



**Arizona's
Maternal, Infant and Early Childhood Home
Visiting (MIECHV) Grant Program**

Formula Grant Award X10MC29460

Maximum award: \$10.9 M

Project Period: 04/01/16-09/30/18

i. Project Abstract

Project Title: Arizona Maternal, Infant, Early Childhood Home Visiting (MIECHV)

Applicant: AZ Department of Health Services (ADHS)

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Annotation: A child's experiences in the first few years of life are critical. Parent education programs delivered by trained educators through home visiting focus on these first years, providing pregnant women and families with young children in at-risk communities with both support in the family's home and information. A family's decision to participate is voluntary. Strong Families is Arizona's network of home visiting programs, located in neighborhoods across the state, making it easier for families to seek out the services that help them raise their children to achieve their fullest potential.

Problem: Numerous studies document how socioeconomic factors lead to stress that can negatively influence infant brain development. With a highly transient population and widespread poverty among young families, Arizona has struggled to address maternal and child well-being. Disparities are higher among Native American, African American and Hispanic families.

Purpose: The purpose of the Arizona MIECHV grant is to support delivery of high-quality voluntary early childhood home visiting for eligible families in at-risk communities. Home visiting provides families the opportunity to take part in parent education programs delivered by trained educators within the comforts of their own home. Program involvement for families is free and participation is voluntary. Participating families are connected to local resources and family support programs.

Goals and Objectives:

- A. Implement evidence-based home visiting for eligible families in at-risk communities resulting in measurable positive outcomes in at least four of the six benchmark areas.
 1. Provide MIECHV funding for 1,530 families to participate in one of four evidence based home visiting programs.
 2. Require contractors to maintain a caseload capacity of 85% or more and a family retention rate 65% or more.
 3. Complete site visits with contractors to ensure compliance with federal, fiscal and programmatic requirements.
 4. Collect and report fidelity data and progress meeting benchmarks to ensure effective implementation of the model being used.
 5. Utilize the state home visiting data management system for information for home visitors and statewide aggregate data.
 6. Convene the Continuous Quality Improvement (CQI) Team to improve the quality of home visiting programs.
- B. Improve coordination and information about home visiting services for at-risk communities.
 1. Convene the Interagency Leadership Team (IALT), Strong Families Alliance and MIECHV Team quarterly to collaborate with early childhood partners and plan, design, coordinate, implement and evaluate grant activities.
 2. Expand the role of home visiting within the continuum of early childhood services at the state level through the IALT. Include the ACF Home Visiting Tribal grant; ECCS Lead and a Title V representative by September 2017.
 3. Expand the role of home visiting within the continuum of early childhood services at the community level through the Strong Families Home Visiting Alliance. Add 5 additional partners (including Tribes) by September 2017.
 4. Collaborate with Tribes that receive MIECHV funding to enhance delivery of services to Native American families.
 5. Utilize technology to provide information for home visiting and family support professionals.
 6. Sponsor professional development conference for 800+ home visitors, including information on benchmark data; alignment between MIECHV and Title V; the ECCS grant; and outreach to homeless families and Tribes.
- C. Support programs and activities as outlined in Arizona's Title V State Action Plan tied to early childhood home visiting.
 1. Increase the number of home visitors/community health nurses pursuing ICBLC certification by 5 by September 2018.
 2. Using trainers educated with previous MIECHV funding, train an additional 100 home visitors on the Ages and Stages Questionnaire (ASQ) parent completed screening by September 2018.
 3. Train 100 home visitors on the effects of second hand smoke and resources by September 2018.
 4. Report fidelity of home visiting and strategies to improve family retention in home visiting by September 2018.

Methodology: To achieve the goals of this grant Arizona will: Implement voluntary evidence based home visiting programs in at-risk communities with effective oversight and guidance; Collect, compile and report data to ensure the fidelity of the model being used and progress toward benchmarks; and Coordinate services across the early childhood system.

ADHS will build on the home visiting system through existing contracts with eligible models: Healthy Families, Nurse Family Partnership, Parents as Teachers and Family Spirit. Currently the number of families enrolled is 2,308. Proposed family slots within the project period are: final six months of FY 2016: 0; FY 2017: 1,405 and FY 2018: 125.

Sub recipients will be required to maintain a service capacity of 85% or more and a family retention rate of 65% or more. ADHS will assess progress quarterly. If not on target, technical assistance will be provided. ADHS will also conduct annual site visits for each contractor to ensure compliance with federal, programmatic and fiscal requirements and document that required policies and procedures are in place.

The Continuous Quality Improvement (CQI) Team will analyze Fidelity and Benchmark reports and test strategies to improve quality. MIECHV will facilitate home visiting project planning and service coordination/referrals as part of the continuum of the early childhood system at the state level through the Interagency Leadership Team and at the community level through the Strong Families Home Visiting Alliance. In addition, we will collaborate with Tribes that receive MIECHV funding to enhance delivery of home visiting services.

ii. Project Narrative

INTRODUCTION

The Arizona Department of Health Services (ADHS) proposes to use the Maternal, Infant and Early Childhood Home Visiting (MIECHV) formula grant to leverage the home visiting infrastructure developed with MIECHV funds during the past five years.

- **Purpose:** The purpose of the Arizona MIECHV formula grant is to support the delivery of coordinated and comprehensive high-quality voluntary evidence-based early childhood home visiting services to eligible families in at-risk communities identified in the Needs Assessment. The home visiting programs include effective coordination of critical health, development, early learning, child abuse and neglect prevention, and family support services to children and families. Home visiting plays a crucial role in building a high-quality, comprehensive statewide early childhood health and development system. This system supports pregnant women, parents and caregivers, and children from birth to kindergarten entry and ultimately, to improve health and development outcomes. The Arizona MIECHV Program will facilitate the coordination of home visiting services among state agencies and the ACF Tribal home visiting program. The Arizona MIECHV Program will also align its goals and objectives with the Title V Maternal and Child Health Block Grant Needs Assessment and State Action Plan.
- **Goals and objectives:** The Arizona MIECHV Program chose to list the goals beginning with delivery of evidence-based home visiting services because the authorizing legislation reserves the majority of funding for this purpose. In addition, the first Policy Principle laid out in the funding opportunity announcement is to meet the needs of eligible families, especially at-risk families, in at-risk communities.

Goal 1: Implement voluntary evidence-based home visiting to serve eligible families residing in at-risk communities as identified in the current statewide needs assessment resulting in measurable positive outcomes on at least four of the six benchmark areas.

- Objective 1.1: Support Healthy Families, Nurse Family Partnership, Family Spirit and Parents as Teachers with fidelity in identified at risk communities by providing MIECHV grant funding to serve 1,530 families.
- Objective 1.2: To effectively manage home visiting program contractors and ensure success, provide strong administration of evidence based home visiting contractors to maintain caseload capacity of 85% or more and a family retention rate of 65% or more during each fiscal year they are funded.
- Objective 1.3: Using the MIECHV Resource Manual conduct an annual fiscal and programmatic site visit with 100% of MIECHV home visiting program contractors and ensure compliance with federal requirements, programmatic expectations, and fiscal requirements.
- Objective 1.4: Collect, compile and report data from evidence based home visiting programs to ensure effective implementation, fidelity of model being used, and progress in meeting MIECHV benchmarks annually. Provide written and verbal reports to MIECHV Team and IALT.
- Objective 1.5: Strengthen home visiting services by using the integrated home visiting data management system to provide data for home visitors and home visiting programs and to aggregate statewide data.
- Objective 1.6: Convene the Continuous Quality Improvement (CQI) Team monthly to receive information from home visitors and others to improve quality and fidelity of home visiting programs funded by MIECHV using the Plan, Do Study, Act Process.

Goal 2: Improve coordination and information about home visiting services for at-risk communities.

- Objective 2.1 Convene MIECHV Committees: Interagency Leadership Team (IALT), Strong Families Home Visiting Alliance and MIECHV Team, at least quarterly to collaborate with early childhood partners and to plan, design, implement and evaluate grant activities.
- Objective 2.2: Expand the state level home visiting system's role in the continuum of early childhood services through IALT. This includes project planning and service coordination. This also includes the addition of the ACF Home Visiting Tribal grant(s); the staff person from FTF who serves as the ECCS Lead (new person to be hired) and consistent attendance by a Title V representative by September 2017.
- Objective 2.3: Expand the reach of the community level home visiting system role in the a continuum of early childhood services through the Strong Families Home Visiting Alliance which includes project planning and service coordination to include 5 additional community partners and ACF tribal MIECHV Grantee by September 2017.
- Objective 2.4 Collaborate with representatives of Tribes that receive MIECHV funding for home visiting programs to enhance implementation and delivery of evidence-based home visiting services to Native American families.
- Objective 2.5: Use technology to provide up-to-date information on evidence-based practices and other relevant issues for home visiting and family support professionals.
- Objective 2.6: Plan and implement annual Strong Families conference for 800+ home visitors to provide coordination and information to home visitors, including information on: outcomes of benchmark data; alignment between MIECHV and Title V; the ECCS grant; and outreach to homeless families and Tribes.
- Objective 2.7: Track implementation of MIECHV grant goals, objectives and activities to ensure they are completed on time, and are maximizing human and financial resources. Ensure that reports to HRSA and performance and financial reports on EHB are completed and submitted on time.

Goal 3: Support programs and activities carried out under Title V tied to early childhood home visiting as outlined in Arizona's Title V State Action Plan.

