



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Arizona Early Childhood Development and Health Board La Paz/Mohave Regional Partnership Council

#### Meeting Minutes

##### **Call to Order/Welcome/Introduction of Guests**

The regular meeting of the La Paz/Mohave Regional Partnership Council was held on May 22, 2014, at 9:30 a.m. at the Mohave County Administration Building, Saguaro Room, 700 West Beale Street, Kingman, Arizona 86401.

Chair Mongeau called the meeting to order at 9:36 a.m. Council members, staff and guests introduced themselves.

##### Members Present

Alisa Burroughs, Riley Frei, Jose Garcia, Terri Holloway, Betsy Lewis, Nancy Mongeau, Catie Sondrol, Debra Weger and Howard Weiske

##### Members Absent

Lenore Knudtson and Vijette Saari

##### **Presentation**

Senior Director Gary Arnold presented certificates of service to Members Weiske and Weger, and Vice Chair Frei.

##### **Call to the Public**

There were no responses to call to the public.

##### **Approval of Meeting Minutes**

Regional Director Merritt Beckett directed staff to correct the reference to Chair Mongeau serving as a member of a program committee, not a finance committee as indicated on page two. Member Weiske made a motion to approve the April 24, 2014 meeting minutes as corrected. Member Holloway seconded the motion. Motion carried unanimously.

##### **Presentation on the Mohave County Department of Public Health**

Christy Bronston, BSN, RN, Nursing Services Manager for Mohave County Public Health Department, discussed their Maternal Child Health program. The program includes Women Infants & Children/Nutrition, Environmental Health, Bioterrorism/Emergency Response, Health Administration and Public Health Nursing. She provided history and an overview of each program, highlighting the services provided and target populations for each. All conduct screenings, then refer to providers as needed. In the past, both Mohave and La Paz counties received services, but reduced funding eliminated many of those in La Paz County. However, childhood immunizations are provided in the Arizona Strip area regardless of which state the child lives in. Ms. Bronston attributes increases in numbers served to improved awareness and collaboration due to coordination efforts of the Maternal Infant Early Childhood Home Visitation (MIECHV) program and the community coalition. There was discussion about the alleged link between vaccines and autism, and the effect of the Affordable Care Act (ACA) on free vaccines. Ms. Bronston noted the cost for one child's vaccines is approximately \$2,200, while the cost to investigate a single case of measles is \$440,000.

Deborah Conter, MS, Nutrition Manager discussed Women Infants & Children (WIC), which is a federally funded nutrition program. Currently they provide food, nutrition education and referrals to 3,500 participants whose eligibility is based on income. Staff uses motivational interviewing to determine which services are needed. Senior Director Arnold suggested connecting with our grantees who conduct home visits to promote the program. A Health in Arizona Policy Initiative (HAPI) grant enables them to work with special needs children, and recently led to the formation of the Special Needs Advocacy Coalition (SNAC). Director Beckett advised

the council that the Public Health Department is the first of a series of presenters we will see to discuss services in the region, with the intent of aiding strategic planning.

#### **Summary and Discussion of May 2014 First Things First Leadership Forum Topics**

Chair Mongeau and Senior Director Arnold attended the forum, and the main topic was the fiscal policy recommendations. There was extensive discussion at the forum, which is summarized in Handout 1. Many concerns arose, as did many suggestions. Some of the concerns were public perception of programs in the community; regional partnership councils' aversion to board guidance or mandates; special issues for tribal regions; the high cost of Quality First, which prevents funding in other areas; and the role of the state general fund. Chair Mongeau requested members review the handout and email suggestions to Director Beckett. Please keep in mind that the State Board's decision will have a big impact on our region. Chief Regional Officer Michelle Katona discussed the evolution of Quality First, and noted that recommendations would not go to the State Board until July. She provided the cost figures for the Quality First program statewide, explaining the scholarships are the biggest expense. All regional partnership councils are facing a 30% reduction in funding, but Senior Director Arnold noted that would allow stable funding for seven to fifteen years. The council discussed ideas for public/private partnerships, and requested staff guidance on possible ramifications. Chair Mongeau emphasized the importance of members sharing ideas with Director Beckett not later than June 16 so these can be compiled and taken back to the program committee for presentation to the State Board for consideration.

#### **Update on Best for Babies Court Team Training in La Paz County**

Member Weiske provided a summary of the Best for Babies training in Parker, and noted this training is now offered in all fifteen counties in Arizona. It covered the essentials of early development, and examined court system involvement. This training was attended by Superior Court judges, Child Protective Services representatives, and Court Appointed Special Advocates (CASAs), among others. Member Weiske encouraged everyone to try to attend one of these trainings.

Member Weiske also attended the Dependency Attorney Training recently, along with several Superior Court and Tribal Court judges. The Tribal Court judges facilitated a discussion about the Indian Child Welfare Act, which addresses the effort to keep Native American foster children with their own tribes.

#### **Possible Approval of SFY 2015 Implementation Plan for Community Outreach and Awareness**

Community Outreach Coordinator Erin Taylor noted the addition of engagement to the plan she presented last month to align it with statewide benchmarks. The goal is to move people beyond awareness and get them to take action. Member Weiske made a motion to approve the SFY 2015 implementation plan. Member Sondrol seconded the motion. Motion carried unanimously.

Coordinator Taylor also shared that at the recent coordination meeting, there were three success stories from Arizona's Children Association Parents As Teachers program and one from Head Start. Future outreach reports will include success stories and engagement efforts to keep the council informed.

Coordinator Taylor also shared that Judge Weiss of the Mohave County Superior Court was chosen as one of three prominent individuals who will appear in a statewide First Things First media campaign.

The Kingman Regional Medical Center Kids' Fair is Saturday, May 31 from 10:00 a.m. – 2:00 p.m. in Kingman. Coordinator Taylor and Member Holloway will be attending and the event will include free car seat checks and free car seats. This event typically draws upwards of 900 attendees.

#### **Regional Director's Report**

Director Beckett reviewed the SFY 2014 financial report, and noted there are no concerns.

Director Beckett provided an update on the 2014 Regional Needs and Assets Report, advising she has received the first draft, which will be presented for council review at the June meeting. The vendor – University of Arizona – will be on the phone to answer questions during that meeting, and will attend the July meeting in Parker. Director Beckett stated the information from key informant interviews will be very helpful for strategic planning and has not been available in the region previously. There was an 85% response rate to the child care census, which is exceptional.

Director Beckett reminded everyone to save the date, as the First Things First Early Childhood Summit is August 18-19 in Phoenix.

Director Beckett shared an update on scholarships and noted that we have received feedback from grantees regarding the difficulty families are experiencing when completing the scholarship applications. Ginger Sandweg, Senior Director for Early Learning has reviewed the process with the administrative home, Valley of the Sun United Way, and they are significantly revising the application to make it easier for families. Member Burroughs requested the application be provided in Spanish as well, and Senior Director Arnold will make that request.

Director Beckett reported that scholarship grant award letters for fiscal year 2015 went out last week, and amounts remained the same for all but two local providers. Topock and Bouse scholarships were reduced based on review of prior utilization because the schools were unable to use all the slots they were previously awarded. Those slots will be redistributed in SFY 2015 and both programs are aware the change is coming.

