant women are connected to prenatal care providers and receive on-going education about fetal development and health behaviors that can impact birth outcomes. Mothers are screened for post partum depression and receive information regarding interconception health. Clients are referred to various services as needed and assistance with accessing those services. The community health workers educate parents about child development, immunizations, home safety and vehicle safety. The community health workers also screen each child on a periodic basis using the Ages and Stages Questionnaire to identify potential developmental delays and refer the family to the appropriate provider. Health Start community health workers acquire new skills and knowledge on an on-going basis to ensure they are providing the most accurate information.
Source: http://www.azdhs.gov/phs/owch/healthstart.htm

Healthy Families Arizona is a national program model designed to help expectant and new parents get their children off to a healthy start. Families participate voluntarily in the program and receive home visiting and referrals from trained staff. By providing services to families, Healthy Families America fits into the continuum of services provided to families in many communities. (www.healthyfamiliesamerica.org). See also the description of Healthy Families on page 2 of this report.

Healthy Start provides maternal, well woman and infant case management throughout pregnancy and during the first two years of the baby's life. Home visits are conducted before, during and after pregnancy and provide assessment and screening, family development planning, care and service coordination along with emotional and social support for the mother and her family. Healthy Start provides individualized, one-on-one, small group and community-based perinatal health classes (including preconception focus), male involvement activities, referrals for prenatal, well woman and infant care, checkups and screenings and links women and families to community resources for job and educational assistance and training, WIC (healthy foods for mom and her baby), Early Head Start and Head Start, smoking and other substance cessation interventions, immunizations, family planning, food, housing,transportation, child care and counseling services.

Healthy Steps - Healthy Steps is an evidence based program using a team approach to primary health care for children ages birth through age three. A professional staff member, called a Healthy Steps Specialist, whose background in child development, nursing, or social work is complemented by Healthy Steps training and is a member of the health care team who provides an effective link between the family and the pediatric and family practice. The Healthy Steps Specialist can be a current member or a new addition to the practice team. Healthy Steps offers the flexibility to customize the following services to best serve their families:

- Home visits offered at birth and at key developmental stages
- Well-child visits with a clinician and Healthy Steps Specialist
- A dedicated parent telephone information line
- Child development and family health check-ups
- English- and Spanish-language written materials on topics such as toilet training, discipline, and nutrition
- Age-appropriate books for mothers and fathers to read to their children
- Parent support groups
- Linkage to community resources and referrals

High Risk Perinatal / Newborn Intensive Care – has the goal of reducing maternal and infant mortality and morbidity utilizing the following strategies:

- Early identification of women and children at high risk for mortality and morbidity;
- Education for health professionals, families and communities;
- Linkage of infants, toddlers and pregnant women to risk appropriate services and
- Establishing standards of care.

The Community Health Nurse facilitates the transition of the child and family from the Newborn Intensive Care Unit to their home and community. Periodic monitoring of the child's medical and developmental needs identifies infants who would benefit from referral to other early intervention programs. Through these home visits, the family receives support and education as well as referral to appropriate community resources.

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a parent involvement, school readiness program that helps parents prepare their three, four, and five year old children for success in school and beyond by providing a curriculum of books and materials designed to strengthen their children's cognitive development, early literacy skills, social/emotional and physical development. By empowering parents as primary educators of their children at home and fostering parental involvement in school and community life, HIPPY is designed to maximize the chances of successful early experiences, literacy and school readiness. To accomplish these goals, the program brings families, organizations and communities together and removes any barriers to family participation such as the lack of financial resources. (www.hippyusa.org)

Migrant Education Program – Preschool Home Visits - The Migrant Education Program (Title I Part C) defines a migratory child as "a child who is, or whose parent or spouse is a migratory agricultural worker, including a migratory dairy worker, or a migratory fisher, and who, in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work-

In Arizona, there are six (6) counties in which migrant labor is concentrated. These counties are Maricopa, Pinal, La Paz, Pima and Cochise, with the largest population of migrants in Yuma County. The Local Education Agencies (LEAs) are responsible for the identification and recruitment of migrant families, including those with preschool-age children. In Arizona, the education needs of migratory children are met by either enrolling the child in an LEA's established preschool program or by participating in the Migrant Preschool Home Visiting Program. In the Migrant Preschool Home Visiting Program, Migrant Liaisons employed by the LEAs make a minimum of nine preschool/school readiness home visits to the Migrant families. During these visits, the Migrant Liaisons prepare preschoolers and their families for kindergarten and provide information relating to other education, health, nutrition, and social services.

