Arizona's

Project LAUNCH

Environmental Scan Report

June 2009

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Introduction

Through funding from the Substance Abuse and Mental Health Services Administration's Project LAUNCH – *Linking Actions for Unmet Needs in Children's Health* – the State of Arizona has the unique opportunity to enhance the existing health, behavioral health, and social service systems for young children from birth to eight years of age. This five year grant is a partnership between the Governor's Office for Children, Youth and Families, the Arizona Department of Health Services, First Things First, and the University of Arizona Cooperative Extension. The goal of Project LAUNCH (Project) is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal, and locally-based networks for the coordination of key child-serving systems as well as the integration of behavioral and physical health services. Achieving the desired results of Project LAUNCH will truly take a multi-level (individuals, families, communities) and multi-sectoral (early childhood education combined with physical, emotional, social, and behavioral health services) approach, requiring all participants to collaboratively respond to the changing needs of young children and their families.

The Tapestry Project is the local program portion of this Federal grant, and will be coordinated through the University of Arizona Cooperative Extension. The Tapestry Project will serve families with children prenatally through age 8 and promote health, wellness and positive child development by involving the family. Services will be targeted to children and families residing in the South Mountain area of Phoenix, specifically zip codes 85040 and 85041. The results of the local environmental scan for zip codes 85040 and 85041 are available in a companion report, *Tapestry - Arizona's Local Environmental Scan and Outline of Local Strategic Planning Process*, which is available upon request.

In part, the Project builds upon the State Early Childhood Comprehensive Systems (ECCS) initiative, supported through the Maternal and Child Health Bureau, Department of Health and Human Services, Health Resources and Services Administration (HRSA). The ECCS initiative addresses the key components of health and medical home[1], early childhood education, mental health and social-emotional development, family support and parenting education. The Project will deliver a number of services that are complementary to those already provided as part of the ECCS initiative, and other programs available in Arizona communities. However, the Project brings a new focus to healthy development and school readiness by extending services beyond the traditional early childhood (birth to age five) period by incorporating the coordination of young children transitioning to elementary school. The Project will bring together health, behavioral health and social service systems in a groundbreaking effort to unite services that promote young child wellness. And, the Project will work with families to address the social and environmental conditions that act as determinants of health and human development.

[1]The medical home provides medical care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and delivered in a culturally competent environment.

In early 2009, the Project conducted a State-level environmental scan to develop a more comprehensive picture of the early childhood-serving environment in Arizona. An effort was made to identify current funds utilized across multiple State agencies that support programs to address the physical, emotional, social, cognitive, and behavioral health of children from birth to eight years of age. We attempted to gather details about expenditures across a number of State agencies, including relevant child-serving systems including prevention, early intervention and treatment services for young children (birth to eight years of age), families, and their caregivers.[2] Due to the current global recession and State budget crisis, it has been difficult to obtain financial details from agencies that support programs to address early childhood development and health. Over the course of the Project, beginning with this environmental scan and throughout the strategic planning process, the Project will continue to make an effort to systematically collect and analyze information about funding for young children and families to learn more about the following:

- Which State agencies spend dollars on services for Arizona children and their families, what types of services are being provided, how much are agencies spending, and what types of dollars are being spent?
- What is being done to ensure that financing opportunities exist that can encourage the delivery of comprehensive, integrated, family-centered services?
- What financing strategies have been developed or utilized to encourage cross-agency coordination?
- Are all funding streams maximized to cover services for this population?

This report describes the landscape of systems, programs and other resources currently available in Arizona that are working to address challenges facing young children, birth to age eight, and their families. The intent is to provide an overview of the early childhood system and related issues in Arizona from a State-level perspective, and identify opportunities to support the development of a comprehensive, family-centered public health approach for children birth to eight and their families. A public health approach addresses the comprehensive health of all children by shaping environments and engaging partners from many sectors who can enhance and support good health in a comprehensive and coordinated way. It should be noted that this report is a “living document,” and will most likely be modified over the course of the Project to reflect changes in the systems and supports that address the well-being of children and families throughout the State and Arizona’s Project LAUNCH target area, zip codes 85040 and 85041.

[2] Johnson, K. & Knitzer, J. (2005, November). Spending Smarter A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness**.** Retrieved [5/28/09], from National Center for Children in Poverty Web site: http://www.nccp.org/publications/pub_634.html

Background

The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) created a new grant program called Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) designed to promote the wellness of young children from birth to eight years of age by addressing the physical, emotional, social, and behavioral aspects of their development. The purpose of the grant is to ensure that the recipients of the grant would implement a range of evidence-based public health strategies to support young child wellness. An important guiding principle of this grant is that States, local governments and/or tribes would participate in a manner that would improve coordination among child-serving systems, build infrastructure, and improve delivery methods for providing services. The majority of the funds would then be allocated by the State at local and/or tribal level to an identified locality. Thus, the grant would support the enhancement and integration of services in addition to system coordination and development.

The State of Arizona is one of the six Project LAUNCH grant awardees. Project LAUNCH requires grantees to develop environmental scans that profile State and community needs. The guiding principle behind developing the environmental scan is that it would aid the grantees to develop a strategic plan that reflects the 'real needs' of the identified State and chosen locality. The guiding principle behind developing the environmental scan is that it would aid the grantees to develop a strategic plan that reflects the 'real needs' of the identified State and locality. Thus, the strategic plan would identify gaps in the existing systems of care, and would build upon the programs, services, and resources that are already in place to serve young children. In addition to mapping out the systems and programs in place, SAMHSA also requires that the environmental scan include a financial map of the funding streams that support programs to address the physical, emotional, social, cognitive, and behavioral health of children from birth to eight years of age. While no single format for reporting on the environmental scan is required, SAMHSA requires grantees to include at a minimum:

i. A description of who participated in the scanning process and how stakeholders were engaged and diverse perspectives ensured (see Appendix A);
ii. A description of the methods used for gathering scan data (e.g., extant data, focus groups, surveys, etc.);
iii. Reflections on the successes and challenges that arose in the process of conducting the environmental scan (e.g., lessons learned);
iv. A summary of findings from the scan; that is, not a summary of data but conclusions that could be drawn from the scan that are key to helping the project move to the next phase, to serve as the foundation for the strategic plan.

In accordance with the guidance provided by SAMHSA, Arizona's Project LAUNCH team initiated the process of developing an environmental scan amidst critical events. At the time this report was being prepared, there were events of global, national, and State significance that presented challenges to data collection. For months, State agencies have been working to

provide information to the Arizona Legislature during the development of the overall spending reduction plan for the State fiscal year 2010. At the same time, the nation and the State of Arizona closely monitored the H1N1 virus, more commonly known as swine flu. Health officials in Arizona worked around the clock to respond to this public health emergency. The implications for active data collection methodologies (data obtained from surveys) posed significant challenges in light of these events as agencies were challenged to do more with less and juggle competing priorities. The contents of this report should not be interpreted to reflect *all* programs and services available to children and families in the State of Arizona, but rather our best effort to gather available information in light of the social, political, and economic challenges facing our State.

Several sources of information were reviewed while developing Arizona's Project LAUNCH Environmental Scan Report, including but not limited to:

a) Existing nation-wide, statewide, and local databases capturing data pertaining to the grant and the target area;
b) Existing statewide and local needs assessment plans relating to Project LAUNCH grant objectives in the target area (85040 and 85041);
c) Existing policies and memorandums of agreement within the Arizona Department of Health Services relating to grant objectives;
d) Existing partnerships with stakeholders pertaining to the agency;
e) Project LAUNCH goals and objectives and its alignment with Title V Maternal and Child Health Block Grant's goals and objectives.

The underlying theoretical perspective that shapes Arizona's Project LAUNCH Environmental Scan Report is the social determinants of health model, which views inequities in health and/or avoidable health inequalities as circumstantial, and are in turn shaped by social, political, and economic forces.[3]

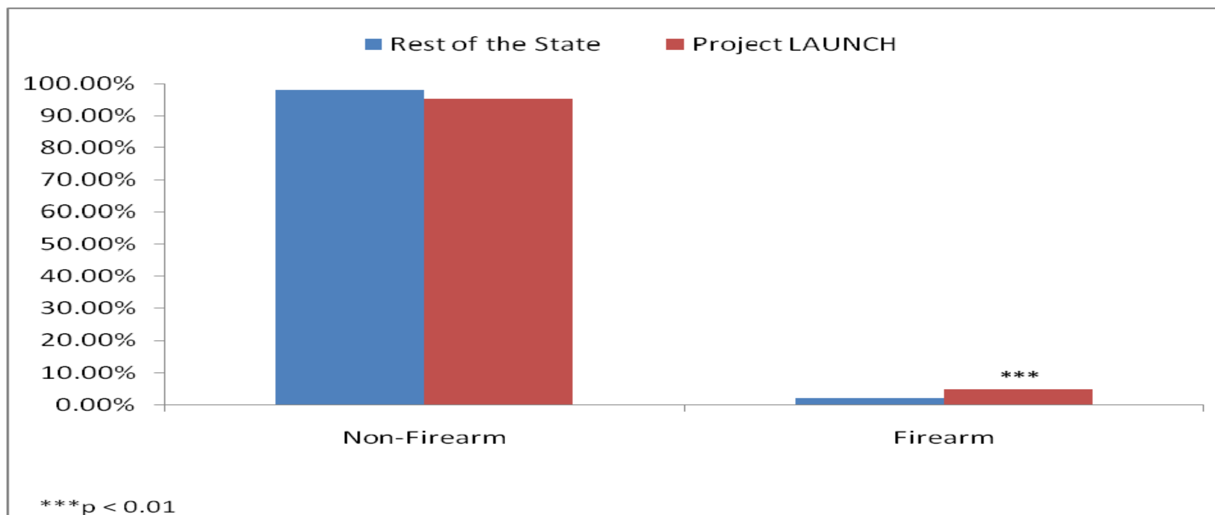
COMMUNITY RISK FACTORS

Arizona's Project LAUNCH effort was developed on the premise that the well-being of young children, from birth to eight years of age, can be measurably improved through the additional application of resources that support early childhood development, and that addresses some of the root causes that lead to juvenile and adult criminal activity and incarceration. A 2005 epidemiological study that investigated the needs of children of incarcerated parents reported that there were approximately 35,801-40,931 children throughout the State, under the age of 18, with at least one biological parent in prison.[4] The availability of research data that

[3] CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.
[4] Shafer M.S. (2005). An Epidemiological Study of the Prevalence and Needs of Children of Incarcerated Parents within the State of Arizona. Retrieved [5/28/09], from http://www.cabhp.asu.edu/projects/research/pdf/epidemiological%20study%20of%20the%20prevalence%20and%20needs%20of%20children%20of%20incarcerated%20parents.pdf.

examines the impacts of parental incarceration on children's social, emotional, cognitive and physical development is limited. This is in part because law enforcement and correctional agencies are not required to collect information about the children of arrested or incarcerated adults.[5] However, we do know that most children of incarcerated parents are exposed to negative social and familial challenges that actually occur before a parent becomes incarcerated, including prenatal exposure to drugs and alcohol, increased rates of poverty, homelessness, and abuse.[6] For example, a review of firearm related deaths in 2007 showed that the Project LAUNCH target area had a significantly higher percentage of deaths compared to rest the of Arizona (see Figure 1).

Figure1. Death due to firearm injuries in the Project LAUNCH Target Area in 2007



Recognizing the challenges that families face when offenders return home and re-enter their communities, Arizona's Project LAUNCH effort aims to build upon the work of the *Legacy Project* and support the ex-offender's roles and responsibilities as a parent. The *Legacy Project* is a joint project of the Arizona Department of Corrections (ADC) and Department of Economic Security (DES), aimed at offenders released into 85040 and 85041 and their families. The *Legacy Project* provides a level of added support to newly released high need and high risk offenders through coordinated pre-release discharge planning, and identification of needed services for the offender and their family.[7] Through a coordinated approach, designed to reduce recidivism, improve family outcomes, and increase self-sufficiency, ADC Community Corrections and DES Family Connections staff provide reentry wrap around services pre and post release.[8] Programs and services available to ADC offenders include substance abuse counseling and treatment, faith-based mentoring, vocational rehabilitation, Child Protective Services, job placement assistance, and Veteran's services. Additional services include cash

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[5] Ibid
[6] Ibid
[7] Eitniear, Jerry. "Legacy Project." Email to Rosalinda Castañeda. 8 May 2009.
[8] Ibid

assistance, medical assistance (through the State's Medicaid agency), and nutrition assistance (food stamps), if eligibility criteria is met.

Arizona's current system of early childhood development and health services is comprised of an array of Federal, State and locally funded programs and services primarily delivered through a community-based service delivery system. While there are a number of agencies and programs available to address the needs of young children and their families, the State is challenged by a lack of strong coordination and collaboration among public and private agencies.[9] Project LAUNCH grant funding will support early childhood service system integration and improved collaboration, policy-making and planning at the State and community levels, as well as the expansion of evidence-based practices in prevention and wellness promotion for young children.

Over the next five years, Arizona's Project LAUNCH effort will support at-risk children and families, with a particular emphasis on families engaged in the *Legacy Project*, as early as possible with evidence-based, culturally relevant, community-based programs that support child wellness. The purpose of this Project is to promote an integrated system of care that responds to the needs of children, ages 0-8 years, and their families in a comprehensive, coordinated, family-centered, and culturally sensitive manner. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

GENERAL POPULATION TRENDS

Contextualizing the sociodemographic environment for Arizona's Project LAUNCH target area helped to provide insights into some potential challenges that the State of Arizona and the local partners might encounter while working to accomplish the goals set forth in the grant. First, the demographic landscape of Arizona's Project LAUNCH target area is comprised of multi-ethnic and linguistically complex neighborhoods. Using a Claritas[10] zip code level dataset for 2008, data was analyzed to provide a more up-to-date demographic profile for the State of Arizona as well as Arizona's Project LAUNCH target area.

Results from the analysis show that although the rest of the State (excluding Arizona's Project LAUNCH target area) has grown in its population size by 25 percent since 2000 it is evident from the table (see Table 1) that the Project LAUNCH target area population has almost doubled with a 55 percent change. Table 1 gives us an overview of the demographic profile for Arizona's Project LAUNCH target area compared to rest of the State.

