

**ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD
POLICY AND PROGRAM COMMITTEE
EARLY CHILDHOOD TASK FORCE
CHILDREN'S HEALTH SUB-COMMITTEE MEETING MINUTES
FEBRUARY 6, 2017**

The Policy and Program Committee, Early Childhood Task Force, Children's Health Sub-Committee Meeting of the First Things First (FTF) - Arizona Early Childhood Development and Health Board was held on February 6, 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 thanked everyone for their time and commitment to working with FTF to develop their five-year statewide program and policy strategic plan. 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, their organization and how they are working in early childhood.

Members Present:

Kevin Earle, Co-chair
Debbie McCune Davis,
Co-chair
Carmen Heredia
Darlene Melk MD FAAP
Cheri Tomlinson
Gary Brennan
John Molina MD JD

Katharine Levandowsky
Marcus Johnson
Maureen Casey
Robin Blitz MD
Siman Qaasim

National Content Expert:

Elisabeth Burak

Members via WebEx:

Francisco Garcia MD

Members Absent:

Charlton Wilson MD

Members of the Public:

Dawn Craft

First Things First Staff:

Joe Fu
Michelle Katona
Veronica Lucas

Facilitator:

Sharon Flanagan-Hyde

Documents Provided and Publically Posted:

1. Public Notice and Agenda for February 6, 2017 Children's Health Sub-Committee Meeting
2. Children's Health Committee Roster
3. SFY17 Tobacco Fund for FTF Areas for Strategies by Goal Area
4. Children's Health Alignment to Early Childhood System Role
5. Arizona Early Childhood Model System - Desired Outcomes, Conditions, System Roles and Opportunities
6. FTF Presentation for February 2017 Meetings
7. Goals, Areas of Focus and Measures of Success Definitions and Examples
8. 2010 and 2016 System Roles Prioritized by Task Force
9. Presentation: Federal Health Update: Child and Family Health, Elisabeth Wright Burak, Georgetown University
10. Article: Medicaid's Role for Young Children, Elisabeth Wright Burak, Georgetown University
11. Article: Further State Funding Cuts and Uncertain Federal Landscape Threaten Care for Young Children in Texas with Disabilities and Developmental Delays, Elisabeth Wright Burak, Georgetown University

Charge to the Sub-Committee and Guiding Principles

Co-chair Earle introduced fellow co-chair, Debbie McCune Davis. Co-chair McCune Davis gave a short introduction on the Board's charge to the Task Force to recommend a five-year strategic plan and then reviewed the charge of the Committee which included the following:

- Recommend a set of goals, areas of focus and measures for the prioritized roles identified by the Task Force focusing on the children's health system roles that have been prioritized;
- In developing the goals, focus areas and measures the Committee should utilize its expertise and knowledge and that of the content expert, the background materials developed for the Task Force, and the feedback from the Task Force and regional councils;
- Cross cutting themes across the committees will be identified; and
- The Committee's recommendations on measures will be presented to the National Advisory Panel for Research and Evaluation that FTF will be convening in April and May for feedback and guidance.

Co-chair McCune Davis explained that the Task Force also identified a set of guiding principles that FTF will use in carrying out the priority system roles. These guiding principles emerged over the course of the Task Force meetings and discussion and include the following:

- FTF will emphasize the whole child including the cognitive, physical, social and emotional health and development of young children.
- FTF will support children across diverse social economic, geographic, cultural and educational backgrounds.
- FTF will prioritize serving underserved and at-risk children and their families.
- FTF will continue to foster, leverage and promote collaboration with partners committed to child well-being.
- FTF will continue to serve in a leadership, convening and funder capacity in advancing the early childhood system

Group Norms

Facilitator Flanagan-Hyde reviewed the following group norms with the Committee. Create an environment that allows all to speak freely and without concern by doing the following:

- Listen with an open mind and a collaborative mindset.
 - Speak concisely and respectfully.
 - Don't dominate the conversation and interrupt your colleagues. Everyone should have the opportunity to fully participate in the discussion.
 - Be honest. It is okay to disagree.
 - Dissent with ideas. When you disagree, offer up an alternative.
 - When expressing agreement with other speakers, don't use up time repeating what has been said.
 - Articulate hidden assumptions.
 - Be respectful about cell phones: Put phones on vibrate and leave the room if you need to take or make a call.
 - Be mindful of side conversations as they can disrupt group progress.
 - Work towards consensus on recommendations.
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Overview of the Early Childhood System

Michelle Katona, Chief Program Officer, reviewed the Model Early Childhood System and the work of FTF over the past six years using the FTF Presentation for the February Committee meetings. Two documents were also referenced and included the 2010 and 2016 System Roles Prioritized by the Task Force and the Desired Outcomes, Conditions, System Roles and Opportunities.

