1. **Project Abstract**

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

**Applicant:** AZ Department of Health Services (ADHS)  
**Project Director:** Laura Bellucci

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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 1,303 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) 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.
3. Revise and repurpose the Strong Families Alliance to ensure coordination by community partners.
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 700 home visitors, including information on benchmark data; alignment between MIECHV and Title V; and expansion to include a one day conference devoted to issues pertaining to Native American families.
7. Track implementation of grant goals, objectives and activities to ensure timely, efficient, and effective use of resources.

**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.
2. Using trainers educated with previous MIECHV funding, train an additional 100 home visitors on the Ages and Stages Questionnaire (ASQ) and how to make appropriate referrals for positive screens.
3. Train 100 home visitors on the effects of second hand smoke and resources 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. Proposed family slots within the project period are: FY18 caseload of family slots will be 1303, Quarter 1 of FY19 caseload of family slots will be 1303, and Quarter 2-4 of FY19 caseload of family slots will be 150. 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.
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, county health departments 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 – Changes Noted

<table>
<thead>
<tr>
<th>FY 16 Goals and Objectives</th>
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<th>Changes</th>
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<tbody>
<tr>
<td>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.</td>
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<td>No Change</td>
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<tr>
<td>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.</td>
<td>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 1,303 families.</td>
<td>Change is made in the number of families to be served.</td>
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<tr>
<td>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 65% or more family retention rate during each fiscal year they are funded.</td>
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<td>Objective 1.3: Using the MIECHV Policy and Procedure 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.</td>
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<td>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.</td>
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<td>Objective 1.5: Strengthen home visiting services by using the integrated home</td>
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<td>No Change</td>
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A visiting data management system to provide data for 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 Plan, Do, Study, Act Process.

No Change.

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

No Change.

**Objective 2.1** Convene the 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 MIECHV activities.

Slight change to remove Strong Families Home Visiting Alliance as work within the Strong Families Home Visiting Alliance is now identified as a separate objective.

**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.

Details of FY16 objective to coordinate with ACF, ECCS, and representative for Title V by 2017 have been accomplished and/or continuing and are detailed in the deliverables in the Work Plan/Timeline Attachment.

**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.

The Strong Families Home Visiting Alliance will be redefining its purpose and desired outcomes.

**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.

No Change.

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

No Change.

**Objective 2.6:** Plan and implement.

Change made to reflect change in
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.

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 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:

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<th>Notes</th>
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<td>Revised to match the Title V priority.</td>
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<td>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: Train a minimum of 50 home visitors at on how to support families complete developmental screenings and how to make an appropriate referral by September 2018.</td>
<td>Revised to include training on how to make an appropriate referral after a positive screen to assist in addressing the Title V priority and a statewide home visiting system priority of improving referrals to appropriate resources.</td>
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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: Provide home visiting with fidelity and improve family retention in home visiting programs by September 2018.

Revision made to specify the work of CQI and to extend the timeline through the new project period.

Methodology

Provide a statement that provides assurance that home visiting services offered through the MIECHV program are provided on a voluntary basis to eligible families. Briefly describe how the recipients will ensure that enrollee participation is voluntary, with mention of any relevant policies and procedures.

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.

  Provide assurance that the recipient will meet the following Program Requirements with, if applicable, a brief description of any changes in how each will be assured:

  Priority for serving high-risk populations;

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.

  Selection of a home visiting service delivery model that meets the requirements described above in Program Requirements;

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.

  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, if the latter is applicable; (If the recipient proposes a substantial change in methodology, provide documentation of the national model developer(s) agreement with the recipient’s plans to ensure fidelity to the model(s) as Attachment 9.)

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met. A promising approach is not being funded.

  Proposed enhancements to the model(s) selected that do not alter the core components of the model and are approved by the model developer, if applicable; (If the recipient proposes a substantial change in a model enhancement as described in Program Requirements, provide documentation of the national model developer(s) agreement with the recipient’s plans to ensure fidelity to the model(s) as Attachment 9.)

- There are not any changes from the FY16 formula application. There are not any enhancements to any funded model.
Limit of funds to support direct medical, dental, mental health, or legal services;

- There are not any changes from FY16 formula application. Funds are not being used to support direct medical, dental, mental health or legal services.