[9] First Things First, (2007). Building Bright Futures: 2007 Needs and Assets Assessment. Retrieved [5/28/09], from http://www.azftf.gov/WHOWEARE/BOARD/Pages/ReportsandPubs.aspx

[10] Nielsen Claritas is the pre-eminent source of accurate, up-to-date market research analysis and target marketing research about the population, consumer behavior, consumer spending, households and businesses in the United States. Available at: http://tetrad.com/demographics/usa/claritas/. Methodological details of demographic updates can be accessed at http://www.tetrad.com/pub/documents/2008UpdateDemographicsMethodology.pdf

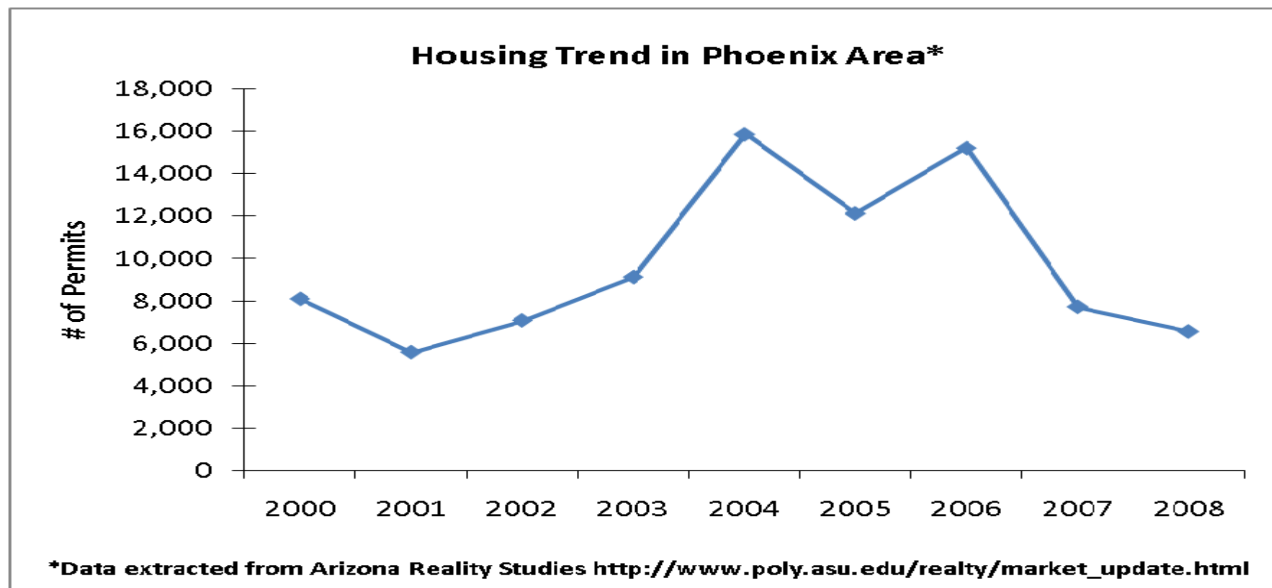
Table 1. Demographic Profile of Arizona's Project LAUNCH Target Area

	Population 2000		Population 2008		% Change	% Change
	PL	State	PL	State	PL	State
American Indian	1,212	254,673	2,268	295,254	87.13	15.93
Asian	304	91,943	455	149,484	49.67	62.58
African American	9,809	149,067	10,820	210,441	10.31	41.17
Native Hawaiian/Pacific Islander	115	6,620	181	9,822	57.39	48.37
White	28,358	3,845,246	48,483	4,608,873	70.97	19.86
Some other race	19,258	577,502	29,287	862,530	52.08	49.36
Two or more races	2,441	144,090	3,821	214,826	56.53	49.09
Total	***61,497***	***5,069,141***	***95,315***	***6,351,230***	***54.99***	***25.29***
Total Population	**5,130,638**		**6,446,545**		**25.65**	

***Data estimates are based on Claritas Zip Code level Data**
Notes:
PL = Project LAUNCH (Includes zip codes 85040, 85041);
State = All zip codes in the state excluding Project LAUNCH zip codes 85040, 85041

This growth can be attributed to many factors; however, a key factor that spurred this growth was the housing market. For instance, the number of housing permits in the Phoenix area (which includes Arizona's Project LAUNCH target area) was almost double in the year 2006 compared to the year 2000 (Figure 2.) indicating rapid growth. However, since the economic downturn, the growth in the housing sector has declined drastically. The downturn in the housing market in Phoenix area may play a critical role when it comes to ensuring access to various social services.

Figure 2. Housing Trend in Phoenix Area



These dramatic shifts in the economy may also play a significant role in determining the health of the most vulnerable populations, especially women and children. Table 2 presents an overview of the zero to nine year old population using the zip code level Claritas dataset.

Table 2. Demographic Profile of Project LAUNCH Zero to Nine Cohort

Zero to Nine Years	Population 2000		Population 2008		% Change	% Change
	PL	State	PL	State	PL	State
American Indian	269	53,765	450	55,809	67.29	3.80
Asian	48	12,000	57	20,760	18.75	73.00
African American	1,836	26,644	1,910	34,837	4.03	30.75
Native Hawaiian/Pacific Islander	28	1,119	47	1,812	67.86	61.93
White	5,739	492,943	9,716	598,718	69.30	21.46
Some other race	4,506	130,197	6,484	186,774	43.90	43.45
Two or more races	629	42,459	839	55,078	33.39	29.72
Total	13,055	759,127	19,503	953,788	49.39	25.64
Total Population	772,182		973,291		26.04	

***Data estimates are based on Claritas Zip Code level Data**
Notes:
PL = Project LAUNCH (Includes zip codes 85040, 85041);
State = All zip codes in the state excluding Project LAUNCH zip codes 85040, 85041

Although the same pattern of demographic growth is found among the zero to nine year old cohort, the overall State grew by 25 percent, and Arizona's Project LAUNCH birth cohort almost doubled. The data on child wellness measured through infant mortality (see Table 3) indicates that there were significantly higher infant deaths in Arizona's Project LAUNCH target area compared to the rest of the State in 2007.

Table 3. Infant mortality in Project LAUNCH Target Area in 2007

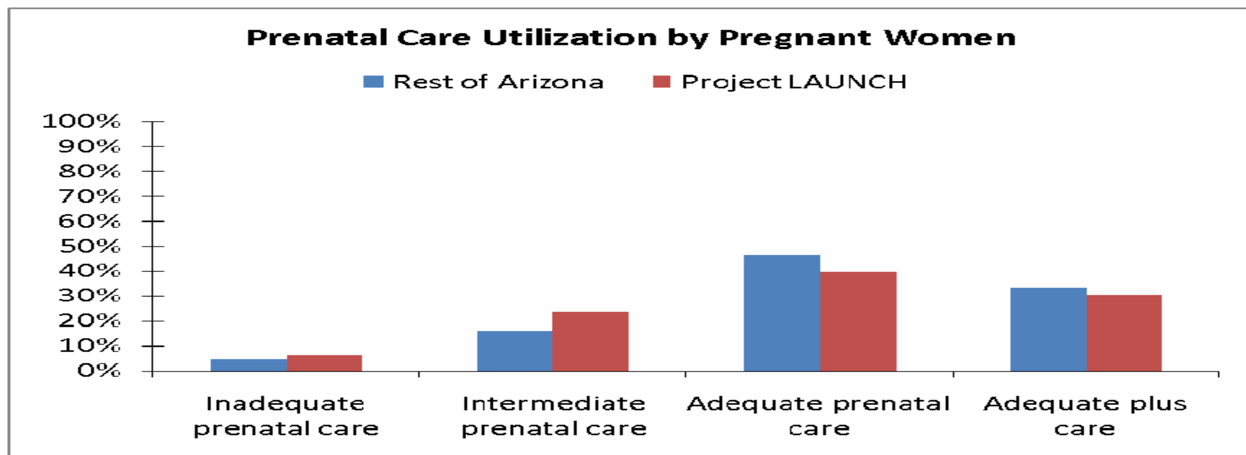
Status	*Project LAUNCH*	*Rest of the State*	Total
Alive	2385	99603	**101,988**
Dead	25**	674	**699**
Total	**2410**	**100,277**	**102,687**

**Chi-square 4.64(1) p = 0.031

There were 10.5 deaths per 1000 births in the Project LAUNCH target area compared to 6.8 deaths per 1000 population. Major causes of infant mortality for the study area included: extreme prematurity; Edward's syndrome; and sudden infant death syndrome (SIDS). With regards to the utilization of health and social services, prenatal care is an important indicator for pregnant women. Figure 3 gives an overview of prenatal care access in 2007. Clearly, pregnant women in the Project LAUNCH target area have lower levels of prenatal care utilization as indicated by the Kotelchuck Index.[11]

[11] The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the

Figure 3. Prenatal Care Utilization by Pregnant Women in Arizona



While these critical indicators for infant and children have a tremendous impact on the overall health, it is also important to understand the system capacity and/or project system needs. A review of Arizona Healthcare Dollars by Primary Market Segment, 2002–2010 (In Billions) by St. Luke's Health Initiative indicates that: a) the healthcare expenditures for the under-65 population are expected to more than double between 2002 and 2010 and these increases are a function of both population growth and medical inflation; b) the individual coverage market segment is projected to grow most rapidly due to lower coverage by employers; c) expenditures in the Medicaid and uninsured market segments reflect a similar trend as individuals previously covered through their employers may lose coverage, seek Medicaid coverage, or become uninsured.[12]

While some of the indicators analyzed do not provide an exhaustive overview of the Project LAUNCH population, Arizona's Project LAUNCH team tried to account for as many critical variables that are relevant to the social determinants of health framework. The following section presents an overview of the methodology for the environmental scan, followed by analyses pertaining to the five Project LAUNCH topic areas: 1) family support and parenting education; 2) mental health and social and emotional wellness; 3) early care and education; 4) primary care; and 5) systems development.

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adequacy of initiation as follows: pregnancy months 1 and 2, months 3 and 4, months 5 and 6, and months 7 to 9, with the underlying assumption that the earlier prenatal care begins the better. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (50%-79%), Adequate (80%-109%), and Adequate Plus (110% or more). The final Kotelchuck index measure combines these two dimensions into a single summary score. The profiles define adequate prenatal care as a score of 80% or greater on the Kotelchuck Index, or the sum of the Adequate and Adequate Plus categories.

[12] St. Luke's Health Initiatives. (2009). Arizona Healthcare Premiums for Private Sector Market Segments, 2002 - 2010 (PMPM). Retrieved [5/28/09], from http://www.slhi.org/policy_data/primary_market_segment_2002-2010.shtml.

Methodology

The basic methodology employed for developing the environmental scan was comprised of several strategies including reviewing secondary data sources as well as developing a data plan for primary data collection. While several factors influenced the actual development of the environmental scan, the scan itself is framed within the context of the social gradients framework, also known as the social determinants of health. The Office of Assessment and Evaluation (OA&E), within the Bureau of Women's and Children's Health at the Arizona Department of Health Services, provides all data and technical support with overall guidance provided by Dr. Khaleel Hussaini. OA&E has access to several administrative datasets available through the Arizona Department of Health Services including: linked birth and death dataset; child fatality datasets; the Women, Infants, and Children (WIC) dataset; the Encounter dataset from the Division of Behavioral Health Services; and other program-specific datasets. These datasets add richness to publicly available data as the datasets can be disaggregated to the zip code level.

In the draft environmental scan presented to SAMHSA in March 2009, it was noted that Arizona's Project LAUNCH effort was in the process of hiring a full-time epidemiologist, conducting the Partner Survey, as well as collecting other administrative data (Inventory of Services) specific to Project LAUNCH. At the completion of the final draft a full-time epidemiologist, Mr. Kevin Durand, was hired. Mr. Durand's credentials include a Master of Science degree in Public Health (University of Colorado), a Master of Philosophy degree in International Community Health (University of Oslo, Norway), and a Maternal and Child Health Certificate (University of Arizona). The online Partner Survey was developed for State of Arizona agencies and their partners to request information on early childhood services, organizational policies, finances, workforce development, population served, and priority areas. The Project LAUNCH State Council and the Governor's Office for Children, Youth and Families (GOCYF) identified a number of key partners to: a) complete the online Partner Survey; b) complete the Inventory of Services; and c) outline the financial landscape of their agency.

First, a letter from the GOCYF was sent to various State of Arizona agencies that directly provide and/or partner with other agencies that provide early childhood services. Enclosed in the letter was a template for the Inventory of Services that included a request for financial data. After receiving data from approximately 60 different programs, Arizona's Project LAUNCH epidemiologist created a dataset using SPSS 15.0 to perform a text analysis of the data. This was done by reviewing the qualitative data that was provided for each of the programs, keeping in mind each of the questions provided in the Environmental Scan Guidance document provided by SAMHSA. If a program did address the question it was coded as 1 for Yes, if not, then it was coded as 0 for No. Frequency tables were generated to see the percentage of programs that are addressing each of the questions. The dataset, coding plan, and a data dictionary were developed by the epidemiologist and further reviewed by the Office Chief of Assessment and Evaluation at ADHS.

Second, an online Partner Survey was distributed via a convenient snowball sampling strategy of key stakeholders. An initial deadline was set for the 22nd of May 2009. However, due to an extremely small sample size the deadline was extended to the 26th of May 2009. The survey can be viewed at http://www.surveymonkey.com/s.aspx?sm=nlx1KYAxqWQZzsU8UwLMxg_3d_3d. The survey was developed utilizing *Interuniversity Consortium for Political and Social Research* (*ICPSR*) database utilizing different health infrastructure studies. The survey primarily targeted executive, senior, and middle management as it required respondents to answer not only policy and program related questions but also financial and workforce related questions. One specific item on levels of collaboration[13] was incorporated to assess collaboration among early childhood partners.

Third, wherever applicable administrative data (secondary data sources) available from audit reports, financial reports, annual reports, and needs and assets assessments, etc. were reviewed to fill in data gaps. Some of the data sources available and accessible were:

❶ ***First Things First*** which is a public organization that allocates tobacco tax funds to 31 regional partnerships throughout Arizona to provide comprehensive, high quality early education and health services for children birth to 5 years old.
  - First Things First Statewide 2007 Needs and Assets Assessment – comprehensive assessment of services and programs for children birth to 5 years old, disaggregated by 31 regions
  - First Things First South Phoenix Needs/Assets Assessment – comprehensive needs/assets assessment completed in the area that includes zip codes targeted by Arizona LAUNCH/Tapestry Project – 85040 & 85041

❷ ***Legacy Project,*** a project of the Arizona Department of Corrections, the Arizona Department of Economic Security, and Maricopa County. The project provides a level of added support to newly released high need and high risk offenders returning to the two targeted zip codes through coordinated pre-release discharge planning, and identification of needed services for the offender and their family.
  - *Legacy Project* is working in collaboration with the Arizona Project LAUNCH/Tapestry efforts.
  - *Legacy Project* data – data for mapping and analysis is available from the Arizona Department of Economic Security, Arizona Department of Corrections and Maricopa County specific to targeted zip codes.

- Data available on the Internet including but not limited to: the Department of Health and Human Services (Available at: http://taggs.hhs.gov/AdvancedSearch.cfm); U.S. Census data (Available at: www.census.gov); Kaiser State Health Facts data, (Available at: http://www.statehealthfacts.org); Arizona Department of Education (Available at: http://www.ade.state.az.us/earlychildhood); Arizona Department of Economic Security,

[13] Frey, B., Lohmeier, J.H., Lee, S.W. & Tollefson, N. (2006). Measuring collaboration among grant partners. American Journal of Evaluation, 27(3). 383-392.

Arizona Department of Health Services, Division of Licensing Services, (Available at: http://www.azdhs.gov/als/index.htm); SAMHSA mental health facility locator, http://mentalhealth.samhsa.gov/databases; Superior Court of Maricopa's Research and Planning (Available at: http://www.superiorcourt.maricopa.gov/JuvenileProbation/Administration/rapsDivision.asp).

Whenever applicable, data reports from the First Things First South Phoenix Regional Council were examined extensively to avoid duplicity and redundancy. These reports provided an overview of what information was available for Arizona's Project LAUNCH target area and what information still needed to be collected.

Results

The following section presents an overview of the text analysis of the Inventory of Services as well as the Partner Survey findings, followed by a summary of the results from the environmental scan, which are organized into five general topic areas including:

① Family Support and Parenting Education

② Mental Health and Social and Emotional Wellness

③ Early Care and Education

④ Primary Care

⑤ Systems Development

Text Analysis of the Inventory of Services

While there are a number of programs in Arizona that focus on early childhood development and health, the results from the text analysis of the Inventory of Services indicate that there is a need to enhance family support and education; mental health and social and emotional wellness; early care and education; primary care; and systems development. The text analysis results provided some useful insights about the early childhood-serving environment in Arizona. However, caution should be used when interpreting the results; the results should only be interpreted as estimates. There are inherent limitations associated with quantifying qualitative data. In our case, data was self-reported so it was not possible to eliminate recall and misclassification bias. Additionally, the fact that the early childhood-serving environment in Arizona is constantly evolving and includes multiple stakeholders makes it difficult to characterize the system of early childhood care. Hence, the text analysis results are only meant to provide a “snapshot” of Arizona’s early childhood-serving environment.

Key findings:

Family Support and Parenting Education

- Three percent of reported early childhood development and health programs in Arizona employ evidence-based practices in family strengthening to enhance child wellness.
- Ten percent of the reported programs are doing the following activities: ensuring that all families (inclusive of mothers, fathers, grandparents, and other family members) have access to culturally sensitive and appropriate family-strengthening programs and services to foster child wellness; and helping families become effective advocates for their children starting before their birth and through their early years.

- Thirteen percent of the reported programs are ensuring that family support and parenting education efforts are culturally-sensitive.
- Five percent of the reported programs are supporting the development of knowledge and skills that families need to be meaningfully involved in policy and program planning, implementation, and quality assurance to support young child wellness.
- Eight percent of the reported programs have something in place to ensure that parents have the health-related knowledge to engage professionals around their children's wellness.

Mental Health and Social and Emotional Wellness

- Twelve percent of the reported programs are doing something to encourage care coordination among providers who are working to ensure the social and emotional wellness of children.
- Seventeen percent of the reported programs are doing something to ensure collaboration among the early intervention system and early care and education providers.
- Fifteen percent of the reported programs are doing something to address transitions of all children from birth to three, preschool, and to elementary school, especially for those children who are Individuals with Disabilities Education Act (IDEA) eligible.