Nurse-Family Partnership® (NFP) helps change the lives of vulnerable first-time mothers and their babies through ongoing home visits from registered nurses. This evidence-based community health program has proven results including long-term family improvements in health, education and economic self-sufficiency. While helping low-income families, an investment in Nurse-Family Partnership saves communities more than it costs by reducing welfare, health care and juvenile justice expenditures. See page 2 for additional description.

Nurse Home Visiting for Infants and Toddlers in Foster Care provides a nurse home visitor to monitor the growth and development of the foster child; working in partnership with other healthcare providers to ensure that needed services are identified and provided in a timely manner; providing information and support to foster parents who may not have sufficient

knowledge to deal appropriately with the emotional and physical health needs of an abused infant or toddler.

Parenting Arizona Home Visitation Program promotes health and development and improves school readiness for children age five or younger. The program is designed to teach child development, child health, effective parenting techniques and provide linkage to community resources. Services are provided until the child turns 5 years of age.

Parents as Teachers Born to Learn® (PAT) is an early childhood family education and support program serving families throughout pregnancy until their child enters kindergarten. The teachers are the parents, supported by professional educators who suggest ways they can effectively teach and nurture their young children. Certified parent educators with a strong background in early childhood development use a research-based curriculum to provide age appropriate information to parents and help them lay a strong foundation for school and life success. The goals of the program are: 1) to promote school readiness and improve academic achievement 2) Increase parent knowledge of child development and appropriate ways to stimulate their child's intellectual, language, social, motor development and literacy skills, promoting the importance of reading to children from birth 3) Enhancing parent-child interaction and strengthening family relationships 4) early detection of developmental problems in order to prevent reading and learning difficulties once the child enters school 5) Parents As Teachers increases a child's school readiness and success, improves parenting practices and provides early detection of developmental delays and health issues. Parents As Teachers educators achieve these goals by providing monthly/bimonthly home visits, group meetings, Stay and Play programs for parents and children together, developmental screenings, hearing and vision screening, bimonthly library/story hour, evening programs for fathers, and connecting families with community resources. The Parents As Teachers Born to Learn curriculum is based on current research in the areas of neuroscience and child development.

Raising Healthy Kids – Casa de los Niño's in partnership with Easter Seals Blake Foundation. A Community Health Specialist/home visitor will provide support for child/children with special health care needs, including those with a broad range of developmental delays and/or medical challenges such as spina bifida, congenital heart defects, cancer, traumatic brain injury, cystic fibrosis, failure to thrive, or children with significant behavioral issues. This program also provides information and activities on child development, as well as facilitation and support to access community resources based on family identified needs. Source: Home Visitation Resource Guide: Present through June 30, 2010 – First Things First Regional Partnerships Councils

Verde Valley Parenting Partnership provides tools for coping, problem-solving, stress management, life skills and home management skills with a goal of family self-sufficiency. Home visits begin prenatally or immediately after birth. Child development is assessed at regular intervals starting at 4 months of age.