Limitation on use of funds for recipient-level infrastructure expenditures;

- As in the FY16 formula application, administrative expenditures do not exceed 25% of the award amount.

Policies to address enrollment, disengagement, and re-enrollment of eligible families in home visiting services with fidelity to the model(s), including policies and procedures to avoid dual enrollment of families in more than one MIECHV-supported home visiting model;

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.

Collaboration with early childhood partners in planning, designing, implementing and evaluating all activities and coordination with referral/service systems with the applicable listed partners named in Program Requirements above;

- There have been changes to the details in the FY16 formula application regarding collaboration with partners.
- In the FY16 formula application it was stated that the local county health department in Pima County had an IGA to provide NFP to the Tohono O’odham Nation. There is a correction that the county health department does not have an IGA but a tribal agreement that allows for services to be provided to members of the tribal community. Pima County Health Department has one nurse home visitor on staff that serves the TO Nation in providing NFP services to families in this community.
- In the FY16 formula application it was stated that First Things First (FTF), Arizona’s Early Childhood Development and Health Board was the ECCS recipient. FTF is no longer the ECCS recipient. Arizona did not apply for or receive the latest ECCS grant award.
- In the FY16 formula application it was stated that Healthy Families Arizona was expanding services to the Gila River Indian Community (GRIC). After implementation it was determined by the Gila River Indian Community that the model does not best fit their needs and requested that the model be switched to the Parents as Teachers model. Families being served by Healthy Families will continue to be served by this model. Gila River Indian Community already has an established PAT program with the capacity to expand services. GRIC will serve 25 families through MIECHV funded PAT.
- In the FY16 formula application it was stated that the Arizona Coalition to end Sexual and Domestic Violence provide trainings throughout the state to home visitors on domestic violence. Trainings have been completed at this time. The partnership will continue as the coalition is assisting in updating the states Guidelines for Home Visitors on Domestic Violence by including information and resources specific to tribal communities.

Maintenance of high quality supervision;

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.

Subrecipient monitoring including a description of the plan to effectively monitor subrecipients for compliance with federal requirements, programmatic expectations, and fiscal requirements;

- There are not any changes from the FY16 formula application. All requirements are continuing to be monitored and met.
Maintenance of effort/non-supplantation:

- There are not any changes from the FY16 formula application.

Continuous Quality Improvement Plan; and

- There are not any changes to the approach to the CQI processes. The specific topics of CQI have changed and focused on increasing breastfeeding duration and increased well child checks as outlined in the latest approved CQI plan.

Performance Measurement Plan

- There are not any changes to the latest approved performance measurement plan.

Provide any planned changes, if any, in:

Service delivery activities from what was described in the FY 2016 formula application in order to improve performance on the new set of MIECHV Performance Measures;

- Service delivery communities will remain the same. Funded caseload capacity will be decreased. The decrease is based on site performance and ability to serve.

Technical assistance to LIAs; or

- There are not any changes from the FY16 formula application. TA is continuing to be provided to LIA’s as needed and per policy and procedures.

Project sustainability after the period of MIECHV funding ends, which sustains key methods and activities of the project.

- There are no changes in the area of project sustainability from the FY 16 Formula application. The key points provided in FY 16 Formula application remain the same.

ONLY if applicable, in this section:

If there are any changes in evidence-based model selection from what was provided in the FY 2016 formula application, explain the rationale and 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 Program Requirements); 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.

- Since the last award(s) issued in FY2015/FY2016, MIECHV was in the process of expanding Healthy Families Arizona by contracting with two off reservation (2) Local Implementing Agencies (LIA) to provide home visiting services to the Gila River Indian Community. The LIAs had difficulties with receiving referrals for recruitment and enrollment from the tribal community and technical assistance was provided. A meeting was held with program implementers at the local sites and with Gila River Health Care Health Administrators, First Things First, and Department of Child Safety to
decide how to move forward. The final decision was to expand Gila River Indian Community’s Parents as Teacher affiliated program and not expand Healthy Families. The Tribal Leaders express Parents as Teachers has a waiting list for their current funding and need to expand the services because community members are familiar and already invested in the program. During the initial community meeting to expand home visiting services, Parents as Teacher model was not available at that time.