- Objective 3.1: To support the Title V state priority need to reduce infant mortality and morbidity and National Performance Measure (NPM) 4: a) percent of infants who are ever breastfeed and b) percent of infants breastfeed exclusively through 6 months: Increase the number of home visitors or community health nurses who are pursuing International Certified Breastfeeding and Lactation Consultants (ICBLC) certification by 5 in at-risk communities identified in the MIECHV Needs Assessment by September 2018.
- Objective 3.2: To support the Title V state priority need to increase early identification and treatment of developmental delays and NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool: Increase the number of home visitors trained on ASQ and how to assist families to administer it by 100 by September 2018.
- Objective 3.3: To support the Title V state priority need to reduce the use of tobacco and other substances across the lifespan and NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes: Collaborate with ADHS Bureau of Tobacco and Chronic Disease to provide training for 100 home visitors on the effects of second hand smoke and resources to which they can refer for cessation by September 2018.
- Objective 3.4: To support the Title V state priority need to strengthen the ability of Arizona families to raise emotionally and physically active children: Monitor quality of services provided to families enrolled in home visiting to ensure programs are implemented with fidelity and determine and report

strategies to improve family retention in home visiting programs utilizing PRAMS data to identify needs and monitor emerging issues by September 2018.

- **Describe how goals and objectives align with the three objectives of the MIECHV Program**

The Goals of the MIECHV program and the goals of the Arizona MIECHV grant application are the same. The Arizona MIECHV Program chose to list the goals beginning with delivery of evidence-based home visiting services because the authorizing legislation reserves the majority of funding for this purpose. In addition, the first Policy Principle laid out in the funding opportunity announcement is to meet the needs of eligible families, especially at-risk families, in at-risk communities.

Objectives:

1. Implement evidence-based home visiting models or promising approaches that:
 - a. Include voluntary home visiting as the primary service delivery strategy. 82% percent of Arizona's allocation is committed to provision for four models of evidence based home visiting. All models are voluntary.
 - b. All families served will reside in at-risk communities identified in the Needs Assessment. Only families eligible for the specific home visiting program will be served.
 - c. Target outcomes specified in the authorizing legislation. The models chosen to serve at-risk communities in Arizona specifically address the outcomes in the authorizing legislation. These outcomes are measured by data collected by home visitors and reported as benchmarks. Arizona successfully showed improvement in 6 out of the 6 benchmarks during the last reporting period.
2. Ensure the provision of high quality home visiting services to eligible families living in at-risk communities by, in part, coordinating with comprehensive statewide early childhood systems to support the needs of those families.

Arizona consistently coordinates with the statewide early childhood system through the Interagency Leadership Team, which includes all the state agencies that fund early childhood programs, and the Strong Families Home Visiting Alliance which has representatives from 62 organizations statewide.

- **Note which goals and objectives are new to the FY 2016 project.**

Goal three has been developed to align with the Arizona MIECHV program goals and objectives with those in Arizona's Title V State Action Plan.

- **Provide a description of the applicant's significant progress towards implementing an evidence-based home visiting program in a comprehensive early childhood system since the last grant award(s) issued in FY 2015, including progress toward collaboration with early childhood partners, early childhood system coordination, and professional development and training for staff.**

MIECHV has been implemented as collaborative effort with partners in the early childhood system since its inception. The infrastructure of the Arizona MIECHV program is directly linked and part of a continuum of the early childhood health and development system.

The first MIECHV grant was developed as a collaboration with all state agencies that fund home visiting and/or early childhood education and included: First Things First (FTF), which allocates approximately \$150 million for early childhood programs statewide, receives the ECCS grant, and represents the State Advisory Council on Early Childhood Education and Care; the Arizona Department of Health Services (ADHS) which is the Title V agency and houses WIC, SNAP and the offices of oral health and injury

prevention; the Department of Child Safety (DCS) which is the state's child welfare agency (Title II of CAPTA), the Arizona Department of Education (ADE) which is the Head Start Collaboration Office, Title I, and previous prekindergarten program; AHCCCS, Arizona's Medicaid, EPSDT and behavioral health provider (as of July 2016); the Arizona Early Intervention Program (AZEIP) the IDEA Part C program and also part of the Department of Economic Security (DES) which manages the Child Care and Development Fund and TANF. Once the grant was awarded the Governor chose ADHS to manage it and the group of agencies formed into the Interagency Leadership Team (IALT). The IALT works together to ensure that programs are not supplanted or duplicated. The IALT has met monthly for the past 5 years and includes an annual retreat to discuss successes, challenges, and to participate in strategic planning.

Additional partners participate on the Strong Families Arizona Home Visiting Alliance that represents 92 members and 62 organizations. The Alliance includes members of IALT as well as home visiting service providers, county public health departments that implement home visiting and/or early childhood programs; non-profit, education, health and social service organizations; the domestic violence coalition; MIECHV Trainers and professional development providers; Head Start/Early Head Start; Coordinated Home Visiting Referral agencies and more. The IALT and Strong Families Home Visiting Alliance expanded evidence-based home visiting services as a part of the early childhood system. This includes collaborative planning, delivery of services, sub-recipient contracts, professional development, local capacity building and data collection.

Since the last award(s) issued in FY2015, these partnerships and collaborations continue to be an asset to the success of the program. The most significant advancement has been the addition of Tribal partners which strengthens the continuum of early childhood services. Through collaboration with Tribal leaders, state agencies, county health departments and local implementing agencies, Arizona is expanding services to two tribal communities with Parents As Teachers (PAT). PAT is an additional evidence-based model funded by MIECHV with the last award. In addition Arizona is expanding Healthy Families to the Gila River Indian community and Nurse Family Partnership to the Tohono O'odham Nation. Arizona continues to fund the White Mountain Apache Tribe to provide Family Spirit (which was deemed evidence-based this past year).

With the addition of PAT, Arizona is successfully supporting the implementation of 4 evidence-based home models: Healthy Families, Nurse Family Partnership, Family Spirit, and Parents As Teachers. In FY 15, Arizona served 2,195 families and completed 27,602 home visits.

Arizona has a robust consumer presence through the Strong Families AZ website. The site was successfully launched as a mechanism to educate families and the community on home visiting, connect them to programs through the program finder, and to provide connections to additional community services and supports. Phase II of the website, completed in 2014, is a portal designed for professionals in the home visiting field to access professional development opportunities, resources, and to have a central location to access important documents and forms. Significant progress has been made in the number of professional development opportunities including the addition of online courses. Another collaborative effort this year is that FTF launched a professional registry. The registry is for early childhood professionals as well as home visitors and MIECHV Trainers were some of the first certified to provide classes. Additionally, an e-newsletter is sent out weekly to a list of over 1,000 registered participants. It includes new information regarding the field, training opportunities, news articles, and more. Partners use these tools as a link to home visiting opportunities across the state.

Another significant advance this award period is the launch of statewide data management system with

MIECHV funded home visiting programs. A data management work group that included partners within the early childhood system has been working together to make a successful statewide system. The work completed since the last award has been in the building of the technical aspects of the system, training staff and the implementation process. After this initial phase-in, the data system can be expanded to all home visiting programs in Arizona.

In September 2015, the 4th annual Strong Families Arizona Home Visiting Conference was held. A record 831 people attended from home visiting programs and early childhood programs across the state. The conference included five keynote speakers and 66 break-out workshops.

Arizona demonstrated improvement in 6 out of the 6 benchmarks this year. The CQI Team meets monthly to ensure continual performance improvement using input from home visitors, the Fidelity Report and data regarding benchmarks.

With the generous support from the MIECHV grants, Arizona has been able to make substantial progress in implementing home visiting as a cornerstone of the comprehensive early childhood system.

- **Describe proposed changes to the project since submission of the last application and rationale for those changes.**

The changes to the project since the submission of the last formula grant application include: the addition of a goal to better align MIECHV with the Title V State Action Plan, modifications in the Arizona funding plan and specific reference to the policy principles. The rationale for including a goal related to the Title V State action plan is to maximize resources and to support the new HRSA FOA. The funding plan was changed to reflect HRSA's new MIECHV funding formula. The proposed plan in this grant application combines activities funded by formula funds with activities that were partially or completely covered with competitive funding. The application includes how Arizona will maintain the policy principles through ongoing technical assistance, annual site monitoring, updated CQI plan and quality performance management of data collection and the approved Benchmark Performance Measurement Plan.

- **Briefly describe the applicant's history of significant progress and steps previously taken towards implementing an evidence-based home visiting program within a comprehensive early childhood system.**

The Arizona MIECHV program has established an infrastructure that is directly linked and part of a continuum of early childhood health and development system. Two collaborative groups represent home visiting as part of the larger early childhood system: the Inter-Agency Leadership Team (IALT) and the Strong Families Home Visiting Alliance. IALT includes representatives from all state agencies funding home visiting and/or early childhood education and includes: First Things First (FTF), which allocates approximately \$150 million for early childhood programs statewide, receives the ECCS grant, and represents the State Advisory Council on Early Childhood Education and Care; the Arizona Department of Health Services (ADHS) the WIC, SNAP and Title V agency and houses the office of oral health and injury prevention; the Department of Child Safety which is the state's child welfare agency (Title II of CAPTA), the Arizona Department of Education (ADE) which is the Head Start Collaboration Office, Title I, and previous prekindergarten program; AHCCCS, Arizona's Medicaid, EPSDT and behavioral health provider; The Arizona Early Intervention Program (AZEIP) the IDEA Part C program and also part of the Department of Economic Security (DES) which manages the Child Care and Development Fund and TANF.

The Strong Families Arizona Home Visiting Alliance represents 92 members and 62 organizations which in addition to IALT is comprised of home visiting service providers including county public health departments implementing home visiting services and/or early childhood programming; non-profit, education, health and social service organizations; the domestic violence coalition; MIECHV Trainers and professional development providers; Head Start/Early Head Start; Coordinated Home Visiting Referral agency and more. The IALT and Strong Families Arizona Home Visiting Alliance has expanded evidence-based home visiting services as part of the early childhood system through delivery of services, planning, sub-recipient contracts, professional development, capacity building and data collection providing critical analysis of the environment in which home visiting can be sustained.