Director Beckett advised the current startup/expansion agreements in Quartzsite and Salome are scheduled to end on June 30; however, those sites have not been Quality First rated yet, which is necessary in order for them to be eligible to receive scholarships. The council will be presented with options to extend the contract at the next meeting, but may have to move funds among line items in the budget. Director Beckett will consult staff and bring a recommendation to the June council meeting.

Director Beckett reminded the council that the election of officers for fiscal year 2015 will also be at the June meeting.

**Next Regular Meeting**

The next meeting of the La Paz/Mohave Regional Partnership Council will be at 9:30 a.m. on Thursday, June 26 at the Littlefield Unified School District located at 3490 East Rio Virgin Road, Beaver Dam, Arizona 86432.

**Adjourn**

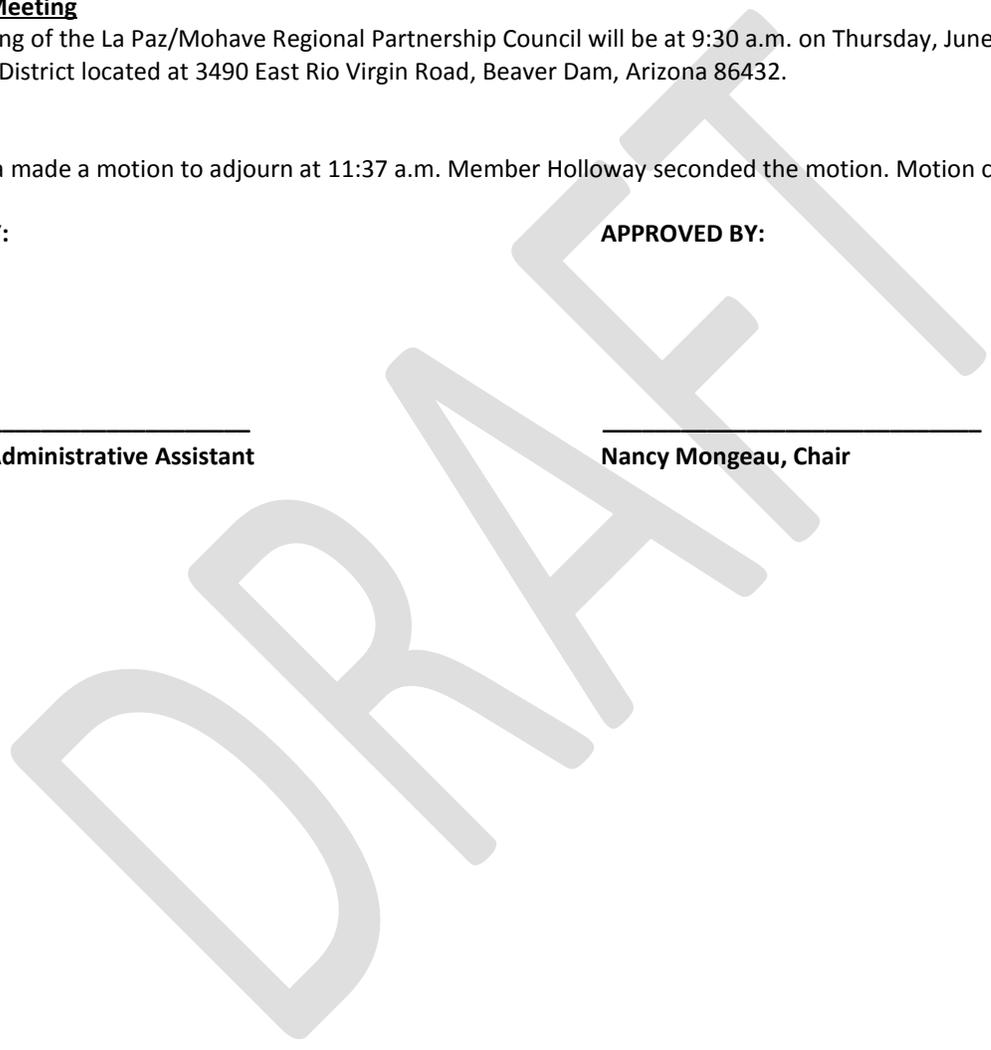
Member Garcia made a motion to adjourn at 11:37 a.m. Member Holloway seconded the motion. Motion carried unanimously.

**SUBMITTED BY:**

**APPROVED BY:**

\_\_\_\_\_  
**Sandy Smith, Administrative Assistant**

\_\_\_\_\_  
**Nancy Mongeau, Chair**



# La Paz/Mohave Regional Partnership Council

2014

## Needs and Assets Report

### **SECOND DRAFT**

Prepared by the  
Norton School of Family and Consumer Sciences  
College of Agricultural and Life Sciences  
The University of Arizona

Funded by  
First Things First La Paz/Mohave Regional Partnership Council

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**Please note:** This revised draft includes most of the data and information that we hope to include in the full 2014 Regional Needs and Assets report. In addition to data that we have received from the FTF Research and Evaluation Office, and data the UA Norton School has gathered, text has been added to this revised version. While additional data analysis and interpretation will continue in the coming months, a large portion of text is included in this revised draft. Sections of the report that do not currently contain text, but will before the report is finalized include;

- 1) Message from the Chair (responsibility of the Regional Director)
- 2) Introductory Summary & Acknowledgments (responsibility of the Regional Director)
- 3) Executive Summary
- 4) Summary & Conclusions
- 5) Appendices

In addition, some data are still pending, e.g., foreclosure data, and will be included at a later point. When additional data or text will be added at a later time, a placeholder has been added to the text. The UA Norton School team will work with Regional Director and Council to gain feedback on this revised draft version, and include this feedback, when feasible, into a final report draft in the coming months.

The UA Norton School is committed to producing an informative and useful report that adheres to the guidelines provided to us by First Things First. If you have any questions, please feel free to contact DeeDee Avery (davery@email.arizona.edu) or any member of the UA Norton School team.

**Chair**

Riley Frei

**Vice Chair**

Nancy Mongeau

**Members**

Alisa Burroughs

Jose Garcia

Terri Hollaway

Lenore Knudtson

Betsy Lewis

Vijette Saari

Catie Sondrol

Debra Weger

Howard Weiske

Message from the Chair

*[Placeholder]*

## **Introductory Summary and Acknowledgments**

### **First Things First La Paz/Mohave Regional Partnership Council**

*[Placeholder]*

#### **Acknowledgments**

*[Placeholder]*

## First Things First La Paz/Mohave Regional Partnership Council

### **Regional Council Members**

Riley Frei, Chair

Nancy Mongeau, Vice Chair

Alisa Burroughs

Jose Garcia

Terri Hollaway

Lenore Knudtson

Betsy Lewis

Vijette Saari

Catie Sondrol

Debra Weger

Howard Weiske

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## **Executive Summary**

*[Placeholder]*

## Who are the families and children living in the La Paz/Mohave Region?

### The La Paz/Mohave Region

First Things First guidelines were used to establish the La Paz/Mohave Region, which consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Tribe reservation. The region covers nearly 17,000 square miles, with its northern end separated from the rest by the Grand Canyon. The communities of the region are diverse in population density and in demographics and are often isolated by large areas of unpopulated land. People and services are concentrated in larger places in the region such as Bullhead City, Kingman and Lake Havasu City in Mohave County and Parker in La Paz County.