Early Care and Education

- Eight percent of the reported programs are doing the following activities: involving child care providers in the young child-serving system; sharing information between early care systems, K-12 systems, and other child-serving systems; and reaching out to small and/or informal providers of child care.
- Twelve percent of the reported programs are doing the following activities: ensuring that early care and education settings serve as an access point for health insurance and medical homes; and ensuring that early care and education settings are culturally sensitive and appropriate.
- Thirteen percent of the reported programs are doing the following activities: ensuring that early care and education providers know how and when to make referrals into the early intervention system; and doing something to help early care and education providers link families to parenting education resources and programs.

Primary Care

- Seventeen percent of the reported programs are doing something to ensure that all children are connected to a medical home.

- Thirteen percent of the reported programs are doing the following activities: ensuring that the State Medicaid system recognizes developmental assessment as a critical component of the well-child visit and reimburses providers for the service; and ensuring that the results of the referral are shared and the relevant providers and family members are involved in making follow-up decisions.

- Twelve percent of the reported programs are doing something to ensure that medical providers know how to access the early intervention system.

- Five percent of the reported programs are doing something to ensure that medical providers provide information to families about the importance of a safe, high-quality child care environment.

- Eight percent of the reported programs are doing something to ensure that other agencies providing services to adults are collaborating with those providing services to young children (i.e., Substance Abuse, Justice, Housing, and Labor).

- Ten percent of the reported programs are doing the following activities: ensuring that medical providers explore mental health issues with family members; and connecting families to traditional and spiritual leaders.

- None of the programs reported that they were doing something to ensure that services to adult caregivers are coordinated with supports and services provided to the young child (i.e., incarcerated women with children receive supported visits with foster parent and child).

Systems Development

- Twelve percent of the reported programs are doing the following activities: ensuring that early childhood issues have a high profile on the public policy agenda in the State/tribe and community; and developing policies to address linguistic competence (i.e., interpretation and translation of documents).

- Three percent of the reported programs are doing the following activities: support training, coaching, and effective implementation of evidence-based practices (EBPs); have a workforce development plan for staff working with children, birth to eight, and their families; and are developing a strategic plan for ensuring cultural and linguistic competence among providers and policy makers.

- Five percent of the reported programs have efforts underway to reduce disparities among families from different cultural or linguistic backgrounds.

- Fifteen percent of the reported programs have efforts underway to ensure that true family and community voice is informing the system.

- None of the programs reported that efforts are underway to: replicate successful local efforts around promotion and prevention for young children and their families; and hire

families to ensure that a family voice is included in decision-making and policy development.

Partner Survey Findings

As noted earlier, using a convenient snowball sampling strategy, the Partner Survey was made available to key stakeholders across various State of Arizona agencies including executive, senior, and middle management. The survey was made available online through a secured link and ensured confidentiality for all respondents. The final survey data was downloaded on the 27th of May 2009. A total of 21 respondents completed the survey. The survey included skip patterns relevant to early childhood and therefore, there was further attrition in the sample.

Data obtained on State Fiscal Year (SFY) expenditures for 2008 from the Partner Survey indicated that average expenditures was *M = $9,730,500; SD = $17,739,300*. The following figure (see Figure 2) compares the average percentage of dollars and the sources of funding reported by the key informants.

Figure 2. Funding Source and Average Percentage of Dollars Received in SFY2008

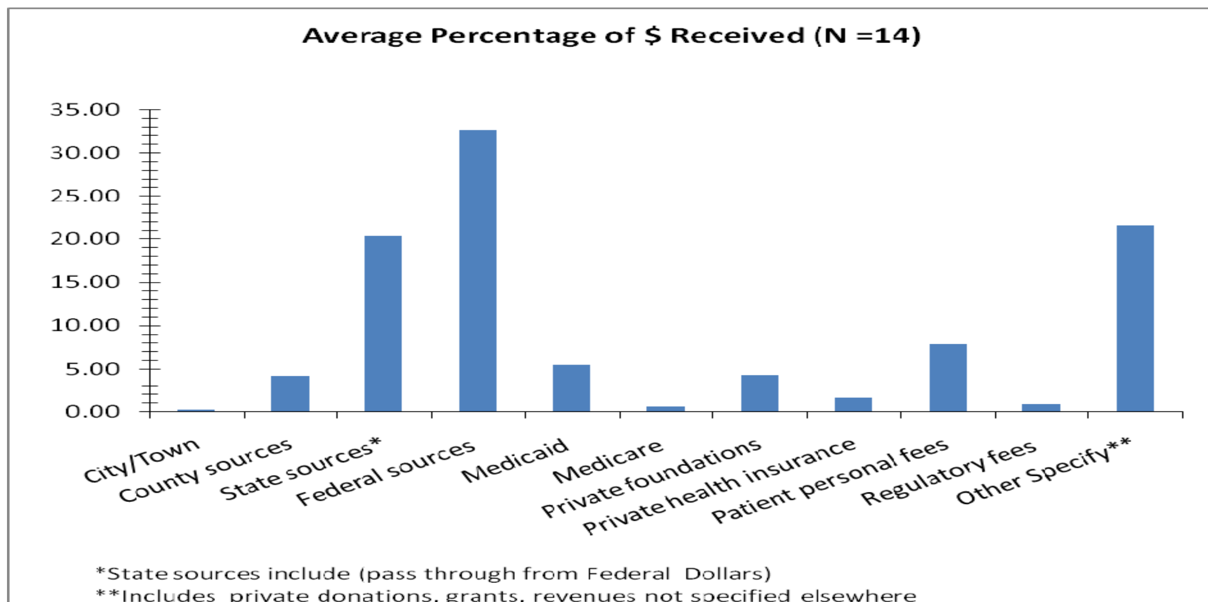
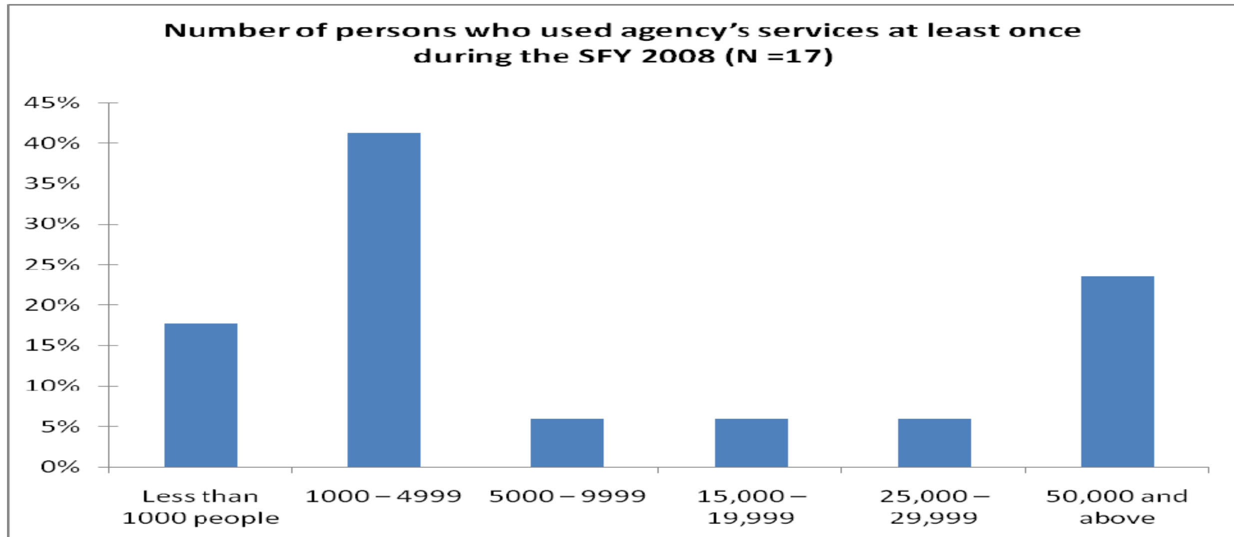


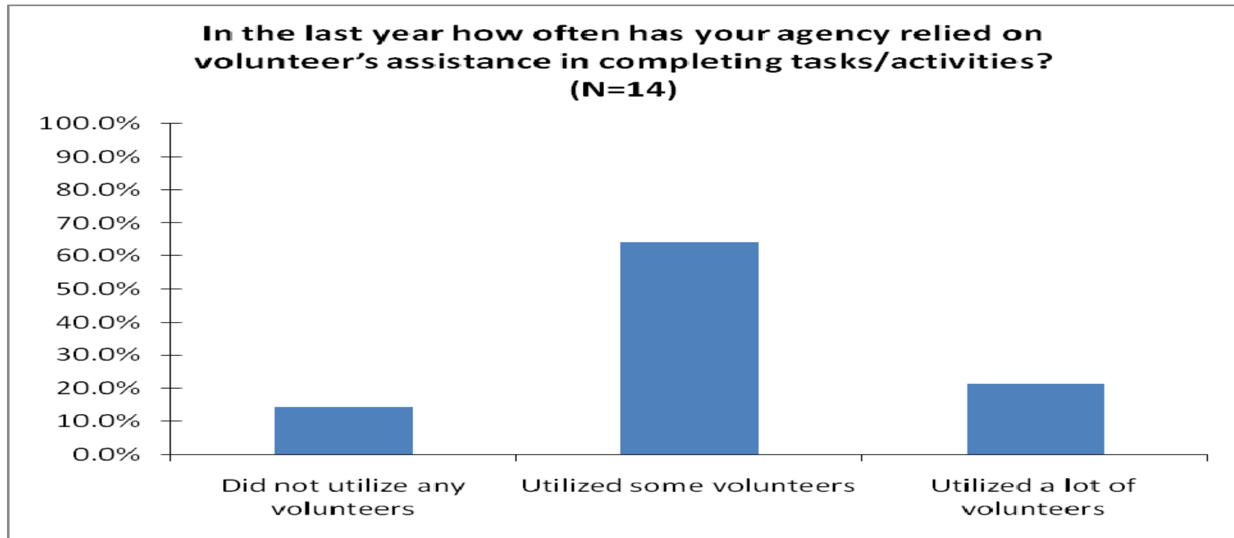
Figure 3 gives us the percentage of unduplicated clients served by the agencies during SFY 2008. Most of the agencies reported that they served between 1000 to 5000 people (41%), followed by approximately one-fourth who reported having served 50,000 people or more.

Figure 3. Key Stakeholders estimates of the total population served by their agency/organization during SFY2008



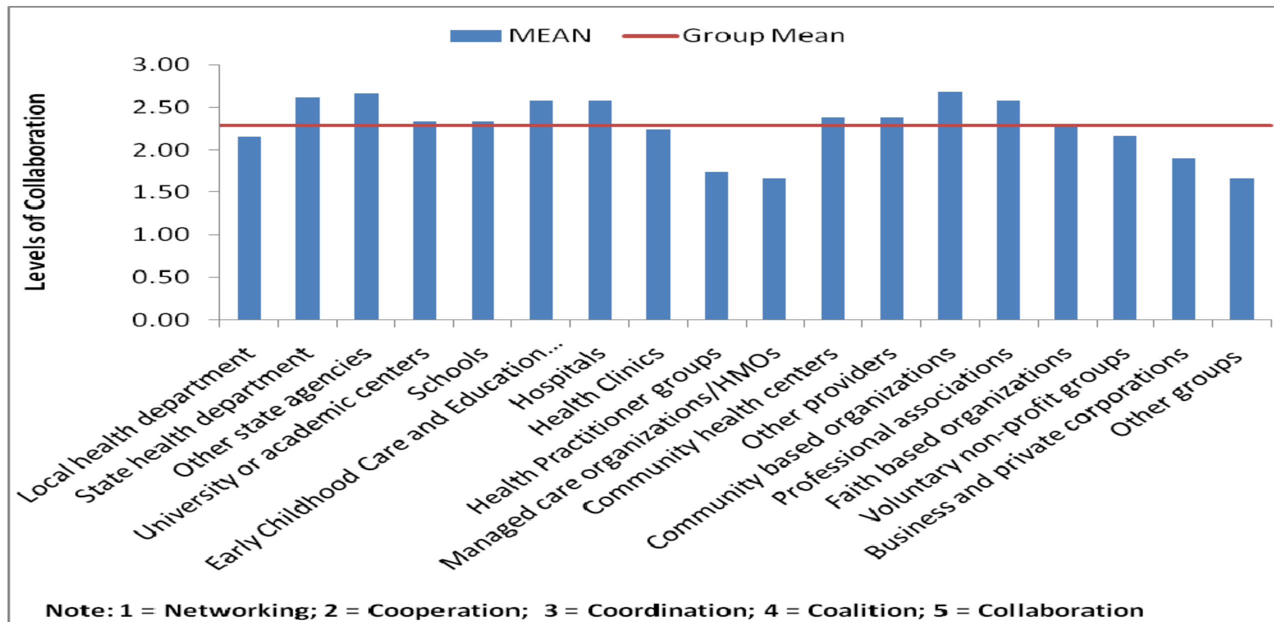
When key stakeholders were asked about their agencies top priorities, there was no consensus among stakeholders on the "top one" priority. However, 22 percent of the stakeholders indicated parent education and the training was top two priority followed by health education/risk reduction as the top three priority (16.7%); injury prevention, maternal health, and parent education and training as the top four prority; and early childhood education as the top five priority. Key stakeholders were also asked whether their agency or their partner agency performed needs assessment. Approximately, 80 percent of respondents indicated that their agency or partner agency performed a needs assessment. With regards to how well the needs assessment was performed in their area approximately 30 percent indicated the activity performed was "excellent" and another 30 percent indicated it to be "good," followed by 20 percent "moderate," and another 20 percent "fair." There was a tremendous amount of variation in the average number of full-time employees (FTEs) $M = 130; SD = 188.90$ employees with a minimum of one FTE in one agency to a maximum of 627 FTEs and part-time employees $M = 14.5; SD = 21.44$ with a minimum of zero to a maximum of 75 part-time employees. Figure 4 gives us an indication how much volunteers were utilized by key stakeholder agency in the preceding year.

Figure 4. Utilization of Volunteer Assistance by various agencies/organization



Based on Frey, Lohmeier, Lee, Tollefson's (2006) work on collaboration and their relationship characteristics, a "collaboration-scale" was developed to assess the levels of collaboration (1 = Networking; 5 = Collaboration) among the key stakeholder agencies. This scale had good internal consistency and reliability despite the low sample size. Key stakeholders were provided with the definition of networking (networking = aware of organization, loosely defined roles, little communication, all decisions are made independently); cooperation (cooperation = provide information to each other, somewhat defined roles, formal communication, all decisions are made independently); coordination (coordination = share information and resources, defined roles, frequent communication, some shared decision making); coalition (coalition = share ideas, share resources, frequent and prioritized communication, all members have a vote in decision making); and collaboration (collaboration = members belong to one system, frequent communication is characterized by mutual trust, consensus is reached on all decisions). They were asked *" Using the definition of collaboration and the relationship characteristics defined above tell us if your agency/organization partners with….;*" and a list of agencies was provided. Figure 5 provides an overview of how key stakeholders responded. It is evident that most of the respondents perceived that their "level of collaboration" was at the coordination and cooperation level evident from the overall mean $M = 2.29; SD = 0.89$.

Figure 5. Perceptions of Key Stakeholders on the Levels of Collaboration Among Various State Agencies/Organization



Thus, in Arizona the level of collaboration is still in its early stages and most of the agencies have not yet realized the benefits of forming alliances to develop long-term sustainable strategies for promoting health. This is further evidenced from the fact that when key stakeholders were asked "thinking *about the partnerships tell us if your agency/organization partnership is mandated"* (1 = mandated; 2 = voluntary; 3 = other), over 75 percent of the indicated other reasons, none of which related to a vision of long-term sustainable strategies for promoting better health. The next set of questions in the partner survey determined whether or not the key stakeholders would continue answering the questions in the survey or not, through a set of conditional questions. For instance, key stakeholders were asked *"whether their agency/organization offered programs to children only"; "whether their agency/organization offered programs to parents only"; "whether their agency/organization offered joint-interaction programs to children and their parents";* and *"whether their agency/organization offered services to children birth to eight years old in partnership with other agencies?"* A "YES" response to anyone of these questions required them to proceed further with the questionnaire in the survey and a "NO" response prompted them to fill agency information and optional demographic section. Table 4 gives an overview of the responses to the four questions.