It was highlighted that in 2010, FTF convened the first Early Childhood Task Force which spent a considerable amount of time mapping out the system and creating the Model Early Childhood System and how it serves young children and families in Arizona. The 2016 Task Force used the Model System to carry out their charge to prioritize a set of system roles for FTF to focus on over the next five years. The six desired outcomes and the 20 system roles related to the desired outcomes were reviewed. Also noted was the work of the Governor's office, Education Matters Arizona and the recognition that the education continuum begins with the early childhood years. Statistics of children in Arizona under the age of six, including those by ethnic breakdown and the employment status of parents with young children were highlighted. With FTF serving a critical partner, initiated by Arizona voters, focused on children birth to age five, driven by local communities and respects tribal sovereignty, its work and impact over the past six years was then reviewed across the six desired outcomes. To close the presentation, the system roles prioritized by the 2016 Early Childhood Task Force System Roles prioritized in 2010 were reviewed, highlighting the system roles that are the focus for the Committee.

Opportunities related to Health

Joe Fu, Senior Director for Children's Health reviewed the items prioritized by the Task Force and its opportunities. Mr. Fu reviewed FTF funded priorities for Children's Health. The first strategy that Mr. Fu covered was Care Coordination, which helps families navigate complex systems of care encountered by children with special needs. Mr. Fu noted that FTF also funds several programs that support Developmental and Sensory Screening. In addition, FTF has a strategy called Family Support for Children with Special Needs to support children and families who are not eligible for early intervention services. Mr. Fu also noted that FTF funds Mental Health Consultation, which supports child care providers that are working with children with behavioral or social and emotional needs. FTF also has a focus on Oral Health and recently released a report in partnership with Arizona Department of Health Services for the State of Arizona on the progress of Oral Health for our youngest children. Mr. Fu highlighted the work that FTF does with Nutrition, Obesity Prevention and Food Security and how important this is to our Tribal regions. Lastly, Mr. Fu reviewed the Child Care Health Consultation work that FTF provides to centers and homes.

Mr. Fu also shared that FTF has partnerships with other state agencies, like DES (Department of Economic Security), DCS (Department of Child Safety), DHS (Department of Health Services) and AHCCCS (Arizona Health Care Cost Containment System). He noted that the Committee can assist FTF in defining the roles and priorities that FTF should be focusing on in children's health as a recommendation to the Task Force.

It was asked if there is evidence that shows system change, in the programs that have been funded by FTF in the children's health care area. Mr. Fu said that for example in the area of oral health we have seen movement in the key indicators showing improvement for children. A majority of the work is funded for services and programs and not specifically for systems change. At a statewide level FTF has engaged interagency partners for many years in coordination for systems change.

Mrs. Katona added that we also have a statewide Quality Improvement and Rating System (QIRS) that has demonstrated progress in the area of increased quality of early care and education programs and a component of the QIRS is the use of Child Care Health Consultants. There has also been progress in quality improvement in health and safety areas and in social emotional development. In addition, there has been a focus on Developmental and Sensory Screening among the state agency partners and identifying areas for improvement. While we know children are receiving developmental screening, the quality of the screen and the ability to refer and link children to the appropriate pathways for evaluation and service is a concern.

It was noted that the Federal law requires any physician that suspects developmental delays in a child to refer them to the State's early intervention program within two business days if the child is under the age of three. There are challenges with eligibility criteria and not being able to appropriately serve all children.

Arizona is not the only state with this issue and DES is partnering with FTF to provide solutions like comprehensive ASQ training. DES has also partnered with AHCCCS regarding those children referred to AzEIP who are screened and are not likely to meet eligibility so that these children can be connected to their health plans.

National perspective on the Early Childhood System and Health

Mr. Fu introduced Elisabeth Wright Burak from Georgetown University who provided a National perspective on early childhood health care and how this may affect Arizona. Mrs. Burak reviewed data and slides, covering the following:

- Nationally, children's uninsured rate has declined to a historic low
- In Arizona, children's uninsured rate declined to 6.8%
- Parent coverage nationally has improved as well
- Nationally 46.5% of children are covered by employer-sponsored insurance and 35.7% are covered by Medicaid/Children's Health Insurance Program (CHIP)
- Medicaid and CHIP cover 44% of children under age six
- In Arizona 45% of children are covered by ESI and 43% are covered by public funds
- Public coverage (Medicaid) for children in the US is \$36.8M
- In Arizona Medicaid coverage takes care of 942,000 children and CHIP covers 37,000
- Children are the largest group of Medicaid beneficiaries at 41%
- ACS data on children in Arizona on Medicaid/CHIP by congressional district
- Percent of children on Medicaid\chip by congressional district
- Children under the age of six with public coverage by congressional district and by county
- Medicaid is the largest source of federal funds for States at 56.1%
- The long-term effects of childhood Medicaid coverage for children include healthier adults, greater academic achievement and greater economic success resulting in an ROI for the Government
- Government Medicaid yields strong ROI; reducing hospitalizations and emergency room visits and increased tax receipts of Earned Income Tax Credits
- In Medicaid financing, the Federal government matches state spending on an open-ended basis. Federal Medical Assistant Percentage for 2017 in Arizona is at 69.24%
- CHIP is a block grant with capped annual allotments that can be used for up to 2 years. A contingency fund covers shortfalls and Arizona can receive 100% with the Affordable Care Act (ACA) bump.

- The ACA repeal without a replacement will have a major impact on children and families
- Federal proposals to restructure Medicaid financing, block grants vs per capita caps and how this may shift costs to states
- Potential risks to children in proposals to restructure Medicaid
- Substantial Federal Medicaid cuts possible
- Timeline for Federal proposals
- Thinking about where CHIP funding fits in
- Other programs to watch; Title V - MIECHV/Home Visiting, IDEA Part C/Early Intervention and Head Start block grants

It was stated that Arizona is not a fee for service Medicaid state and asked how this may affect our children? Mrs. Burak noted there are many unknowns at this time.

It was further noted that Arizona is mostly a managed care state with the exception of Indian Health Services (IHS) where it is a fee for service. It was also asked whether there has been any discussion on how this will affect IHS? Again, Mrs. Burak noted it is unknown at this time.

Discussion

Facilitator Flanagan-Hyde opened the floor for discussion and the following questions were asked:

- Does FTF fund Developmental and Sensory Screening (DSS) in the Home Visitation (HV) Strategy? Mr. Fu noted that DSS is funded in several strategies and as a secondary strategy including the home visitation strategy.
- Is the DSS with home visitation duplicate of the screenings that the primary care physician is providing under the Healthy Steps guidelines and how does that split funds? It was also asked if this falls under a care coordination code. Mr. Fu noted that we fund care coordination separately and there is not a system in place that tracks statewide screenings so it is difficult for grantees to ascertain. This is an ongoing challenge and an opportunity to address.
- Is there data or a forecast on FTF's next five years of funding and strategies? Mrs. Katona answered that FTF has a long-term sustainability plan for FTF and we can provide those projections. On the program side, the board has approved a budget of \$126 M and this is anticipated through the sustainability plan to be the available level of funding for the next 9-15 years.
- How is the tobacco tax allocated within FTF and will the change from 9 to 12 system priority roles impact what the regions fund? Mrs. Katona answered that each Regional Partnership Council receives an allocation based on the number of children ages 0-5 in their region, number of children in poverty and a discretionary level of funding. On the program side, of the \$126M, \$13M is statewide funding and the remainder is allocated to the regions. Each regional council determines their prioritized needs and then identifies strategies to address those needs and submits those for approval by the board.

- In regard to going from 9 System Roles in 2010 to 12 in 2016, the Committees will make recommendations on the goals and areas of focus and this will allow for action plans to be developed at the statewide level. At the same time, regional councils will use the statewide strategic plan as a framework for setting their regional strategic plans. Regional Councils may change their prioritized needs which may lead to changes in strategies funded.
- Is there any evidence of system change, evaluation components or overall system impact on the FTF funded programs, specifically from care coordination? Mr. Fu answered that we have an evaluation component all the strategies funded by FTF and gave an example of how our Oral Health strategy has seen significant impact in the state.
- It was noted that one of the guiding principles is for FTF to focus on the “whole child”.
- What programs is Arizona or FTF not supporting that other states are? Mrs. Burak said that recently there were some changes around home visitation services on the Federal level and each state may be taking a different approach to address these.
- It was noted that with care coordination there is a lot of pediatric literature on the benefits of care coordination and of a medical home; this could be used to assist the Committee. In addition, the governor’s advisory committee on families with children who have special needs found that different levels of coverage may be offered for each child and it is confusing for families to figure out what is covered.
- It was shared that there are some innovative things occurring in Medicaid, specifically in the housing and related services as part of the intervention package. In addition, care should start with pre-conception as this can affect a child’s developmental progress.