Appendix C: Arizona Population and Risk Factor Tables

Table 1 - Arizona Population by County

County	*% of Population Change 2000-2008*	*County*	*% of Population Change 2000-2008*
Apache	*1%*	Mohave	*25.7%*
Cochise	*9.3%*	Navajo	*15.2%*
Coconino	*10.2%*	Pima	*19.3%*
Gila	*1.6%*	Pinal	*80.6%*
Graham	8.7%	Santa Cruz	11.4%
Greenlee	-6.3%	Yavapai	27.6%
La Paz	2.3%	Yuma	20.9%
Maricopa	27.7%	**Arizona**	**25%**

Source: US Census Bureau, Population Estimates

Table 2 - Births in Arizona 2006 - 2009

	2006 Total Births	**2007 Total Births**	**2008 Total Births**	**2009 Total births**
Total State	102,042	102,687	99,215	92,244
Apache	1,189	1,149	1,211	1,196
Cochise	1,808	1,860	1,781	1,844
Coconino	2,062	2,132	1,985	1,861
Gila	667	694	697	704
Graham	540	582	644	645
Greenlee	110	138	131	130
La Paz	229	230	246	175
Maricopa	66,160	65,931	62,667	57,662
Mohave	2,468	2,439	2,301	1,948
Navajo	1,877	2,012	1,944	1,882
Pima	13,929	13,798	13,503	12,835
Pinal	4,467	5,285	5,731	5,306
Santa Cruz	753	766	796	760
Yavapai	2,380	2,411	2,216	2,060
Yuma	3,354	3,252	3,362	3,235
Unknown				1

Source: Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

Table 3: Births by Mothers Race / Ethnicity

Arizona Births 2009 By Mother's Race/Ethnicity

State / County	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other	Unknown
Total State	39,504	38,367	4,379	6,116	3,396	120	362
Apache	174	47	3	953	6	2	11
Cochise	911	760	83	16	53	15	6
Coconino	861	204	17	728	36	1	14
Gila	297	169	1	230	4	1	2
Graham	348	189	5	98	3	0	2
Greenlee	57	66	2	3	2	0	0
La Paz	99	45	0	30	1	0	0
Maricopa	24,645	24,952	3,359	1,835	2,592	78	201
Mohave	1,357	446	31	70	32	3	9
Navajo	631	146	9	1,066	19	1	10
Pima	5,040	6,146	552	594	419	12	72
Pinal	2,892	1,612	246	386	149	3	18
Santa Cruz	58	693	1	4	3	0	1
Yavapai	1,439	524	10	59	17	1	10
Yuma	695	2,367	60	44	60	3	6
Unknown	0	1	0	0	0	0	0

Source: Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

Table 4 - Low-Birth Weight Babies by County

Arizona Births 2009 Percent of Low Birth Weight Births By County			
	Total births 2009	**LBW births (<2,500 grams at birth)**	**% of all births**
Total State	92,244	6,548	7.1%
Apache	1,196	87	7.3%
Cochise	1,844	152	8.2%
Coconino	1,861	151	8.1%
Gila	704	55	7.8%
Graham	645	46	7.1%
Greenlee	130	7	5.4%
La Paz	175	9	5.1%
Maricopa	57,662	4,111	7.1%
Mohave	1,948	121	6.2%
Navajo	1,882	148	7.9%
Pima	12,835	894	7.0%

Arizona Births 2009 Percent of Low Birth Weight Births By County			
	Total births 2009	**LBW births (<2,500 grams at birth)**	**% of all births**
Pinal	5,306	353	6.7%
Santa Cruz	760	73	9.6%
Yavapai	2,060	153	7.4%
Yuma	3,235	188	5.8%
Unknown	1	0	

Source: Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

Table 5 - Births to Arizona Teen Parents – 2009

State / County	2009 Total Births	Mother 19 years or younger	% of All Births
Arizona	92,244	10,936	11.9%
Apache	1,196	202	16.9%
Cochise	1,844	256	13.9%
Coconino	1,861	248	13.3%
Gila	704	150	21.3%
Graham	645	110	17.5%
Greenlee	130	29	22.3%
La Paz	175	31	17.7%
Maricopa	57,662	6,251	10.8%
Mohave	1,948	298	15.3%
Navajo	1,882	339	18.0%
Pima	12,835	1,525	11.9%
Pinal	5,306	560	10.6%
Santa Cruz	760	113	14.9%
Yavapai	2,060	287	13.9%
Yuma	3,235	537	16.6%
Unknown	1		0

