FIRST THINGS FIRST

Arizona's Early Childhood Health System

Supporting Children's Healthy Development

Ideally, when Alex arrives for her first day of kindergarten, she is mentally and physically healthy— well nourished, free from illness, has good vision and hearing, healthy teeth and mouth, and is up to date on her immunizations. She has had the benefit of a nurturing and supportive environment at home and in quality early care and education programs, routine well child visits provided through a medical and dental home, and timely health and development interventions to address any illness, disease, or developmental disability.

> ***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.***[1]

Alex cannot achieve optimal health alone. She is dependent upon adults in her family and community to provide her with an environment in which she can learn and grow successfully. Alex benefits from a strong partnership between her parents, other caregivers, and her health care providers. This collaborative relationship is especially important, because as she grows, success in achieving optimal child health requires continuous surveillance, appropriate follow-up and intervention to maintain health and realized her developmental potential.

Building Blocks for a Healthy Childhood

Foundations for health and development begin during the pre-conception period and continue throughout the first years of life. Ideally, the strong bond that parents feel with their baby even before birth, blossoms during infancy into a loving relationship. This relationship and the infant's early experiences provide the sense of basic trust the infant needs to venture on to toddler autonomy and to master the developmental tasks for childhood. The relationship between the parents and the health professional is also crucial to help parents gain knowledge and confidence in caring for the physical, intellectual and emotional needs of their infants and to encourage their personal growth as parents and as a family. Theoretically, this partnership continues through early childhood and beyond.

Maternal Health

Maternal health status, habits, and environment during and even before pregnancy profoundly impacts the health and well-being of a child. Thus, achieving optimal child health is dependent upon optimizing the health and well-being of a child's mother.

During pregnancy, prenatal visits support the health of the mother and provide the opportunity for the health provider to discuss the importance of a healthy diet, exercise, oral health, supportive relationships and emotional well-being.

Newborn Care

Every baby born in Arizona is screened for certain disorders, including hearing loss, within the first weeks of life. A newborn can look healthy, but still have a serious disease that cannot be seen. If left untreated, these diseases can lead to slow growth, blindness, mental retardation, and possibly death. Early detection and treatment can help prevent these serious problems.

Arizona's newborn screening panel represents those diagnostic tests recommended nationally by the March of Dimes, American Academy of Pediatrics, and the American College of Medical Genetics.

Normally, a baby is first screened before going home from the hospital and that same screening is repeated by the baby's pediatrician or family practice physician before the baby is two weeks old. Results from these screening panels are sent by the Arizona Department of Health Services (ADHS) to the health provider to be relayed to parents so that treatment or intervention based on test results can be initiated.

Well Child and Specialty Care

Optimally, all children will receive health care from a medical provider that can serve as the child's medical home and a dental provider who can serve as the child's dental home. The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.[2] The American Academy of Pediatric Dentists describes the dental home as providing comprehensive care including acute care and prevention services, and further advocates interaction with early intervention programs in schools and with members of the medical community and other public and private agencies to assure awareness of age-specific oral health issues.[3]

As babies grow, follow-up well child visits with a health care provider should occur at one month, two months, four month, six months, nine months and one year[4]. A first dental visit should occur by age one with subsequent visits based on risk assessment. During the second year of life, well child visits occur for typically developing children at fifteen months, eighteen months, and twenty-four months. After year two, well child check-ups should occur at least annually through age five. Well child visits offer the ideal time for children to receive immunizations per the schedule recommended by the US Centers for Disease Control.

The American Academy of Pediatrics (AAP) recommends developmental surveillance at every well child visit, and administration of a standardized, validated developmental screening tool for all children 9-, 18- and 24 or 30-months[5], with a specific screen for autism at 18 and 24 months. In addition, it should be administered at any time there are concerns about delayed or disordered development. Early return visits are recommended for children whose surveillance raises concerns that are not confirmed by a developmental screening tool. When screening and follow-up medical testing suggests or confirms a delay, or need for further evaluation, it is the responsibility of the health care provider to refer families for appropriate follow-up and possible interventions.

