ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD
POLICY AND PROGRAM COMMITTEE
EARLY CHILDHOOD TASK FORCE MEETING MINUTES
MAY 23, 2017

A Policy and Program Committee, Early Childhood Task Force Meeting of the First Things First (FTF) - Arizona Early Childhood Development and Health Board was held on May 23, 2017 at 8:30 a.m. The meeting was held at The Hilton Garden Inn Phoenix Midtown, 4000 North Central Avenue, Phoenix, Arizona 85012.

Welcome and Call to Order
Co-Chair Nadine Mathis Basha called the meeting to order at approximately 8:40 a.m. Co-Chair Mathis Basha welcomed attendees and noted this meeting was scheduled as the fourth of five Task Force meetings to specifically recommend a five year statewide program and policy strategic direction to the board. In lieu of a roll call, all Task Force members and guests were required to sign-in as proof of attendance.

Members Present:
Nadine Mathis Basha, Co-Chair
Annapurna Ganesh, Ph.D
Brian Spicker
Bryant Powell
Dana Naimark
Darlene Little, Ed.D
Darren Hawkins, D.Min
Erin Hart
Ginger Ward
Jessica Jarvi
Joyce Millard Hoie
Keri Campbell
Kim Russell
Laurie Smith
Leah Landrum Taylor
Liz McKenna, MD
Lyn Bailey, Ed.D
Marilee Dal Pra
Mary Baldwin
Mayor John Giles
Nicol Russell
Pam Powell Ed.D

Patrick Contrades
Rene Bartos, MD
Riley Frei
Senator David Bradley
Shalom Jacobs
Shana Malone
Suzanne Pfister
Terri Clark
Victoria Begay

Members Absent:
Don Budinger, Co-Chair
Amy Corriveau
Andrea Benkel
Councilman Francisco
Munoz
Karen Ortiz, Ph.D
Laurie Liles
Marie Peoples, Ph.D
Neil G. Giuliano
Ruth Solomon
Representative Heather Carter
Representative Jill Norgaard
Representative Kelly Townsend
Richard Yarbrough
Sheila Sjolander
Verna Johnson
Vice Chairman Deal Begay

Members via Teleconference:
Erin Lyons
Lavonne Douville
Robert Weigand
Vivian Juan Saunders

Members of the Public:
Cheri Thomlinson
Dawn Craft
Irene Burnton
John Love Ph.D
Lourdes Ochoa
Melissa Busby
Patricia Tarango
Sandy Foreman

First Things First Staff:
Josh Allen
Michelle Katona
Amy Dixon
Angela Mussi
Carol Lopinski
Ginger Sandweg
Isabel Creasman
Kim VanPelt
Jessica Brisson
Joe Fu
Julia Chavez
Leslie Totten
Linda Hernandez
Liz Barker Alvarez
Roopa Iyer, Ph.D
Trisha Robinson
Veronica Lucas

Advocacy & Communications Solutions LLC,
Consultants:
Lori McClung
Scarlett Boudier
Sharon Flanagan-Hyde

Documents Provided and Publically Posted:
1. Agenda for May 23, 2017 Early Childhood Task Force Meeting
2. Meeting minutes for the January 26, 2017 Early Childhood Task Force Meeting
3. Early Childhood System Roles Prioritized for 2010 vs. 2016 Task Forces
Co-chair Mathis Basha noted that in April, Harvard University recognized FTF as one of the Top 25 innovations in American Government and this honor recognizes our citizen-led and tiered governance structure that engages Arizonans. She also noted that Co-chair Don Budinger could not be in attendance for today’s meeting but will see everyone at the June meeting. She also recognized Josh Allen as FTF’s interim CEO and gave a brief summary of his background with FTF. Co-chair Mathis Basha then introduced and recognized Senator David Bradley and Mayor John Giles who were in attendance for the meeting.

Co-chair Mathis Basha noted that the focus of the meeting today is to review the recommendations for each of the system roles that were prioritized for FTF at the January meeting. The Committees we convened were able to get through a considerable amount of work over the past three months and put forth a set of recommendations for review and consideration by the Task Force.