Source: Arizona Department of Health Services, Vital Records, December 2009

Table 6 - Poverty: Single Parents Below Poverty

Single Parents Below Poverty Level with Child Age 5 & under 2008					
County	Number	% of all parents in poverty	County	Number	% of all parents in poverty
Apache	1,391	16%	Mohave	2,432	27%
Cochise	1,880	24%	Navajo	1,392	14%
Coconino	1,457	23%	Pima	11,710	24%
Gila	886	31%	Pinal	3,613	25%
Graham	581	25%	Santa Cruz	375	11%
La Paz	365	25%	Yavapai	2,122	27%
Maricopa	39,856	22%	Yuma	3,459	22%

Source: U.S. Census 2008 Population Estimates

Table 7 - Child Abuse and Neglect - Number of Reports Received by Risk Level; April 1, 2009 – September 30, 2009

County	High	Moderate	Low	Potential	Total	% of Total
Apache	11	25	32	7	75	0.5%
Cochise	51	141	202	42	436	2.7%
Coconino	53	111	157	42	363	2.3%
Gila	11	22	38	9	80	0.5%
Graham	14	37	33	13	97	0.6%
Greenlee	2	6	7	1	16	0.1%
La Paz	3	12	17	3	35	0.2%
Maricopa	1,424	3,006	4,052	1,024	9,506	58.9%
Mohave	78	174	263	39	554	3.4%
Navajo	40	80	109	24	253	1.6%
Pima	365	939	1,244	325	2,873	17.8%
Pinal	153	308	405	136	1,002	6.2%
Santa Cruz	0	0	2	1	3	<0.1%
Yavapai	45	164	220	51	480	3.0%
Yuma	47	111	161	42	361	2.2%
Statewide	2,297	5,136	6,942	1,759	16,134	100%
Percent of Total	14.2%	31.9%	43.0%	10.9%	100%	

Source: Arizona Department of Economic Security, Child Welfare Reporting Requirements, Semi Annual Reports for April 2009 – September 2009.

Table 8 - Child Fatality 2007 – 2008 by County

Deaths Among Children by Arizona County of Residence 2007-2008				
County	Number	Percent	Number	Percent
Apache	13	1%	20	2%
Cochise	27	2%	24	2%
Coconino	25	2%	21	2%
Gila	17	1%	15	1%
Graham	12	1%	11	1%
Greenlee	0	-	1	-
La Paz	1	>1%	5	>1%
Maricopa	648	57%	577	56%
Mohave	27	2%	11	1%
Navajo	39	3%	30	3%
Pima	148	13%	165	16%
Pinal	64	6%	52	5%
Santa Cruz	6	>1%	6	>1%
Yavapai	28	2%	17	2%
Yuma	35	3%	39	4%
Outside Arizona	53	54%	44	4%
Total	1,143		1,038	

Table 9 - Infant Mortality[xxv]

Infant Mortality By County of Residence, Arizona 2000-2006							
State / County	2000	2001	2002	2003	2004	2005	2006
Arizona	568	587	552	586	622	653	642
Apache	16	8	6	6	12	14	6
Cochise	11	12	13	19	13	19	17
Coconino	16	6	13	11	14	14	10
Gila	6	4	8	6	6	7	3
Graham	1	4	6	2	1	3	2
Greenlee	0	1	1	0	1	1	0
La Paz	3	2	1	2	2	1	1
Maricopa	356	371	361	369	396	383	406
Mohave	16	12	9	21	16	27	18
Navajo	11	10	7	15	12	17	9
Pima	76	92	90	84	99	109	100
Pinal	25	21	16	19	20	30	29
Santa Cruz	3	2	4	1	7	4	4
Yavapai	12	14	9	8	6	10	19
Yuma	16	25	8	23	17	14	18
Unknown	0	3	0	0	0	0	0

Source: ADHS http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/text_infants.pdf)