When screening and necessary follow-up testing confirms a delay, developmental and medical evaluations are indicated. Developmental evaluation is provided through federally funded state early

intervention and early-childhood programs. For children under 3 years of age, the heath care provider or the parent can make a referral to the Arizona Early Intervention Program (AzEIP). For children 3 and over, the family is directed to the public school system for an evaluation and service planning.

Another resource for identifying children with developmental disabilities is Child Find. Child Find is a component of the federal Individuals with Disabilities Education Act (IDEA) that requires states to identify, locate, and evaluative as early as possible all children with disabilities, aged birth to 21 who are in need of early intervention or special education services. Anyone that has concerns that a child may have delayed development can refer the parent to Child Find for assistance in accessing services through IDEA programs.

Needed intervention may require speech/language, occupational and/or physical therapy, as well as medical procedures and aids. These interventions are critical to appropriate development and training of muscles and neurons. Because of the rapid brain development in the first 5 years of life, timely therapeutic intervention to establish needed sensory, neuro-motor and brain function is critical, especially in development of language. Intervention that occurs after primary neural circuits are laid down takes longer and, even then, gains are generally smaller. The partnership of the physician, parents, and developmental specialists is crucial for children to have maximum benefit from the follow-up care and therapy.

Arizona's Health Care System

Arizona's health care system is well developed and consists of publicly financed services and resources and those paid for by private insurance or by individuals out-of-pocket.

Financing the Delivery of Health Care Services

Public insurance and payment systems include: programs of the Arizona Health Care Cost Containment System (AHCCCS), [KidsCare, KidsCare Parents, Arizona Long Term Care System (ALTCS)], Indian Health Services, Arizona Department of Health Services, Arizona Department of Economic Security (DES), Supplemental Security Income (SSI) and TRICARE (plan for military members and families). Federal and state funding are the primary sources for financing the system.

In Arizona:

- Public health insurance programs such as AHCCCS (Medicaid) and KidsCare cover 31.1 percent of children birth though age 18 in Arizona.[6] Nearly half of Arizona children (48.95%) are covered by employer purchased health insurance.[7] However, employer provided coverage varies greatly depending on the benefit options selected by the employer. Plans may not cover well child visits and other preventive care such as immunizations so families must pay additional costs in addition to any required share of the premiums and co-pays.
- Only 3.3 percent of children have health insurance that is individually purchased by their parents.[8] As with employer provided insurance, plans vary by costs and covered benefits offered.
- Nearly 16 percent of Arizona children have no insurance and parents must pay costs for preventive and sick child health care. When an uninsured child needs health care, parents are most likely to rely on hospital emergency rooms, clinics that offer sliding fees, free or charity clinics.[9]

Health Care Delivery

Health care in Arizona is generally delivered in physician's and dentist's offices, community health clinics, and hospitals. It is usual that families with public or private insurance and those without insurance are served by many of the same health care providers without irrespective of the financing source.

AHCCCS, Arizona's Public Health Insurance Program

Medicaid, KidsCare, KidsCare Parents, and the Arizona Long Term Care System (ALTCS) are administered by AHCCCS. Children with profound and permanent disabilities are eligible for the ALTCS program. AHCCCS contracts with health plans and other program contractors, paying them a monthly fixed amount prospectively for each enrolled member. The plan or contractor is then required to deliver the necessary services within that amount.

Eligibility determination is conducted by various agencies. For example, pregnant women, families and children generally enter AHCCCS by way of the Arizona Department of Economic Security. Eligibility for KidsCare is handled by AHCCCS itself. Attachment A provides a complete description of the eligibility criteria.

AHCCCS contracts with health plans that then establish medical, dental and pharmacy provider networks throughout Arizona. After enrollment, members choose a health plan and receive information about these providers in their selected network. Arizona's managed care system has been recognized for providing quality care while containing costs.[10]

Indian Health Services

The Indian Health Services (IHS) provides a comprehensive health service delivery system for American Indians and Alaska Natives that are members of federally recognized American Indian Tribes. Most IHS funds are appropriated for American Indians and Alaska Natives who live on or near reservations or Alaska Villages. Congress also has authorized funding to support programs that provide some access to care for American Indians and Alaska Natives who live in urban areas. Health services, including dental care, are provided directly by the IHS through tribally contracted and operated health programs, and through services purchased from private providers. Native American adults and children are also eligible for coverage under Arizona's AHCCCS programs and can receive care through the AHCCCS managed care networks.