In addition, ADHS is on the Leadership Team of BUILD Arizona which is affiliated with the national BUILD effort. It is a group of business leaders, philanthropists, nonprofit organizations and state agencies working on strengthening the early childhood system. In the early childhood system architecture design that is used to drive the initiatives undertaken by BUILD, home visiting is clearly identified as a core component. In addition, policy discussions include issues related to home visiting as well as other early childhood issues. Furthermore, ADHS, Title V Director represents the agency on the First Things First (FTF) governing board. FTF, a state agency and one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age five. First Things First also administers the Early Childhood Comprehensive Systems (ECCS) grant for the state of Arizona. Home visiting is an identified core component for FTF and ECCS grant as well.

In FY 2016 MIECHV will work toward enhancing the participation of Tribal Partners in the continuum of early childhood services in Arizona to implement proposed goals and objectives based on state performance data and ongoing CQI planning.

- **Describe updates on new state legislation or policy initiatives created by the state to support home visiting programs within comprehensive early childhood systems.**

The state of Arizona has not established any new state legislation or policy initiatives to support home visiting programs within comprehensive early childhood systems.

NEEDS ASSESSMENT

- **If the applicant has elected to conduct a new or updated needs assessment, describe the major findings of that needs assessment. (Note: A fully updated needs assessment is not required at this time, though it may be required in the future.)**

A new or updated needs assessment has not been conducted. Arizona previously utilized the Community Health Analysis Areas (CHAA) to identify the community boundaries for the needs assessment that was completed in 2010. In 2014, the Arizona Department of Health Services transitioned from using CHAA boundaries to Primary Care Areas (PCA). The change in boundaries makes it difficult to complete an updated needs assessment on the previous areas but would allow for a new needs assessment to be completed in the future.

- **Identify the at-risk communities currently being served through past MIECHV grant support. (See Appendix C for a definition of at-risk communities.) (Note that such at-risk communities should be identified in the statewide needs assessment, as amended, as required under the MIECHV**

authorizing statute.)

Arizona's needs assessment was completed statewide in 2010 and includes 126 CHAAs divided into 4 tiers. Program implementation began with the communities in the highest need tier and expansion allowed for communities in tier 2 and 3 to also be served. Expansion areas were based on a local implementing agency serving Tier 1 and the proximity of that site to a Tier 2 or 3 community; the community need based on needs assessment ranking; and community readiness for services.

- Tier 1 has 31 communities and 22 are being served.
 - White Mountain Apache, Tucson Central, Coolidge, Holbrook, Winslow, Tucson South East, Casa Grande, Tucson North Central, Tucson E Central, Apache Junction, Graham County South, Green Valley, Tucson Southwest, Continental, Camelback East, Alhambra, Yavapai County Northeast, Central City, Tucson West, Bullhead City, Quartzsite, Salome, and Glendale Central.
 - Tier 2 has 32 communities and 16 are being served:
 - Kingman, Tanque Verde, Mesa West, Florence, Douglas, Maryvale, Tohono O'Odaham Nation, Tucson East, South Mountain, Gila River, Mesa East, North Mountain, Navajo Nation, Tucson Northeast, Arivaca, Lake Havasu City
 - Tier 3 has 32 communities and 5 are being served:
 - Avondale, Glendale West, Glendale North, Hualapai, Surprise
 - Tier 4 has 31 communities and 0 are being served.
- **Identify any of these at-risk communities where the applicant intends to discontinue services under the FY 2016 MIECHV grant. Explain why the applicant has decided to discontinue services in these at-risk communities.**

During the FY 2016 grant, programs will remain fully funded between the grant award and 9/30/16 with previously awarded MIECHV funds.

Beginning 10/1/16 through 9/30/17, communities receiving funding for Healthy Families, Nurse Family Partnership, and Family Spirit will have a 25% decrease. The decrease is because the total dollars available in this grant application is less than the combined total of the current formula and competitive grants. Communities implementing Parents as Teachers (Navajo Nation and Hualapai Indian Community) will remain funded at the same level. This is because the sites are receiving minimal funding and a decrease would result in the program not being sustainable.

Beginning 10/1/17 through 9/30/18, communities receiving funding for Healthy Families, Nurse Family Partnership, and Family Spirit will no longer be able to be supported without the Arizona Department of Health Services receiving additional funding for FFY17. Communities implementing Parents as Teachers will continue to be served at current funding level. This is because the programs will begin in 2016 and this allows enrolled families to receive at least 2 years of the program. Without future funding awards, services will discontinue on 9/30/18.

- **Identify any new at-risk communities (including tribal communities) where the applicant intends to provide home visiting services through FY 2016 MIECHV funding. Explain why the applicant proposes to provide services in new at-risk communities. Include documentation that amends the statewide needs assessment to identify these newly added at-risk communities. If the applicant intends to serve tribal communities, then these services must not be duplicative of the services provided by the tribal MIECHV program in these communities.**

Arizona is not serving any new at-risk communities. The tribal communities served (White Mountain Apache, Navajo Nation, Gila River, Tohono O’Odham, and Hualapai) and are not duplicative of services provided by the ACF tribal MIECHV program.

- **Describe any major barriers to providing home visiting services in the selected at-risk communities and plans to address those barriers.**

Family Spirit program is implemented on the White Mountain Apache Tribe which is located in a rural and isolated part of the state. Do to the vastness of the area; home visitors can spend lots of time traveling. To maximize home visitors’ time, travel is only permitted within 60 miles of the office. If a family is outside of those parameters then arrangements can be made to have the visit at a different location than their home that is within the travel parameters or visits can be done via phone if no other services are available to which the family can be referred.

Healthy Families sites are both rural and urban and have struggles with family retention. Healthy Families Arizona is addressing this barrier by looking at how to continue to engage families, especially at the beginning of services, and exploring how employee retention can affect this as well. Some of the very rural areas service a population in extreme poverty. Many times these families move often and do not have a phone. This can make it difficult for home visitors to contact these families for continued services. Healthy Families Arizona encourages staff to ensure they have several emergency contacts to help address this barrier. Sites continue to work on employee retention as well at the provider level. Raises are given to staff when possible, staff receives mile reimbursement, and on-going trainings are offered so staff feels equipped with the knowledge needed to perform their job.

Nurse Family Partnership has experienced challenges in recruitment of families in the at risk communities. For some of the communities, there are not resources for other family support programs from which NFP would typically receive referrals. New marketing strategies have been put in place and an Outreach Specialist is available to reach out to local businesses. Flexible scheduling has been implemented to allow home visitors to work varying hours. They have increased flexibility on the location and frequency of the visits. Through the CQI process it was identified that many participants did not continue in the program after the first visit. Efforts have been made to create a script to ensure the initial visit sets realistic expectations, clearly explains program, including the goals, activities, and flexible options. To reduce attrition when a family’s nurse is changed because s/he is on vacation, medical leave, or no longer employed with the program, NFP has also put together a “team card” that allows the participant to get to know the names and faces of the other nurses on staff.

Parents as Teachers is being expanded in tribal communities. A Tribal Consultation meeting with PAT affiliated home visiting programs and community members were held in each tribal community. The barriers providing home visiting in tribal communities include a lack of a qualified workforce and insufficient resources for additional services. In addition, there is a long history of the mistreatment of Native Americans including the use of data which decreases trust in communities. These barriers have been able to be addressed by being able to hire home visitors from the community, offering professional development, and listing available resources on the statewide community resource list on the Strong Families Arizona website. The MIECHV evaluators have been part of the community meetings and participated in the Tribal Consultation to present information on the Community Based Participatory Research process. Data management

agreements will be completed to ensure the security of the data. Local strategies will be utilized for marketing and a tribal specific campaign will be launched to assist in recruitment of families. The local implementing agency for PAT already has rapport and trust in communities as well.

- **Among eligible families living in at-risk communities and representing priority populations (see Section I), describe any target subpopulations to whom the applicant proposes to target services, either based on the home visiting model selected or community needs within selected at-risk communities, i.e., pregnant and parenting adolescents, substance-using caregivers, homeless families, etc.**

Family Spirit: Pregnant American Indian women who have not attained age 21.

Healthy Families: pregnant women who have not attained age 21; history of child abuse or neglect or have had interactions with child welfare services; history of substance abuse or need substance abuse treatment; have low student achievement; and families who are serving or formally served in the Armed Forces.

Nurse Family Partnership: low-income families; pregnant women who have not attained age 21; have a history of child abuse or neglect or have had interactions with child welfare services; have a history of substance abuse or need substance abuse treatment; are users of or have tobacco products in the home; have low student achievement; have development delays or disabilities; and families who are serving or formally served in the Armed Forces.

Parents as Teachers: American Indian communities that have been identified as high risk based on the statewide needs assessment.

- **Indicate how the applicant proposes to utilize any relevant major findings of the most recent Title V Needs Assessment to inform proposed activities under the FY 2016 MIECHV grant.**

Community listening sessions were held across Arizona with various populations to identify what the communities feel are the needs and strengths of their communities. The data has been gathered and analyzed to publish the Arizona Maternal and Child Health Services Title V Needs Assessment and a large portion of the research presented will inform activities outlined in this grant application. The major findings from the Title V Needs Assessment identified the following priorities:

- Improve the health of women before and between pregnancies
- Reduce infant mortality and morbidity
- Decrease the incidence of childhood injury
- Promote a smooth transition through the lifespan for children and youth with special healthcare needs
- Support adolescents to make healthy decisions as they transition to adulthood;
- Increase early identification and treatment of developmental delays
- Reduce the use of tobacco and other substances across the lifespan
- Improve the oral health of Arizona's children
- Increase the percentage of women and children who are physically active
- Strengthen the ability of Arizona families to raise emotional and physically healthy children.