Table 10 - Families Below Poverty Levels By County and Family Characteristics – Estimates by County

	Apache	Cochise	Coconino	Gila	Graham	La Paz	Maricopa	Mohave	Navajo	Pima	Pinal	Santa Cruz	Yavapai	Yuma
Total:	21,184	30,684	32,260	11,893	8,949	3,585	1,035,952	40,998	32,881	231,254	73,782	13,066	40,515	53,318
% in Poverty	41.4%	25.1%	20.0%	25.4%	25.5%	40.5%	17.9%	22.3%	29.8%	21.2%	19.3%	25.2%	19.7%	29.1%
Income in the past 12 months below poverty level:	8,770	7,714	6,476	2,896	2,286	1,452	184,944	9,154	9,805	48,991	14,211	3,291	7,997	15,529
In married-couple family:	4,245	2,835	1,555	935	583	353	73,398	2,694	4,652	15,689	5,363	1,759	2,525	5,942
Under 5 years	1,051	563	632	229	258	53	27,398	1,058	1,189	4,352	1,653	177	778	1,769
5 years	336	132	39	82	26	28	4,998	191	138	897	210	167	65	445
6 to 17 years	2,858	2,140	884	624	299	272	41,002	1,445	3,325	10,440	3,500	1,415	1,682	3,728
In other family:	4,525	4,879	4,921	1,961	1,703	1,099	111,546	6,460	5,153	33,302	8,848	1,532	5,472	9,587
Male householder, no wife present:	580	692	378	95	142	169	16,715	586	1,100	4,615	1,103	288	611	678
Under 5 years	133	198	84	21	63	61	6,208	94	443	1,975	230	122	403	223
5 years	8	39	37	0	0	28	1,040	88	0	251	151	23	0	14
6 to 17 years	439	455	257	74	79	80	9,467	404	657	2,389	722	143	208	441
Female householder, no husband present:	3,945	4,187	4,543	1,866	1,561	930	94,831	5,874	4,053	28,687	7,745	1,244	4,861	8,909
Under 5 years	1,286	1,587	1,077	833	455	286	34,094	1,917	1,244	10,098	3,114	357	1,970	3,105
5 years	105	293	380	53	126	79	5,762	515	148	1,612	499	18	152	354
6 to 17 years	2,554	2,307	3,086	980	980	565	54,975	3,442	2,661	16,977	4,132	869	2,739	5,450

Source: U. S. Census B17006. POVERTY STATUS IN THE PAST 12 MONTHS OF RELATED CHILDREN UNDER 18 YEARS BY FAMILY TYPE BY AGE OF RELATED CHILDREN UNDER 18 YEARS - Universe: RELATED CHILDREN UNDER 18 YEARS Data Set: 2006-2008 American Community Survey 3-Year Estimates Survey: American Community Survey

Table 11 - Immunization Rates by County – 12-24 Months

County	Number of Children	Completed Vaccine Series	Completed %
Apache	1,275	1,150	90.2%
Cochise	1,832	1,253	68.4%
Coconino	1,799	1,539	85.5%
Gila	453	233	51.4%
Graham	361	213	59%
Greenlee	94	58	61.7%
La Paz	151	115	76.2%
Maricopa	59,652	38,975	65%
Mohave	1,738	1,154	66.4%
Navajo	2,297	1,887	82.2%
Pima	14,473	9,241	63.9%
Pinal	5,418	3,671	67.8%
Santa Cruz	556	356	64%
Yavapai	1,207	709	58.7%
Yuma	2,819	2,106	74.7%