Behavioral Health Services

Behavioral health services are administered by the Arizona Department of Health Services (ADHS), which contract with four Regional Behavioral Health Authorities (RBHAs) and five Tribal Regional Behavioral Health Authorities that operate much like the AHCCCS health plans. These RBHAs establish networks to provide mental health treatment and prevention services for children and adults throughout Arizona. In 2008, according to ADHS, approximately 41,000 children of all ages received behavioral health assessments and services at behavioral health facilities in their communities.

Services to Children with Disabilities

The Department of Economic Security (DES) and public schools under the Arizona Department of Education (ADE) are responsible for services to children with developmental disabilities. Under the federal Individuals with Disabilities Education Act (IDEA), Arizona provides screening for all referred children, and comprehensive evaluation if indicated. Results of the evaluation, along with other indicators and information, are used to determine if a child meets eligibility criteria in order to receive therapeutic services. Children are deemed eligible if they meet the definition of "delay" in one or more of the following areas: physical, cognitive, language/communication, social/emotional, or adaptive/self-help.

DES and public schools contract to provide therapeutic interventions such as speech and language therapy, occupational and physical therapy. Collaboration partners with DES and ADE include Department of Health Services, Arizona Health Care Cost Containment System (AHCCCS), Arizona State School for the Deaf and Blind.

For children who are delayed but do not meet the state's narrow criteria, families must seek private therapists and funding. For these children, enriched child-care and preschool programs and parent guidance in facilitating their child's development are particularly valuable. The partnership of the physician, parents, and developmental specialists is crucial for children to have maximum benefit of the follow-up care and therapy.

Services to Children with Special Heath Care Needs

The Arizona Department of Health Services administers the Children's Rehabilitation Services program (CRS). CRS provides family-centered medical treatment, rehabilitation, and related support services for children under age 21 with qualifying chronic and disabling conditions such as traumatic brain injury, spinal cord injury, or conditions that may necessitate adaptations, support, and or special services for the child. Children receive care for their eligible conditions in multi-specialty interdisciplinary clinics, but do not receive general primary health care services from CRS. The majority of CRS children qualify for an AHCCCS health plan, where they have a primary care physician who manages their care that is not related to their CRS-eligible condition. Children who do not qualify for AHCCCS must seek private primary care for non-CRS related conditions. Networks of services have been established so that children can receive CRS services in or close to their own communities.

Public Health Services

The Arizona Department of Health Services (ADHS) contracts with County Health Departments and other community based providers to deliver a host of programs and services that also support the health and wellness of children birth through age five. Programs include the High Risk Perinatal Program (HRPP), Women's Infants and Children's nutrition program (WIC), Health Start (education support and advocacy to pregnant/postpartum women and their families), and oral health prevention and treatment programs. Attachment B provides a listing of ADHS programs and services for children birth to age five and older.

Additionally, the Arizona Department of Health Services, Bureau of Health Systems Development has responsibility for identifying Medically Underserved Areas (MUAs), developing strategies to strengthen primary care and other health care delivery systems, administering programs to increase the number of providers, and providing technical assistance to consumer groups for planning for expansion of primary care.

Military Family Health Care

Military families are served by health care networks that are established by TRICARE. The federal TRICARE program contracts with networks of local health care professionals, hospitals, clinics, pharmacies and medical suppliers to serve eligible members. Biological or adopted children of a military service member or spouse are eligible for TRICARE health coverage.

Arizona Health Care System Gaps

While Arizona is fortunate to have a public and privately funded system of health care resources there are gaps that may result in lack of easy access to care, delays in receiving timely health care, and lack of preventive and well child screenings. Gaps for Arizona's children birth to age five and their families are identified in the following areas:

- Access to Health and Dental Care
- System Capacity – Workforce Readiness and Supply
- Screening and Early Identification
- Parent Information and Awareness
- Interagency Coordination and Alignment of Heath Care Services
- Access to Health and Dental Health Care