These priorities will provide the Action Plan for Arizona's Title V Block Grant. In addition, these priorities are directly related to the MIECHV grant and the intended outcomes of evidence-based home visiting programs.

The program managers assembling the Arizona Maternal and Child Health Services Title V Block Grant concurrently analyzed data to find the scope of the problem and this was published in the Needs Assessment.

Nineteen percent of the state population is children aged between 1-14 years¹. Building on a child's skills in the early formative years lays a foundation for achieving long term success. Arizona residents identified priorities for children as prevention of childhood maltreatment, ensuring access to healthcare services, improving children's nutritional status and increasing physical activity. These priorities are directly related to the MIECHV grant and the intended outcomes of evidence-based home visiting programs.

The Title V Needs Assessment reports that the rate of substantiated child maltreatment in Arizona has quadrupled from 2009-13 (from 2.3/1000 children in 2009 to 8.4/1000 children in 2013)². Nearly 46% of maltreatment deaths were among infants, 39% among children 1-9, and 15% among children 10-17⁶. Over 79% of maltreatment deaths were among children four years of age and younger⁶. There was a 22% increase deaths due to maltreatment (n=92) compared to 2012 (n=70)³. Of all of the deaths due to maltreatment, 37% were Hispanic, 29% were White, non-Hispanic, 16% were American Indian, 12% were African American, and 4% were two or more races⁶. Since 2008, the mortality rate per 100,000 children due to maltreatment has increased by 87% from 3.0 to 5.6 in 2013. Substance use was a factor in 55% of all maltreatment deaths. The number of children in foster care has increased by 55.7% (from 10,112 in April-September 2009 period to 15,751 in October-March 2014 period)⁴. This exponential rise is coupled with a steep increase in the number reports to the Child Protective Services (CPS), now called Department of Child Safety (DCS).

The rapid increase in reports of child maltreatment and increasing number of children placed in foster care signals the need for prevention efforts especially among high risk families. All MIECHV evidence-based home visiting programs address prevention by providing families with support, information on child development, and connection to local resources with the goal to improve maternal and child health and reduce family violence, child injuries and child maltreatment. Arizona's Benchmark Report shows that there has been measurable improvement.

Native American children are at some of the highest risk for maltreatment, as well as inadequate nutrition and obesity. MIECHV is expanding home visiting programs to American Indian families who live on reservations.

The Title V Needs Assessment further stressed the need for prevention of child maltreatment by looking to research studies related to adverse childhood experiences (ACEs) which measures ten types of childhood trauma⁵⁶. The National Survey of Child Health reports that over 31% of Arizona children (0-17 years) experienced two or more ACEs. The percent of children who experienced two or more ACEs was double among those who lived in a family with an income level below 100% federal poverty level (40.2%) compared to those who lived in a family with an income of 400% or more FPL (18.7%). MIECHV home visiting programs are targeted in at-risk families in at-risk communities. In addition, MIECHV provided funding so that adults who were part of the Behavioral Risk Factor Surveillance System (BRFFS) would be asked about the 10 ACEs. This research has recently been completed and will be reported in the next several months.

Childhood injury, especially around the home, is the leading cause of hospitalization for children. Prevention of injuries and reduction in hospitalizations are MIECHV benchmarks. In addition, MIECHV and Title V are

¹ Arizona Vital Statistics (2014)

² National Data Archive on Child Abuse and Neglect. (2014) Cornell University, Ithaca New York.

³ Arizona Child Fatality Report (2014)

⁴ Arizona Department of Economic Security (DES). (2014). Child Welfare Semi-Annual Reporting Requirements, Semi-Annual Report for the Period of October 1, 2013 through March 31, 2014. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2013_mar_2014.pdf on 06/16/15

⁵ ACEs: Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect; and five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.

⁶ <http://acestoohigh.com/got-your-ace-score/>

building the capacity of local communities through a safe sleep campaign and training child seat instructors. MIECHV has trained 100 CPSs and 150 participated in a CEU car seat safety training held in May

State priority need: Reduce infant mortality and morbidity. The discussion from participants of information gathering activities related to the Perinatal/Infant domain concentrated on breastfeeding and parenting support and injury prevention. The Title V team determined that they would focus on breastfeeding which would address several issues pertaining to infant mortality and morbidity, including parent support, preconception health, nutrition and infant parent bonding and maternal depression. It is connected to National Performance Measure (NPM) 4: a) percent of infants who are ever breastfeed and b) percent of infants' breastfeed exclusively through 6 months. The Title V team set their objective to increase the percentage of early childhood professionals with training to support breastfeeding in the workplace, child care and home by 5% over the next five years.

This objective will not only support the infant's nutritional requirements but also the mother baby dyad.⁷ Arizona's rates of breastfeeding initiation have increased from 76.8% in 2009 to 81.6% in 2011⁸.

The first strategy under this state priority is to provide training and support for home visitors to become International Certified Breastfeeding and Lactation Consultants (IBCLC) certified. Previous MIECHV grant funding supported breastfeeding training for more than 100 home visitors. In addition, MIECHV supported an IBCLC cohort of 28 community health nurses, home visitors and community members who were identified from at-risk communities. Funding provided an IBCLC trainer to work with the cohort over a period of 6 months. Twenty-four participants submitted applications to sit for the IBCLC exam, and 20 passed. This strategy has built the capacity of the communities where the newly certified IBCLCs work. During the two years of this application, MIECHV proposes to train an additional five IBCLC's.

State priority need: Increase early identification and treatment of developmental delays. The Needs Assessment reports that approximately 88% percent of Arizona children had some type of health care coverage². Twenty-two percent of parents of infants and toddlers age 10-35 months reported their child was screened for being at risk for developmental, behavioral and social delays².

A primary aim of home visiting is to assist families to procure health coverage. Because the families are at-risk this it is usually through AHCCCS (Medicaid) or the Affordable Care Act (ACA). MIECHV will be working even more diligently during the next two years of this grant to link home visitors with ACA Navigators if they have not done so already. MIECHV funding was used to develop a comprehensive age-appropriate training for home visitors to help families improve oral health.

The Title V team set their state priority need to increase early identification and treatment of developmental delays, the objective to increase the number of ASQ trained home visitors over the next five years by 25%. This pertains to NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool. Strategies are 1) Support the training of additional ASQ trainers in Arizona, and 2) Support home visiting families to complete a developmental screening.

Evidence based home visiting is a family centered service. Over the past year, MIECHV in collaboration with the Arizona Early Intervention Program (AZEIP-Part C) traveled throughout the state to provide training for home visitors on early intervention and instruction on how to refer to AZEIP. Local AZEIP providers were introduced to local home visitors to build relationships and referrals. In addition, MIECHV

⁷John R. Britton, MD, PhD, Helen L. Britton, MD, Virginia Gronwaldt, PhD, *Breastfeeding, Sensitivity, and Attachment* PEDIATRICS Vol. 118 No. 5 November 1, 2006 pp. e1436 -e1443 (doi: 10.1542/peds.2005-2916)

⁸ National Center for Chronic Disease Prevention and Health Promotion. (2014). *Breastfeeding Report Card*, United States. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity.

has worked collaboratively with the ECCS project managed by First Things First (FTF) to increase use of ASQ screening and to institute improved data collection. MIECHV will continue this collaboration. MIECHV also sponsored a “train-the-trainer” on using the ASQ. Twenty-five home visitors were trained and they have trained 100 people on using the ASQ. MIECHV will work directly with Title V to increase the number of home visitors who are trained on using the ASQ. This application proposes to train 100 more on the ASQ screening instrument.

State priority need: Reduce the use of tobacco and other substances across the lifespan. To capture the priority that crossed the life span and NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes, the Title V representatives looked to smoking. They felt this included concern about infant mortality and morbidity (SUID, prematurity), child health (asthma), preconception and interconception health, and transition decision making for teens and children and youth with special health care needs. “Other substances” was added as the Title V representatives is also looking at the emerging issue of prescription drug abuse and infants born with Neonatal Abstinence Syndrome. The Title V strategy is to: 1) Set up Empower home visitor training through the Strong Families AZ website and 2) Present Second Hand Smoke risks at the Strong Families Alliance meeting.

One of the screenings done by home visitors to collect data to measure benchmarks is the Alcohol, Tobacco and Other Drugs (ATOD) screening. The Arizona Benchmark Report also showed improvement in this benchmark. MIECHV works closely with the ADHS Ashline to connect smokers to prevention methods. Smoking cessation has consistently been a workshop at the Strong Families annual conference. MIECHV will present a workshop on the risks of second hand smoke risks at the conference held in 2016. In addition, the Strong Families AZ website is home to 27 online trainings. MIECHV will work with the Bureau of Tobacco and Chronic Disease to identify an online training for home visitors pertaining to second hand smoke.

State priority need: Strengthen the ability of Arizona families to raise emotionally and physically active children. The Title V team heard often about exposure to adverse childhood experiences, child abuse and neglect and bullying. Additionally people raised the issues of nutrition and physical activity services for obesity prevention; oral health; mental health services including suicide prevention; injury prevention services including car seat clinics and education and early identification and intervention services to improve school readiness and access to quality childcare. Thus, they developed the priority to strengthen the ability of Arizona families to raise emotionally and physically active children, and the objective: By 2020, 65% of parents of the Bureau of Women’s and Children’s Health (BWCH) home visiting programs will report that they believe they have the skills and knowledge needed to raise emotionally and physically healthy children.