Facilitator Flanagan-Hyde asked everyone to think back to the background materials that you have read and asked is there anything about the early childhood system, particularly in Children’s Health that is missing or has not yet been covered? The following areas were raised by Committee members:

- It was noted that adverse childhood experiences (ACEs) and social determinants need to be addressed. At Native Health a program recently started that incorporates a medical legal partnership for families to get assistance when there are challenges or barriers related to health needs.
- It was shared that Health Literacy and Justice Populations are missing from the conversation.

Facilitator Flanagan-Hyde asked for additional opportunities in which FTF can address Children’s Health and the following areas were shared:

- Parent empowerment, providing knowledge to parents in a positive way and it was asked how can FTF do this for the community as a whole.
- Using technology to share data and leverage resources. In addition, working with AHCCCS health plans to get young children what they need.

- There is technology that reminds families of appointments, etc.
- Increase the use of telemedicine to provide trainings, especially to our rural communities. Training could assist professionals and parents to intervene with their children.
- The committee should keep the ACA and marketplace in our perspective because a large proportion of Arizona enrollees are children.
- The medical home concept is the ideal place to target pediatric and PCPs to provide screenings and care coordination.

The Committee was then asked to think about its charge during the next two meetings and was asked to share their thoughts on this approach. What have you found helpful or not in doing this kind of work. In addition the handout titled: Goals, areas of focus and measures of success was reviewed with Committee, going over the definitions for each. An example was provided specifically for Children's Health.

It was asked how many children we are talking about. Mr. Fu noted that FTF is focused on the population of Arizona children age zero to five and especially those who are at-risk. Mr. Fu offered that the committee may choose to have a discussion around health equity and underserved groups.

Clarification on how the goals will translate to the regional councils was asked. Mrs. Katona noted that the three Committees will provide recommendations to the Task Force, who in turn will make recommendations to the Board. Once these recommendations are approved by the Board they will become part of FTF's statewide goals. FTF will be responsible for having an action plan for each goal at the statewide level. The regional councils based on prioritized needs will determine which goals align to their needs and how to address them. The regional council does not have to take on every goal.

It was shared that the American Academy of Pediatrics recently came out with Bright Futures guidelines and that FTF should utilize what already exists.

It was asked if there was a presentation available on this. Mr. Fu noted that he will follow-up on this request and provide what is available.

AHCCCS does push monthly reports on missed opportunities and we can get that data.

The AZAAP practice council advocated to get the code 96110 paid, which increased the amount of DSS that a PCP can do. Care coordination needs to be paid as well.

It was noted that it is important to think about barriers and how FTF can continue to be a facilitator for the system. As the Committee identifies goals, is the uniqueness of Arizona needs to be at the forefront. It is also important to remember that primary care physicians (PCPs) are small business and the complications of payer codes make the work difficult. It was shared that DES is starting to think about how they can administratively support small businesses. These points should also be considered for oral health as most providers are also small businesses as well.

It was asked how the Committee will prioritize the goals? Facilitator Flanagan-Hyde noted that we will send an online survey to everyone after this meeting. The survey will help to prompt our conversation at the next meeting and shape the goals that we will recommend.

It was asked how many children go to pediatric practices vs. family practices.

Thinking about the “whole child” is important but it is also important to know what ACEs are affecting children.

It was shared that every county has a health plan and health improvement plan for the next five years, and FTF needs to consider how to bridge and leverage any of their work.

It was noted that the Committee should look at preventative care and opportunities that take into account the mobility of families and how realistic they are.

It was noted that managed care plans have a lot of decision making power and FTF can assist by getting good and better data from AHCCCS, by partnering with them.

Summary and Next Steps

Facilitator Flanagan-Hyde noted that all comments have been captured and follow up on information requested and the survey will be sent out in the next day or so.

Adjourn

Co-chair Earle noted there was robust discussion and that there is a lot to do in a short amount of time. He said that we are off to a great start and he thanked everyone for a great first meeting. He said, he looks forward to seeing everyone at the next meeting in March. He also asked everyone to please take the time to complete the survey, that everyone’s feedback is important and the responses will get the Committee ready to jump right in to goal setting. Please reach out to me, Debbie and the FTF staff with any questions you have.

There being no further discussion, Co-Chair Earle adjourned the meeting at approximately 11:59 a.m.

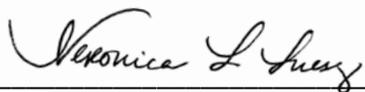
Next Meeting

To be held on March 8th, 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 24nd day of February, 2016.



Veronica L. Lucas, Executive Staff Assistant