*Do the Work Plan and Budget Update indicate use of a model that qualifies as a promising approach that was NOT reported in the FY 2016 formula application*

- There is not a promising approach funded with MIECHV formula funding.

*If the recipient has geographically-close ACF Tribal Home Visiting recipients, identify those entities that the recipient proposes to collaborate with to enhance implementation and delivery of evidence-based home visiting services to American Indian and Alaska Native families.*

- Native Health, a designated Urban Indian Center and designated qualified health center, located in Phoenix, Arizona, and Navajo Nation, based in Window Rock, Arizona are the ACF Tribal Home Visiting recipient. Navajo Nation receives ACF Tribal funding for home visiting services for New Mexico and AZ-MIECHV provides funds for Arizona participants. Collaboration currently includes participating on the Strong Families Arizona Alliance and many home visitors implementing services through Native Health are registered on the Strong Families Arizona Home Visitor Portal that provides information on upcoming professional development, news articles, and resources.

A representative from Native Health will also be invited to participate on the IALT during meetings to provide updates on home visiting and identify additional opportunities for collaboration.

*If the recipient anticipates any new contracts with LIAs, describe them. Insert any documentation of agreements with LIAs new to the project in Attachment 8.*

- There are not any new contracts or anticipated new contracts with LIAs.

*If there are any changes from the logic model submitted with the FY 2016 formula application, recipients must submit a logic model for the FY 2017 project period as Attachment 1. If there are no changes to the logic model, include a sentence that states so.*

- Logic model has been modified to show the changes in the goals and objectives and is in the attachments as Attachment 1.

**Work Plan**

- See Attachment 2: Work Plan Timeline
- See Attachment 3: At Risk Communities
- See Attachment 4: Caseload of Family Slots
- See Attachment 5: Local Implementing Agencies

**ONLY if applicable,** in this section:

*If the recipient anticipates a reduction in services from the level currently provided based on available funding within the FY 2017 period of availability, describe how the recipient will reduce services while minimizing disruption to currently served families.*

- There will be an average of a 16.5% reduction in services. Reductions will be based on individual site performance currently and historically.

- Reduction is a result of slightly decreased funds and utilizing the funds to cover 15 months and 24 months of service
for selected programs to ensure funds are allocated for all time points in the period of availability. In previous years, selected programs were funded at 12 months or 24 months.

- In extending the budget to cover services for 15 months or 24 months it also alleviates timeline constraints that arise with the procurement process.

- To minimize disruption to currently served families, reduction in services will happen naturally with attrition over the first quarter of the new fiscal year. Additionally, some sites are not currently at capacity and the reduction will bring the site capacity to their currently served number of families. These sites will not enroll any more families and therefore will not be disrupting any currently served families.

Provide an update to the data collection activities used to support annual and quarterly performance reporting.

The transition to updated performance measures starting October 1, 2016 was very successful. MIECHV evaluation and ETO team resources in fall and early winter 2016 were allocated to updating data collection in ETO, training LIAs in updated data reporting and updating reporting in ETO based on performance measure changes. Performance measure updates were successfully made in ETO and FFY 2016 data reporting, training for FFY 2017 data submission and revisions in ETO for FFY 2017 were all accomplished in the same time period without loss of data. Existing ETO reports (e.g. breastfeeding initiation and duration CQI report and caseload and enrollment report) were updated in accord with new performance measure data. ETO functioned as data source for DGIS reporting for FFY 2016. CQI team utilized Breastfeeding CQI report in ongoing CQI efforts. PAT LIAs were supplied with a File Maker data system to collect and report on their MIECHV data. Johns Hopkins University Center for American Indian Health oversees the data collection for Family Spirit.

With the unexpected transition of the MIECHV evaluation team from the MIECHV team, all remaining resources on the ETO team were allocated to assuring that NFP and HFAz data collection for FFY 2017 reporting was in place and generation of automated form 1 and 2 reporting continued with Social Solutions. In the beginning of April, ETO automated data quality assurance reports for HFAz were launched and roles in supporting data quality were clarified for ADHS and DCS. Form 1 and 2 were automated in ETO for HFAz and NFP. Support for data entry into ETO for HFAz and NFP was provided by the ETO Helpdesk contactor. Questions about data collection are supported by the MIECHV program director, manager and ETO consultant.