Access to Health Care

Health Insurance - Lack of health insurance coverage is a major barrier to timely and consistent healthcare access for many Arizona families and children. Uninsured children are more likely to be in fair or poor health than insured children. Uninsured children have less access to health care, are less likely to have a regular source of primary care, and use both medical and dental care less often.[11]

According to the most recent U.S. Census data, approximately 16 percent of Arizona children are not covered by health insurance.[12] For children birth to age five, this represents 80,000 children throughout First Thing First's 31 regions[13]. A study by the Urban Institute estimates that 70 percent of uninsured children are eligible for existing health coverage programs such as KidsCare and AHCCCS.[14] Both national and state data have shown that effective outreach efforts result in increased enrollment in public health insurance programs, resulting in greater access to preventive care and timely care when children are ill.[15]

Many Arizona families meet eligibility requirements for public health insurance programs such as KidsCare and Medicaid. In 2007, Children's Action Alliance, in collaboration with AHCCCS, identified 10 zip code areas within Arizona where children were most likely to be without health insurance. While these areas are located primarily in urban communities, First Things First Regional Needs and Assets Reports indicated that in most regions there are children that lack health and dental insurance.

Dental Care - The Centers for Disease Control (CDC) reports that early childhood tooth decay is increasing, affecting more than one-quarter (28%) of 2-5 year olds in the nation. A higher percentage of poor and low-income children are more likely to arrive at kindergarten with dental disease. The CDC also reports a decrease of *untreated* tooth decay among permanent teeth of children ages 6-19 years old, but unfortunately, this decrease was not found among pre-school children ages 2 through 5 years. In Arizona, 1/3 of children have experienced tooth decay by the age of three.[16]

The American Dental Association recommends that children receive a dental visit by age one and continuing oral health care to prevent disease and tooth decay. According to the Arizona Department of Health, Office for Oral Health, this is a significant challenge in Arizona, but could be address by increasing parents' knowledge and awareness of the need for preventive oral health care for their babies and young children; increasing access to dental insurance; and, increasing the number of dental health providers in all communities who are willing to serve children younger than three.[17]

Medical Home and Dental Home - Medical and dental homes provide care that is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and delivered in a culturally competent environment. Health outcomes and services for children are improved when essential care is coordinated through medical and dental homes, rather than offered separately by different sources of care that do not share information. Medical and dental practices that use the medical or dental home model promote a high level of communication between providers and the family, which in turn leads to better recognition of problems and needs, earlier and more accurate diagnoses, better monitoring, and increased satisfaction with care. For these reasons, care provided in medical and dental homes is often less costly and more effective than care provided through emergency departments, walk-in clinics, and other urgent-care facilities.[18] Although some medical and dental practices in Arizona are organized to deliver care within a medical and dental home framework, this is not universal. Technical assistance and coaching to expand the medical or dental home model has not been fully implemented. However, the Arizona Department of Health Services and the Arizona Chapter of the American Academy of Pediatrics have taken the lead in this effort.

System Capacity – Workforce Supply and Readiness

Primary Care and Dental Providers - According to *Building Bright Futures, 2007 Needs and Assets* Report and the 2008 Regional Partnerships Councils' Needs and Assets Reports, the supply of health care providers is inadequate in many areas of the state. This is substantiated by the Federal Health Resources Service Agency (HRSA) finding that Arizona has a shortage of 333 primary medical providers, 114 dentists, and 164 mental health providers. These shortages are mainly in rural areas of Arizona.[19] Early childhood medical specialists, such as, developmental pediatricians who specialize in treating children with developmental delays and disabilities, and pediatric dentists are in very short supply with most practicing in urban communities. Regardless of insurance status, these provider shortages limit the options that families have for timely and consistent health care access for their children.

Therapists for Children with Developmental Disabilities - Children benefit from care provided by therapists that understand the development of young children. State professional organizations, such as the Arizona Speech and Hearing Association and the Arizona Physical Therapy Association have identified that Arizona, along with rest of the country, suffers from a shortage of therapy providers for children with developmental disabilities.[20] Especially limited are therapists who have the knowledge, skills and desire to work with the birth to five year old populations.