Co-chair Mathis Basha introduced and thanked committee chairs for their work:
- Irene Burnton, Associate Director and Professor of Practice for the School of Social Work at ASU chaired the Family Support Committee.
- Melissa Busby, Director of the Early Childhood Program at Central Arizona College and President for the Arizona Association for the Education of Young Children chaired the Early Learning Committee;
- Kevin Earle, Executive Director for the Arizona Dental Association and Debbie McCune Davis, Executive Director for the Arizona Partnership for Immunization co-chaired the Children’s Health Committee. She also thanked Cheri Thomlinson from Maricopa Integrated Health System who served on the Committee and will be presenting today; and
- Dr. John Love, our research and evaluation consultant, retired from Mathematica Policy Research, who chaired the National Advisory Panel for Research and Evaluation.

Co-chair Mathis Basha also noted that the Agenda for today’s meeting has been structured to allow time for both a presentation of the recommendations and to hear feedback and questions from the Task Force on the recommendations. She said that the Task Force will hear the recommendations for the priority system roles of leadership and funding, public awareness and data and evaluation. Following those recommendations the Task Force will be given an opportunity for large group question and answer session. She added that the Task Force would then hear the next set of recommendations on the priority system roles for Children’s Health, Family Support, and Early Learning. Following those recommendations the Task Force will move into breakout sessions for feedback and discussion on the second set of recommendations.

Co-chair Mathis Basha requested a motion to approve the January 27, 2017 Task Force meeting minutes provided to everyone prior to the meeting and in their meeting packets. Darrin Hawkins moved that the minutes should be approved; Kim Russell seconded that motion. Co-chair Mathis Basha asked the members for those in favor, those opposed and abstained. It was noted that all were in favor, no one opposed or abstained. The motion passed and the minutes were approved.
Co-chair Mathis Basha commented that, included in everyone’s packet is information on the request for grant application process and as part of that process we are in need of reviewers. She asked everyone if they could please review and complete the one page form if anyone is interested in serving as a reviewer. She then thanked everyone for considering this request.

Co-chair Mathis Basha introduced Michelle Katona, FTF’s Chief Program Officer who would be sharing information on the work that occurred over the past three months and would also present on the leadership and funding system roles.

Chief Program Officer Katona pointed out that there were two documents in the packet to allow for following of the presentation: 1) the printed version of the PowerPoint presentation being used today and 2) Background Document 1: First Things First, Statewide Strategic Plan SFY2018-2022, Draft Recommendations. She went on to say that at the January meeting, the Task Force prioritized 12 system roles and for each system role a set of goals was recommended for FTF to be working towards over the next five years. Each system role also has a set of Areas of Focus that describe how FTF will contribute towards achieving these goals. The areas of focus will be used in the next phase of our strategic planning process to develop action plans that include specific action plans, specific strategies, tactics and timelines for completion over the next five years. Finally, for each system role, there are measures of success that have been identified, determined by existing data or data that could be obtained. Also as part of the next phase of strategic planning we will look to determine benchmarks to achieve at the end of the five years.

Chief Program Officer Katona noted that as with each meeting we will continue to seek out feedback and today’s meeting includes that same opportunity. She noted that each meeting room has flipcharts and self-stick notes on the tables for anyone to leave additional questions, thoughts or comments, with their name so that if clarification is needed. Chief Program Officer Katona recognized the consultant team; Lori McClung, Scarlett Bouder and Sharon Flanagan Hyde who would be facilitating the large and small group discussions today.

**Presentation and Discussion:**

**Proposed Goals, Areas of Focus and Measures of Success for Prioritized System Roles**

Chief Program Officer Katona then transitioned to the PowerPoint presentation to review the Prioritized System Role of Leadership and Funding. Chief Program Officer Katona then introduced Angela Mussi and Liz Barker Alvarez who presented on the Public Awareness and Public Affairs portion of the PowerPoint presentation. The next presenter was Dr. John Love who continued the PowerPoint presentation on Data and Evaluation.

Consultant, Scarlett Bouder facilitated feedback from the Task Force by asking the following questions; what is missing, what your reflections are, are there any concerns, what is most promising, what are you most enthusiastic about and a general consensus and agreement about the recommendations.

- It was commented that the leadership role that FTF plays and that it is tied to data is very critical. In addition, it is important to note that “context matters”, especially around the social determinants of health.
- It was shared that a promising point is the broad range of FTF’s impact of getting the importance of early childhood systems and improvement to parents, caregivers and those at the top level who can influence policymakers.
It was emphasized that those outside of the early childhood system do not necessarily know what FTF does. It is critical to get this information out and to emphasize the significant successes of our children. How do we use the research to give the momentum to FTF advocacy.