MIECHV will work with Title V on the two strategies: 1) Monitor the quality of the services provided to families enrolled in BWCH home visitation programs to ensure home visitors are implementing services with fidelity to the respective programs; and 2) Identify strategies that support the retention of families in voluntary home visiting programs and ensure all BWCH home visitors have the opportunity to be trained on implementing these strategies.

- **Identify the unmet need in the state or territory, including the at-risk communities identified in the most recently completed MIECHV Needs Assessment that the applicant does not propose to serve under the FY 2016 grant. Indicate the reasons for not serving these at-risk communities.**

Arizona completed the needs assessment utilizing the CHAA boundaries. There are 126 CHAAs and divided into four tiers, with implementing services in the highest need area first.

- Tier 1 communities not being served:
 - San Carlos Apache: This community does not have the infrastructure for home visiting programs funded by MIECHV. The community also indicated that they were not able to create the infrastructure at this time and were connected with another home visiting program that would be able to serve the community better.
 - Hopi Nation: Efforts to implement services on the Hopi Nation were in progress for three years. There was not sufficient progress made during that time period and the tribe was invited to attend the Tribal Consultation. The Tribal Consultation brought together tribal leaders from throughout the state to attend an information meeting regarding MIECHV expansion and to determine who was interested and able to continue in the process. Hopi did not choose to participate in the expansion.
 - Globe and Payson: This community is in Gila County and did not have the infrastructure for additional home visiting programs. MIECHV funded a Home Visiting Coordinator position at the county health department to build infrastructure. Since 2014, the Home Visiting Coordinator as created and facilitated the family services coalition that includes partners that serve high risk families who are pregnant or have children under the age of 5 and hosted and attended community events to educate the community on home visiting services. The coalition also worked with the local hospital to create a referral line to connect families to resources in the community. At the time of program implementation, the community had the Healthy Steps program funded by another state agency but is no longer receiving that funding. MIECHV funded programs will not expand into this community, despite infrastructure building, as funding is not available to implement services at this time. The Home Visiting Coordinator position was funded through competitive awards and will not be funded with formula funding.
 - Duncan and Morenci: This community is in Greenlee County and did not have the infrastructure for home visiting programs funded by MIECHV. MIECHV funded a Home Visiting Coordinator position through a local non-profit agency. The Coordinator has facilitated the local family support coalition and has coordinated referrals for community resources in the area. Capacity to serve this community has not been sufficient and programs will not be expanded to this community. The Home Visiting Coordinator position was funded through competitive awards and will not be funded with formula funding.
 - Ajo: During the community meeting to determine if the community was interested in implementing or expanding home visiting services, it was determined that they did not have interest in the programs as they had several other programs serving their small, rural community and did not have capacity or resources for adding programs.
 - San Manuel: This community is a small community and does not have the births and population to support a home visiting program in this community. It is located in a rural part of Pinal County and the other programs that serve this county are more than 50 miles from this community and are not able to serve this area.
 - Fort Mohave: This community is located in Arizona, Nevada, and California. This community receives services from the other states and therefore did not need additional programs. The surrounding areas that are located within Arizona are being served.
 - Bisbee: During the community meeting to determine if the community was interested in implementing or expanding home visiting services, it was determined that they did not want to because they had several other programs serving their small, rural community and were not at capacity and did not have capacity or resources for adding programs.
- Arizona's initial proposal for MIECHV was to implement services to the highest need communities in Tier 1. Communities served in Tier 2 and 3 were expansion and based on a local

implementing agency serving Tier 1 and the proximity of that site to a Tier 2 or 3 community; the community need based on needs assessment ranking; and community readiness for services. The needs assessment does rank each community and although need is demonstrated in each community, the highest need communities are being served. Additional communities cannot be served with the current funding award.

METHODOLOGY

- Under each objective, provide a list of activities that will be used to achieve each of the objectives proposed and anticipated deliverables.

Goal 1: Implement voluntary evidence-based home visiting to serve eligible families residing in at-risk communities as identified in the current statewide needs assessment resulting in measurable positive outcomes on at least four of the six benchmark areas.

Objective 1.1: Support Healthy Families, Nurse Family Partnership, Family Spirit and Parents as Teachers with fidelity in identified at risk communities by providing MIECHV grant funding for 1,530 families.

Deliverables:

- a. Number of families served as outlined in contracts totaling 1,530 families.
- b. Programs serve contacted communities identified by zip code.

Implementation of EBHV Programs

Activities:

- a. Support Healthy Families Arizona (HFAz) for 740 families through Intergovernmental Agreement (IGA) with the Arizona Department of Child Safety which they subcontract to local implementing agencies.
- b. Support Nurse Family Partnership (NFP) through IGAs with Maricopa County Department of Public Health for 308 families, Pima County Department of Public Health for 113 families and First Things First (FTF) for 149 families.
- c. Support Family Spirit through an IGA with the White Mountain Apache Tribe for 95 families.
- d. Support Parents As Teachers (PAT) for Native American Tribes through IGAs with the Navajo Nation for 100 families and FTF (subcontract with Hualapai) for 25 families.
- e. Verify the program has required affiliation, certification, or accreditation from the national model developer 90 days after contract execution.
- f. Complete/amend ISA's by 9/30/16 to, ensure subcontractor monitoring plan is in place; and obtain a copy of all subcontracts.

Objective 1.2: To effectively manage home visiting program contractors and ensure success, provide strong administration of evidence based home visiting contractors to maintain caseload capacity of 85% or more and a family retention rate of 65% or more during each fiscal year they are funded.

Deliverables:

- a. Complete annual site visits as outlined in the Arizona MIECHV Resource Manual.
- b. Complete and distribute the monthly Local Implementing Agency (LIA) report to MIECHV program staff and IALT.

Administration & Budget

Activities:

- a. To ensure proper spending of funds, and using budget included in this application, complete reports by the end of the following month. Include spending by contractor and by line item, and include budgeted, encumbered, spent and amount remaining. Assess if any items are not on target and provide technical assistance to help LIA achieve corrections.
- b. Obtain monthly reports from all home visiting contractors with progress on contracted objectives. Ensure invoices are received by the 21st the following month, review and authorize payment for contractors and pay within 30 days.
- c. Obtain verification from all MIECHV funded home visiting programs that they have developed and are implementing a) Policies and Procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented; b) Policies and Procedures to avoid dual enrollment; and c) Policies and Procedures that assure the effective provision of reflective supervision program- wide with fidelity to the model(s) implemented. Provide technical assistance.

Objective 1.3: Using the MIECHV Resource Manual conduct annual fiscal and programmatic site visit with 100% of MIECHV home visiting program contractors and ensure compliance with federal requirements, programmatic expectations, and fiscal requirements.

Deliverables:

- a. Documentation as outlined in activities in site visit report.
- b. Plan of action should LIA/subcontractor fall short of 85% or more service capacity and/or 65% or more family retention.

Oversight and guidance

Activities:

- a. To ensure enrollment and retention of eligible families in home visiting services in at-risk communities and implement effective management of MIECHV sub recipients, collect data and produce Local Implementing Report⁹ (LIA) quarterly. Determine programs that do not meet 85% or more service capacity and/or 65% or more family retention. Analyze to determine reason. Provide TA to communities as warranted. Report to IALT.
- b. Verify and document specific activities being done to enroll families in health insurance including working with ACA Navigators and describe activities to coordinate with other existing programs and resources community.¹⁰
- c. Within 30 days of site visit, complete report on fiscal and programmatic accountability including recommendations for areas identified in need of improvement and/or technical assistance.
- d. Collect data and complete quarterly reports that document numbers of priority high risk families¹¹ are being served by MIECHV funded home visiting programs. Provide data to Interagency Leadership Team and Strong Families Alliance to make any needed recommendations.

⁹ LIA Report includes actual vs. projected number of families served; number of home visits; attrition rates; and actual vs. budgeted expenditures for home visiting sub-contracts and LIAs.

¹⁰ For example: health, mental health, oral health, early childhood development, substance abuse, domestic violence, child maltreatment prevention, child welfare, education, housing, tribal entities, and other social services.

¹¹ Low-income families; Pregnant women who have not attained age 21; Families that have a history of child abuse or neglect or have had interactions with child welfare services; Families that have a history of substance abuse or need substance abuse treatment; Families that have users of tobacco products in the home; Families that are or have children with low student achievement; Families with children with developmental delays or disabilities; and Families that include individuals who are serving or formerly served in the Armed Forces.

Objective 1.4: Collect, compile and report data from evidence based home visiting programs to ensure effective implementation, fidelity of model being used, and progress in meeting MIECHV benchmarks annually. Provide written and verbal reports to MIECHV Team and IALT.

Deliverables:

- a. Completion of annual Benchmark Data Report and provided to program staff and IALT members.
- b. Completion of Fidelity Report and provided to program staff and IALT members.

Assessment of fidelity

Activities

- a. To determine the fidelity of the home visiting models, collect data from the four evidence-based programs pertaining to fidelity¹² and produce MIECHV Fidelity Report annually.
- b. Present MIECHV Fidelity Report to the Interagency Leadership Team (IALT) to determine any needed improvements and report to CQI Team.
- c. Collect parent satisfaction data and report results quarterly.
- d. Provide on-going training to home visitors on how to collect and report MIECHV benchmark data.
- e. Collect and analyze legislatively-mandated Benchmark Data and provide quarterly reports to home visiting supervisors IALT. Note any benchmarks where there has not been progress and report priorities and issues identified to CQI Team.

Objective 1.5: Strengthen home visiting services by using the integrated home visiting data management system to provide data for home visitors and home visiting programs and to aggregate statewide data.

Deliverable:

- a. Provide quarterly reports to IALT and other Strong Families AZ partners.