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Fort Mojave Indian Tribe chose to participate as part of the La Paz/Mohave Region.

In an approval letter dated January, 17 2014, the Fort Mojave Indian Tribal Council approved the La Paz/Mohave Regional Partnership Council data collection effort of non-identifying data for the region's Needs and Assets Report. Publically available data on the Fort Mojave Indian Tribe, as well as data requested from tribal agencies, have been included throughout the various sections of this report.

### Regional Boundaries and Report Data

First Things First Regional boundaries were first established in 2007 according to the following guidelines:

- They should reflect the view of families in terms of where they access services
- They should coincide with existing boundaries or service areas of organizations providing early childhood services
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council
- They allow for the collection of demographic and indicator data.

These guidelines were used to establish the La Paz/Mohave Region. A detailed description of the La Paz/Mohave Region including zip codes and communities encompassed in its 10 geographical areas is provided in a subsequent section.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data requested from

regional agencies specifically for this report, and interviews with key informants in the region. In most of the tables in this report, the top row of data corresponds to the total La Paz/Mohave Region. The next ten rows present the data for the ten geographical zip code areas in the region. At the bottom of each table will be a row for Fort Mojave Indian Tribe data, La Paz and Mohave County data and a row for the state of Arizona data. In a few tables in this report, we will not be able to present data for the La Paz/Mohave Region or for the individual zip code areas. In these tables, data for La Paz and Mohave County will be used instead. For these tables, the data is not available at the zip code level.

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

*-First Things First—Data Dissemination and Suppression Guidelines for Publications*

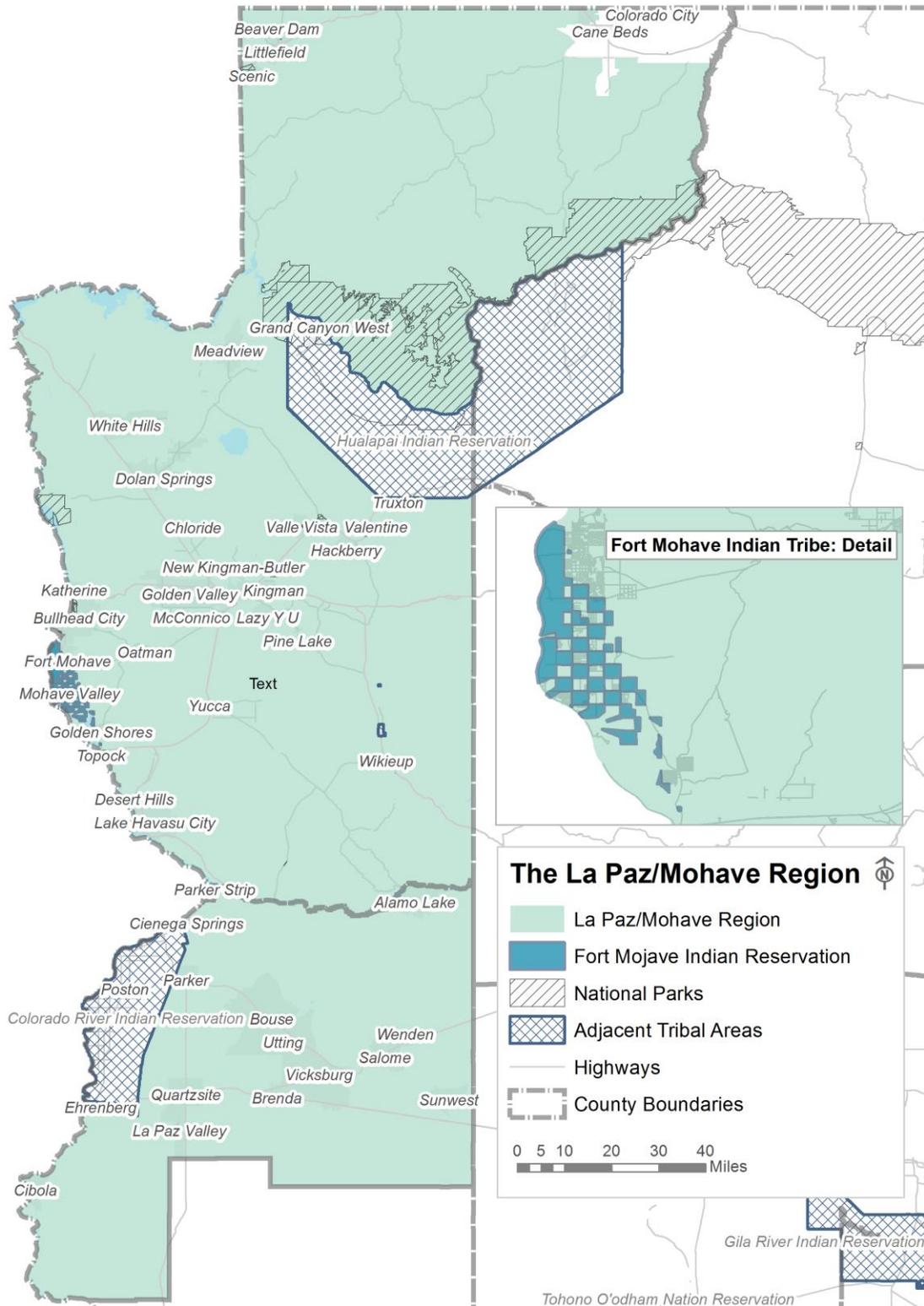
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

## General Population Trends

Figure 1 below shows the geographical area covered by the La Paz/Mohave Region in green, including a detailed inset of the Fort Mohave Indian Tribe.