Table 4. Key stakeholder responses to conditional questions on programs for Children and Parents

Conditional Questions	Yes	No	Non-response	Total
Does agency/organization offer programs for children only?	5 (23.8%)	4 (19%)	12 (57.1%)	21
Does your agency/organization offer programs for parents/caregivers only?	3 (14.3%)	6 (28.6%)	12 (57.1%)	21
Does your agency/organization offer joint parent-child interaction programs (based on interactions between parents/caregivers and children)?	9 (23.8%)	4 (19%)	12 (57.1%)	21
Does your agency/organization provide services to children birth through 8 years in partnership with other agencies? These partnerships may be formal or informal.	7 (33.3%)	2 (9.5%)	12 (57.1%)	21

It is evident from the table that a total of seven key stakeholder respondents continued with the remainder of the survey questions and as such may not adequately explain any variation in services to children birth to eight and their parents and/or families. While the responses provided some wonderful insights about family support, mental health, early childhood education, primary care, and the capacity of the system they are not truly representative and statistically reliable. The following sections provide topic-specific analyses, and responses from the Partner Survey are referenced wherever applicable.

① *Family Support*

I. Introduction

While families play a critical role in a child's development, the home environment and family characteristics such as income level, parental educational attainment, and single-family status are also key factors that influence a child's readiness for school and overall well-being.[14] Research tells us that infants and toddlers in low-income families, compared to those from middle- to high-income families, have a higher risk of poor outcomes including learning disabilities, behavior problems, developmental delays, and health impairments.[15] In addition to socioeconomic status, the ability of a family to provide the best possible environment for young children to grow and learn may be further complicated by threats such as job or housing loss, substance abuse, domestic violence, incarceration and the presence of mental health issues, all of which may hinder some aspects of parenting.[16] Family support services may help to mediate some of these risk factors that challenge today's families. The availability of family support services provided by the State of Arizona is the subject of this section.

Who are Arizona's Children?
• Arizona is home to nearly two million children, ages 0-18.[17] • 89% of Arizona's children, ages 0-18, are U.S. citizens.[18] • 58% of Arizona's children, ages 0-18, are white, 31% are Hispanic, and 4% are African American.[19] • 83% of Arizona's children, ages 0-18, have health insurance.[20] • 28% of Arizona's children, ages 0-18, live in poverty.[21] • Approximately 40% of Arizona's three and four year olds are enrolled in nursery school, preschool or kindergarten, leaving 60% of the State's preschool population unserved.[22] • During the 2007-2008 school year, 86% of lower-income children entering kindergarten were below the benchmark for literacy-related skills.[23]

[14] Policy Brief No 10: Rethinking School Readiness. (2008, April). Retrieved [5/28/09] from, http://www.rch.org.au/ccch/resources.cfm?doc_id=10886.
[15] Zero to Three. (2007, January). Home Visiting: Supporting Babies and Families Where They Live. Retrieved [5/28/09], from http://www.zerotothree.org/site/PageServer?pagename=ter_pub_home_visiting.
[16] Annie E. Casey Foundation. (2005*).* Reentry: Helping Former Prisoners Return to Communities. Retrieved [5/28/09], from http://www.aecf.org/KnowledgeCenter.aspx
[17] Kaiser State Health Facts. Arizona. Available at: http://www.statehealthfacts.org/
[18] Ibid
[19] Ibid
[20] Ibid
[21] Ibid
[22] Kids Count. Early Childhood 2005 Data. Available at: http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=AZ
[23] Governor's Office for Children, Youth and Families. Arizona's Results for Children and Youth 2008. Phoenix, AZ: 2008.

Family support[24] includes an assortment of formal and informal services and supports and tangible goods that are defined and determined by families. Support is provided in homes and communities, promotes the well-being of children and families, is comprehensive, flexible, and reflects meaningful partnerships with families. Individualized support builds on the strengths of family members, and takes into account their culture, language and values. Families can be supported in a variety of roles including: parenting their own children; providing supports to other families; and informing the services and policies that impact their lives.[25,26,27]

II. An Overview of Available Family Support Services

The programs that emerged through this environmental scan provide support to families including direct services and indirect supports such as information and referrals. Some programs offer services that are child-focused, parent-focused or multi-generational in which direct services for children are combined with support for families. A number of the programs provide support during specific life events such as family crisis including domestic violence, homelessness, food insecurity, and others offer core services such as skill building resources, home visits, and educational opportunities. For children between 0 and 8 years of age and their families, the State of Arizona offers the following services:

At-a-Glance: Family Support Services

- Child Care Subsidies
- Breastfeeding support to Arizona mothers including individual counseling, group classes and educational materials
- Housing assistance and emergency shelter
- Food and nutritional services
- Case management services
- Reunification services for parents with children who have been placed in out-of-home care including visitations, housing, and in-home support services
- Emergency food boxes
- Information and referral services provided to families of children with special health care needs
- Parent skill training
- Job training
- Birth to Five hotline

[24] Substance Abuse and Mental Health Services Administration. (2009, May). LAUNCH Links. Retrieved [5/28/09], from http://projectlaunch.promoteprevent.org/html/may_2009.htm.

[25] Dunst CJ, Trivette CM, Hamby DW. (2007). Meta-analysis of family-centered helpgiving practices research. Ment Retard Dev Disabil Res Rev 13(4): 370-8.

[26] Family Preservation and Support Services Program Act 1993. Available at: http://www.childwelfare.gov/systemwide/laws_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=23

[27] Federation of Families for Children's Mental Health 1992. Available at: http://www.ffcmh.org/pdf/factsandtips/Principles%20on%20Family%20Support.pdf

ADOPTION AND FOSTER CARE – provides safe and stable temporary out of home placement for children who are abused or neglected and cannot safely remain in their own home. For those children who cannot be reunified with their parents, permanency planning is provided through legal guardianship or adoption.

CHILD PROTECTIVE SERVICES – receives, screens, and investigates allegations of child abuse and neglect, performs assessments of child safety, assess the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

EARLY INTERVENTION SERVICES – early intervention is a continuum of developmental services, such as physical, occupational and speech therapy, service coordination, psychological services, etc, designed to support caregivers in promoting the child's development and facilitating the child's successful engagement in relationships, activities, routines, and events of everyday life.[28] Early intervention is implemented through the collective and collaborative activities of five State agencies (Department of Economic Security, Arizona State Schools for the Deaf and Blind, ADHS, Arizona Department of Education, and the Arizona Health Care Cost Containment System).

ECONOMIC ASSISTANCE – assistance to low-income families is provided through Temporary Assistance to Needy Families, Nutrition Assistance Program (previously Food Stamps), Women Infants and Children (WIC) programs, Coordinated Hunger Relief Program, Medical Assistance, State Children's Health Insurance Program (SCHIP), and child care and transportation subsidies. These programs are operated by the State through county offices.

EMERGENCY SERVICES – emergency aid to families include crisis shelter services, food boxes, and human services.

FAMILY SUPPORT SERVICES – support services such as parent training, counseling, case management, substance abuse treatment services, in- home family support, and referrals to community resources are provided by various state agencies, depending on family needs.

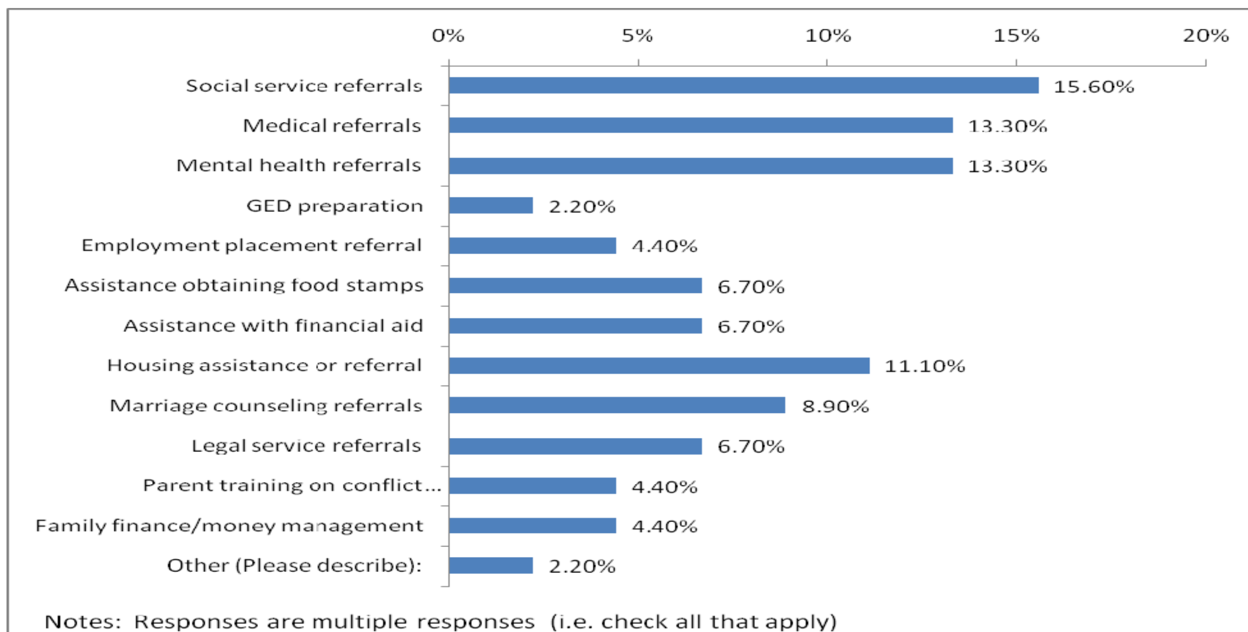
A relatively recent development, which will critically influence family support programs in Arizona, has been the suspension of Arizona's Promoting Safe and Stable Families (PSSF) program effective March 1, 2009 for all providers except the tribal providers (which represent about 10% of the services). Services provided by tribal providers were suspended April 1, 2009. The program offered through DES supported 7,500 families each year and covered an entire gamut of services that not only included parent training classes, life skills, but also case management and emergency services. According to an independent evaluation report of the PSSF program, the top ten most received services were: assessment and evaluation, case

[28] Early intervention is implemented through the collective and collaborative activities of five state agencies including the Department of Economic Security, Arizona School for the Deaf and the Blind, Arizona Department of Health Services, Arizona Department of Education and the Arizona Health Care Cost Containment System.

management, information and referral, supportive intervention (counseling), parent skill training, early intervention, respite care, basic education, emergency human services, socialization and recreation.[29]

The Partner Survey from key informants (see Figure 6) mostly supported the types of services offered as noted above. It was found that the most commonly offered services to parents and families of children ages zero to eight years old was social services referrals (16%), followed by mental health and medical referrals (13%).

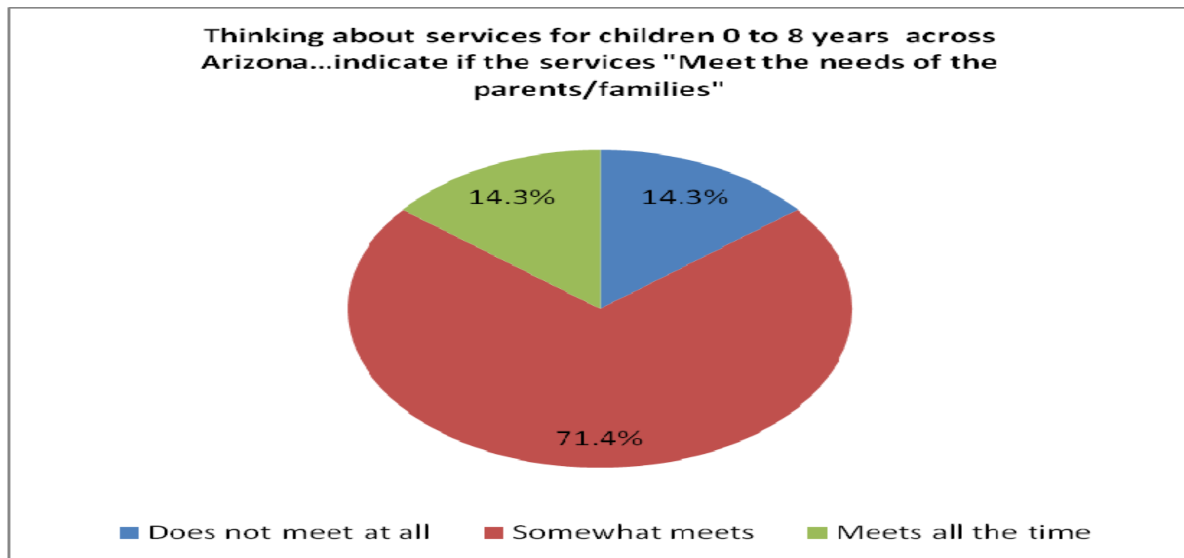
Figure 6. Key Informant Responses to Services Offered to Parents/Families of Zero to Eight Year Old Children in Arizona (N = 7).



While the services offered to parents/families varied considerably at the State-level, over 72 percent of the key informants (i.e. five out of the seven respondents) agreed that services offered to zero to eight year olds *"somewhat met the needs"* of parents/families. Figure 7 gives an overview of the key informants responses on services offered to parents/families of zero to eight year old children.

[29] Available at: https://egov.azdes.gov/CMS400Min/InternetFiles/Reports/pdf/pssf_annual_report_ffy_2007.pdf

Figure 7. Key Informant Responses to whether services for children zero to eight meet the needs of the Parents/Families



To help address an identified gap in the family support infrastructure, First Things First has allocated funding to expand the distribution of the *Arizona Parent Kit* to birthing hospitals and health centers statewide.[30] This will facilitate access to information and referral information to available parenting support programs for all parents of newborns.

HOUSING – housing assistance, including emergency shelter and transitional housing, is available to victims of domestic violence and individuals and families experiencing homelessness across the State.

LITERACY SERVICES – assistance to improve reading and writing skills are provided for young children and families through pediatrician's offices (Reach Out and Read), local school districts, libraries, and social service agencies. The Reach Out and Read program will be expanded to all areas of the State, and specifically to underserved and high need locations, with statewide funding provided by First Things First.[31]

SUBSTANCE ABUSE TREATMENT - family-centered substance abuse and recovery support services are available to parents or caregivers.

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[30] First Things First. (2009, April). FTF Family Support Framework. Retrieved May 28, 2009, from http://www.azftf.gov/PublicNoticeAttachmentCenter/04-28-2009%20BOARD%20Attachment%2005.pdf

[31] Ibid

Significant Policy Developments

In early 2009, the Department of Economic Security announced its fiscal year 2009 budget reduction plan. Threatened by budget cuts in 2009 were child care subsidies for low-income families. There was a potential for families of 18,000 children to be affected by this decision. However, the decision was reversed by Governor Jan Brewer who accepted Federal stimulus dollars to retain child care subsidies.[32, 33]

Conclusions

Our analysis reveals that State agencies offer a broad range of family support programs that help meet critical needs for families with young children. The environmental scan also causes us to be acutely aware of the potential funding cuts that are likely to impact State-funded programs in the days ahead as the State 2010 budget is finalized. It also suggests that State agencies will need to foster better cross-system coordination to respond to the needs of Arizona families, especially those in need of specialized services. In 2009, we have witnessed proposed cuts to critical family support programs affecting families with the highest need; lower income families and families of children with special needs. Fortunately, the availability of Federal stimulus dollars enabled the State to avoid cuts that would have impacted child care and support services for families in need. Steeper cuts are expected to be made for fiscal year 2010. In times like these, economic necessity may be the catalyst that drives system change and efforts to continue the progress already made. The Project LAUNCH strategic planning process will present an opportunity to identify new strategies to strengthen service coordination, and/or further enhance efforts currently underway through First Things First, the ECCS initiative, and partner agencies.