Activities

- a. Provide “Just in Time” training so that all MIECHV home visitors know how to collect and report MIECHV data on the data management system/ETO.
- b. Maintain AZ ETO helpdesk to provide support and technical assistance to users.
- c. Provide quarterly reports on progress of implementation of the ETO system and an aggregate of numbers and characteristics of families served to IALT.
- d. Maintain contract to provide the integrated home visiting data management system.
- e. Make changes to data forms and collection methods to include data from PAT and to transition to new benchmarks by October 1, 2016 (if approved by OMB).

Objective 1.6: Convene the Continuous Quality Improvement (CQI) Team monthly to receive information from home visitors and others to improve quality and fidelity of home visiting programs funded by MIECHV using Plan, Do Study, Act Process.

Deliverables:

- a. Monthly report on CQI actions and improvements provided to program staff and IALT.
- b. CQI Roster to reflect state and local representation by all MIECHV evidenced based home visiting models.
- c. Monthly attendance sheets.

Activities

¹²Fidelity to include assessing the following: Recruiting and retaining clients; Providing initial and ongoing training, supervision, and professional development for staff; Establishing a management information system to track data related to fidelity and services; and Developing an integrated resource and referral network to support client needs.

- a. Submit an updated CQI plan within 90 days of the Notice of Award issuance date.
- b. Ensure CQI continues to have representation from all MIECHV funded home visiting models and from the state and local level
- c. Monthly review data from MIECHV funded home visiting programs and home visiting supervisors to determine and implement strategies.
- d. Inform IALT bi-monthly on CQI projects underway and provide written reports on recommendations and results.
- e. Continue to implement PDSA and report on findings to address retention, service capacity and enrollment.

Goal 2: Improve coordination and information about home visiting services for at-risk communities.

Objective 2.1 Convene MIECHV Committees (Interagency Leadership Team (IALT), Strong Families Home Visiting Alliance¹³ and MIECHV Team) at least quarterly to collaborate with early childhood partners¹⁴ and to plan, design, implement and evaluate MIECHV activities.

Deliverables:

- a. Memorandums of understanding (MOU) submitted and on file.
- b. Meeting sign in sheets.
- c. Meeting minutes.

Activities

- a. Obtain a Memorandum of Understanding with identified partners and provide to Arizona's HRSA Project Officer within 180 days of Notice of Issuance of this award. The MOU will be current, dated, and address referrals, screening, follow-up and service coordination as well as systems and data coordination as applicable to each partner's scope.
- b. Convene MIECHV Team (MIECHV staff and consultants) monthly to review goals, objectives and activities and coordinate efforts. Determine items to bring forth for discussion to IATL and Strong Families Alliance to strengthen home visiting programs and integrate them into the early childhood system; and build a pathway for children from home visiting to other early childhood services/systems.
- c. Convene IALT every other month to promote communication, collaboration and coordination among state agencies that fund home visiting.
- d. Hold Annual IALT Retreat in June to assess progress on goals and objectives, to strengthen the statewide system for home visiting and to ensure community input is integrated into the early childhood system, and to determine next steps, including appointing Task Forces as warranted.

Objective 2.2: Expand the state level home visiting system's role in the continuum of early childhood services through IALT. This includes project planning and service coordination. This also includes the addition of the ACF Home Visiting Tribal grant(s); the staff person from FTF who serves as the ECCS Lead (new person to be hired) and consistent attendance by a Title V representative by September 2017.

Deliverables:

¹³Members of IALT and/or Strong Families Alliance include: FTF, the ECCS recipient; ADHS, the state's Title V agency, the state's Public Health agency; DCS, the state's child welfare agency (Title IV-E and IV-B) and Title II of the Child Abuse Prevention and Treatment Act (CAPTA); DES/AZEIP, the state's Individuals with Disabilities Education Act (IDEA) Part C; ADE, IDEA Part B; the state's Elementary and Secondary Education Act Title I and previously the pre-kindergarten program.

¹⁴The following are already a member of IALT and/or Strong Families Alliance-ADE which is the Director of the state's Head Start State Collaboration Office and where the Office of Coordinator for Education of Homeless Children and Youths in the State authorized by the McKinney-Vento Act is located; FTF which is the State Advisory Council on Early Childhood Education and Care; AHCCCS which is responsible for Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, is the state's mental health agency and the Single State Agency for Substance Abuse Services; DES which is the CCDF Administrator, TANF agency; ADHS which includes the state's Injury Prevention and Control program, the state's oral health agency, houses WIC and SNAP; and the state's domestic violence coalition.

- a. Receive and file IALT roster and attendance sheets

Activities

- a. Ensure Title V representative reports to IALT regularly on points of alignment between MIECHV and the MCHBG State Plan, specifically reporting on the objectives in Goal 3.
- b. Invite participation on the IALT by the staff member for Early Childhood Comprehensive Systems grant (ECCS). Ensure they report regularly on progress of the ECCS grant and points of alignment with the goals and objectives of MIECHV.
- c. Invite participation on the IALT by staff member that manages the ACF Tribal Home Visiting grant(s)¹⁵. Ensure they report regularly on progress of the ACF Tribal HV grant(s) and points of alignment with the goals and objectives of MIECHV.
- d. Participate as the ADHS representative on the Arizona BUILD Steering Committee, which is “building” the early childhood health and development system collaboratively with state agencies, foundations, business, non-profit providers, education and literacy organizations, the state’s child advocacy organization and more. Report to IALT.

Objective 2.3: Expand the reach of the community level home visiting system role in the a continuum of early childhood services through the Strong Families Home Visiting Alliance which includes project planning and service coordination to include 5 additional community partners and ACF tribal MIECHV Grantee by September 2017.

Deliverables:

- a. Receive and file Strong Families Home Visiting Alliance roster

Activities

- a. Maintain an accurate up-to-date written and digital roster of all Strong Families Alliance and IALT members. Track of recruitment efforts, increase members who represent the culture of the families MIECHV serves, and indicate demographic and racial make-up of members with goal to increase diversity.
- b. Set up meetings with potential new members and report to MIECHV Team on progress of obtaining commitment to join by targeted organizations: American Academy of Pediatrics, Arizona Chapter; MCH Healthy Start program; HUD state or local housing authority, an organizations that serves families that are homeless or at-risk for homelessness; an ACA Navigator organization; representatives from MIECHV funded (HRSA or ACF) tribal communities.
- c. Inform members and hold quarterly meetings, maintain meeting minutes, handouts and calendar of meetings. Maintain list of action items and follow up.

Objective 2.4 Collaborate with representatives of Tribes that receive MIECHV funding for home visiting programs to enhance implementation and delivery of evidence-based home visiting services to Native American families.

Deliverables:

- a. Quarterly report on number of families served by each MIECHV-funded Tribe.
- b. Highlight one Tribe as a part of each report.

Activities

¹⁵ Arizona currently has only one ACF Tribal Grant recipient, Native Health.
Arizona Maternal, Infant and Early Childhood Home Visiting Program – Formula
January 19 2016

- a. Present findings on results of community planning through a participatory process with targeted tribal communities¹⁶ to the IALT, Strong Families Alliance, Tribal Leaders and/or Tribal Council and HRSA by December 2016 with recommendations.
- b. Provide quarterly reports to IALT and Strong Families Alliance on collaborations with MIECHV-funded tribal communities.
- c. Include a track in the Strong Families annual conference devoted to issues pertaining particularly to Native American families.

Objective 2.5: Use technology to provide up-to-date information on evidence-based practices and other relevant issues for home visiting and family support professionals

Deliverables:

- a. Increased number of people receiving e-newsletter.
- b. Increased number of visits to the online portal.
- c. Increased number of “likes” on Facebook.

Activities

- a. Write and distribute e-newsletter on topic important to home visitors at least once a month. Increase number of people receiving newsletter by 10% by September 2017.
- b. Maintain and update strongfamiliesaz.com website. Increase number of “hits” by 25% by September 2017.
- c. Maintain online courses strongfamiliesaz.com website. Track number of individuals completing training and include in monthly report to IALT. Complete annual survey with home visitors on additional topic they would like on the website.
- d. Maintain Strong Families Facebook page as method to engage families. Post new articles, questions, etc. 3 to 4 times weekly. Increase “likes” by 10% by September 2017.

Objective 2.6: Plan and implement annual Strong Families conference for 800+ home visitors to provide coordination and information to home visitors, including information on: outcomes of benchmark data; alignment between MIECHV and Title V; the ECCS grant; outreach to homeless families and Tribes

Deliverables:

- a. Final conference report to include evaluation on conference, workshops, and keynotes and total number of participants.

Activities

- a. Hold quarterly meetings of Professional Development Committee to suggest following year trainings. Present to MIECHV staff to request budget. Make adjustments based on budget.
- b. Recruit members to serve on the Strong Families AZ committee who have an interest and an expertise in early child health and development practices and education. Meet regularly to determine theme, speakers, and workshops. Report back to Professional Development Committee, MIECHV Team and Strong Families Alliance to gain their input.
- c. Hire meeting planner to work with Conference Committee on logistics, i.e.: hotel, room set up, hospitality, Program, packet of information, registration, etc.

¹⁶This represents the evaluation innovation from Arizona’s FFY 2015 MIECHV Competitive grant. It was designed to increase collaboration and tribal ownership through implementation of a participatory process with tribal leaders and other tribal community members in the development of strategies to introduce home visiting.
Arizona Maternal, Infant and Early Childhood Home Visiting Program – Formula
 January 19 2016

- d. Market conference to home visitors and others, including previous year attendees, all home visitors and family support professionals, mailing lists form IALT and Strong Families, etc. – with goal to have 800+ participants by September 30, 2017.

Objective 2.7: Track implementation of MIECHV grant goals, objectives and activities to ensure they are completed on time, and are maximizing human and financial resources. Ensure that reports to HRSA and performance and financial reports on EHB are completed and submitted on time.