An accurate estimate of the shortage of therapists is difficult to establish because Arizona's need for service is imprecise. According to *Bright Futures*, Arizona is serving 1.6 percent of all children birth to age three in its early intervention program (Individuals with Disabilities Education Act, Part C) compared with a national baseline of 2.4 percent. For children ages three to five, 5.2 percent of children are served (IDEA, Part B) compared to a national average rate of 5.8 percent[21]. Based on these comparisons, research by professional organizations, and the testimony of parents at the First Things First 2007 statewide community forums, Arizona indeed may not have sufficient numbers of speech/language, occupational, and physical therapists to serve all children throughout the state.

Mental Health Therapist - There is compelling research-based argument for investing in early childhood mental health strategies to support the growth and development of our youngest children. Early brain development research has substantiated the importance of the earliest relationships in helping to shape how a child responds to others, learns to regulate his own emotions, and feels about himself[22]. Although studies show that between 9.5 percent and 14.2 percent of children birth through 5 years old experience social, emotional and behavioral problems that impact them and their families', these families are least likely to access needed services.[23]

The relative newness of the infant-toddler mental health field results in a limited supply of licensed mental health clinicians (psychiatrist, psychologists, clinical social workers and mental health therapists) who have specialized expertise to work with infants, toddlers and their families.[24] However, there is some progress in addressing this workforce shortage. The Arizona Department of Health Services, Division of Behavioral Health Services is in the final months of a federal infrastructure grant to build the capacity of the mental health workforce to serve young children. They have utilized the specialized training offered through the Arizona Institute for Early Childhood Development (Harris Institute), and the Arizona Infant Toddler Mental Health Coalition. Some additional resources now exist through a new Masters of Advance Studies in Infant –Family Practice at Arizona State University and a specialty endorsement program in Infant Mental Health sponsored by the Arizona Infant Toddler Mental Health Coalition.[25] While this effort has made some headway, increasing the supply of mental health therapists is ongoing.

Screening and Early Identification

Many Arizona children arrive at kindergarten without benefit of early medical screening and the early intervention that would have helped them start school ready to succeed. Lack of early screening is a primary factor in late diagnosis of developmental delays. Some children do not receive screening because they do not have access to medical care. Other children are not screened because they are not seen consistently through a usual source of care or medical home. Furthermore, some children do receive consistent care, but they are not screened at well child visits with a standardized, validated developmental screening tool.

Most pediatricians and primary care physicians rely on "informal developmental milestones and their clinical impressions" to monitor for appropriate child development.[26] Data suggest that a full year passes between the time a parent first forwards a concern and eventual assessment and treatment. Research findings by the US Centers for Disease Control show that children with an autism spectrum diagnosis had signs of a developmental delay before the age of three, but average age of autism diagnosis was five years[27]. Both the American Academy of Pediatrics, as well as recommendations by the Commonwealth Fund, indicate that increasing the use of a standardized, validated developmental screening tool would improve early detection of developmental concerns.

Parent Information and Awareness

The Arizona health care system, with various eligibility criteria, application processes, and multi-layered programs, can challenge most parents seeking health care for their child. Alex's parents may be among the many families that report they lack information about health care services. When Alex's parents meet with a health care provider, it is vital that they feel they are an equal partner when discussing their daughter's health. Parents attending the 2007 First Things First community forums identified the need for information and resources about where to go for services including those to support children's health.

Data in the First Things First 2008 Family and Community Survey also indicates that some parents, in particular those whose children are in fair or poor health, are not satisfied with the level of information they need to support their child's health. Nearly 56 percent of parents whose children are in excellent and very good health, report being satisfied with the level of information and resources they need, compared to only 28 percent of survey parents who report their children in fair or poor health.[28] These findings indicate that parents desire easily accessible and reliable information to support their children's health and development.[29]

Interagency Coordination and Alignment

Arizona's health care service system for children birth to five consists of multiple state agencies and organizations with individual funding streams and unique administrative structures and requirements. Coordination and alignment among these agencies and entities that provide programs and services results in increased access to services, improves opportunities to leverage resources to support integrated service delivery, supports information exchange, and reduces duplication of services. These outcomes benefit families by reducing time and effort spent seeking services for their children.