[32] Arizona Department of Economic Security. (2009). DES Fiscal Year 2009 Budget Reductions. Retrieved May 28, 2009, from https://egov.azdes.gov/cmsinternet/main.aspx?menu=12&id=3470

[33] Arizona Office of the Governor. (2009). Statement by Governor Jan Brewer on Childcare Program. Retrieved May 28, 2009, from http://www.governor.state.az.us/dms/upload/NR_031209_StatementChildcare.pdf

② *Mental Health and Social and Emotional Wellness*

I. Introduction

A substantial body of research has accumulated reflecting the importance of children's social and emotional development. Studies show that children's social and emotional development is important to their overall health and well-being including school readiness and academic achievement.[34] Left untreated, childhood mental health issues can lead to higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, unemployment, and can have a harmful effect on quality of life through adulthood.[35]

Early identification and treatment of mental health problems is essential to the well-being of children and families. Specifically, services aimed at the prevention of mental health problems and early intervention can have a positive effect on school readiness, health status, academic achievement, and may reduce the need for more expensive mental health treatment, special education services and welfare supports.[36] This section provides a brief overview of how the public behavioral health system is structured at the state-level, and discusses how children's mental health services are financed at the Federal and State level.

CHILDREN'S SYSTEM OF CARE

In Arizona, the children's publically funded mental health service delivery system is coordinated and regulated by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS). Federal (Medicaid Title XIX and XX) and State of Arizona general funds finance behavioral health services for children. Arizona also receives the Federal substance abuse and mental health block grants to provide community treatment and prevention. The system is programmatically and fiscally directed by ADHS/DBHS. State statutes authorize ADHS/DBHS to contract with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to ensure adequate provision of mental health services to eligible participants across the State. The RBHAs operate similar to health maintenance organizations. The TRBHAs are American Indian Tribes that operate as a RBHA, and coordinate services for members of their respective Tribes.

During the 2008 State fiscal year, 14,946 children ages 0-7 were enrolled in the publically-funded behavioral health system in Arizona.[37] It should be noted that this data does not account for the number of eight year old children enrolled in the system. Generally, the ADHS/DBHS does not disaggregate Encounter data by age bands. Rather, data is usually available only in aggregate for children 0 to 18 years of age enrolled in the system. However,

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[34] American Academy of Pediatrics. (2007). Strategies for System Change in Children's Mental Health. Retrieved from http://www.aap.org/mentalhealth/cak/final%20cak.pdf.

[35] American Academy of Pediatrics. (2007). Strategies for System Change in Children's Mental Health. Retrieved from http://www.aap.org/mentalhealth/cak/final%20cak.pdf.

[36] American Academy of Pediatrics. Strategies for System Change in Children's Mental Health. Available at: http://www.aap.org/mentalhealth/cak/final%20cak.pdf.

[37] Arizona Department of Health Services. Division of Behavioral Health Services. Statewide Children Enrolled and Costs, July 2, 2007 through June 30, 2008.

for the purpose of this scan, a special data request was submitted to ADHS/DBHS to enumerate the number of young children under age eight enrolled in the system.

The system of care offered by ADHS/DBHS has been built on a continuum of coordinated behavioral health care, spurred by the Jason K. (JK) Settlement. The JK Settlement is a class action lawsuit brought on behalf of Medicaid-eligible children in Arizona who need mental health and substance abuse services.[38] In 1988, legislation was enacted to reform the State's behavioral health system for children, and placed an emphasis on collaboration with the child and family.[39] Services are based on the Child and Adolescent Service System Program (CASSP) and the Center for Mental Health Services' core system of care values,[40] which are child-centered, family-focused, community-based, culturally-competent, and planned in collaboration with all relevant child-serving systems in the child's life (multi-system).[41] ADHS/DBHS contractually mandates the TRBHAs, and their subcontracted providers, to provide services in accordance with CASSP values.

In 2006, ADHS/DBHS made a significant change to the behavioral health delivery system. Previously, one RBHA served as the oversight entity and service provider operating a number of direct service delivery clinic sites.[42] However, this created a conflict of interest because the RBHA was charged with oversight of itself. Now, RBHAs are exclusively the oversight entity, and contract with community-based Network Provider Organizations that are solely responsible for service delivery. To date, the State is divided into six geographical service areas served by four RBHAs.

- *Magellan* serves Maricopa County.
- *Community Partnership of Southern Arizona* (CPSA) serves Pima, Graham, Greenlee, Santa Cruz & Cochise Counties.
- *Northern Arizona Behavioral Health Authority* (NARBHA) serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties.
- *Cenpatico Behavioral Health of Arizona* serves Pinal, Gila, Yuma and La Paz Counties.

The Gila River Indian Community, Navajo Nation, Pascua Yaqui Tribe, and the White Mountain Apache Tribe of Arizona operate as TRBHAs, and provide Medicaid (Title XIX) and Subvention

[38] Arizona Health Care Cost Containment System. (2001). J.K. Settlement. Retrieved from http://www.azahcccs.gov/publicnotices/courtordered/JKsettlement.aspx
[39] Arizona Department of Health Services. (2001). JK Settlement Agreement. Retrieved [5/30/09], from http://www.azdhs.gov/bhs/jkfinaleng.pdf
[40] Arizona Department of Health Services, Division of Behavioral Health Services, FY 2008-2010 Community Mental Health Services Block Grant Application and Plan of Services for Children and Adults. Retrieved from http://www.azdhs.gov/bhs/Arizona%20(8-28-2008%201%5b1%5d.55.55%20PM)%20-%20STATE%20PLAN%20-%20cmhs2009.pdf.
[41] New York State Office of Mental Health. Child and Adolescent Service System Program (CASSP). Retrieved from http://www.omh.state.ny.us/omhweb/ebp/cassp.htm.
[42] Arizona Department of Health Services. (2007). Arnold v. Sarn Status Report 2007. Retrieved from http://www.azdhs.gov/bhs/Arnold%20Status%20Report%20Final.pdf.

(State only) funded services. The Colorado River Indian Tribes also operate as a TRBHA but only provides State Subvention services.

II. *An Overview of Available Mental Health Services.*

The early childhood mental health efforts in Arizona have been built on a continuum of coordinated behavioral health care, spurred by the Jason K. Settlement. In 1988, legislation was enacted to reform the State's behavioral health system for children, and placed an emphasis on collaboration with the child and family.[43]

"The centerpiece of the JK Settlement Agreement is the Arizona Vision, which identifies meaningful behavioral health service outcomes for eligible children and their families. The Arizona Vision is built upon a set of 12 Principles, based on the Child and Adolescent Service System Program (CASSP) and the Center for Mental Health Services' core system of care values. ADHS/DBHS and AHCCCS are both obligated by and committed to these values. The Arizona Vision is also a contractual obligation established by ADHS/DBHS, the TRBHAs, and their subcontracted providers."[44]

Table 5 gives an overview of the licensed behavioral health facilities in Arizona.

Table 5 Licensed Behavioral Health Facilities in Arizona

Licensed Behavioral Health Facility	Count	Percent
Adult Therapeutic Foster Home	22	2.6%
Hb 2113 Juvenile Group Home/Opc	3	0.4%
Juvenile Group Home	84	10.1%
L1 Psy/ L1 Rtc/L1 Sub-Acute/Opc/L4 Tr	1	0.1%
L1 Psych/L4 Rural SA/Opc	1	0.1%
Level 4 Shelter For Victims of Domestic Violence	16	1.9%
Level 1 Psych Hospital	11	1.3%
Level 1 Psych Hosptial/Outpatient Clinic	12	1.4%
Level 1 Residential Treatment Center	9	1.1%
Level 1 Rtc/Level 1 Sub-Acute	2	0.2%
Level 1 Rtc/Outpatient Clinic	2	0.2%
Level 1 Specialized Transitional Agency	1	0.1%
Level 1 Sub-Acute	15	1.8%
Level 1 Sub-Acute / Outpatient Clinic	3	0.4%
Level 1 Sub-Acute/ Level 2 Residential	2	0.2%

[43] Arizona Department of Health Services. (2001). JK Settlement Agreement. Retrieved [5/30/09], from http://www.azdhs.gov/bhs/jkfinaleng.pdf.
[44] Available at: http://www.azdhs.gov/bhs/Arizona%20(8-28-2008%201%5B1%5D.55.55%20PM)%20-%20STATE%20PLAN%20-%20cmhs2009.pdf

Level 2 Residential	125	15.0%
Level 2 Residential/ Outpatient Clinic	10	1.2%
Level 2/Level 3 Residential	1	0.1%
Level 3 Behavioral Health Residential	20	2.4%
Level 4 Rural Substance Abuse Transition	6	0.7%
Level 4 Transitional Agency	19	2.3%
Outpatient Clinic	467	56.1%
Total	**832**	**100.0%**

Over 55 percent of the licensed facilities are essentially outpatient clinics in Arizona, followed by Level II Residential facilities (15%), and juvenile group homes that constitute 10 percent of the total facilities. While this aggregation may mirror other States in the nation, it is important to note that five percent of the juvenile group homes, four percent of Level II Residential Facilities, five percent of Level III Behavioral Health Residential Facilities, and less than one percent of the outpatient clinics are located in the Arizona Project LAUNCH target area.

At-a-Glance: Mental Health Services

- Treatment services (counseling/therapy, assessment* and screening)
- Rehabilitative (skills training, behavioral health prevention/promotion education, cognitive rehabilitation, psychosocial education)
- Medical services (medication**, Electro-convulsive therapy, medication management, lab and radiology)
- Support services (case management, personal care, family support, self-help, home care training, transportation, supportive housing***, respite, oral translation, non-medically necessary services)
- Inpatient behavioral health services
- Crisis intervention
- Residential
- Day programs
- Prevention

* Uses a Birth to 5 Assessment Tool

** Medication services are limited for recipients who have Medicare

***Services not available with Title XIX/XXI funding, but may be provided if State funding is available

Behavioral health services for young children include a variety of mental health services for the child and members of his/her family, including substance abuse treatment. As cited in the ECCS 2009 grant application, ADHS/DBHS has placed a deliberate emphasis over the past year on expanding several initiatives to increase capacity and improve the quality of services provided to children and their families. A brief overview of these initiatives is presented below.

The ensuing discussion is guided by the following questions:

- *What is the scope of services that are currently being offered that promote social and emotional wellness in young children, with an emphasis on preventing social, emotional, and behavioral health issues from developing?*
- *What is being done to encourage care coordination among providers who are working to ensure the social and emotional wellness of children?*
- *How is mental health consultation currently being provided in the State?*
- *What is being done to elevate knowledge and competency around children's healthy social and emotional development among the professional groups who work with young children and their families?*

CHILD AND FAMILY TEAM PRACTICE

According to the 2009 Community Mental Health Services Block Grant application, and also noted in the ECCS 2009 grant application, ADHS/DBHS recently revised its Clinical Practice Guidelines (existing national standards) and Practice Improvement Protocols (PIPs), which outline philosophical approaches and standards that promote specific practices and the efficient and effective delivery of behavioral health services, to improve the quality of services provided to children and their families.[45] This revised PIP was developed to establish a protocol that will effectively operationalize the Child and Family Team (CFT) practice in Arizona and support ongoing teaching/coaching at the provider level.

Child and Family Team Practice is a partnership that builds on the family's unique strengths, needs and culture in the treatment planning process.[46] The process engages the child's family, foster parents, behavioral health provider, and other individuals identified by the child and family. This collaborative approach has been shown to yield better health outcomes, higher consumer satisfaction and less utilization of inpatient and residential services.[47] Not only is the involvement of the family essential to the child's recovery and general well-being, but research has acknowledged family involvement as one of the promising approaches for behavioral health services to children and adolescents in managed care systems.[48]

An analysis of the encounter data for 2008 from DBHS database indicated that the proportion of underserved by CFT in the study area is significantly higher. Figure 8 gives an overview of this.

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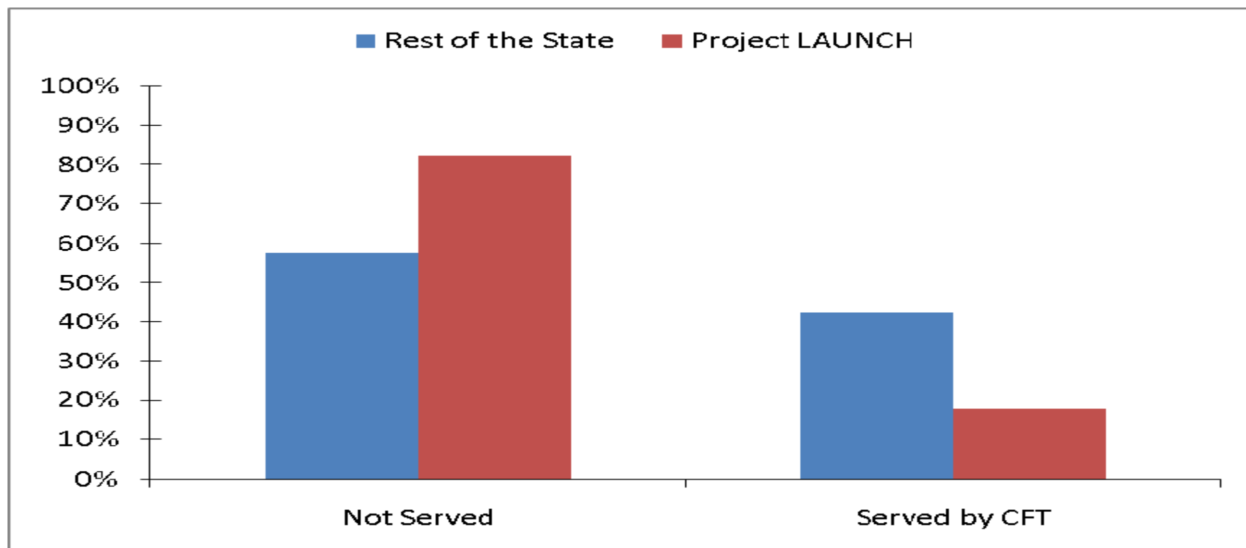
[45] Arizona Department of Health Services, Division of Behavioral Health Services. (2008). Arizona Uniform Application FY 2009 - State Plan Community Mental Health Services Block Grant. Retrieved [5/30/09], from http://www.azdhs.gov/bhs/Arizona%20(8-28-2008%201%5b1%5d.55.55%20PM)%20-%20STATE%20PLAN%20-%20cmhs2009.pdf

[46] Arizona Department of Health Services, Division of Behavioral Health Services. (2007). Child and Family Team Performance Improvement Project Proposal. Retrieved 5/31/09, from http://www.azdhs.gov/bhs/cft_report_07.pdf

[47] Ibid

[48] Ibid

Figure 8. Children served by Child and Family Teams



Baseline intake data on child outcomes from DBHS Encounter data indicate that children in Arizona Project LAUNCH target area faired poorly compared to rest of the State of Arizona at least with respect to two specific outcomes: a) success in school[49]; and b) increased stability. [50]

CHILDREN'S EXECUTIVE COMMITTEE

To encourage care coordination among providers and ensure a comprehensive array of services, ADHS/DBHS has established partnerships with other State agencies including the Department of Economic Security, Juvenile and Adult Corrections, Education, Administrative Office of the Courts, and the Arizona Health Care Cost Containment System (AHCCCS).[51] The Children's Executive Committee meets routinely and is charged with providing leadership, guidance and consultation across and throughout formal child-serving systems regarding practice, policy, capacity and related aspects of the State of Arizona's behavioral health system for children.

ECCS INITIATIVE

First Things First currently implements the State Early Childhood Comprehensive Systems (ECCS) initiative to establish collaborations and partnerships to support childhood development and ensure that children are healthy and able to succeed at school entry. The ECCS plan addresses the key components of health and the medical home, early childhood education, mental health, social-emotional development, family support and parenting education. The work of ECCS has placed an emphasis on developing a Mental Health Consultation system for child care providers. This strategy has been further supported by Statewide funding from First

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[49] See: Arizona Department of Health Services, DBHS (2008). Demographic User's Guide (DUG v 2.3) p. 65.

[50] See: Arizona Department of Health Services, DBHS (2008). Demographic User's Guide (DUG v 2.3) p. 66.

[51] Arizona Department of Health Services, Division of Behavioral Health Services. (2007). FY 2007 Community Mental Health Services Block Grant Application & Plan of Services for Children and Adults. Retrieved [5/31/09] from http://www.azdhs.gov/bhs/bg2007.pdf.