Source: ADHS, Office of Women's and Children's Health, May 2010

About the Data

- 3:2:2:2 completion series for the 12-24 month olds. This is 3 DTaP, 2 Polio, 2 Hib, and 2 Hepatitis B vaccines
- Any zip code that had a denominator of less than 20 was suppressed.
- Any zip code that indicated multiple counties designations were assigned to the county in which the denominator was greater.
- 7/1/08 - 6/30/09 for the 12 – 24 month olds for the 2009 table, yet looked at vaccines that were administered from birth through 12/31/2009.
- ASIIS data is information that is reported to the registry by the providers. Although there is a state statute requiring vaccine reporting, it is our assumption that not all vaccines are captured.
- Denominators are greater than reality, as there may be a considerable number of records not identified as "no longer active". Unless there are indications that a child has died or has moved out of Arizona, they are not deleted from our queries.
- There can be multiple records for one child, with different vaccines reported, therefore any one record would be considered as incomplete in a vaccination series.
- Address data used was the last reported address. Not all children had their zip codes reported to ASIIS. Invalid and out of state zip codes were not counted.

Table 12 - Language by Linguistic Isolation by County - Estimates

	Apache	Cochise	Coconino	Gila	Graham	Maricopa	Mohave	Navajo	Pima	Pinal	Yavapai	Yuma
Total:	18,425	47,829	44,530	18,795	10,829	1,338,048	75,010	35,104	371,799	110,631	86,555	69,432
English	4,635	33,683	31,595	14,980	7,691	995,184	65,569	19,907	264,766	82,801	76,279	38,989
Spanish:	1,691	11,556	4,319	2,653	2,112	253,461	6,811	2,959	83,614	22,739	6,983	28,802
Linguistically isolated	31	2,931	693	404	248	84,770	1,206	500	16,141	4,212	1,897	8,256
Not linguistically isolated	1,660	8,625	3,626	2,249	1,864	168,691	5,605	2,459	67,473	18,527	5,086	20,546
Other Indo-European languages:	266	1,304	780	132	66	46,987	1,534	322	11,681	2,202	2,320	655
Linguistically isolated	0	85	41	6	0	6,565	166	0	1,255	68	203	48
Not linguistically isolated	266	1,219	739	126	66	40,422	1,368	322	10,426	2,134	2,117	607
Asian and Pacific Island languages:	74	1,094	495	53	106	27,946	677	87	7,476	1,306	431	740
Linguistically isolated	0	120	89	0	10	6,407	47	0	2,074	110	23	122
Not linguistically isolated	74	974	406	53	96	21,539	630	87	5,402	1,196	408	618
Other languages:	11,759	192	7,341	977	854	14,470	419	11,829	4,262	1,583	542	246
Linguistically isolated	1,842	15	1,147	0	0	2,342	84	1,530	544	32	20	15
Not linguistically isolated	9,917	177	6,194	977	854	12,128	335	10,299	3,718	1,551	522	231
Number Linguistically Isolated	1,873	3,151	1,970	410	258	100,084	1,503	2,030	20,014	4,422	2,143	8,441
% Linguistically Isolated	10.2%	6.6%	4.4%	2.2%	2.4%	7.5%	2.0%	5.8%	5.4%	3.9%	2.5%	12.2%

B16002. HOUSEHOLD LANGUAGE BY LINGUISTIC ISOLATION - Universe: HOUSEHOLDS Data Set: 2006-2008 American Community Survey 3-Year Estimates, Survey: American Community Survey; Source: U.S. Census Bureau, 2006-2008 American Community Survey***Table 13: Unemployment Rates February 2010***

ARIZONA UNEMPLOYMENT STATISTICS PROGRAM Special Unemployment Report 2010	
County	**Feb-10**
Apache County	17.1%
Apache County less Native American Reservations	6.6%
Cochise County	8.4%
Coconino County	9.4%
Coconino County less Native American Reservations	6.5%
Gila County	11.9%
Gila County less Native American Reservations	8.9%
Graham County	15.0%
Graham County less Native American Reservations	11.6%
Greenlee County	12.7%
La Paz County	9.7%
La Paz County less Native American Reservations	8.0%
Maricopa County	9.1%
Maricopa County less Native American Reservations	9.0%
Mohave County	11.2%
Mohave County less Native American Reservations	11.0%
Navajo County	16.2%
Navajo County less Native American Reservations	8.8%
Pima County	8.9%
Pima County less Native American Reservations	8.7%
Pinal County	12.2%
Pinal County less Native American Reservations	11.3%
Santa Cruz County	15.2%
Yavapai County	10.4%
Yavapai County less Native American Reservations	10.4%
Yuma County	19.9%
Yuma County less Native American Reservations	19.9%
Source: http://www.workforce.az.gov/admin/uploadedPublications/SpecRates2000+.xls	