It was noted that a promising point is that there is a shared agenda across agencies and alignment with AHCCCS.

It was noted that it was encouraging to see the shared focus on ownership. The outcomes identified include data points that are data sources that other state agencies use, which lends validity to the data.

It was noted that there is not enough emphasis on social determinants of health. This is a topic that cuts across all of the goal areas, not just healthcare. She noted that this was discussed in great depth in the committee meetings and fears that the conversation was missed. Need to consider, access to services, housing, transportation, jobs and how it relates to early childhood development.

It was shared that while it may have been deemphasized in today’s presentation, there is a place in the data system to show all the social and behavioral determinants.

It was further noted that suggested changes to the EPSDT forms with combination of care coordination and coaching to capture information and to increase outcomes of well visits.

Appreciation for all the work that went into this was noted and it was stated that the Task Force’s conversations have been captured; it has proven to show that we are going in the right direction.

A question was raised about the Early Learning measures of success. We have an opportunity to look at the quality of these measures and look past counting numbers and percentages. This should push people in the right direction and get them to reflect on whether or not they are doing something about their professional development and being intentional about it.

Ms. Boudre then introduced Cheri Thomlinson, a member of the Children’s Health sub-committee who would be continuing the PowerPoint presentation for Children’s Health. Ms. Thomlinson was followed by Melissa Busby, who presented on Early Learning. Ms. Busby was followed by Irene Burnton who presented on Family Support.

Small Group Discussions on Children’s Health, Early Learning and Family Support Recommendations
The Task Force separated into three smaller groups to discuss the three goal areas and collect additional feedback. All small group discussions were open to the public.

Early Learning Summary of feedback and discussion

Regarding the goals, FTF has a lot of support and has made a great deal of progress over the last three years.

It is exciting to see the focus on management and fiscal services. Also like the focus on quality, and seeing the alignment of standards with Quality First across partners and programs.

Recruitment and Retention: What does the data tell us about professionalizing the workforce, what practices get student results? How far has the conversation gone regarding early childhood workforce compensation? Do the employees feel like there is growth? This is an issue for almost every state. There is a lot of conversation around compensation and looking at opportunities and approaches that are being implemented. It was noted that it is necessary to look at just more than compensation. It is not only about wages, it is also linked to the environment. The reimbursement rate for subsidy is also a driver for wages. It was noted that the Registry will be able to provide a
level of information on the early childhood professionals. Also, gathering information and reviewing what other states are doing.

- Discussion regarding professional development: Is professional development only concentrated in urban areas? Through the Registry, want to understand what type of professional development is available, what core area, what competency, what level is it at the beginning of the competency. It was shared that the state agencies are utilizing the Registry; who is offering what and at what level is being populated. There needs to be more emphasis on in-service training. It was also shared that a focus on the generation approach is needed, need to make sure they have access to child care when getting professional development. A report from Morrison Institute on teachers and why they are leaving may be a helpful data set to review.

- Quality First—How long will it take to increase participation in QF and increase quality of programs? Working with the state agency partners and stakeholders on the re-design of Quality First. Questions were asked regarding the selection of programs in the field test that is set to begin in October—looking at targeting programs that have a high enrollment of more vulnerable children/infants/toddlers/special needs; will look at the wait list; reach across the State including tribal programs. We want to raise the education level of all children and we are accomplishing that, and want to ensure that children are enrolled in quality programs. To do that we need get programs off the waiting list. If our public schools can have a rating system, the consumer needs to understand that school and early child care providers should also have QRIS standards that extend past QF. Quality programming is expensive but we can also work with families to seek out quality.

- Under the Quality and Access goal, is there alignment with the Education Progress Meter? With the redesign, including the state agency partners, we are being purposeful and intentional that our standards align. Reinforces the need for alignment.

- It was asked if quality includes things that are included in the Empower program from DHS. Quality First includes a focus and a review of the environment, which has things like health and safety, outdoor time, meals and snacks; teacher child interactions; and then administrative practices. Programs are required to participate in Empower.

- It was asked if best practices with special needs children are being captured.