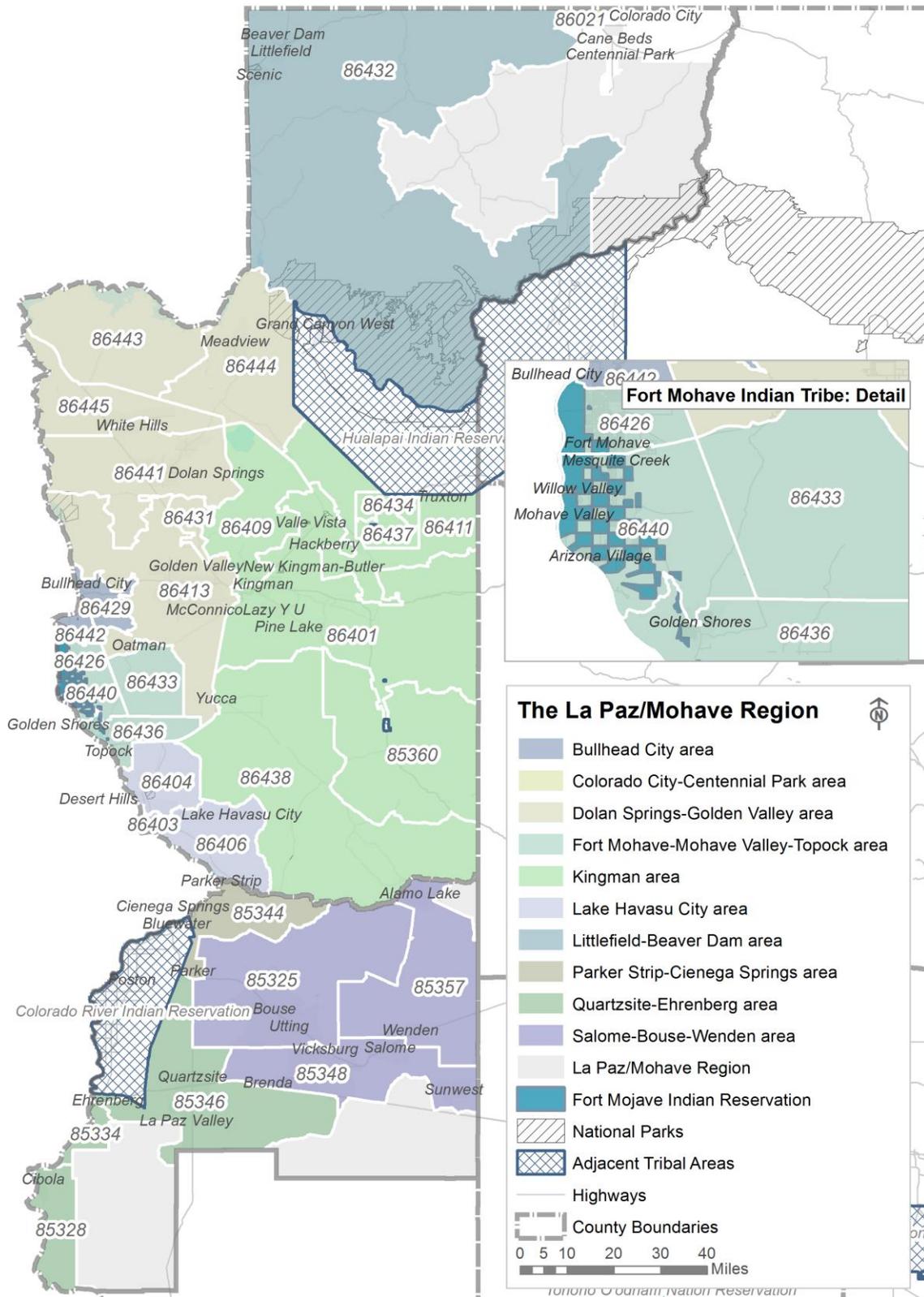
**Figure 1: The La Paz/Mohave Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

Figure 2 shows the La Paz/Mohave Region by zip code.

**Figure 2: The La Paz/Mohave Region, by zip code**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

## **The Ten Areas of the La Paz/Mohave Region**

Because community-level information in rural areas is sparse, the La Paz/Mohave Regional Partnership Council sought additional detailed data gathering, analysis and reporting at the community level in order to provide a more complete picture of the region. For the 2014 report, subdivisions of the region were designated to include all communities in the region. This resulted in 10 areas, for which data will be presented, when possible, throughout the report. Seven of these areas cover Mohave County and the other three cover La Paz County. The number of areas in the 2014 report is fewer than in the 2012 report in part to address First Things First suppression guidelines which will be stringently applied in the 2014 report. By combining smaller communities, the likelihood of data suppression is reduced. However, unlike the 2012 report, all zip codes in the region are included in the geographical areas in the 2014 report. In addition, the Fort Mojave Indian Tribe forms the eleventh community that will be presented in tables in the report. Table 1 provides a list of the communities (cities, towns and Census Designated Places) and the ZCTAs associated with each of the 10 geographic areas identified for focus in this report, and the following section provides a brief description of each.

North of the Grand Canyon are the **Littlefield-Beaver Dam** area (86432) and the **Colorado City-Centennial Park** area (86021). Most of the population of the Littlefield-Beaver Dam area live along the I-15 highway, in the unincorporated places of Littlefield, Beaver Dam, or Scenic. All of the population of the Colorado City-Centennial Park area live in either the town of Colorado City on the Utah border, or in Centennial Park, an unincorporated place just to the south.

The **Dolan Springs-Golden Valley** area lies to the south of the Grand Canyon. This area is defined as a group of six zip codes: 86413 (Golden Valley, So-Hi, and Walnut Creek), 86431 (Chloride), 86441 (Dolan Springs), 86443 (Temple Bar), 86444 (Meadview), and 86445 (White Hills).

The **Kingman** area is one of the more populated areas of the region. It includes the city of Kingman and several smaller unincorporated places: Valle Vista, Pinion Pines, Clacks Canyon, Pine Lake, Truxton, Wikieup, Yucca, Antares, Hackberry, McConnico, and Crozier. There are seven zip codes in the Kingman area (85360, 86401, 86409, 86411, 86434, 86437, and 86438). Note that most but not all of the 86434 zip code lies in the Hualapai Reservation; the part which is not tribal land (including Truxton and Crozier) is assigned to the La Paz/Mohave Region.

The **Bullhead City** area includes two zip codes (86429 and 86442). It includes the unincorporated place of Katherine as well as the city of Bullhead City.

The **Fort Mohave-Mohave Valley-Topock** area lies along the Colorado River south of Bullhead City and north of Lake Havasu City. It includes four zip codes: 86426 (Fort Mohave), 86440 (Willow Valley, Arizona Village, Mesquite Creek, and Mojave Ranch Estates), 86436 (Topock and Golden Shores), and 86433 (Oatman). The Fort Mojave Indian Reservation is also in this area.

In the southwestern corner of Mohave County is the **Lake Havasu City** area (86403, 86404, and 86406). In addition to the incorporated city of Lake Havasu City, there are the unincorporated places of Desert Hills and Crystal Beach.

In the northern part of La Paz County, along the Colorado River, is the **Parker Strip-Cienega Springs** area. This area is defined as the part of the 85344 zip code which is not in the Colorado River Indian Reservation. Parker Strip and Cienega Springs are both unincorporated places.

Farther south, the **Quartzsite-Ehrenberg** area includes three zip codes: 85328, 85334, and 85346. This area has one incorporated town (Quartzsite) and three unincorporated places (Ehrenberg, La Paz Valley, and Cibola).

The **Salome-Bouse-Wenden** area is in the eastern part of La Paz County. It includes several unincorporated places in three zip codes: 85325 (Bouse and Utting), 85348 (Salome, Brenda, Vicksburg, and Sun West), and 85357 (Wenden and Alamo Lake).