Deliverables:

- a. Attend HRSA calls with project officer and regional meetings.
- b. Submit completed and timely reports as requested.

Activities

- a. Report updates on MIECHV budget and plan at monthly meeting with HRSA Regional Representative. Actively participate in questions posed by HRSA. Review opportunities and obstacles and seek TA as needed.
- b. Ensure at least two Arizona MIECHV staff attend annual meeting with HRSA, usually held in March. Assess proposed presentations and prepare to present on those areas where Arizona excels. Share lessons learned from other MIECHV states with MIECHV Team.
- c. Attend ASHVI meetings, specifically annual one held in Washington DC usually in the winter. Participate and report back information to MIECHV Team and IALT.
- d. Maintain up-to-date tracking sheet of progress on goals and objectives as well as list of items remaining on the “to-do” list. Use MIECHV Team meetings to ensure accountability of individuals to complete activities assigned to them.

Goal 3: Support programs and activities carried out under Title V tied to early childhood home visiting as outlined in Arizona’s Title V State Action Plan.

Objective 3.1: To support the Title V state priority need to reduce infant mortality and morbidity and NPM 4: a) percent of infants who are ever breastfed and b) percent of infants breastfed exclusively through 6 months: Increase the number of home visitors or community health nurses who are pursuing International Certified Breastfeeding and Lactation Consultants (ICBLC) certification by 5 in at-risk communities identified in the MIECHV Needs Assessment by September 2018.

Deliverables:

- a. Copy of the individualized plan for each candidate.
- b. Monthly reports on status of all cohort members.
- c. Participate in quarterly meetings with MIECHV and BNPA to review the progress.
- d. 5 individuals complete test and certification.

Activities

- a. Establish scope of work and budget with ADHS Bureau Nutrition and Physical Activity (BNPA) to provide International Board Certified Lactation Consultant Examiners (IBCLC) Mentoring Program by October 1, 2016
- b. Recruit participants that could meet the requirements for eligibility within the program timeframe; Develop individual plans for qualified applicants; Obtain commitment from applicant and supervisor; Develop a system to monitor the progress of the candidates; and develop a breastfeeding educational cohort by December 2016.

- c. Provide resources for home visitors (in written format, online and in person coaching; Administer/monitor practice tests; provide (I- line, in person, and online) educational sessions and opportunities for home visitors monthly; Provide individual support for candidates as they attain the certification requirements; Collaborate with ADHS staff on the need for additional training opportunities, at minimum a final review in June 2017.
- d. Evaluate throughout including: survey to determine educational needs of the cohort; survey for candidate supervisors to assess support; survey to establish baseline knowledge; a system that tracks all efforts completed by each member; and conduct post certification survey

Objective 3.2: To support the Title V state priority need to increase early identification and treatment of developmental delays and NPM 6: percent of children, ages 10-17 months, receiving a developmental screening using a parent completed screening tool: Increase the number of home visitors trained on ASQ and how to assist families to administer it by 100 by September 2018.

Deliverables:

- a. 100 Trained home visitors on ASQ questionnaire by September 2018.
- b. Receive class documentation including roster of attendees
- c. Evaluation received by participants attending ASQ training

Activities

- a. Utilizing the ASQ trainers trained with funding from a previous MIECHV grant; provide ASQ training to 100 home visitors and family support professionals by September 2018.
- b. Determine presenter and provide a workshop at the Strong Families AZ conference to train home visitors how to support home visiting families to complete a developmental screening by September 2017.
- c. Attend ECCS meetings and determine strategies to collaborate so that more children are screened and so more children screened are referred to AzEIP (IDEA Part C), home visiting or another community resource and receive services.

Objective 3.3: To support the Title V state priority need to reduce the use of tobacco and other substances across the lifespan and NPM 14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes: Collaborate with ADHS Bureau of Tobacco and Chronic Disease to provide training for 100 home visitors on the effects of second hand smoke and resources to which they can refer for cessation by September 2018.

Deliverables:

- a. Workshop held, number who attended and evaluation.
- b. Identification of online course and/or recommendation of online option to get information to home visitors.

Activities:

- a. Provide a workshop for 50 home visitors at the 2017 and 2018 Strong Families AZ conferences the effects of second hand smoke on children and resources they can use for cessation.
- b. Research availability of an online training for home visitors pertaining to second hand smoke.

Objective 3.4: To support the Title V state priority need to strengthen the ability of Arizona families to raise emotionally and physically active children: Monitor quality of services provided to families enrolled in home visiting to ensure programs are implemented with fidelity and determine and report strategies to

improve family retention in home visiting programs by September 2018 utilizing PRAMS data to identify needs and monitor emerging issues.

Deliverables:

- a. Completed annual Fidelity Report on MIECHV funded programs.
- b. Completed report on parent satisfaction.
- c. Completed and submitted benchmark reports.

Activities

- a. Monitor the quality of the services provided to families enrolled in BWCH home visitation programs to ensure home visitors are implementing services with fidelity to the respective programs. Provide Fidelity Report and Benchmark Report to Title V representatives for further analysis of how it can be applied to Title V programs and for distribution. *(See: Objective 1.4: Collect, compile and report data from evidence based home visiting programs to ensure effective implementation, fidelity of model being used, and progress in meeting MIECHV benchmarks.*
 - b. With MIECHV CQI committee, identify strategies that support the retention of families in voluntary home visiting programs. Complete PDSA process. Using results of PDSA process make recommendations for other communities. Provide training for all BWCH home visitors on implementing these strategies.
 - c. Create a report and/or power point presentation on the impact of the MIECHV grant program on legislative-required benchmarks to provide information on MIECHV to Title V programs. Present at ADHS BWCH Program Managers meeting.
 - d. Program will utilize PRAMS data to identify needs and monitor emerging issues.
- **Specify the evidence-based models that will be implemented under the grant and why these model(s) were selected. (See Section VIII for a list of evidence-based models eligible for implementation under MIECHV that meet the HHS criteria for evidence of effectiveness.) Note that continuing with models implemented in previous MIECHV grants is acceptable provided the models are included in the list in Section VIII; however, the justification for the model choice must be documented in this application. Regarding the selection of model(s), describe how the selection will:**
 - **Meet the needs of the state's or territory's identified at-risk communities and/or the state's or territory's targeted priority populations named in statute (see Section I);**
 - **Provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas and measures;**
 - **Be able to be implemented effectively with fidelity to the model(s) in the state or territory based on available resources and support from the model developer(s); and**
 - **Be well matched for the needs of the state's or territory's early childhood system.**

The Arizona MIECHV program proposes to implement the Nurse Family Partnership (NFP), Healthy Families Arizona (HFAz), Parents as Teachers (PAT) and the Family Spirit Program models. The models meet program requirements and are listed by HRSA to have met HHS criteria for evidence of effectiveness. Therefore, the models selected provide the best opportunity to accurately measure and achieve meaningful outcomes in benchmark areas of improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.

Arizona MIECHV Program currently funds these evidence-based model programs in the highest risk communities of the state based on HRSA's Priorities for Serving High Risk Populations and Arizona Needs Assessment data. Arizona identified Community Health Analysis areas (CHAAs) to determine community

levels of risk based on 2000 Census data. Arizona has 126 Community Health Analysis Areas (CHAAs) ranked by risk level based on research completed in the Needs Assessment. With new Census data available, ADHS modified CHAAs to reflect the population as well as geographical changes in 2014. The new geographical units chosen are Primary Care Areas (PCAs). These are consistent with the Federal definition and designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUA). PCAs, were built from 2010 US Census Tracts that have a 2010 population greater than 10,000 but less than 200,000 with an area less than or equal to 7500 square miles. PCAs typically do not fit Arizona state county boundaries with the exception of tribal PCAs that are exempt from county boundary, population and area minimum and maximum rules. Arizona's MIECHV program continues to utilize the CHAA boundary and community names for reporting as we are still utilizing the data from the 2010 Needs Assessment. When the MIECHV Needs Assessment is updated, PCAs will be utilized.

Home visitors across the state have been appropriately trained to implement the NFP, HFaz, PAT and Family Spirit program models with fidelity. The selection of NFP and HFaz was due initially to their proven success improving the legislatively mandated benchmarks. Family Spirit was chosen as Arizona's promising practice and has since become evidence based. PAT was recently chosen to implement in tribal communities because it was already established and therefore already had acquired the trust and personnel needed to implement quickly.

The background below further justifies the model choice and level of readiness to implement these models over the new grant period.

The Nurse Family Partnership (NFP) model is designed to give first-time mothers valuable knowledge and support throughout pregnancy and until their babies reach two years of age. The program partners first-time mothers with nurse home visitors who empower these young mothers to confidently create a better life for their children and themselves. Nurse home visitors focus on providing support to mothers to have a healthy pregnancy, to improve the child's health and development and to become more economically self-sufficient. These primary outcomes are associated with preventing child abuse, reducing juvenile crime and increasing school readiness. Arizona MIECHV Program has provided home visitors with access to the NFP Guidelines and Facilitators implementing contract with the National Service Office. Supplemental materials such as Nursing Child Assessment Satellite Training (NCAST), Partners in Parenting Education (PIPE) are ordered as needed. These materials include notebook binders, thermometers, board books, sippy cups, toothbrushes and other dental supplies, etc. The NFP NSO State nurse consultant meets with NFP Supervisors quarterly and has a conference call individually on a monthly basis to discuss any implementation issues. In addition, a Community of Practice day is held yearly with all NFP nurse home visitors and supervisors in the state of Arizona. All newly hired staff completes an initial 40 hours of training before attending the NFP model training in Denver, CO at the NSO.

