

**ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD
POLICY AND PROGRAM COMMITTEE
EARLY CHILDHOOD TASK FORCE
CHILDREN'S HEALTH SUB-COMMITTEE MEETING MINUTES
MARCH 8, 2017**

A meeting of the First Things First (FTF) - Arizona Early Childhood Development and Health Board, Policy and Program Committee, Early Childhood Task Force, Children's Health Sub-Committee was held on March 8th, 2017 at 9:00 a.m. The meeting was held at First Things First, 4000 North Central Avenue, Suite 800, Boardroom, Phoenix, Arizona 85012.

Welcome and Call to Order

Co-chair Kevin Earle called the meeting to order and welcomed all members. Co-chair Earle reviewed the open meeting law requirements and noted that the meetings would be open to the public. He encouraged everyone to be active participants and to ask questions whenever needed. Co-chair Earle asked all members present and on the telephone to introduce themselves and their organization.

Members Present:

Kevin Earle, Co-chair
Debbie McCune-Davis,
Co-chair
Carmen Heredia
Cheri Tomlinson
Gary Brennan
Katharine Levandowsky
Marcus Johnson
Robin Blitz MD

Members via WebEx:

Darlene Melk MD FAAP
Francisco Garcia MD

National Content Expert:

Elisabeth Burak (via webex)

Members of the Public:

Leah Landrum-Taylor

Members Absent:

Charlton Wilson MD
John Molina MD JD
Maureen Casey
Siman Qaasim

First Things First Staff:

Joe Fu
Michelle Katona
Veronica Lucas

Facilitator:

Sharon Flanagan-Hyde

Documents Provided and Publicly Posted:

1. Public Notice and Agenda for March 8, 2017 Children's Health Sub-Committee Meeting
2. Minutes from the February 6, 2017 Children's Health Sub-Committee Meeting
3. Guiding Principles
4. Summary of Proposed Goal Statements and Areas of Focus
5. Presentation: Federal Health Update: Child and Family Health, Elisabeth Wright Burak, Georgetown University

Co-chair Earle requested a motion to approve the minutes from the February meeting. Gary Brennan motioned to approve the minutes, Carmen Heredia seconded the motion, all were in favor, none opposed, and the minutes were approved.

Follow-up on requested information

Mr. Fu addressed a question from the February meeting on how FTF is using Bright Futures to inform its work with care coordination and developmental sensory screening and other strategies. Mr. Fu noted that Bright Futures' schedules and screening intervals are built into the strategy standards of practice. He introduced Elisabeth Burak to follow up on questions from the last meeting on Medicaid including specific ways that the dollars are being used and the unique health system characteristics of the state of Arizona. Ms. Burak went through her presentation, topics included:

- Medicaid innovation in other states
- Features unique to Arizona
- Additional resources - Medicaid/ACA and Tribal communities, reimbursement rates
- ACA repeal and Medicaid changes
- Medicaid cost shifts in House GOP plan would total an estimated \$370 billion over 10 years and grow over time

The Committee was asked if there were any questions:

- There was a question about decreasing the federal match rate for the Medicaid expansion frozen population to 80%. This is important for Arizona because of the hospital assessment circuit breaker at 80% FMAP (Federal Medical Assistance Program). If this goes below 80%, Arizona drops completely out of the expansion. Ms. Burak noted this will not affect the traditional proposition 204 match, which Arizona falls into, as long as participants stay enrolled. Ms. Burak said she will look this up and return to the next meeting with a clear answer.
- Co-chair McCune-Davis commented that HHS (Department of Health and Human Services) will lose 16% of their budget with the elimination of the Prevention for Public Health Fund - if this happens, Arizona will lose 45% of its budget for the Department of Health Services.
- Co-chair McCune-Davis asked, in cases where states are doing creative things in their funding for children - are there any correlated indicators in which states get better outcomes. Ms. Burak answered that she will look into what other states, like South Carolina are doing and get back to the Committee.
- It was asked if there are other longitudinal studies that have found evidence of how treatment early on can prevent diseases and other conditions later in life. We need to continue to fund systems under coordination of care. Ms. Burak echoed this sentiment and said there is some data on ROI (return on investment) from Medicaid.