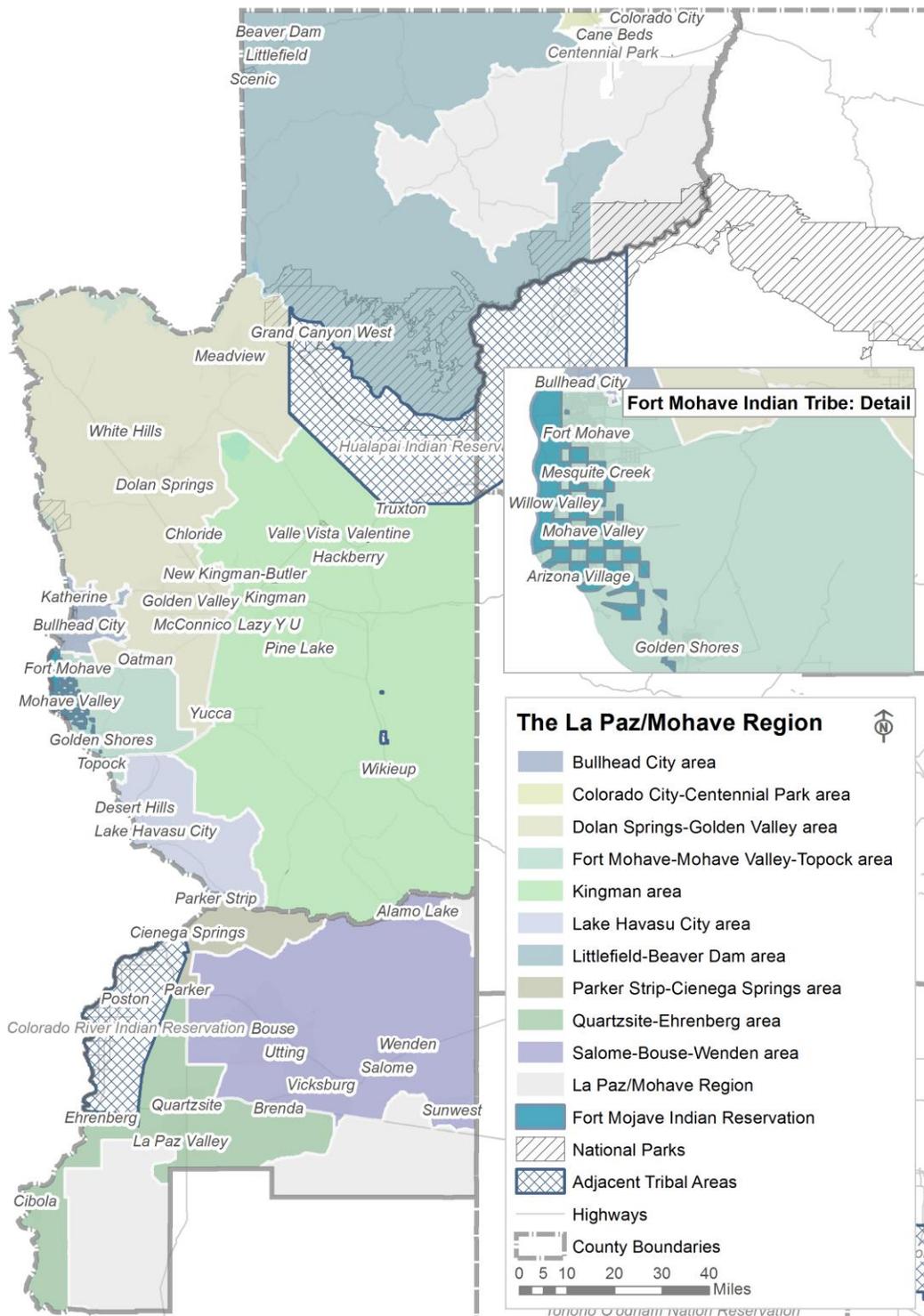
In addition to the zip codes mentioned above, there are eight non-geographical zip codes which have been assigned to the La Paz/Mohave Region (85359, 86402, 86412, 86405, 86427, 86430, 86439, and 86446). These zip codes are primarily used to deliver mail to post office boxes and will not appear in the maps or data tables in this report.

**Table 1: Definitions of the Ten La Paz/Mohave Region Communities**

COMMUNITY	ZIP CODE TABULATION AREAS (ZCTAs)	PLACES	
Bullhead City area	86429 86442	Bullhead City Katherine	
Colorado City-Centennial Park area	86021	Colorado City Centennial Park	
Dolan Springs-Golden Valley area	86413 86431 86441 86443 86444 86445	Chloride Dolan Springs Golden Valley Meadview	So-Hi Walnut Creek White Hills
Fort Mohave-Mohave Valley-Topock area	86426 86433 86436 86440	Arizona Village Fort Mohave Golden Shores Mesquite Creek Mohave Valley	Mojave Ranch Estates Oatman Topock Willow Valley
Kingman area	85360 86401 86409 86411 86434 86437 86438	Antares Clacks Canyon Crozier Hackberry Kingman Lazy Y U McConnico New Kingman- Butler	Pine Lake Pinion Pines Truxton Valentine Valle Vista Wikieup Yucca
Lake Havasu City area	86403 86404 86406	Crystal Beach Desert Hills Lake Havasu City	
Littlefield-Beaver Dam area	86432	Beaver Dam Littlefield Scenic	
Parker Strip-Cienega Springs area	85344	Cienega Springs Parker Strip	
Quartzsite-Ehrenberg area	85328 85334 85346	Cibola Ehrenberg La Paz Valley Quartzsite	
Salome-Bouse-Wenden area	85325 85348 85357	Alamo Lake Bouse Brenda Salome	Sunwest Utting Vicksburg Wenden

Figure 3 shows the 10 geographic areas, and the Fort Mojave Indian Tribe, which comprise the La Paz/Mohave Region.

**Figure 3: La Paz/ Mohave Region areas**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

### **Differences between the La Paz/Mohave Region and the Two Counties**

There are three parts of La Paz and Mohave Counties which are not part of the La Paz/Mohave Region.

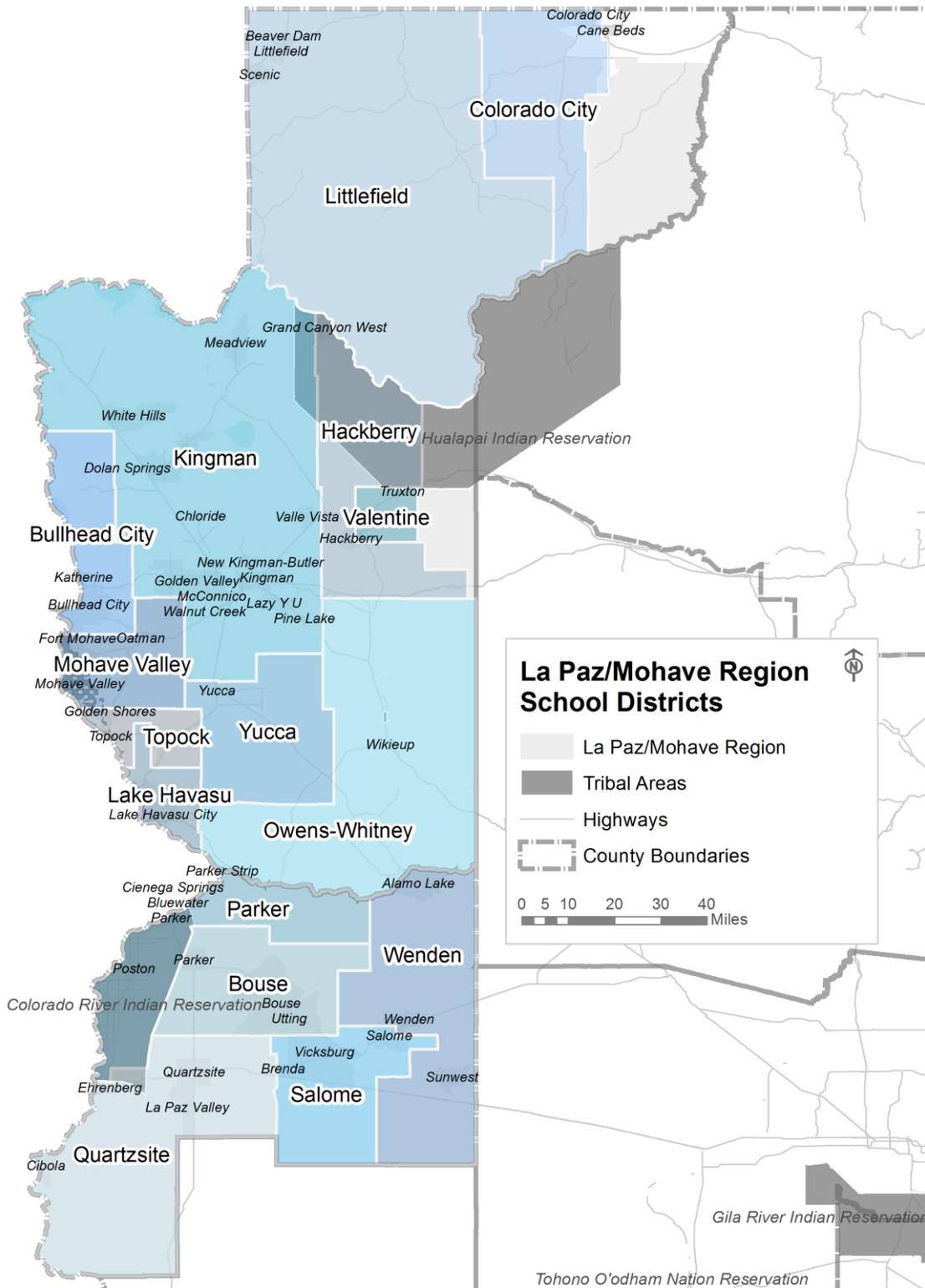
The Colorado River Indian Reservation is located in La Paz County as well as San Bernadino and Riverside Counties in California. The Arizona part of the reservation is its own First Things First region. Nearly half of the residents of the Arizona part of the reservation live in the town of Parker.

