Update on Arizona’s Plan for the ACA Maternal, Infant and Early Childhood Home Visiting Program

March 17, 2011

The Inter Agency Leadership Team met on March 15 to continue planning for implementation of the Affordable Care Act (ACA) Home Visiting Program. We are moving closer to answering two very critical questions:

1. What communities will be served?
2. What model(s) will be selected?

We have scheduled community forums for the two communities targeted through our data analysis:

- Tucson on March 25th from 1pm - 4 pm at Pima Community College, Downtown Campus, 1255 N. Stone Avenue, Amethyst Room CC-180
- Casa Grande from 9:30am - 12:30pm on March 31st in the Casa Grande Main Library, 449 N. Dry Lake Street

If you are interested in attending, please RSVP to Mary.Ellen.Cunningham@azdhs.gov by March 23 as there is limited space.

These meetings will provide us with an opportunity to

- Present the Maternal, Infant and Early Childhood Home Visiting Program to the community (objectives, timelines and finances, etc.)
- Describe the process we used to conduct the statewide Needs Assessment
- Present the results of the Mathematica Study commissioned by the Department of Health and Human Services which summarizes the available evidence related to the different home visiting models
- Compare the evidence surrounding the models to the identified community risks and required grant outcomes

Most importantly, these meetings are intended to gather input from the community about:

- What they see as the unmet needs of their families
- How a home visitation program might be sustained over time
- How this might fit with existing programs
- How to access/leverage the assets/strengths/expertise of their community
- Workforce issues
- Community hopes for home visiting services

After we have gathered information from the communities, the Inter Agency Leadership Team will determine next steps based on all the information gathered so far (needs assessment, home visiting evidence, capacity issues, community input).
The Supplemental Information Request requires the submission of an Updated State Plan within 90-120 days from its release. That gives us until June 8, 2011 to complete a thoughtful plan of how we as a state intend to implement this program. We intend to build on the Vision for Early Childhood Home Visiting Services in Arizona developed in the fall of 2010 in anticipation of this federal opportunity.

This plan is a collaborative process between the state agencies and the community. Please feel free to offer your comments or suggestion. Send them to Mary.Ellen.Cunningham@azdhs.gov.

We will keep you appraised, through these updates, of the findings from the community forums. As the models are being implemented, we will continue to look to the community for input and support. Our vision is for this evidence based home visiting to integrate into the community, to complement current efforts, and to provide us with the opportunity to strengthen the entire early childhood home visiting community and as a result, the families we serve.
**Home Visiting Evidence Dimensions**

**DHHS-Criteria.** This program model meets the Department of Health and Human Services’ (DHHS) criteria for an “evidence-based early childhood home visiting service delivery model,” because there is at least 1 high or moderate quality impact study with favorable, statistically significant impacts in at least 2 of the 8 outcome domains. At least 1 of these impacts is from a randomized controlled trial and has been published in a peer-reviewed journal. At least 1 of the favorable impacts from a randomized controlled trial was sustained for at least one year after program enrollment.

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1 In the full sample only. Primary measures were defined as outcomes measured through direct observation, direct assessment, administrative data, or self-report data collected using a standardized (normed) instrument. Secondary measures included other self-report measures.

2 Yes if favorable impacts were sustained longer than one year post program inception.

3 Yes if favorable impacts were sustained longer than one year after the program ended.

4 Yes if favorable impacts (whether sustained or not) were replicated on at least one outcome measure in the same outcome domain on either a high

5 This number includes unfavorable impacts on both primary and secondary measures in the full sample. Unfavorable findings should be interpreted with caution because there is subjectivity involved interpreting some outcomes. Readers are encouraged to use the HomVEE website, specifically the reports by program model and by outcome domain, to obtain more detail about unfavorable findings.
<table>
<thead>
<tr>
<th>Primary Outcomes</th>
<th>BenchMarks</th>
<th>Early Head Start</th>
<th>Family Checkup</th>
<th>HFA</th>
<th>Healthy Steps</th>
<th>HIPPY</th>
<th>NFP</th>
<th>PAT</th>
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<td>5. Maternal health</td>
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Secondary measures included other self-report measures.
Bench Mark 1.
Improved Maternal and Newborn Health

- Preconception Care
- Prenatal Care
- Parental use of alcohol, cigarettes, or illicit drugs
- Inter-birth intervals (interpregnancy intervals)
- Screening for maternal and depressive symptoms
- Breastfeeding
- Well-child visits
- Maternal and Child health insurance*

Bench Mark 2.
Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits

- Visits for children to the emergency department from all causes
- Visits of mothers to the emergency department from all causes
- Incidence of child injuries requiring medical treatment
- Reported suspected maltreatment for children in the program (unsubstantiated reports)
- Reported suspected maltreatment for children in the program (substantiated reports)
- First-time victims of maltreatment for children in the program
- Information provided or training of participants on prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety (drowning), and playground safety
**Bench Mark 3.**
Improvements in School Readiness and Achievement

- Parent support for children's learning and development (e.g. having appropriate toys available, talking and reading with their child)
- Parent knowledge of child development and of their child's developmental progress
- Parenting behaviors and parent-child relationship (e.g. discipline strategies, play interactions)
- Parent emotional well-being or parenting stress (some of these data can be captured for maternal health)
- Child's communication, language, and emergent literacy
- Child's general cognitive skills
- Child's positive approaches to learning including attention
- Child's social behavior, emotion regulation, and emotional well-being
- Child's physical health and development

**Bench Mark 4.**
Crime or Domestic Violence

- Domestic Violence
  - Screening for domestic violence
  - Of the families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g. shelters, food pantries)
  - Of families identified for the presence of domestic violence, number of families for which a safety plan was completed
- Crime
  - Arrests
  - Convictions
Bench Mark 5.
Family Economic Self-Sufficiency

- Household income and benefits*
  *Household = all those living in home (who stay at least 4 nights a week on average) + contribute to the support of the child or pregnant woman linked to the HV program - tenant boarders cannot be counted
  *Income and benefits = earnings from work, plus other sources of cash support (source = private, rent, cash assistance from friends, or relatives, or public system benefits child support, TANF, SSI/SSDI/OAI and Unemployment Insurance

- Employment or Education of adult members of the household

- Health insurance status

Bench Mark 6.
Coordination and Referrals for Other Community Resources and Supports

- Number of families identified for necessary services
- Number of families that required services and received a referral to available community resources
- MOUs: Number of MOUs or other formal agreements with social service agencies in the community
- Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies
- Number of completed referrals (i.e. home visiting provider is able to track individual family referrals and assess their completion, e.g. by obtaining a report of the service provided)