Appendix D: Risk Factors by County

State / County	% of All Az. Children < Age Five	% Unemployment	% of Teen Births	% of LBW	% of Families Below Poverty	% of Single Parents Below Poverty	% of Immun-izations Complete 12-24 mo.	% of Child Abuse Reports	% of Child Fatalities	% Infant Mortality 2006	% Linguis - tically Isolated
Arizona		9.5%	11.9%	7.1%	19.8%		66.6%			642	
Apache	1.2%	17.1%	16.9%	7.3%	41.4%	16%	90.2%	0.5%	2%	<1%	10.2%
Cochise	1.8%	8.4%	13.9%	8.2%	25.1%	24%	68.4%	2.7%	2%	2.6%	6.6%
Coconino	2%	9.4%	13.3%	8.1%	20.0%	23%	85.5%	2.3%	2%	1.6%	4.4%
Gila	.7%	11.9%	21.3%	7.8%	25.4%	31%	51.4%	0.5%	1%	<1%	2.2%
Graham	.5%	15.0%	17.5%	7.1%	25.5%	25%	59.0%	0.6%	1%	<1%	2.4%
Greenlee	.2%	12.7%	22.3%	5.4%	Not Available	Not Available	61.7%	0.1%	0	0	Not Available
La Paz	.2%	9.7%	17.7%	5.1%	40.5%	25%	76.2%	0.2%	>1%	<1%	Not Available
Maricopa	64.9%	9.1%	10.8%	7.1%	17.9%	22%	65.0%	58.9%	56%	63.2%	7.5%
Mohave	2.4%	11.2%	15.3%	6.2%	22.3%	27%	66.4%	3.4%	1%	2.8%	2.0%
Navajo	1.8%	16.2%	18.0%	7.9%	29.8%	14%	82.2%	1.6%	3%	1.4%	5.8%
Pima	13.7%	8.9%	11.9%	7.0%	21.2%	24%	63.9%	17.8%	16%	15.6%	5.4%
Pinal	4.7%	12.2%	10.6%	6.7%	19.3%	25%	67.8%	6.2%	5%	4.5%	3.9%
Santa Cruz	.5%	15.2%	14.9%	9.6%	25.2%	11%	64.0%	<0.1%	>1%	<1%	Not Available
Yavapai	2.3%	10.4%	13.9%	7.4%	19.7%	27%	58.7%	3.0%	2%	2.9%	2.5%
Yuma	3.3%	19.9%	16.6%	5.8%	29.1%	22%	74.7%	2.2%	4%	2.8%	12.2%

Appendix E: Proposed Standard Home Visitor Qualifications and Training Requirements

Standard Home Visitor Qualifications and Training Requirements
Minimum Staff Qualifications
Regardless of the model of home visiting that is implemented, all home visitors need to meet the following minimum staff Qualifications • Educational requirements specific to the home visiting model • Relevant experience can be substituted for educational requirement • Knows the community • Ability to communicate in language of families served • Fingerprint clearance • An understanding and appreciation of the history and traditions of diverse cultures – cultural, linguistic, geographic, racial and ethnic diversity of the population served. • Possesses personal characteristics such as non-judgmental, compassionate, ability to establish a trusting relationship.
Minimum Training Requirements
• CPR / First Aid training specific to infants and children • All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants and services in their community • Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (i.e. identifying at risk families, completing a standardized risk assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, emphasizing the importance of immunizations, utilizing creative outreach efforts, establishing and maintain trust with families, building upon family strengths, developing an individual family support plan, observing parent-child interactions, determining the safety of the home, teaching parent-child interaction, managing crisis situations, etc. (Healthy Families) • Communication • Confidentiality • Personal safety • Child development • Managing crisis situation • Brain development • Building on family strength • Safe home assessment • Cultural responsiveness • Language/Literacy Development