- Overall consensus and support for the recommendations was expressed.

**Family Support Summary of Feedback and Discussion**

- On the FTF website, is there a specific place for parents depending on the zip code where they live, what type of information is in there. Currently, families have access to Parent Guides and by entering their zip code can be linked to the appropriate region.

- It was noted there are social media sites where mothers go. We should be able to look for them by going to them.

- Measures of Success:
  - Is there an adequate measure for family support services? There are comprehensive measures related to child development and this is a major component of the evidence based models for home visitation.
  - It was also raised that if we are reliant on the survey how will we know the behavioral change on the part of the parents/caregivers.
  - With a significant number of children being raised by grandparents, they need to be included as part of the survey.
  - Noted that it is important to focus on increasing knowledge and how do you account for that?
If the ultimate goal is to have children ready for school; why aren’t we asking schools if there are any changes? If it’s working we will see something different in Kindergarten. We just have numbers here; we need to ask the schools.

- It was noted that the recommendations reflect the diversity of families.
- It was emphasized that coordination with state agencies and partners is critical, that the left hand knows what the right hand is doing.
- There seems to be a long list for Home Visitation and many families are not able to access services. How can this be addressed?
- With the measure of success including early language and literacy, need to integrate this also as an area of focus; need to integrate language and literacy throughout the system roles.
- Unfunded/system building approaches are missing in the goals. This emphasizes the different roles that FTF plays. It is important to look at the intersection between all three goal areas.
- Need to give support to employers to develop family friendly policies to allow parents to take time off for doctor’s appointments, etc.
- Importance of focus on substance abuse
- Family Support/Home Visitation programs seeing the impact of substance abuse on families.
- Collaboration needed between family support programs and specifically home visitation programs and Law enforcement.
- Work with Department of Child Safety-- how to expand and provide more support to families struggling with issues.
- Challenge can be evidence-based models, need to look at innovative opportunities.
- Providing education and knowledge of resources to home visiting professionals so they can recognize the issue and support and refer families. Critically important to collaborate at municipal level.
- Most families active with DCS are for neglect and related to substance abuse, not abuse.
- Sustainability: How do we sustain the work that we do? How does Medicaid play into what we want to achieve? What are the opportunities with Medicaid?
- Overall consensus and support for the recommendations was expressed.

Children’s Health Summary of Feedback and Discussion
- Social determinants of health need to be integrated throughout the goals, areas of focus, and measures. Would like to see it integrated and not just as an add-on. Also suggested that it be cross cutting between goal areas.
- It was noted that just because we measure doesn’t mean we are measuring the right thing.
- It was acknowledged that social determinants of health cut cross all three areas, as does language and literacy. As well as looking at best practices and cutting edge practices.
- The oral health measure is written in the negative.
- Look at changing the EPSDT form as a place to start. The reality of EPSDT forms is getting a tool that doctors will use, without just checking boxes.
- It was noted that all of the recommendations are spot on and particularly impressed with the Areas of Focus.
- It was raised that screening was clearly identified in the goals but not sure that intervention is. There are lots of screenings being done, but are children appropriately connected to interventions. This is a major gap in the system.
- A piece that is missing from the goals is in behavioral health. AHCCCS does a great job, but we need to make sure all kids have access to behavioral health care.
Concern was stated about the shifts of care with regard to Medicaid and the availability and affordability for all children.

It was noted that we need to broaden the home visitation system that can provide more support to families. We need to figure out all the entry points and be able to provide more help to families. We get stuck on things like AZIEP, we really need to think about it more expansively.

Could we have a goal for FTF to have a support for people to know where to go for supports and systems?

It was noted that we are making our job very hard. After QF there is a smaller amount of money available, how do we put those limited dollars to good use? Referrals need to include eligibility. Also, the elephant in the room is that we don’t know what is happening on the federal level.

Look beyond just health measures in the health goal area and specifically how it relates to the social and bigger outcomes we are expecting. Health measures are more approximate to the health activities. Across the goal areas a big part is to improve kindergarten readiness.