Review of survey responses, Goals and Areas of Focus

Mr. Fu reviewed the survey responses noted in the document titled, "Summary and Proposed Goal Statements and Areas for Focus". Facilitator Flanagan-Hyde reminded everyone about the Committee's overall objective for today and reviewed the guiding principles. The goal is to reach consensus on the goals and areas of focus. Facilitator Flanagan-Hyde reviewed the definitions for goals and areas of focus and then provided an overview of the proposed goals and areas of focus under each System Role for the Committee to consider. The Committee then had a discussion about the goals and areas of focus which included the following:

- There is some duplication in efforts between FTF and AZAAP (Arizona Chapter of the American Academy of Pediatrics) in Developmental Sensory Screening (DSS). Dr. Blitz will connect FTF staff with the staff at the AZAAP. It was also noted that the DSS being done does not always get back to the Primary Care Physician (PCP). Billing is also a challenge in cases where PCPs may do multiple screenings, but only get paid for one screen. In addition, AHCCCS (Arizona Health Care Cost Containment System) is now requiring physicians to become certified to use a specific DSS tool. Furthermore, we cannot do online ASQ training because it is proprietary. AZAAP is encouraging physicians to use the PEDS screening tool (Parents' Evaluation of Developmental Status) and the MCHAT (Modified Checklist for Autism in Toddlers) for the DSS requirements. Another barrier is that care coordination is not paid for and it is not a billable entity.

- It was asked if there will be a focus on partnering with AHCCCS regarding social emphasis on Medicaid or CHIP (Children’s Health Insurance Program). Mr. Fu answered that there were a lot of survey responses around this and it is captured in the summary.
- It was asked if there is any data to support that there is a gap of children who are not getting DSS care through their PCP, and of children in a medical home, what percentage of children are not being screened.
- It was asked if FTF will only focus on AHCCCS data or all data in Arizona. Mr. Fu noted that starting this year AHCCCS may be publishing data on the child core set. We also rely on the National Children’s Health Survey, published in 2012, which also highlights children with special healthcare needs.
- We need to be looking at children’s coverage or non-coverage comprehensively.
- It is important to know once DSS has occurred for a child, are there services available once screenings are completed? What are the gaps and can FTF help to support the broader system?
- The importance of billing codes was raised because if they do not exist, the screenings will not get done. Mr. Fu noted AZHEC (Arizona Health-e Connection) does have data we can use as well.
- A notation was made that EPSDT (Early and Periodic Screening, Diagnostic and Treatment) is mandated by Medicaid. Is EPSDT required for children not on Medicaid or AHCCCS? In regards to IHS (Indian Health Services), is IHS required to report on EPSDT and is the Block Grant 638 plan part of this? Co-chair Earle noted that AHCCCS does not collect data for IHS.
- A question was raised about implementation of the goals and if the goals are too broad what will that mean for the grants process? Mrs. Katona responded that the goals are the first step of the process and then FTF will move towards developing action plans. At the statewide and regional level, strategies will be determined and a Request for Grant Application (RFGA) will be released for the strategies in alignment with the goals.
- It was asked if the committee will be working on the action plan or the strategy. Mrs. Katona answered that based on the Task Force timeline, we did not think there would be enough time to do both and that is why we are focusing on the Goals, Areas of Focus and Measures of Success. FTF will then move into action planning. She anticipated that we will be engaging partners in the action planning.
- It was raised that we need to be sensitive about the use of the word “mental” and that “behavioral” is the appropriate term for children.
- Facilitator Flanagan-Hyde asked if there are there any goals missing?
 - It was suggested that care coordination should be part of the goals not necessarily an area of focus.
 - It was shared that there is support for the first three goals as they are measureable and specific but goal four is too vast and not specific enough. Other members agreed with goal four, but in looking at the areas of focus, this may need more specificity around care coordination.
 - It was noted that goal four is about helping parents understand what good health and well-being is and is not about improving the system. A member agreed and this should include policymakers. It was also stated that these comments are covered in goal three and we should add understanding for parents in that goal.
 - For goal one, we should consider adding social determinants of health. In goal three we should consider adding how to access social services for parents.
 - It was noted that in goal two, we should consider adding care coordination.