The former MIECHV evaluator created a FileMaker data system for the three PAT sites that began serving families in FFY 2017. The MIECHV team and two of the three PAT sites do not currently have access to the File Maker system and or the data entered to this point. The Native American Community Coordinator is working to identify short-term solutions to support tribes File Maker Data System. Hualapai Tribe is currently unable to access due to server maintenance. The customer service team at File Maker is unable to provide customer support as our previous evaluator, Wellington, is the host of the server and they’re the only team that can help assist the tribes with issues related to the data system. ADHS is working towards next steps to purchasing a license for File Maker and having each Tribe request for their files from Wellington Consulting Group to be transfer onto the new database. Long-term solution in quarter three (3) is to have new evaluator contractor build PAT into the ETO system and no longer use File Maker.

The White Mountain Apache tribe provides the Family Spirit home visiting program. Johns Hopkins University oversees the data collection for Family Spirit and monitors quality control. Currently, staff from Johns Hopkins University provides the data for HV Forms 1 and 2 to the state-contracted MIECHV evaluator on an annual basis. MIECHV will work with Johns Hopkins University and the White Mountain Apache tribe to update the data collection and reporting processes to align with the quarterly reports and performance measures. The state-contracted MIECHV evaluator provides information such as HRSA-released FAQ documents to the evaluation contact at Johns Hopkins University to ensure that the Family Spirit data aligns with federal definitions and expectations.

Describe the successes and challenges encountered during implementation of the Performance Measurement Plan. Include discussion regarding the frequency and quality of data received from LIAs or other state or territory systems used to procure performance data. Describe steps taken to overcome challenges.
The transition to updated performance measures starting October 1, 2016 was very successful. MIECHV evaluation and ETO team resources in fall and early winter 2016 were allocated to updating data collection in ETO, training LIAs in updated data reporting and updating reporting in ETO based on performance measure changes. Performance measure updates were successfully made in ETO and FFY 2016 data reporting, training for FFY 2017 data submission and revisions in ETO for FFY 2017 were all accomplished in the same time period without loss of data. Existing ETO reports (e.g. breastfeeding initiation and duration CQI report and caseload and enrollment report) were updated per new performance measure data. ETO functioned as data source for DGIS reporting for FFY 2016. CQI team utilized Breastfeeding CQI report in ongoing CQI efforts. PAT LIAs were supplied with a File Maker data system to collect and report on their data.

In late December, the MIECHV evaluation team unexpectedly transitioned from the MIECHV team and transition materials, including all MIECHV data collection forms, training materials and performance measure calculations were not received until mid-March 2017. Additionally, in late March, the MIECHV epidemiologist transitioned out of the MIECHV team. The only remaining resource for CQI and ETO was a .5 FTE contractor who was familiar with HFAz and NFP performance reporting and the HFAz ETO system. In spring 2017, all remaining resources on the ETO team were allocated to assuring that NFP and HFAz data collection for FFY 2017 reporting continued and generation of automated form 1 and 2 reporting continued with Social Solutions. In the beginning of April, ETO automated data quality assurance reports for HFAz were launched and roles in supporting data quality were clarified for ADHS and DCS.

Even with the automated audit reports for HFAz, there are substantial data quality and completeness challenges with the HFAz data for performance measurement. It is not anticipated that additional automated audit reports can be generated until a new evaluation contractor is hired and transitioned. It has been agreed with Social Solutions that as they work to generate forms 1 and 2 in ETO, they will provide MIECHV team with updates on any obvious sources of data error that will impact performance measurement. Upon review of data collection in ETO, some data related to referral follow-ups for depression/mental health were found to be missing. LIAs had collected the data on assessment forms that had been correctly updated and LIAs were successful in back-entering those data into the ETO system for performance reporting.

In late spring 2017, there was a first examination of NSO updates in ETO that was anticipated for MIECHV performance measures. The AZ ETO system utilizes the ETO connect bridge. If NSO continues to utilize ETO and planned updates were made in ETO, Arizona should have all NFP data needed for performance measures.