The Hualapai Reservation lies in Mohave and Coconino Counties. The Hualapai is also a First Things First region. In addition to the main part of the reservation, there are smaller tribal lands near Valentine and near Wikieup. The majority of the residents of the reservation live in Peach Springs.

To the east of Colorado City, the 86022 zip code lies partly in Mohave County and partly in Coconino County. It contains Cane Beds (in Mohave County) and Fredonia (in Coconino County), as well as the Kaibab Paiute reservation. This zip code is assigned to the Coconino Region.

Figure 4 shows the school districts that fall within the La Paz/Mohave Region. There are 16 school districts within the La Paz/Mohave Region.

**Figure 4: School districts in the La Paz/Mohave Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the La Paz/Mohave Region had a population of 211,436 in 2010, of whom 13,397 (6%) were children under the age of six. As seen below, Table 2 lists the 2010 populations for the region, the Fort Mojave Indian Tribe, La Paz and Mohave Counties, and the state. Also listed are the number of households (individual housing units) in the region and the number and percentage of those households in which at least one child under six resides.

**Table 2: Population and households by area in the La Paz/Mohave Region**

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
La Paz Mohave Region	211,436	13,397	88,772	9,129	10%
Bullhead City area	40,544	2,656	17,187	1,902	11%
Colorado City-Centennial Park area	6,085	1,441	782	529	68%
Dolan Springs-Golden Valley area	16,406	594	6,875	400	6%
Fort Mohave-Mohave Valley-Topock area	22,984	1,343	9,428	979	10%
Kingman area	52,264	3,597	21,343	2,544	12%
Lake Havasu City area	55,808	2,998	24,739	2,242	9%
Littlefield-Beaver Dam area	3,933	280	1,556	196	13%
Parker Strip-Cienega Springs area	2,489	86	1,304	69	5%
Quartzsite-Ehrenberg area	6,164	204	3,199	145	5%
Salome-Bouse-Wenden area	4,759	198	2,359	123	5%
Fort Mojave Indian Tribe (Arizona part)	1,004	89	370	63	17%
La Paz County	20,489	1,227	9,198	822	9%
Mohave County	200,186	13,218	82,539	8,981	11%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

*US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Both the La Paz/Mohave Region and La Paz and Mohave Counties have a smaller proportion of households with children birth through five years of age (10%, 9%, and 11% respectively) than the state as a whole (16%). As shown in the table above, the Colorado City-Centennial Park area has the highest percentage of households with children under six in the region (68%), followed by the Arizona part of the Fort Mojave Indian Tribe (17%). The Parker Strip-Cienega Springs area, the Quartzsite-Ehrenberg area, and the Salome-Bouse-Wenden area have the lowest percentage of children under six in the region, all having only five percent of households with those young children in them.

Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations have changed over time, the most accurate comparison of population change is at the county

and incorporated places level.<sup>1</sup> Table 3 shows changes in population between the 2000 Census and the 2010 Census. The total population of the La Paz/Mohave Region has grown substantially, with a 28 percent growth over that time period. The population of children under six in the region has also increased but to a lesser degree (+15%). Both La Paz and Mohave County have grown over the same period, but at much differing rates. La Paz County has only seen a four percent increase in total population and the population of young children has increased by five percent. By contrast, the total population of Mohave County has increased by 29 percent, with a 16 percent increase in the population of children under six over the 10 year period. Changes in population in individual communities within the region differ, with a high increase for the Littlefield-Beaver Dam area (+60% total population, +56% children 0-5), and a decrease in the Parker Strip-Cienega Springs area (-25% total population, -43% children 0-5) between 2000 and 2010.

**Table 3: Population changes from 2000 to 2010 in the number of children aged 0-5**

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
La Paz Mohave Region	165,429	211,436	28%	11,697	13,397	15%
Bullhead City area	33,961	40,544	19%	2,646	2,656	0%
Colorado City-Centennial Park area	4,135	6,085	32%	1,069	1,441	35%
Dolan Springs-Golden Valley area	11,252	16,406	46%	566	594	5%
Fort Mohave-Mohave Valley-Topock area	17,587	22,984	31%	1,190	1,343	13%
Kingman area	39,939	52,264	31%	3,016	3,597	19%
Lake Havasu City area	44,720	55,808	25%	2,556	2,998	17%
Littlefield-Beaver Dam area	1,588	3,933	60%	179	280	56%
Parker Strip-Cienega Springs area	3,315	2,489	-25%	150	86	-43%
Quartzsite-Ehrenberg area	5,439	6,164	13%	180	204	13%
Salome-Bouse-Wenden area	3,487	4,759	36%	145	198	37%
Fort Mojave Indian Tribe (Arizona part)	773	1,004	30%	87	89	2%
La Paz County	19,715	20,489	4%	1,173	1,227	5%
Mohave County	155,032	200,186	29%	11,369	13,218	16%
Arizona	5,130,632	6,392,017	25%	459,141	546,609	19%

Source: US Census (2010). Tables P1, P14; US Census, 2000, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Population projections for the state show a slight decrease in the population of children aged birth through five years by 2015, but then increases through the year 2025. In La Paz and Mohave Counties the population of young children is projected to also decrease through 2015,

<sup>1</sup> Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

then increase after that through the year 2025, although at a slower pace than the state (see Table 4).