- It was raised that it would be a good opportunity for us to address a combination of health and social determinants.
- It was shared that we should consider all of the systems in care coordination, as it should be in the medical home and not in all of the agencies.
- Defining care coordination, maybe at the strategy level, is necessary and it was suggested that we bring all of the agencies together around care coordination to be on the same page. It was also noted that we need a standard on how a medical home is defined; there are many differences in how a family may address their child's needs. We may also need to have a discussion that the PCP needs to be brought into the child's needs. This may be a statewide systems change. Care integration of services also needs to be addressed. We need eliminate the term "case management" and transition to "care coordination".
- It was emphasized that we need to serve all children, regardless of their insurance coverage. We need services to help parents navigate the state and school system, and that care coordination is typically not available to those with private insurance.
- Facilitator Flanagan-Hyde asked is there anything missing in the table under areas of focus.
 - Dr. Melk noted that she is giving a talk in April with Mr. Fu at the Arizona Osteopathic Medical Association conference on Early Childhood Development and FTF. Dr. Melk noted that initially PCPs were trained to focus on screening for disease, but her training was lacking promotion of healthy development. This talk addresses the perfect target audience. Dr. Melk is a new council member and feels that as an organization FTF could improve their relationships with PCPs who are seeing children zero to five. As a pediatrician, before becoming a council member Dr. Melk said she did not know enough about FTF and how it can assist parents in raising their children. She would like to see FTF increase their relationships with PCPs to ensure the messaging of early childhood increases public awareness. Mrs. Katona noted that what Dr. Melk talked about specifically aligns to the system role on Public Awareness.
 - A member asked for clarification on the third to the last bullet on goal three. Mr. Fu noted that in the survey there were many calls to areas of inclusion of early childhood settings where screenings could take place or oral health varnishes could be applied, and that those services could be more integrated with the broader system of healthcare.
- Facilitator Flanagan-Hyde asked is there anything missing when reviewing early screening and intervention. She went onto read from the handout the three goals that fall under early screening and intervention.
 - A member asked for an explanation of goal two. Mr. Fu said that this goal recognizes there are many different systems and payors that are involved with screening and that FTF needs to be part of the conversation to make sure coordination is happening.
 - A member made a notation that this section requires tracking and wanted to know how we measure success for this goal. Facilitator Flanagan-Hyde noted we will complete measures of success in April. Today, we are just coming to consensus on the goals and areas of focus. A revised version of the survey document will come to you with an email on measures of success and homework.
 - It was asked if there is data for children who are uninsured vs. under-insured.
 - A member asked how we get AZHEC data, especially screening models.