Things First to support continuing education scholarships to licensed mental health clinicians and therapists to gain the requisite education, credentials, or endorsements to provide mental health consultation to early childhood care and education programs serving young children.[52]

PROFESSIONAL DEVELOPMENT

As noted in the ECCS 2009 grant application, ADHS/DBHS is in the final months of a Federal infrastructure grant to build the capacity of the mental health workforce for young children. Training experiences were offered to provider staff through the Harris Institute (operated by Southwest Human Development) to build a knowledge base from which to understand infants and toddlers, with an emphasis on social and emotional development.

What is Mental Health Consultation?

Early childhood mental health consultation[53] (ECMHC) builds upon the well-established field of mental health consultation, pioneered by Gerald Caplan in the 1960's, which involves mental health professionals working with human services staff to enhance mental health services for clients. Similarly, in ECMHC a professional consultant with mental health expertise works collaboratively with early care and education staff, programs and families to improve their ability to prevent, identify, treat and reduce the impact of mental health problems among children from birth through age 6. Ultimately, ECMHC seeks to achieve positive outcomes for infants and young children in early childhood settings by using an indirect approach to fostering their social and emotional well-being.

[52] First Things First. (May 2009). Public Notices & Meeting Minutes, 05-01-2009 BOARD Attachment 2. Retrieved [5/30/09], from www.azftf.gov.

[53] Substance Abuse and Mental Health Services Administration. March 2009. LAUNCH Links. Retrieved [5/28/09], from http://projectlaunch.promoteprevent.org/html/march_2009.htm.

Significant Policy Developments

In 2008, legislation affecting children's behavioral health was passed and signed into law including:[54]

- Congress passed the Mental Health Parity and Addiction Act as part of the Emergency Economic Stabilization Act of 2008. Insurance providers will not be required to offer insurance coverage for mental health and substance abuse disorders (SUD), but if the plan chooses to provide a mental health/SUD benefit, there must be parity with other physical health coverage.[55] The law will not go into effect until 2010 and does not apply to Medicare.
- Children School Activities; Non-Interference: The Department of Economic Security (DES) shall make every reasonable effort to not remove a child who is placed in out-of-home care from regular school hours for appointments, visitations or activities not related to school.
- Autism; Covered Benefit Denial Prohibition: Health insurers and disability insurers cannot deny covered benefits solely based on a diagnosis of autism spectrum disorder.

III. Conclusions

With regards to mental health and social and emotional wellness, the results of our environmental scan reveal that the system of care for children offers a broad spectrum of services and has experienced many changes in recent times. The system of care offered by ADHS/DBHS has been built on a continuum of coordinated behavioral health care, spurred by the JK Settlement and legislation that reformed Arizona's behavioral health system for children by placing an emphasis on collaboration with the child and family. In 2006, ADHS/DBHS made a significant change to the behavioral health delivery system by reorganizing how service is delivered. Now, Regional Behavioral Health Authorities are the exclusive oversight entity and contract with community-based Network Provider Organizations, which are solely responsible for service delivery. Recently, ADHS/DBHS has placed an emphasis on expanding initiatives to increase capacity and improve the quality of services. Arizona's Project LAUNCH effort aims to build on the existing system of care and identify new strategies to bolster service coordination in an effort to enhance the mental health and social and emotional development of children and families who are being reunited with an adult family member who is preparing for the transition from a correctional facility to the community and family. The Project should engage in ongoing discussions with the corrections system, including the *Legacy Project*, juvenile corrections, child welfare, and the State courts to address barriers at the system, community, family and individual levels.

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[54] Arizona Department of Health Services, Division of Behavioral Health Services. (2008). Arizona Uniform Application FY 2009 - State Plan Community Mental Health Services Block Grant. Retrieved on[5/30/09], from http://www.azdhs.gov/bhs/Arizona%20(8-28-2008%201%5b1%5d.55.55%20PM)%20-%20STATE%20PLAN%20-%20cmhs2009.pdf

[55] National Association of Counties. (2009). The Impact of the Mental Health Parity and American Recovery and Reinvestment Act Legislation on County Mental Health Departments." Retrieved [5/31/09], from http://www.naco.org/Template.cfm?Section=Legislative&template=/ContentManagement/ContentDisplay.cfm&ContentID=30232

③ *Early Care and Education*

I. Introduction

Arizona has shown strong public support for investments in early care and education through State-funded pre-kindergarten and full-day kindergarten, and the passage of the 2006 tobacco tax initiative designed to be a voluntary system of early care and education.[56] Studies have confirmed that children who attend high quality preschool are more likely to enter kindergarten prepared, and are therefore more likely to graduate from high school, less likely to be involved in crime, and more likely to earn higher wages as adults.[57] Unless families, schools and communities provide the environments and experiences that support the physical, social, emotional, language, literacy and cognitive development of infants, toddlers and preschool children, it is improbable that the children will enter school ready to learn.[58] Investments in early care and education must begin in the early years before a child enters school. This section provides information about the various State resources that are allocated to support school readiness for young children.

Early care and education is often defined to be the settings and activities implemented by adults who are not the child's parents (i.e., child care, preschool). Early care and education in Arizona includes publicly funded preschools, some tuition-based preschools operated by school districts, and federally funded Head Start and Early Head Start services. Private preschools are also operated by faith-based organizations, and for-profit and not-for-profit provide early education centers. Full- and half-day kindergartens are also available through local schools. Child care services are provided by regulated child care centers and family home providers. Family members (Kith and Kin providers) and unregulated child care homes provide child care services.

Figure 9 gives an overview of ADHS licensed child care facilities by subtype in Arizona comparing it to the Arizona Project LAUNCH target area. Clearly, there are more child care group homes in the Arizona Project LAUNCH target area compared to the rest of the State.

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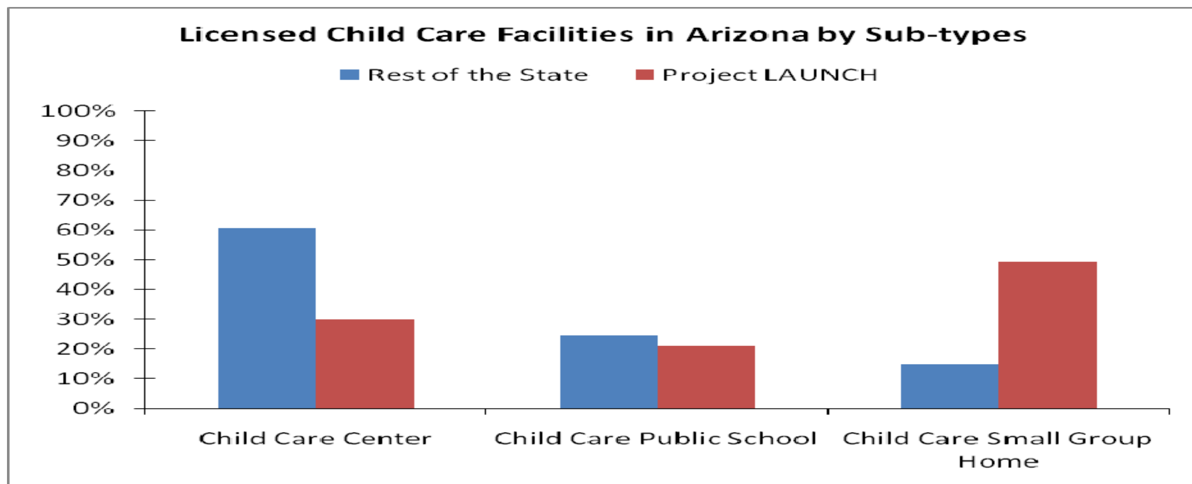
[56] First Things First. First Things First ECDH Board/Prop 203 Initiative. Retrieved from http://www.azftf.gov/WhoWeAre/History/Pages/default.aspx.

[57] Children Now. (2008, October). Increasing Access to Preschool: Recommendations for Reducing Barriers to Providing Full-day, Full-year Programs - 2008. Retrieved [5/29/09], from http://publications.childrennow.org

[58] Rhode Island KIDS COUNT. (2005) Getting Ready Findings from the National School Readiness Indicators Initiative a 17 State Partnership. Providence, RI: Rhode Island KIDS COUNT, 2005. Print.

Figure 9. ADHS Licensed Child Care Facilities in Arizona by Sub-types



The Arizona Department of Health Services, Office of Child Care Licensing is responsible for the licensing of child care facilities and certified child care group homes (up to 10 children), and conducts periodic site visits to ensure compliance with State statutes. While ADHS has established minimal health and safety requirements for child care centers, child care facilities may choose to pursue a formal accreditation process (unaffiliated with ADHS) or a national credential process which requires the provider to maintain specific quality standards.[59] In Arizona, only 15% of early care and education centers, and less than 1% of home-based centers are accredited by national accrediting agencies such as the National Association for the Education of Young Children and National Association for Family Child Care.[60]

The Arizona Department of Economic Security (DES), Child Care Administration, regulates and monitors home-based providers caring for four or fewer children. Periodic monitoring is conducted to ensure minimum health and safety requirements are maintained, in order to be certified, these providers must be willing to care for children from subsidized (low income) families.[61]

Family members (Kith and Kin providers) and unregulated child care homes provide additional sources of child care for families. Family-based child care provided for four or fewer children is not regulated, nor are these child care providers required to have a criminal or CPS background check[62]. As indicated in Arizona's ECCS 2009 grant application, many of the State's children spend long hours each day in child care facilities with minimal health and safety standards, and without benefit of early education opportunities that will support their physical, cognitive,

[59] Child Care Resource and Referral. (2009). State Licensing and Accreditation. Retrieved[5/31/09], from http://www.arizonachildcare.org/alaw.html.
[60] First Things First. (2009, March). State Early Childhood Comprehensive Systems Initiative Grant Application.
[61] Child Care Resource and Referral. (2009). Overview of AZ Child Care Types. Retrieved[5/31/09], from http://www.arizonachildcare.org/state.html.
[62] Ibid

social, and emotional development. However, there are significant initiatives underway in Arizona to improve the health and safety of children in child care facilities.

EMPHASIS ON QUALITY

In recent years, Arizona has increased its investment in early care and education by passing a statewide ballot initiative, Proposition 203, to address critical infrastructure needs in the early childhood system. The Early Childhood Development and Health Board, also known as *First Things First*, was established in 2006 through a voter-approved initiative to create a dedicated fund for a statewide early childhood development and health system. Unique to the design of the First Things First initiative is the governance structure in which there is a focus on local decision-making. Thirty-one regionally designated councils join a central board in the planning and oversight of early childhood development, and health programs and services. Through this governance structure, First Things First has identified strategies to improve the quality of early childhood development and health programs, including professional development opportunities for providers to create a qualified workforce, and implementation of a quality rating and improvement system for child care centers and certified child care homes. First Things First is working towards improving the quality of programs, improve access to quality programs, and build capacity for the long term.

First Things First has identified child care as a strategic priority, and has dedicated resources to implement *Quality First!*, Arizona's statewide five star quality improvement and rating system for regulated early care and education homes and centers.[63] The first of its kind in the State, the system is in its initial stages of implementation and formal quality ratings are expected to begin in 2010. Participating providers will receive financial incentives, coaching, child care health consultation and T.E.A.C.H. (Teacher Education and Compensation Helps) Arizona Scholarships to improve the quality of care provided to children.[64] This scholarship program is for early care and education providers who want to obtain higher credentials and intended to improve quality, compensation and retention. Applications are currently being accepted from providers to participate in this first phase of implementation.

[63] First Things First. (2009). Quality First! Retrieved [5/31/09], from http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/default.aspx

[64] Ibid

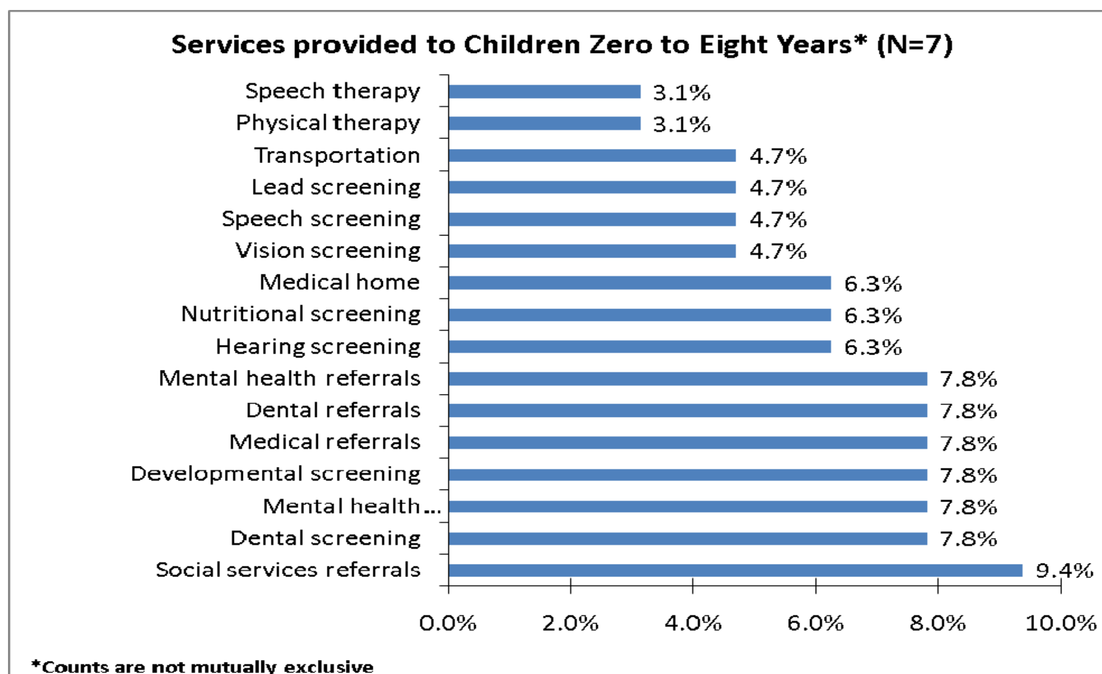
Significant Policy Developments

- With the implementation of HB 2366 in 2008, the requirement that the Department of Health Services conduct an inspection before issuing a renewal license for child care centers was removed.[65] Several time-saving benefits have resulted as a result of this bill including an expedited process for renewal applications and more flexibility in scheduling yearly compliance inspections.
- The Arizona Department of Health Services began the process of amending the Child Care Facilities rules in 2008 with the purpose of updating and amending the licensing requirements for Child Care Facilities licensed under A.R.S. Title 36, Chapter 7.1, Article 1.[66] However, the public review process has been halted by the extension of the rulemaking moratorium ordered by the Governor. The moratorium will be in place until June 30, 2009.

II. An Overview of Available Early Care and Education Services.

The Partner Survey data from key stakeholders indicated that the following services were provided to children zero to eight years as shown in Figure 10.

Figure 10. Key Informant Responses to Services Offered to Children Zero to Eight years in Arizona (N = 7).



[65] Arizona Department of Health Services, Division of Licensing, Office of Child Care Licensing. (2008, June). Licensing Process and Compliance Inspections: Frequently Asked Questions. Retrieved [5/28/09], from http://www.azdhs.gov/als/childcare/index.htm

[66] Arizona Department of Health Services. Child Care Facilities Rulemaking. Available at: http://www.azdhs.gov/diro/admin_rules/child_care_facilities.htm

Additionally, State agencies operate multiple early childhood education programs, including programs for deaf, hard-of-hearing and visually impaired children. Brief descriptions of the services available through the State of Arizona for children from 0 to 8 years of age and their families follow.

At-a-Glance: Early Care and Education Services
• Child care facilities; home- and center-based • Head Start and Early Head Start • Pre-Kindergarten programs • Early Childhood Special Education • Full-day Kindergarten • Migrant Education Program • Literacy Program for adults and children

AMERICAN INDIAN HEAD START PROGRAM: similar to Head Start however this program encourages the integration of culture and language into the curriculum and program goals. Priority is given to children from Indian and non-Indian families living on reservation who meet Head Start poverty guidelines.

ASDB REGIONAL PRESCHOOL PROGRAMS: provides preschool education to children eligible for special education services in the public schools.

ASDB SITE-BASED AND REGIONAL KINDERGARTEN PROGRAMS: are also part of the K-12 program offered at the Arizona School for the Blind (Tucson), Arizona Schools for the Deaf (Tucson), the Phoenix Day School for the Deaf, and in the public schools through the Regional Cooperatives. Sensory Impaired students enter the Kindergarten programs at five years of age.