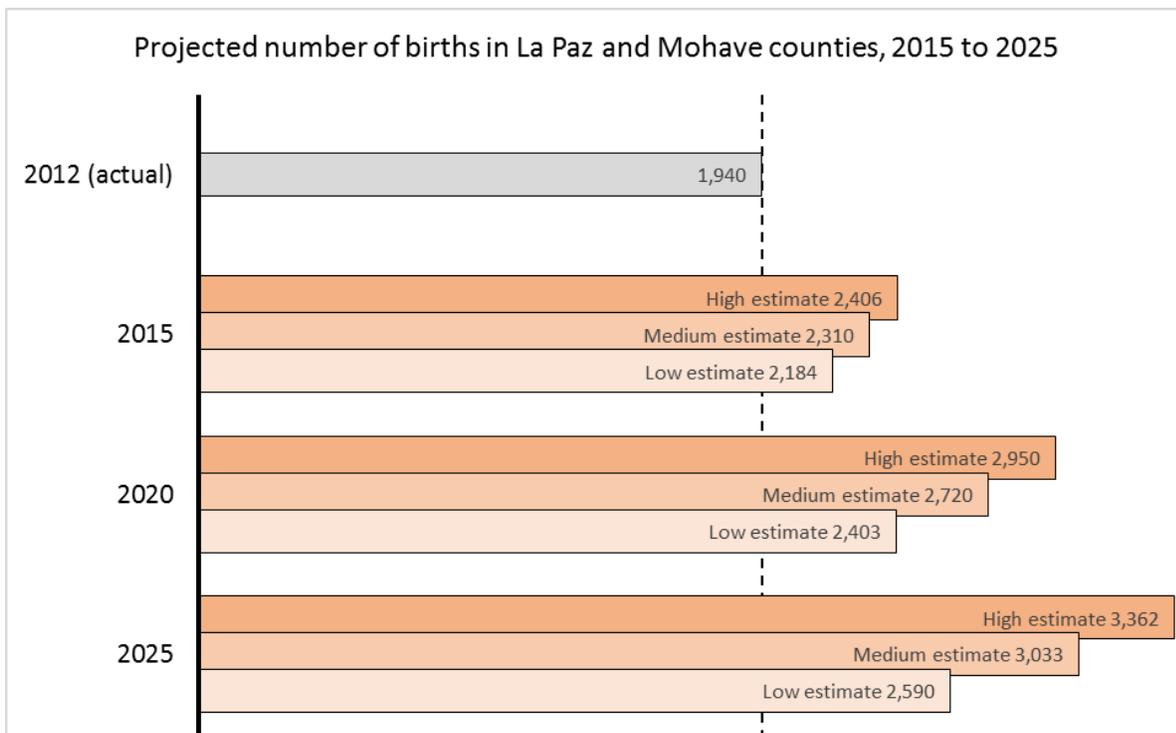
**Table 4: Population projections for La Paz and Mohave Counties and the state**

GEOGRAPHY	2010 CENSUS (AGES 0-5)	2015		2020		2025	
		POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
La Paz County	1,227	1,197	-2%	1,336	+9%	1,439	+17%
Mohave County	13,218	12,025	-9%	13,973	+6%	15,979	+21%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race-ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in Figure 5, even the low estimate for birth projection estimates shows an increase in births through 2025 in La Paz and Mohave Counties.

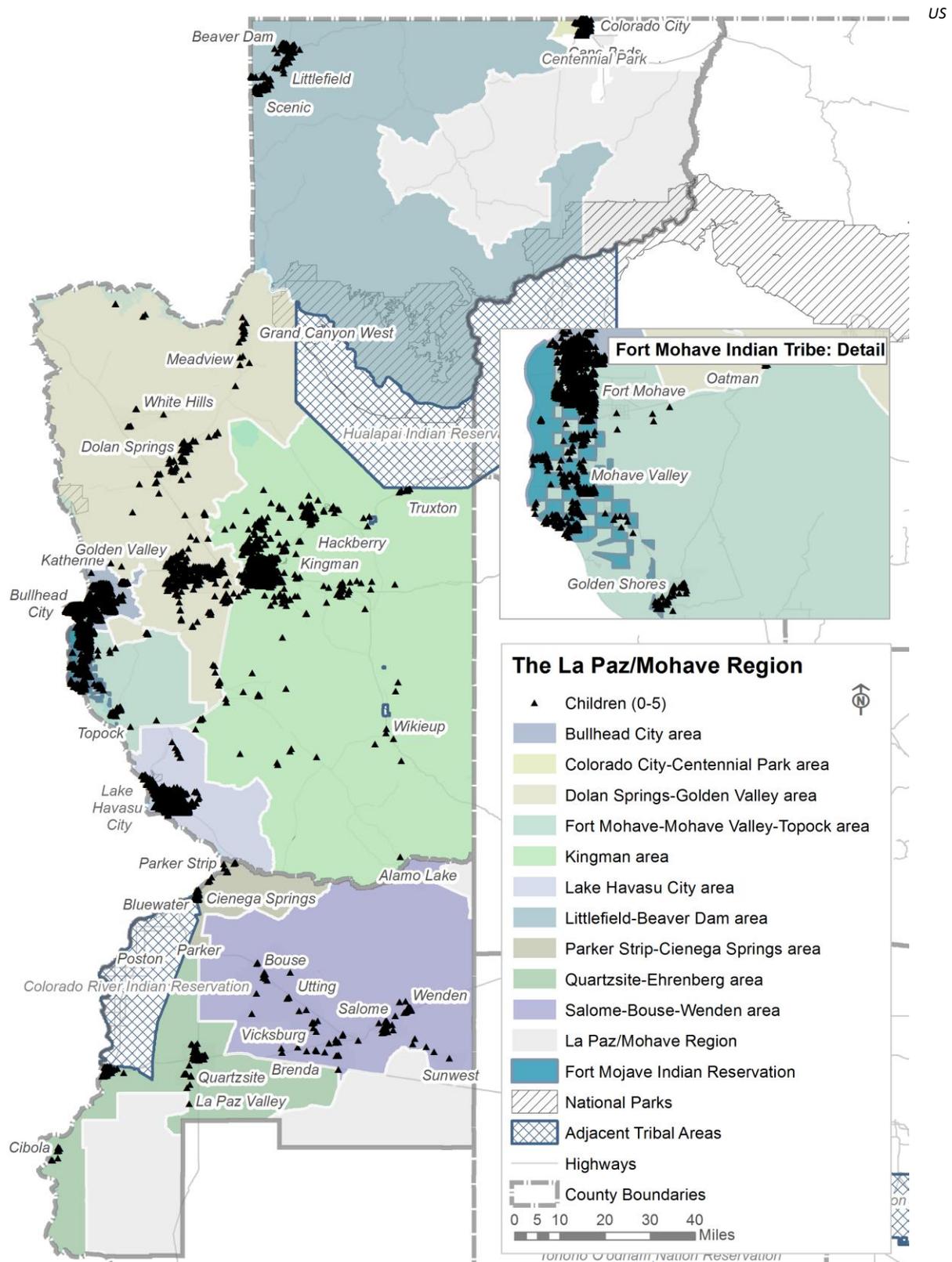
**Figure 5: Birth projections for La Paz and Mohave Counties and the state**



Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Figure 6 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. As can be seen in this map, the areas with the largest populations of young children are clustered around the population centers in Mohave County; Kingman, Bullhead City and Lake Havasu City.