Minimum Training – Establish an understanding of the following:
• Health care
  ○ Pre-natal
  ○ Medical home
• Community resources
• Nutrition
• Family engagement
• Professional boundaries
• Understanding Other Systems of care

Standard Home Visitor Qualifications and Training Requirements
• Behavioral Health Services • Division of Developmental Disabilities • Arizona Early Intervention • AHCCCS • Child Protective Services
Supervision
• Caseload – weighted to intensity (Consider Supervisor / Staff ratio) • Supervision – Set minimum Standards / Add Reflective Supervision Training • Supervised home visiting – mentoring

END NOTES

[i] Family Violence Prevention Fund, AVON Foundation for Women, Safe Start, Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment; p. 7

[ii] Embedding Home Visitation Programs within a System of Early Childhood Services. Daro, Deborah. Chapin Hall at the University of Chicago. September 2009.

[iii] Nurse Family Partnership, Research Evidence; nursefamilypartnership.org

[iv] Child and Family Policy Center. April 4, 2009. Thirst to Learn Dialogue Paper: *Building an Early Childhood Development System for America's Future*.

[v] Family Violence Prevention Fund, AVON Foundation for Women, Safe Start, Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment; p. 17

[vi] Response to Intervention and the Pyramid Model. Fox, L, Carta, et. al. University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children; www.challengingbehavior.org. 2009.

[vii] U.S. Census Bureau, American Fact Finder, ACS Demographic and Housing Estimates: 2006-2008.

[viii] Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

[ix] Arizona Department of Health Services, Vital Statistics, Provisional Number of Births by County, Data as of January 12, 2010.

[x] http://www.marchofdimes.com/professionals/14332_1159.asp

[xi] ADHS http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/text_infants.pdf)

[xii] Child and Adolescent Health Measurement Initiative, *2007 National Survey of Children's Health*, Data Resource Center for Child and Adolescent Health website. Retrieved June 18, 2009 from www.nschdata.org)

[xiii] *2007 National Survey of Children's Health*

[xiv] http://www.childtrends.org/Files//Child_Trends-2009_04_07_RB_ChildreninPoverty.pdf

[xv] Arizona Department of Health Services, Vital Records, Births By Mothers Age Group and Community, Arizona 2008 and Selected Characteristics of Newborns and Mothers by Community, Arizona 2008; www.ADHS.vitalrecords.

[xvi] U. S. Census B17006. Poverty Status in the Past 12 Months of Related Children Under 18 Years by Family Type, by Age of related Children under 18 Years- Universe: Related Children Under 18 Years Data Set: 2006-2008 American Community Survey 3-Year Estimates Survey: American Community Survey.

[xvii] Overall Physical/Mental Health Status: National Survey of Children's Health, Data Resource Center; http://nschdata.org/DataQuery.aspx

[xviii] The National Survey of Children's Health is conducted every four years and is based on a sample of information from parents across the country. All responses are parent responses to the survey. The current survey is from 2007. All data are State level.

[xix] Overall Physical/Mental Health Status: National Survey of Children's Health, Data Resource Center; http://nschdata.org/DataQuery.aspx

[xx] National Health and Nutrition Examination Survey (NHANES) http://www.cdc.gov/obesity/childhood/index.html).

[xxi] (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5828a1.htm)

[xxii] (http://www.cdc.gov/obesity/childhood/index.html)

[xxiii] Arizona Department of Health Services, ASIS, December 2009

[xxiv] Arizona Department of Economic Security, Child Welfare Reporting Requirements, Semi Annual Reports for April 2009 – September 2009.

[xxv] ADHS http://www.azdhs.gov/plan/report/ahs/ahs2006/pdf/text_infants.pdf)