The First Things First 2008 Partner Survey indicates that coordination and alignment of early childhood programs is desirable so that families are aware of and understand the resources available to them. While most partner agencies report that they do engage in some activities to coordinate and align health care service delivery, findings also indicate that the level of coordination does not achieve the desired result of parents' easy access to information or services.[30]

Endnotes

[1] Definition developed by the First Things First Health Advisory Group, September, 2007

[2] American Academy of Pediatrics, http://www.medicalhomeinfo.org/

[3] American Academy of Pediatric Dentistry, Policy on the Dental Home, Council on Clinical Affairs, Adopted 2001, Revised 2004

[4] *Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents,* National Center for Education In Maternal and child Health, Georgetown University, 2001

[5] Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers, developmental screening can be performed at 24 months of age. Also, the frequency of regular pediatric visits decreases after 24 months of age and families may have difficulty attending a 30-month visit. Therefore administering a developmental screening tool is recommended at the two year visit.

[6] Kaiser Family Foundation. Health Insurance Coverage of Children 0-18, states (2006), U.S. (2007) http://www.statehealthfacts.org/comparebar.jsp?ind=127&cat=3

[7] Ibid

[8] Ibid

[9] Robert Wood Johnson Foundation, *Going Without: America's Uninsured Children, August, 2005, Washington, DC*

[10] National Conference of State Legislatures, *State Strategies to Manage Budget Shortfalls: Case study, Arizona's Managed Care Program. Retrieved January 10, 2009.* http://www.ncsl.org/programs/fiscal/fpssmbsaz.htm.

[11] Robert Wood Johnson Foundation, *Going Without: America's Uninsured Children, August, 2005, Washington, DC*

[12] U.s Census Bureau March 2007 and 2008 Current Population Survey (CPS Annual Social and Economic Supplements)

[13] Estimates based on 16 percent of Arizona's 500,000 child population 0-5. 500,000 population estimate is based on U.S Census Bureau, *Annual Estimates of Population by Sex and Age for States and for Puerto Rico,* Release date: May 1, 2008. *http://www.census.gov/popest/states/asrh/SC-EST207-02.html*

[14]Dubay, Lisa. *Getting to the Finish Line: A Review of Where We Have Bee and How Far We Have To Go. Presentation, the Center for children and Families, Georgetown University, July2006*

[15] St. Luke's Health Initiatives, Children's Health Insurance Outreach: What Works?. April 2007 (PDF) http://www.slhi.org/publications/studies_research/pdfs/childrehsoutreachpub.pdf.

[16] Children's Dental Health Project (http://www.cdhp.org/downloads/MMWRfinal90805.pdf

[17] Arizona Department of Health Services. *The Oral Health of Arizona's Children: Current Status, Trends and Disparaties.* November 2005

[18]Strickland B, McPherson M, Weissma G,, van Dyck P, Huang Z, Newacheck, P. Access to the Medical Home: Results of the National Survey of Children With Special Health Care Needs. Pediatrics. 2004:113(suppl):1485-1492

[19] Health Professional Shortage Areas (HPSAs) are designated by U.S Department of Health and Human Services, Health Resources and Service Agency (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

[20] Senator Linda Gray, Hearings on Shortage of Therapists to Serve children with Developmental Disabilities, ASLI audio archive, 2007.

[21] First Things First, *Building Bright Futures: 2007 Statewide Needs and Assets Assessment*, December 2007

[22]Shonkoff, J. P. & Phillips, D.A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, DC. National Academies Press

[23] Cooper, J.L., Aratani, Y., Kitzer, J., Douglas-Hall, A., Masi, R., Banghart, P., Dababnah, S. (2008) Unclaimed Children Revisited: the status of children's mental health policy in the United States. National Center for Children in Poverty.

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[25] Arizona Department of Health Services, Division of Behavioral Health. Title XIX Children's Behavioral Health Fifth Annual Action Plan

[26] Sices, L. (2007). *Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement.* The Commonwealth Fund.

[27] Peacock, G., Zedan, D., & Mohammed, L. (2008). *Proceedings from Act Early on Developmental Concerns: Partnering with Early Intervention.* Teleconference

[28] First Things First, Family and Community Survey, 2007 data.

[29] First Things First, Arizona Early Childhood Coordination and Collaboration: *A Baseline Report.*

[30] Ibid.