- Facilitator Flanagan-Hyde asked in the areas of focus, is there any clarification needed.
 - In regards to tele-services for shortage areas it was raised that we should revise to include all areas. It was noted that “shortage areas” does need to be addressed as it is used for rural areas. It was also shared that legislation prohibits telemedicine in Pima and Maricopa counties.
 - The strategy of funding screenings outside of the medical home was raised and noted that strategies funded should do more care coordination with the PCP.
 - Mrs. Katona noted that in our Home Visitation (HV) strategy, evidence based models do require screening as a standard. Mrs. Katona also noted that HV was discussed yesterday in the Family Support Committee. She also noted that 20,000+ families are served through HV.
 - The Committee was reminded that AzEIP (Arizona Early Intervention Program) only provides intervention to children who are 50% or more delayed. Research shows those with mild delays benefit the most with intervention but do not always get the help needed and the money is not spent where it can do the most good.
- Facilitator Flanagan-Hyde asked everyone to think about specific populations, are there areas of focus that we can consider specific geographic differences.
 - It was shared that Head Start has a long waiting list in urban and rural areas for spaces.
 - Mr. Fu noted that the second guiding principle around FTF will prioritize serving underserved and at risk children and their families.
 - Co-chair McCune-Davis asked if FTF has looked at data on where at-risk or underserved children reside. Mr. Fu answered yes, we have some data on average income, poverty levels and Regional Partnership Councils use it to guide these conversations. A member noted that the Federal government already has a tool that does this for Arizona.
 - It was raised that we should not box ourselves into underserved and at-risk only populations, we need to serve all children and help parents figure out where to go and how to access services.
 - A request to further define underserved and at-risk children was made.
 - FTF should identify where there are deficiencies and how can we fill those in.
 - It was noted there is a lot of data at non-profit hospitals.
 - It was noted that toxic stress and how children are doing growing up in an unhealthy environment should also be addressed. Mr. Fu noted that social determinants are an important topic. It was also noted that there is a movement on social determinant screenings and it would be good for FTF to look at the different tools.
- Mr. Fu asked Co-Chair Earle if there are any areas of oral health that need to be discussed. Co-chair Earle noted there is no registry for fluoride varnishes and there is a challenge knowing what happens at schools in the area of oral health.
- Co-chair McCune-Davis asked if FTF works with WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) programs in providing parent education. Mr. Fu answered that FTF does not partner directly, but our grantees do.
- Co-chair McCune-Davis asked if we are addressing healthy environments across the work. Mrs. Katona noted this was also discussed at the family support committee meeting.
- It was asked how we are supporting pre-conception care; this is an area of opportunity for FTF to do intervention.
- It was raised that we should consider maternal drug screens as alcohol is the most problematic and it causes significant damage to children.

- A member noted there are many areas in children's health to consider and we need to be careful not to spiral out into too many areas. We need to focus on where we can do the most good.
- Facilitator Flanagan-Hyde shared next steps in regards to the identifying measures of success. The Committee will get an email with the revised areas of focus and a questionnaire of measures of success. Your homework will be to think about those questions before the April meeting. There will not be a survey as we will discuss at the meeting.
- It was asked if FTF could provide a summary of data on DSS, oral health and care coordination. Mr. Fu said that we can send that out.
- A summary of DSS numbers\data and how many pediatricians have been trained, etc, was requested.
- Co-chair Earle noted that FTF did a great report on oral health and he explained its focus and how FTF continues to monitor progress in Arizona. This is a good example of tracking data.
- It was raised that the following would be helpful to know:
 - The percentage of children in Arizona that have access to a medical home
 - The percentage of PCPs doing primary screenings and
 - In HV data what percentage of the screens were abnormal
 - What screening tools are being used and what percentage were communicated to the PCP or connected to service.
- How well equipped are PCPs to know what resources are available was raised.
- It was asked if we have access to the latest data from AHCCCS. Mr. Fu said that was recently made available to FTF and we are reviewing it.
- Co-chair McCune-Davis asked what percentage of physicians/pediatricians get information from the HV Programs and if the referrals get back to the PCPs. What is the process.

Summary and Next Steps

Facilitator Flanagan-Hyde explained that FTF staff would take the recommendations and discussion from the meeting to revise the goals and areas of focus and send those out to the Committee. The focus will then turn to measures of success. The Committee was reminded that the National Advisory Panel will also review and provide guidance on feasibility and additional data sources in regards to the proposed measures of success.

Adjourn

Co-chair McCune-Davis thanked everyone for participating and she noted that every contribution is important. There being no further discussion, Co-Chair McCune-Davis adjourned the meeting at approximately 11:52 a.m.

Next Meeting

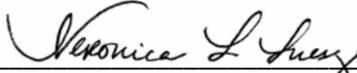
To be held on Monday, April 3rd, 2017 at 9:00 a.m. to 12:00 p.m. at First Things First, Boardroom, 4000 North Central Avenue, Suite 800, Phoenix, Arizona 85012.

Telephone Procedures

First Things First provided a teleconference line to allow for any members of the public to hear the Children's Health Sub-Committee meeting. Speakers physically present at the meeting spoke into microphones to ensure that members on the telephone could hear. All callers were muted upon connection.



Respectfully submitted on this 22nd day of March, 2017.



Veronica L. Lucas, Executive Staff Assistant