Healthy Families America (Healthy Families Arizona) is a home visiting program designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. Healthy Families Arizona services begin prenatally or soon after the birth of the baby and are offered voluntarily, intensively, and over the long-term (3-5 years after the birth of the baby). The goals of the program are to: Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth; Cultivate and strengthen nurturing parent-child relationship; Promote healthy childhood growth and development; and Enhance family functioning by reducing risk and building protective factors. In the past several years, Healthy Families Arizona has provided comprehensive training so that all Family Support Specialists (FSS), Family Assessment Workers (FAW), supervisors and program managers are equipped to provide effective service delivery. Additional professional development is offered at the team and site level. Healthy Families Arizona Central Administration coordinates quarterly meetings, which includes a

training component for supervisors and program managers. MIECHV funding has afforded 20 Healthy Families Arizona staff to pursue Infant Toddler Mental Health Endorsement.

The Parents as Teachers (PAT) model is designed to serve families throughout pregnancy until their children enter kindergarten. The PAT model is adaptable to varied populations and communities, and affiliate programs serve families with a range of risk factors. The PAT model is designed to promote positive parenting and optimal child development and build protective factors for. PAT serves a broad range of families with high needs, pregnant parents or teen parents. The PAT Foundational Curriculum incorporates the Strengthening Families Protective Factors. The PAT model provides a cohesive package of services with four primary goals: 1) Increase parent knowledge of early childhood development and improve parenting practices. 2) Provide early detection of developmental delays and health issues. 3) Prevent child abuse and neglect, and 4) Increase children's school readiness and school success. Model components are integrated to promote parental resilience, increase knowledge of parenting and child development, and encourage social and emotional competence of children—all vital protective factors. The Arizona MEICV program will support the implementation of the PAT model with affiliated tribal home visiting programs. The program proposes to support services of Parents as Teachers model with The Navajo Nation and Hualapai tribes. This was determined based on past MIECHV funding as ADHS has is currently in the process of expanding the PAT model among tribal programs that have the infrastructure and capacity to expand services. These tribal programs have coordination, collaboration and acknowledgement within the tribal community and opportunity for successful implementation.

Family Spirit, a recently approved evidence-based and culturally tailored home visiting program is delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help. The Family Spirit Program consists of 63 lessons to be taught from pregnancy up to the child's 3rd birthday. This in-home parent training and support program has been designed, implemented, and rigorously evaluated by the Johns Hopkins Center for American Indian Health in partnership with the Navajo, White Mountain Apache, and San Carlos Apache Tribes since 1995. ADHS will support and implement the Family Spirit Program as it is currently the largest, most rigorous, and only evidence-based home-visiting program ever designed specifically for Native American families. The model meets the needs of the state as it was designed and implemented in partnership with three of Arizona's largest federally recognized tribal nations. Evidence from three randomized controlled trial has documented the following program outcomes: increased parenting knowledge and involvement; decreased maternal depression; increased home safety; decreased emotional and behavioral problems of mothers; and decreased emotional and behavioral problems of infants at 1 year of age. It is also the first program to provide clear evidence of the effectiveness of paraprofessionals as home visitors. The use of Native paraprofessionals is essential in reservation communities where there is a shortage of nurses and cultural barriers to non-Native home visitors (*Family Spirit Program Overview*).

Johns Hopkins is the developer of the Family Spirit Program and is also contracted by the White Mountain Apache Tribe to implement the Family Spirit Program to achieve the goals of the MIECHV grant. Johns Hopkins is employing Family Health Educators to implement Family Spirit with 126 families, and Johns Hopkins is providing daily supervision and ongoing training in the Family Spirit curriculum. The Family Health Educators receive detailed training in each of the 63 Family Spirit lessons, as well as in the project protocol. The last curriculum training for White Mountain Apache FHEs was held on May 12-15, 2014. During this training, the Family Spirit Training Coordinator provided training on all lessons in the curriculum. Family Spirit curriculum sets have been provided to all Family Health Educators. Each curriculum set comes in a box that includes an Implementation Guide, 63 Family Spirit lessons divided into 6 modules, Health Educator Lesson Plans organized by module and lesson, a Reference Manual for the Health Educator, and a sample Participant Workbook for the participating families.

Through coordination efforts Arizona MIECHV has been able to identify that the selected evidence-based models are well matched for the needs of the state's or territory's early childhood system. This has been established through ongoing collaboration and efforts with First Things First (FTF), a state agency and one of the critical partners in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health and early education of all Arizona's children birth through age five. First Things First also administers the Early Childhood Comprehensive Systems (ECCS) grant for the state of Arizona; Department of Child Safety; Arizona Department of Education, Arizona Early Intervention Program and Arizona's Medicaid and EPSDT provider, the Arizona Health Care Cost Containment System. Below are the ways in which ADHS coordinates efforts to ensure home visiting coordinates with the early childhood system:

- The Chief of the Bureau of Woman and Children's Health (BWCH) serves on the FTF state-level Board. Members of FTF serve on the Inter Agency Leadership Team (IALT), Alliance, and all its workgroups. In addition, through its Regional Councils, FTF provides \$20 million in funding for home visiting programs. Community meetings and local coalition building are taking place in coordination with FTF and its regional councils. The Deputy Associate Superintendent of Early Childhood Education and the Head Start State Collaboration Director from Arizona Department of Education (ADE) has also been part of MIECHV since its inception.
- State agencies are engaged as an integral part of MIECHV through the Interagency Leadership Team (IALT) that meets bi-monthly to implement home visiting as part of the larger early childhood system. IALT includes the following:
 - Arizona Department of Health Services (ADHS), which serves as the Title V agency. The Bureau of Women's and Children's Health (BWCH) is home to the Arizona MIECHV program, and the Office of Injury Prevention and Office of Oral Health. In addition, and the Bureau of Nutrition and Physical Activity houses Arizona's WIC program.
 - Arizona Department of Education (ADE) is where the states' Head Start Collaboration Director is housed within the Early Childhood Division. ADE is also the state's Elementary and Secondary Act Title I program and the lead agency for the Individuals with Disabilities Act (IDEA) Part B.
 - Arizona Department of Economic Security (DES) is the lead agency for IDEA Part C referred to as the Arizona Early Intervention Program (AZEIP) and houses the states' Child Care Development Fund, Temporary Assistance for Needy Families, the Supplemental Nutrition Assistance Program (SNAP); and was previously the state's child welfare agency.
 - FTF, which serves as the State Advisory Council on Early Education and Care, and the Early Childhood Comprehensive Systems grant (ECCS) grant (which was originally at ADHS and was moved to FTF when the voters approved the initiative that created the agency through a tax on tobacco products.) FTF allocates \$150 million to early childhood health and development programs. MIECHV continues to work with ECCS as they expand access to developmental screening.
 - Arizona's Medicaid and EPSDT provider, the Arizona Health Care Cost Containment System (AHCCCS); and beginning in July 2016 will serve as the state's public health and mental health agency and Single State Agency for Substance Abuse and
 - The Department of Child Safety (DCS), created by state law in 2014, which now serves as the state's child welfare agency in place of DES. DCS is the administrator of Title II of the Child Abuse Prevention and Treatment Act (CAPTA) and the Central Administration for Healthy Families Arizona.
- **If the applicant is proposing to use a model that qualifies as a promising approach, using no more than 25% of the amount of the grant to conduct and evaluate the model, specify the promising approach to be used and why this approach was selected.**

Arizona is not proposing to use a model that qualifies as a promising approach.

- **Provide an assurance that home visiting services offered through the MIECHV program are provided on a voluntary basis to eligible families. Describe how the applicant will ensure that enrollee participation is voluntary, including any relevant policies and procedures.**

All funded programs have policies in place that inform participants of their Rights, Responsibilities and Confidentiality which describes the voluntary nature of the programs and that participants can discontinue services at any time for any reason. The informed consent and enrollment forms that are completed by the participant include the policy information and participants are able to access the full policy if requested.

- **Describe how the applicant will meet previously described program requirements in this FOA (See Program Requirements in Section I for detail on each of the requirements), including those related to:**

- ***Priority for serving high-risk populations;***

All communities served by the programs have been identified in the statewide Needs Assessment as an at-risk community. Each contract for program implementation requires that they are serving and giving priority to the identified high risk populations. Programs additionally ensure priority for serving high-risk populations by:

Family Spirit has a target population of American Indian pregnant women who have not attained age 21.

Healthy Families utilizes a standard screening tool which screens for risk based on various behaviors or histories of behaviors that ensure priority populations are being enrolled. Priority populations include pregnant women who have not attained age 21; history of child abuse or neglect or have had interactions with child welfare services; history of substance abuse or need substance abuse treatment; have low student achievement; and families who are serving or formally served in the Armed Forces.

Nurse Family Partnership eligibility criteria targets low-income families; pregnant women who have not attained age 21; have a history of child abuse or neglect or have had interactions with child welfare services; have a history of substance abuse or need substance abuse treatment; are users of or have tobacco products in the home; have low student achievement; have development delays or disabilities; and families who are serving or formally served in the Armed Forces.

Parents as Teachers is being implemented in two American Indian communities that have been identified as high risk communities based on the needs assessment completed in 2010. The program eligibility for Parents as Teachers does not include additional parameters for serving specific high risk populations. However, programs will submit policy and procedures that identify a process for ensuring enrollment is given to families who are identified as being high priority based on the MIECHV requirements.

- ***Fidelity to an evidence-based model that meets the HHS criteria for evidence of effectiveness and a home visiting model that qualifies as a promising approach, including any required affiliation, certification, or accreditation by the national model developer.***

Family Spirit became an evidence-based model that meets HHS criteria in 2014. The Family Spirit program has completed the comprehensive training in program implementation and evaluation and has