EARLY CHILDHOOD SPECIAL EDUCATION (PRESCHOOL): provides special education and related services to children, ages three to five years old, who meet State eligibility criteria because they are experiencing developmental delays. Many of these children may transition from the Arizona Early Intervention Program. Supports and services include special education and early intervention services to promote school readiness by incorporating pre-literacy, language and numeracy skills, and related services such as speech therapists and psychologist, screening and assessment services, and transportation.

EARLY HEAD START: is for pregnant women and children (birth to 3 years old) and their families. Program services include early education, parenting education, family support, nutrition education, and comprehensive health and mental health services.

FAMILY LITERACY PROGRAM: promotes increased basic and literacy skills of parents and their pre-school children.

HEAD START: is for children (3 to 5 years old) and their families and includes services such as part-day, full-day center-based or home-based early education services, parent support, health and nutrition services, social services and services to children with special needs.

KINDERGARTEN: provides a full-day of kindergarten for children between the ages of 5 and 6 years old; assuring a greater school success in later years.

MIGRANT EDUCATION PROGRAM: provides supplemental programs services to children, between the ages of 3 and 21 years old, of seasonal or temporary agricultural workers; impacting teaching and learning in order to achieve high academic standards.

MIGRANT AND SEASONAL FARM WORKERS HEAD START PROGRAM: is available to children, ages 0 to 5 years old (infants, toddlers and preschoolers) and is similar to Head Start but delivery of services is modified to meet the specific needs of migrant farm workers.

PRE-KINDERGARTEN: provides classroom instruction and access to the early learning standards for children ages four to kindergarten entry.

III. Conclusions

A great deal of work is underway to enhance the quality of early care and education programs, including professional development opportunities. With families experiencing greater service needs due to the economic recession, services are in higher demand and will require the system to identify solutions that foster collaboration, create linkages to better coordinate eligibility policies or processes, and referrals to appropriate services.

There are a number of questions that remain following the environmental scan which will be particularly relevant to the strategic planning efforts of Project LAUNCH:

- Do quality improvement efforts include an emphasis on children's social and emotional development, including the quality of adult-child relationships?
- What is being done to develop or strengthen a network of child care health consultations?
- What is being done to reach out to small and/or informal providers of child care?
- What is being done to ensure that children with special needs are included in appropriate early care and education settings?

④ *Primary Care*

I. Introduction

During the last century, children's health and well-being in the United States has improved dramatically. Today, children are less likely to die during childhood and more likely to be protected by immunizations against a variety of vaccine-preventable diseases.[67,68,69] Rates of death from injuries and exposures to some environmental hazards, such as motor vehicle accidents have decreased.[70,71,72] In addition, the infant mortality rate has declined from 26 per 1000 in 1960 to 7 per 1000 in 2003, while the mortality rate among children younger than 5 years old has declined from 30 per 1000 in 1960 to 8 per 1000 in 2003.[73]

However, international comparisons reveal that the health and well-being of children in the United States are lagging behind most industrial and even some transitional countries. Out of 187 countries, the United States ranks 68th for diphtheria-pertussis-tetanus immunizations and 84th for measles immunizations among one-year old children.[54] Eleven nations had an infant mortality rate lower than the United States in 1960, while 40 nations had infant and child mortality rates lower than or equal to the United States in 2003.[54] Surveys of health behavior among children in 28 industrialized countries show that the health and well-being of children in the United States ranks near the bottom for most of the health compromising behaviors.[74] These health compromising behaviors are taking a devastating toll on the health and well-being of children living in the United States.

According to the National Survey of Children's Health[75], 81 percent of caregivers in Arizona perceive their children's health to be either excellent or very good. Another 16 percent said their children's health was good, and three percent said it was fair. Twenty-four percent of children (ages 6-17 years) had not missed any school due to injury or illness in the past year, 53 percent missed one to five days, 14 percent missed six to ten days, and eight percent missed more than ten days.

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[67] Rousch SW, Murphy TV, the Vaccine-Preventable Disease Table Working Group. (2007). Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA, 298(18): 2155-2163.

[68] Hinman A. (1999). Eradication of vaccine-preventable diseases. Annu Rev Public Health, 20:211-229.

[69] de Quadros CA, Tambini G, DiFavio JL, Brana M, Santos JI. (2000). State of immunization in the Americas. Infect Dis Clin North Am, 14:241-257.

[70] Wallis AL, Cody BE, Mickalide AD. (2003). Report to the Nation: Trends in Unintentional Childhood Injury Mortality, 1987-2000. Washington, DC: National SAFE KIDS Campaign.

[71] US Environmental Protection Agency. (2000). America's Children and the Environment: A First View of Available Measures. Washington, DC: US Environmental Protection Agency.

[72] Centers for Disease Control and Prevention. (2000). Motor vehicle occupant fatalities and restraint among children 4-8 years-United States, 1994-1998. MMWR Morb Mortal Wkly Rep, 49: 135-137.

[73] UNICEF. (2003). State of the World's Children, 2003: Childhood Under Threat. New York, NY: UNICEF House.

[74] The Health Behavior in School-Aged Children (HBSC) study is a cross-sectional research study conducted in collaboration with the World Health Organization Regional Office for Europe, Available at (www.hbsc.org).

[75] Child and Adolescent Health Measurement Initiative. (2007) National Survey of Children's Health. Retrieved [6/4/09], from www.nschdata.org.

High quality pediatric primary care is vital for improving the health and well-being of children, controlling health care spending, reducing health care disparities[76,77,78,79] and has received more attention since the release of the following IOM reports: *Primary Care: America's Health in a New Era;*[80] *Crossing the Quality Chasm: A New Health System for the 21st Century;*[81] and *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.*[82] A recent article highlighted how a strong primary care infrastructure is associated with better health outcomes for children.[83] The key components of primary care as defined by an Institute of Medicine report include: longitudinal continuity; access; contextual knowledge; comprehensiveness; communication; coordination; community orientation; and cultural competency.[69] This IOM report also highlighted the importance of developing and adopting uniform methods and measures to monitor the performance of health, including cost, quality, patient access, as well as both patient and clinician satisfaction.[69]

Efforts to define primary health care by its functions have been described in several professional reports that date back to the 1960s. Primary care is widely accepted as the delivery of first-contact medicine; the assumption of longitudinal responsibility for the patient regardless of the presence or absence of disease, and the integration of physical, psychological, and social aspects of health to the limits and the capability of the health personnel. Such a description of primary health care was proposed in the Millis Report[84] and is consistent with these major features of primary health care: first contact, longitudinality, comprehensiveness, and coordination (or integration).[85,86]

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[76] Starfield B, Simpson L. (1993). Primary care as pare of the US health services reform. Journal of the American Medical Association, 269 (24): 3136-9.
[77] Starfield B. (1996). Public health and primary care: a framework for proposed linkages. American Journal of Public Health, 86(10):1365-69.
[78] Starfield B. (1998). Primary Care: Balancing Health Needs, Services, and Technology. New York: Oxford University Press.
[79] Starfield B and Shi. (2004). The medical home, access to care, and insurance: a review of the evidence. Pediatrics, 113(5):1493-8.
[80] Institute of Medicine. (1996). Primary Care: America's Health in a New Era. Washington, DC: National Academy Press.
[81] Institute of Medicine. (2001). Crossing the quality chasm: a new health system for the 21st century. Washington, DC: National Academy Press.
[82] Institute of Medicine. (2003). Unequal treatment: confronting racial and ethnic disparities in health care. Washington, DC: National Academy Press.
[83] Starfield B, Shi L. (2002). Policy relevant determinants of health: an international perspective. Health Policy, 60:201-218.
[84] Millis JS (Chairman). (1966). The Graduate Education of Physicians. Report of the Citizens Commission on Graduate Medical Education. Chicago: American Medical Association, p. 37.
[85] Alpert J and Charney E. (1973). The Education of Physicians for Primary Care. Publication (HRA) 74-3113. Rockville, Md.: U.S. Department of Health, Education, and Welfare, Public Health Service, Health Resources Administration.
[86] Parker A. (1974). The Dimensions of Primary Care: Blueprints for Change. In Andreopoulos S (ed): Primary Care: Where Medicine Fails. New York: Johns Wiley and Sons, p. 15-80.

The following section provides an overview of the health infrastructure supported by State agencies, and the activities designed to protect and promote the health of Arizona children and families.

HEALTH INFRASTRUCTURE IN ARIZONA

The Arizona Department of Health Services (ADHS) is the State health agency and plays a critical role in the delivery of health care for children. ADHS oversees a number of activities that are particularly relevant to the maternal and child population including: the State's Women, Infants, and Children (WIC) program, a Federal program aimed at providing nutritional foods for women and their children during pregnancy and postpartum; performing screenings of every Arizona newborn to detect eight metabolic disorders so that effective, early treatment is possible; gathering and retaining vaccination information to help ensure Arizona's children are completing recommended vaccination schedules; and supporting the primary care of nearly 50,000 uninsured individuals, and supporting the dental care of another 10,000 individuals.

The Bureau of Women's and Children's Health (BWCH) supports efforts to improve the health of Arizona women and children. Activities focus on assessment of health status and identification of health issues, development of partnerships and planning to address health issues, and provision of "safety net" services. BWCH administers the Title V Maternal and Child Health (MCH) Block Grant. The Title V block grant addresses challenges facing the MCH population, and places an emphasis on service systems to meet these needs including the coordination of Title V programs with Medicaid (specifically developmental assessments), WIC, and other health and developmental disability programs.[87]

The State also operates the Arizona Health Care Cost Containment System (AHCCCS) for impoverished residents and the KidsCare program in Arizona, for low-income children. Arizona was the last State in the nation to implement a Title XIX Medicaid program. After much debate, the legislature rejected traditional fee-for-service financing arrangements in favor of an innovative plan for Medicaid managed care. In October 1982, the nation's first Section 1115 demonstration waiver for a statewide Medicaid managed care program was approved and AHCCCS was created. AHCCCS is a prepaid managed care Medicaid program that has become a national model.

From the beginning the AHCCCS program was envisioned as a partnership, which would use private and public managed health care health plans to mainstream Medicaid recipients into private physician offices. This arrangement opened the private physician network to Medicaid recipients and allowed AHCCCS members to choose a health plan and a primary care provider who can be a physician, nurse practitioner or physician assistant. Primary care providers

[87] US Department of Health and Human Services. (2008). State MCH-Medicaid Coordination: A Review of Title V and Title XIX Interagency Agreements (2nd Ed). Retrieved [6/5/08], from http://mchb.hrsa.gov/IAA/overview.htm.

manage all aspects of medical care for members. At least two health plans are available in all counties. What is important to note is that the choice in health care is really the providers that are contracted with the health plans. This results in significant choice to Medicaid members.

Medically necessary health care services are covered for individuals who qualify for Medicaid, including comprehensive dental coverage for children under the age of 21 and emergency dental care (extractions) for adults 21 years of age and older. In 1998, KidsCare became Arizona's Title XXI Children's Health Insurance Program (CHIP). It is a Federal and State program administered by AHCCCS to provide health care services for children under the age of 19 living in families with a gross income at or below 200 percent of the Federal Poverty Level (FPL). Since KidsCare began, enrollments have steadily risen. The outreach efforts undertaken to identify children eligible for KidsCare have also resulted in identifying additional children who are eligible for Medicaid. The KidsCare application is short, clear, and relatively easy to use, and allows individuals to apply for health care coverage without having to go through the longer and more detailed application process that is needed for Temporary Assistance for Needy Families (TANF) cash assistance, food stamps, and other family assistance programs.

II. An Overview of Available Primary Care Services.

A number of State agencies operate programs that provide health education and health services to children, including programs for children with special health care needs. Brief descriptions of the services available through the State of Arizona for children ages 0-8 and their families follow.

At-a-Glance: Health Related Services

- Preconception care, including information and classes
- Maternal and neonatal transport services
- Comprehensive developmentally and risk appropriate care to critically ill infants within a hospital setting (NICU)
- Newborn screening
- Hearing screening to detect rare, inherited disorders
- Breastfeeding education
- Child safety information
- Dental screenings, dental sealants, and oral health information
- Community nursing services
- Vaccines
- Acute care through Medicaid

ACCESS TO HEALTH CARE – for children under age eight, the AHCCCS (Medicaid) program provides access to acute care health services and for children who do not qualify for Medicaid health care is accessible through the State Children's Health Insurance Program (KidsCare). The AHCCCS program and KidsCare each have income guidelines. The Medical Home Project provides access to health care for uninsured children from low-income families who do not qualify (or are in the process of qualifying) for AHCCCS or KidsCare. The provision of quality health care services for Arizona's children in foster care is provided through the Comprehensive Medical and Dental Program.

BREASTFEEDING EDUCATION – provides individual counseling or group classes, breast pumps, and educational materials.

CHILDREN'S REHABILITATIVE SERVICES (CRS) – provided through a network of pediatric physician specialists services for CRS conditions, including: inpatient hospitalizations, therapies; pharmacy; medical equipment (wheelchairs); and laboratory and radiology services.

CHILDREN WITH DEVELOPMENTAL DELAYS - supports and services to children with developmental delays and their families is available throughout Arizona. Services are based on State and/or Federal guidelines and, when applicable, the availability of funds.[88]

CHILDREN WITH SPECIAL HEALTH CARE NEEDS - provides information and referral services to families of children with special health care needs to services and programs for which they may be eligible.

COMMUNITY HEALTH PROGRAMS – services vary by provider but are targeted to low-income women and children and may include free car seats and booster seats, infant passenger safety training, injury prevention education, community events to build awareness of program, and parenting support groups.

CHILD SAFETY – provides booster seat education in kindergartens, day cares, & Head Starts.

DEVELOPMENTAL ASSESSMENT – provides early and routine validated screening to enable physicians to identify infants with mild delay and provide anticipatory guidance to parents in an effort to ameliorate the delay as well as to identify which children require referral to a specialist.

FETAL ALCOHOL AND SPECTRUM DISORDER (FASD) – provides Alcohol Screening and Brief Intervention Education to prevent alcohol exposed pregnancies and prevent FASD among infants.

HOME VISITS – through the Health Start program, Community Health Workers make home visits and provide case management services to pregnant/postpartum women and their families in targeted communities across Arizona to prevent low birth weight infants, increase care for high-risk pregnant women and the infant and ensure the child is immunized.

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[88] Arizona Department of Economic Security. (2009). Division of Developmental Disabilities. Retrieved from https://egov.azdes.gov/cmsinternet/main.aspx?menu=96&id=2660&ekmensel=15074e5e_96_0_2660_2.

HIGH RISK PERINATAL/NEWBORN INTENSIVE CARE PROGRAM – provides maternal and neonatal transport services to available higher levels of care, hospital and inpatient physician services, and community nursing services to reduce maternal and infant mortality and morbidity through the provision of health and support services to high risk pregnant women and critically ill newborns.

IMMUNIZATION - provides vaccines to eligible children at no or low-cost.

INJURY PREVENTION – includes school based injury prevention education (helmets, 911, fire, etc) as well as home safety inspections,

MEDICAL HOME –provides access to health care for uninsured children from low-income families who do not qualify (or are in the process of qualifying) for AHCCCS or KidsCare. The goal of the Medical Home Project is to increase access to acute and episodic health care needs.

NUTRITION PROGRAMS – programs are provided in schools, in child care centers and at after school programs. Programs provide nutrition and physical education that encourages and supports dietary behavior change, and access to nutritious food. Local non-profit organizations also provide food boxes and meals for individuals and families. In-home and community-based nutrition education is provided by University of Arizona Cooperative Extension services in each county.

ORAL HEALTH – provides dental screenings, dental sealants, oral health education, weekly fluoride rinse in a school setting, and referrals for dental treatment.

PRECONCEPTION CARE – to prepare women for healthy pregnancy & birth outcomes. Services include educational classes on nutrition, folic acid, spacing children, oral health, etc.

PRENATAL CARE – targeted to women to promote early pregnancy diagnosis and ensure the earliest possible access to prenatal care and good birth outcomes.

SCREENING FOR POST-PARTUM DEPRESSION – to improve the health status of women, post-partum depression screening and provision of counseling was provided through the County Prenatal Block Grant. However, as of March 31, 2009, the block grant is no longer funded.