The former MIECHV evaluator created a FileMaker data system for the three PAT sites that began serving families in FFY 2017. The MIECHV team and two of the three PAT sites do not have access to the File Maker system and or the data entered to this point. The Native American Community Coordinator is working to identify short-term solutions to support tribes File Maker Data System and planning to purchase a license for File Maker and having each Tribe request for their files from Wellington Consulting Group to be transfer onto the new database. Long-term solution in quarter three (3) is to have new evaluator contractor build PAT into the ETO system and no longer use File Maker.

Arizona continues to have ongoing communication with the White Mountain Apache regarding MIECHV data collection and data sharing. The ongoing communication with the tribe recognizes the cultural sensitivity associated with gathering and reporting data related to Benchmark 2 and Benchmark 4 performance measures. Additionally, the ADHS will work with Johns Hopkins University to ensure that data is shared quarterly to align with anticipated quarterly performance reporting requirements.

If the recipient has not proceeded beyond the planning phase outlined in the approved CQI plan, indicate what steps will be taken to support implementation of the plan. Describe steps taken and planned to overcome challenges.

Arizona is in full implementation of its CQI plan. In quarter 1 2016, new LIA reporting and processes for CQI were initiated per CQI plan and all LIAs began to undertake PDSA processes based on their local priorities in the areas of well child visit completion and breastfeeding duration. PAT sites were integrated into CQI team with representation
from all funded LIAs. Topics for local PDSAs include: **Breastfeeding**; Surveys of mothers who initiated breastfeeding to understand further why they stopped before 6 months; training, supervision support and resources for home visitors on the importance of breastfeeding to support their conversations with clients, including fathers/male family members; coordination with team or community IBCLCs to support home visitors’ breastfeeding discussion with clients and/or to refer clients; awarding breastfeeding certificates to clients who have breastfed for specified periods of time; reviewing and cleaning up team breastfeeding data and retraining on submission and utilization of data; clarification of Medicaid and WIC procedures and availability for breastpumps to support families; team review of data and client feedback on supports needed for specific groups such as teen mothers, mothers returning to work and mothers who have utilized substances that could preclude breastfeeding. **Well-child visits:** Reviewing and cleaning up team well-child visit data and retraining on submission and utilization of data; presentation of growth chart to parents during home visits to support immunization and well child visit discussions. **Other Topics:** lead screening training for home visitation staff to support parents to obtain lead screenings; review of Medicaid and Indian Health Services policies to support clients in optimal insurance choices; and improving referrals to community resources.

Provide assurance that the recipient will submit an updated CQI plan to HRSA on an annual basis, next slated for August 2017. This plan must describe CQI practices for the home visiting program at the recipient and LIA levels.

- An updated CQI plan will be submitted annually. The next update will be in August 2017

**ONLY if applicable,** in this section:
*If the recipient proposes to conduct and/or continue a state-led evaluation from a previous project period into the FY 2017 project period with new funds, including an evaluation of a promising approach, briefly:*

- Arizona is not proposing to continue the state led evaluation from the previous project period. The current evaluation is scheduled to close on September 30, 2017.

**Staffing Changes**

- FY 17 Staffing plan is attached as Attachment 12 and includes key staff, roles, responsibilities, capacity, biographies and percent of effort that will be spent on MIECHV award. We are not currently experiencing any difficulties hiring or retaining staff. We project that Arizona MIECHV program will be fully staffed by 10/1/2017.
- See Attachment 7: Updated Organizational Chart
- See Attachment 7.1: Resume for New Key Staffing Positions.

Describe administrative costs and provide the estimated percentage (at no more than 10 percent) of the FY 2017 MIECHV formula grant award that the recipient plans to use to support those activities.

- Administrative costs include salaries and wages, travel, supplies, and fringe benefits for all personnel at ADHS at outlined in the budget narrative attachment. The total administrative costs requested are $965,316 or 8.89% of the total requested amount.

Describe recipient-level infrastructure costs to enable recipients to deliver home visiting services, including but not limited to administrative costs, and provide the estimated percentage (at no more than 25 percent) of the FY 2017 MIECHV formula grant award the recipient plans to use to support those activities.

- Infrastructure costs include professional and outside services related to business planning, CQI, Data Management, Professional Development, Evaluation and meeting planning services. The total infrastructure costs requested are $823,344 or 7.59% of the total requested amount.

- The total of administrative and infrastructure costs total a percentage of 16.48% and does not exceed the 25% limitation.