Major issue—Substance exposed newborns
- 4,000 reports a year and climbing particularly in the rural areas
- Screening process?
- Policies vary at hospitals on testing parents and infants
- CARA Federal Law, in addition to the CAPTA law—need to be part of owning that safe care plan

Component for pregnant women
- Where do we need to start first? What are the things that are most promising?
- Not let it get lost in overall work
- Right after child is born is the most dangerous time for mother.
- Continuum of maternal health services is important—preconception, perinatal, postpartum.
- Document takes a comprehensive definition towards maternal health service.
- Multiple births, what is the support for moms having babies every 2 years?

Literacy and language, alluded to, but not spelled out.

Believe care coordination needs further development.

Shortage Areas: Network providers are not there for tribal areas so what is the referral for the child? Explore tele health, in all areas and build on capacity in all of the metro areas. Telecommunications in hospitals, the use of it is not being used, available in areas in highly populated regions, not available in rural areas. No one agency can solve workforce shortages, need public/private partnerships. Private partners need to be at the table, government cannot do it alone. Look at system leadership role, identify and push for it as a focus area—demand vs. availability.

Overall consensus and support for the recommendations was expressed.

Report Out of Key Themes from Small Group Discussions and Next Steps
Consultant Lori McClung reconvened the large group discussion and asked each of the sub-committee chairs to summarize the feedback collected in the small group discussions.

Children’s Health
Ms. Thomlinson noted that lots of great feedback was received and the following points were discussed:
- There is a need to add context with the changing federal landscape with access to coverage and services, screenings and interventions, etc.
- Social determinants of health need to be defined and we need to educate and train across the three goal areas.
- Language and literacy needs to cross-cut across all three goal areas.
• Maternal health screening should be emphasized.
• Care Coordination was discussed as well as a need to focus on where do we go with referrals and interventions.

**Early Learning**
Ms. Busby summarized the following repeating themes:
• What we have included as Measures of Success are at the 30,000 foot level and it may be hard to understand that it includes all of the tactics, strategies and conversations.
• Redesign of Quality First was discussed. How can we make it more accessible, how can we bring the other state agencies together to support Quality First, how can we make it more streamlined, etc. We want to make sure the measure of quality is to scale. We plan to pilot the redesign and increase participation of programs. We want to see alignment of the systems and the alignment of the curriculum. We also want to look at professional development to inform our practice. We also want to look at what is culturally appropriate, every student succeeds, and why we use it and implement it to fidelity.

**Family Support**
Ms. Burnton presented the following feedback from the discussions:
• The importance of dealing with substance abuse and working with municipalities and other state agencies - working collaboratively at the local level.
• The importance of ACES was discussed, especially the integration of tools to work with families.
• The discussion of including front line workers as caregivers.
• There was a discussion of Medicaid and opportunities to leverage funding and reimbursements.
• We need availability to have a resource tool on the FTF website on where to find what in the community.
• We need social determinants to be addressed across all goal areas.
• The importance of Care coordination was discussed and how to think about this beyond the health care system.
• Each strategy should measure child development outcomes; measuring change of behavior in children, parents and grandparents.
• It was suggested that we add a bullet to add funding and access to Home Visiting.
• We also need to look at the special needs of parents with children with special needs.

**Final Remarks and Adjournment of Meeting**
Co-chair Mathis Basha thanked everyone for the robust discussion and terrific feedback. FTF will integrate your feedback and provide a final document to you for our June 14th meeting, which will be the final meeting of the Task Force. At the June meeting we will be asking the Task Force to approve the recommendations for the Board’s consideration. She noted that everyone should feel free to reach out to her or the FTF staff with any questions or additional information that would be helpful. She also announced that the registration is now open for the Early Childhood Summit to be held on August 28th and 29th at the Phoenix Convention Center. She noted that everyone’s engagement and enthusiasm for this important work is extraordinary and demonstrates the momentum that exists to advance the system so that our youngest children are ready for school and set for life. She again thanked everyone for their service and commitment.

**Next Meeting**
To be held on Wednesday, June 14th, 2017 at 9:00 a.m. to 12:00 p.m. at the Hilton Garden Inn Phoenix-
Midtown, 4000 North Central Avenue, Phoenix, Arizona 85012.

**Telephone Procedures**
First Things First provided a teleconference line to allow for any members of the public to hear the main session of the Task Force meeting. The teleconference line did not include audio of the breakout sessions and the main session reconvened immediately following the end of the small group discussions. 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 26\textsuperscript{th} day of May 2017.

Veronica L. Lucas, Executive Staff Assistant