SCREENING – provides screening for hearing disorders, congenital disorders, and lead poisoning.

DEVELOPMENTAL ASSESSMENTS

Project LAUNCH places a heavy emphasis on the importance of developmental assessment to identify developmental delays as early as possible. As noted in the ECCS 2009 grant application, Arizona's children are often not screened for developmental delays or if screened may not qualify for early intervention services. Early intervention is a continuum of developmental services, such as physical, occupational and speech therapy, service coordination, psychological services, etc, designed to support caregivers in promoting the child's development and facilitating the child's successful engagement in relationships, activities, routines, and events of everyday life. Arizona's Early Intervention Program (AzEIP) administers these services and works with families and caregivers to enhance their capacity to support their infants and toddlers with delays or disabilities.

Based on a recommendation from the High Risk Perinatal Program Advisory Group and the Governor's School Readiness Board (now known as the Early Childhood Development and Health Board), in conjunction with the Arizona Health Care Cost Containment System and the Arizona Chapter of the American Academy of Pediatrics (AzAAP), a concerted effort was initiated in 2004 to improve the quality and frequency of early childhood developmental screening in physician practices using a validated developmental screening tool. The Parent Evaluation of Developmental Status (PEDS) screening tool was selected as the appropriate evidence-based tool.

Utilizing additional funds allocated to the program during the 2006 legislative session, the Bureau of Women's and Children and Health contracted with the AzAAP in Spring 2007 to train physician practices statewide on the PEDS, and provide the technical assistance needed to incorporate standardized validated screening into their practices. In FY 2008 alone, the Academy conducted 75 continuing education trainings and 18 technical assistance trainings.

The Academy states that there are now 214 practices routinely incorporating standardized developmental screening into their care of young children. As word has spread, and the value to the family has become evident to the practices, a developmental screening momentum has begun in the pediatric community.

This project impacts children across the State with mild to moderate developmental delays that would go undetected without receiving routine developmental screenings. This early and routine validated screening enables the physician to identify infants with mild delay and provide anticipatory guidance to parents in an effort to ameliorate the delay as well as to identify which children require referral to a specialist.

Significant Policy Developments

- With the passage of HB 2521 in 2008, the Arizona Department of Health Services (ADHS) and Department of Economic Security were allowed to use birth defects surveillance data to notify families of children with birth defects of services available to them.[89] The bill also permitted ADHS to authorize other entities in addition to county health departments to distribute folic acid supplements, which are known to prevent certain birth defects, and provide other related services.
- In 2008, a permanent change to the law authorized parents of children enrolled in SCHIP, known as KidsCare in Arizona, to receive health insurance.[90] The KidsCare Parent Program had previously required annual reauthorization making continuous coverage for parents unpredictable. It is now written in the law that KidsCare parents will continue to receive health care coverage. However, by the time this report goes to print, the KidsCare Parent Program is likely to be eliminated as it is currently not included in any of the FY 2010 State budget proposals.
- The State Children's Health Insurance Program (SCHIP) was created in 1997 to provide health coverage to children in families who were ineligible for Medicaid or did not have access to private health insurance. Congress reauthorized this bill know referred to as the Children's Health Insurance Program Reauthorization Act (CHIPRA), and expanded the program to include coverage for an additional four million children nationwide including legal immigrant children and pregnant women under the five-year bar that were previously ineligible for SCHIP or Medicaid.[91] In light of the State budget shortfalls, Arizona has submitted a request to the Centers for Medicare and Medicaid Services (CMS) to double the premium amounts for KidsCare children between 150-200% FPL.[92] The State projects that an estimated 25,089 children will be impacted by the increased premiums.[93] In April 2009, AHCCCS received CMS approval.

III. Conclusions

While the environmental scan revealed that there are a number of programs available to address the health needs of children and families, the ability of State agencies to serve all children and families in need has been affected by budget shortfalls. As public demand increases for services and budgets continue to shrink, State agencies have had to raise premiums or eliminate services altogether. The "external" context will likely continue to impact public services as the State enters a new fiscal year. However, Project LAUNCH can play a key

[89] Arizona Forty-eighth Legislature - Second Regular Session. (2008). HB 2521 birth defects; folic acid supplements. Retrieved from http://www.azleg.gov/FormatDocument.asp?inDoc=/legtext/48leg/2r/summary/h.hb2521_04-14-08_astransmittedtogovernor.doc.htm

[90] Arizona Health Care Cost Containment System. (2009). AHCCCS FY 2009 Budget Reduction Implementation. Retrieved from http://www.ahcccs.state.az.us/Services/ProgramChangesFY09Budget/2_18_09/

[91] Arizona Health Care Cost Containment System. (2009). SCHIP Reauthorization 2009. Retrieved from http://www.ahcccs.state.az.us/Services/ProgramChangesFY09Budget/2_18_09/SCHIP_Reauth2009.pdf

[92] Ibid

[93] Ibid

role in identifying systematic strategies to address issues of access and financing through its strategic planning efforts.

There are a number of questions that remain following the environmental scan which will be relevant to the strategic planning efforts of Project LAUNCH:

- What is being done to ensure that medical providers are able to provide appropriate referrals when developmental screenings reveal concerns and to ensure medical providers link to other professionals also serving the children and family?
- What is being done to ensure that the results of the referral are shared and the relevant providers and family members are involved in making follow-up decisions?
- What is being done to encourage care coordination and communication between other early childhood providers (e.g., home visitors, early intervention specialists, WIC, child care) and medical providers?

⑤ *Systems Development*

Efforts to create a comprehensive and coordinated early childhood system have been underway through various State initiatives. Recent efforts include a five year action plan created in 2005 by the School Readiness Board at the direction of then Governor Janet Napolitano. The plan, *I Am Ready to Succeed,* was developed to aid parents in preparing their children to enter first grade safe, healthy and ready to succeed.[94] Included in this plan were strategies to strengthen families, increase preventive health screenings for young children birth to age six, enhance the capacity and stability of early childhood providers and teachers, and an emphasis was placed on the planning and infrastructure needs of local communities.

Also in 2005, Arizona was the recipient of the State Maternal and Child Health Early Childhood Comprehensive Systems (ECCS) Implementation grant. The goals of this grant were aligned with the objectives created by the School Readiness Board as outlined in the *I am Ready to Succeed* plan – health, safety, and school readiness of Arizona children – as both have the same mission and vision.[95] As part of its needs assessment conducted in 2005, the ECCS grant application identified a major need for a more coordinated, systematic approach to providing support to parents with young children.[96] As a result, the State has since made considerable progress in developing a comprehensive system of early childhood through the work of these various initiatives, including the transformation of the School Readiness Board to the Early Childhood Development and Health Board, also known as First Things First.

As described earlier in this report, Arizona voters approved First Things First (FTF), an early childhood initiative through a ballot measure. The work of FTF will have a substantial positive impact on the State's infrastructure of programs through clear goals to support child development and health, and the application of financial resources to support the infrastructure and identified local planning needs of 31 regional councils. In 2009, the First Things First Board approved funding for a number of statewide initiatives that will help to build up the early childhood development and health infrastructure, and fill identified gaps in the system. These strategies complement the action steps identified by the *I Am Ready to Succeed* plan. The following funded and unfunded strategies have been adopted[97]:

- **$4.5 million** (State Fiscal Year 2009) to establish a rating system for child care settings, referred to as the Quality Improvement and Rating System (QIRS)
- **$.6 million** (SFY 09) to establish Child Care Consultation as a component of the QIRS
- **$.375 million** (SFY 09) to establish and coordinate the T.E.A.C.H., a comprehensive statewide scholarship system to improve quality in the professional workforce

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[94] Arizona State Board on School Readiness, Governor's Office for Children, Youth and Families. I Am Ready to Succeed. Phoenix: 2005.
[95] Arizona Department of Health Services. (2005). The Early Childhood Comprehensive Systems Initiative, State Plans. Retrieved on [5/29/09] from http://www.state-eccs.org/stateplans/index.htm#Arizona.
[96] First Things First. State Early Childhood Comprehensive Systems Initiative Grant Application. March 2009.
[97] First Things First. (2009). First Things First adopts strategic plan, designates $8 million. Retrieved [5/29/09], from http://www.azftf.gov/PublicNoticeAttachmentCenter/05-21-2008%20CMRCP%20Attachment%2001.pdf.

- **$.5 million** (SFY 09) to expand the distribution of Parent Kits (information and resources about early childhood development and health) statewide through hospitals and birthing centers
- Additional unfunded strategies include advocacy to increase wages of the early childhood workforce, coordination with the State health department's child care licensing office to improve regulatory standards, and increase supports for parents including home visiting services and parenting skill programs

The Bureau of Women's and Children's Health (BWCH) at ADHS facilitates infrastructure development through coalition building to enhance service delivery and addresses issues of the Title V population. The Governor's Commission on the Health Status of Women (now known as the Governor's Commission for Women's and Children's Health) was established in October 2000 as the result of collaboration between the Arizona Department of Health Services Office of Women's and Children's Health and the Governor's Office. Over the past five years, the commission has brought together public and private parties concerned with women's health to promote women's health activities, educate the public and establish policy that supports women's health.

Other examples of BWCH coalition building efforts include: the Adolescent Health Coalition that addresses adolescent health status issues; the Arizona Perinatal Trust that works to improve perinatal outcomes through professional and public education, voluntary hospital certification, and data for participants in the regional certification process; and the Arizona Family Planning Coalition that provides education and supports efforts to improve women's reproductive health and the right to make informed decisions.

Conclusions

The environmental scan provided insight into the professional development needs of agencies working with young children. In the family support, early care and education, and mental health domains, professional development for State agency staff and providers was cited as a system need. Specifically, training to increase the skills of child care providers and mental health professionals to effectively address the social, emotional and behavioral needs of young children, opportunities to support early intervention and other early childhood professionals in becoming more adept at working as cross-disciplinary teams members, and training for teachers to meet the new Arizona educational requirements were viewed as important training needs.

The scan discovered that Arizona's behavioral health system has guided efforts to improve capacity to serve young children within the public behavioral health system. However, the extent that this training and others actually meet the system need is beyond the scope of this

scan. Further discussions should occur with agencies to determine professional development needs and to identify existing training opportunities that can be leveraged and expanded to other parts of the system. Strategic planning presents an opportunity to further discuss the professional development needs of Arizona's early childhood professionals, and should consider actions to ensure the sustainability of its efforts beyond the project timeframe. Certainly, the environmental scan just superficially scratched the surface, and further exploration will be required to comprehensively understand the potential impact that Project LAUNCH can have on early childhood system development.

Lessons Learned

A number of agencies in the State of Arizona have already completed scans of the early childhood system that serves children from birth to five years of age, as well as prenatally. Arizona's Project LAUNCH Environmental Scan Report expands upon this work by including programs and services that support children transitioning into elementary school, ages six to eight years old and their families. Furthermore, the data collected by the *Legacy Project* was incorporated into this broader framework. The compilation of this information will serve as a resource for State of Arizona and local agencies that serve children and families of an incarcerated (or formerly incarcerated) adult.

Based on meeting with the *Legacy Project* and Family Connections, the addition of Arizona's Project LAUNCH/Tapestry effort will compliment the existing family supports provided to families of offenders. The innovative service delivery model that has been piloted by staff of the *Legacy Project* and Family Connections assists the offender with discharge planning. Their efforts help prepare the offender for re-entry into the community and their family by working in tandem with the offender's parole officer. Due to the decreasing availability of services to support families with children between the ages of zero to eight years old, Arizona's Project LAUNCH/Tapestry effort will fill this service need by being an automatic referral made to offenders with children.

The collaborative planning process has engaged many agencies involved with the ECCS grant; Title V MCH grant; and the Governor's Commission on Women's and Children's Health. Many agencies have recently developed or are in the process of developing and/or updating their strategic plans. The timing of Arizona's Project LAUNCH strategic planning process will help to bridge the gaps that exist within the current system and streamline efforts. With recent budget cuts affecting programs and services, Project LAUNCH will aid in establishing a common vision for coordinating services and funding, developing social and health policies, and increasing the utilization of evidence-based approaches that aim to foster the wellness of young children, birth to eight years of age.

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Appendix A

Environmental Scan, Financial Mapping and Analysis – State Level

Purpose

Arizona's Project LAUNCH State-level environmental scan attempted to identify current funds that are being utilized across multiple State agencies to support programs to address the physical, emotional, social, cognitive, and behavioral health of children birth to age eight. The purpose of this scan is to identify and analyze systems and programs, in Arizona, funded through Federal, State and private grants that serve children from birth to eight years of age and their families. Over the course of the Project, beginning with this environmental scan and throughout the strategic planning process, the Project will continue to make an effort to systematically collect and analyze information about funding that is targeted for prevention, early intervention and treatment services for young children, families and their caregivers.[98]

Scope of the Scan

The following questions will guide the scan:

- Which State agencies spend dollars on services for Arizona children and their families, how much are they spending, and what types of dollars are being spent?
- What evidence-based practices are being used at the current time?
- What is being done to ensure that financing opportunities exist that can encourage the delivery of comprehensive, integrated, family-centered services?
- What financing strategies have been developed or utilized to encourage cross-agency coordination?
- Are all funding streams maximized to cover services for this population?

The objectives of the environmental scan were to:

- Provide an overview of the early childhood system and related issues in Arizona;
- Identify key agencies and programs involved in these issues;
- Highlight gaps in resources or coordination; and
- Inform the strategic planning process to support the development of a comprehensive, family-centered public health approach for children birth to eight and their families.

Relevant State Agencies

An examination of expenditures for prevention, early intervention and treatment services for children and family support services, provided by State agencies, will be conducted for State fiscal year 2009. The scan will include a review of the following child-serving State agencies:

[98] K. Johnson and J. Knitzer. Spending Smarter – A funding guide for policymakers and advocates to promote social and emotional health and school readiness.

A. Arizona Early Childhood Development and Health Board (First Things First)

B. Arizona Health Care Cost Containment System
   1. Title XXI -KidsCare (Children's Health Insurance Program)
   2. Title XIX - Medicaid
   3. Arizona Long-Term Care Program

C. Department of Economic Security
   1. Arizona Early Intervention Program
   2. Child Care Administration
   3. Division of Child Support Enforcement
   4. Division of Children, Youth and Families
   5. Division of Developmental Disabilities
   6. Employment Administration
   7. Family Assistance Administration
   8. Division of Aging and Adult Services

D. Department of Education
   1. Early Childhood Education
   2. Education Services
   3. Preschool Special Education
   4. Special Education

E. Department of Health Services
   1. Division of Public Health Services
   2. Division of Behavioral Health Services

F. Arizona State Schools for the Deaf and Blind
   1. Early Childhood and Family Education

G. Office of the Governor
   1. Head Start State Collaboration Office

<u>Identification of Services and Each Funding Stream by State Agency</u>

For ADHS public health programs, a template compiled by First Things First (FTF) in 2007 will be circulated among Bureau Chiefs (they may redistribute to program managers) for completion. The template will solicit information about current programs and services specific to children birth to age eight and their families, including funding sources (Federal, State, private grants) and level of funding. This template will also be circulated among programs within the Division of Behavioral Health Services. Programs will have two weeks to complete the template.

For the remaining State agencies, an introductory letter will be sent to agency Directors on behalf of the Governor's Office for Children, Youth and Families to solicit participation in the

environmental scan process, and specifically the identification of services and funding streams. The agency will be asked to update the First Things First template that agencies responded to in 2007, in addition to expanding information to include services available for children ages 6-8 years and their families. First Things First was not included in this process however programmatic and fiscal information will be retrieved through their website. Agencies will have two weeks to complete the template.

Identification of the Evidence-Based Practices, Cross-Agency Fiscal Strategies

An online survey will be utilized to capture additional information from key informants including the scope of their agency's services, target population, availability of evidence-based programs, coordination with other agencies, etc. The survey will be targeted to State agency directors, program managers, local health officers, agencies represented on the State Council on Young Child Wellness, and select local affiliates of larger national organizations addressing women's and children's issues.

Synthesis of Information

Based on participant responses, the draft services inventory will be updated to reflect current programs, services, funding streams and evidence-based practices. An analysis of existing State policies impacting young children and their families will be conducted to better understand the practices and structures that enable collaboration and coordination within and across State agencies.