**Figure 6: Geographic distribution of children under six according to the 2010 Census (by census block)**



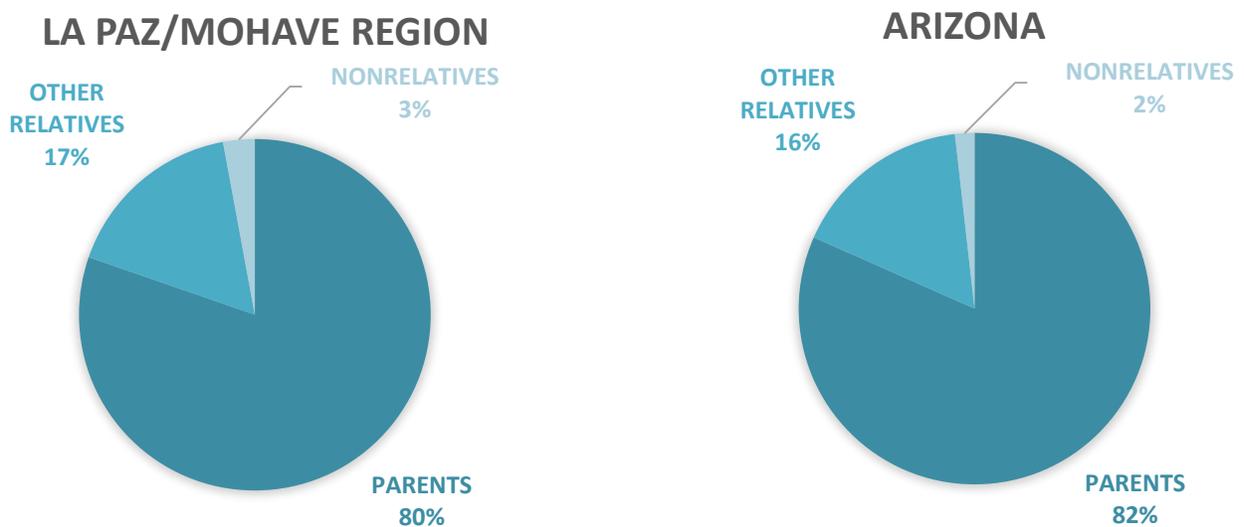
Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

## Additional Population Characteristics

### Household Composition

In the La Paz/Mohave Region, four-fifths (80%) of children birth to five years of age are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). The majority of the 20 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (2,277 children, 17%). This distribution is very similar to that of the state as a whole, where more children live with parents (82%) and fewer live with other relatives (16%).

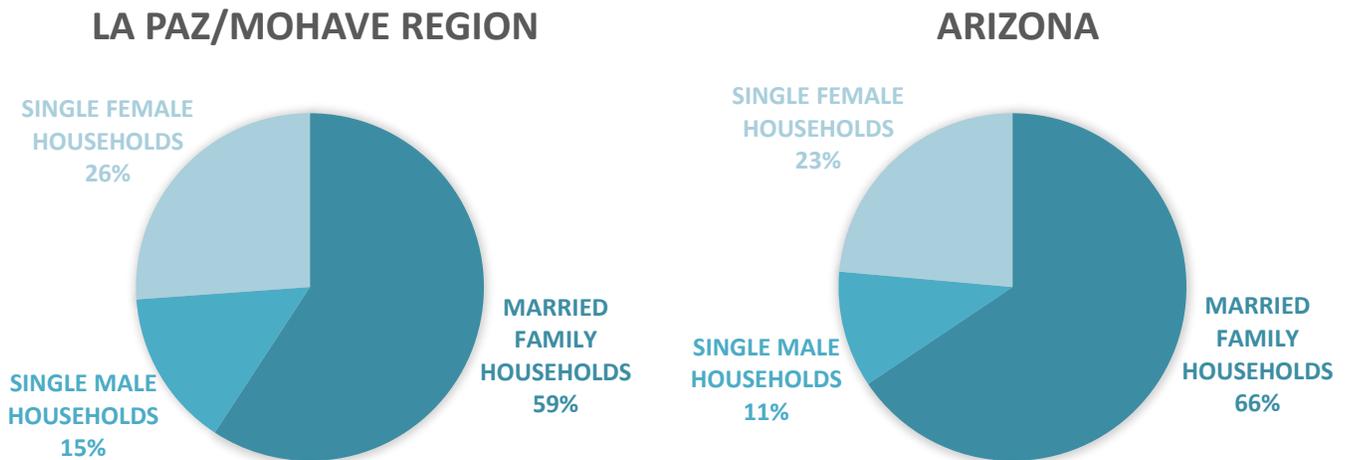
**Figure 7: Living arrangements for children (0-5)**



*US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Most young children in the region and the state are living in married family households (59% and 66% respectively). The La Paz/Mohave Region also has a similar distribution of children aged birth through five residing in single female households (26%) as the state (23%).

**Figure 8: Type of household with children (0-5)**



*US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.<sup>2</sup> In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent’s household (see Table 5 below). This percentage is the same in the La Paz Mohave Region and Mohave County, and slightly higher in La Paz County (16%). Six communities in the region have a higher percentage of young children living with grandparents than the state including the Dolan Springs-Golden Valley area (24%), the Parker Strip-Cienega Springs area (20%), the Fort Mohave-Mohave Valley-Topock area (19%), the Littlefield-Beaver Dam area (18%), the Bullhead City area (16%), and Quartzsite-Ehrenberg area (15%). The Colorado City-Centennial Park area has a very low percentage of young children living in a grandparents household (2%).

<sup>2</sup> More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

**Table 5: Number of children living in a grandparent's household**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
La Paz Mohave Region	13,397	1,900	14%	88,772	3,127	4%
Bullhead City area	2,656	437	16%	17,187	714	4%
Colorado City-Centennial Park area	1,441	36	2%	782	51	7%
Dolan Springs-Golden Valley area	594	142	24%	6,875	226	3%
Fort Mohave-Mohave Valley-Topock area	1,343	252	19%	9,428	431	5%
Kingman area	3,597	521	14%	21,343	846	4%
Lake Havasu City area	2,998	394	13%	24,739	685	3%
Littlefield-Beaver Dam area	280	51	18%	1,556	52	3%
Parker Strip-Cienega Springs area	86	17	20%	1,304	54	4%
Quartzsite-Ehrenberg area	204	30	15%	3,199	34	1%
Salome-Bouse-Wenden area	198	20	10%	2,359	34	1%
Fort Mojave Indian Tribe (Arizona part)	89	9	10%	370	15	4%
La Paz County	1,227	202	16%	9,198	270	3%
Mohave County	13,218	1,895	14%	82,539	3,062	4%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.<sup>3</sup> Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent’s death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.<sup>4</sup> Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Child Protective Services (CPS) placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent

<sup>3</sup> Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/granfamilies%20fact%20sheet%20pic%20background.pdf>.

<sup>4</sup> More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

must have an income below 200% of the Federal Poverty Level (FPL), and not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.<sup>5</sup> Those not in the CPS system might also be eligible for this stipend in the coming months if Arizona Senate Bill 1346 is passed.<sup>6</sup> In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.<sup>7</sup>

In addition to living with grandparents, a small portion of children in the region are living with at least one foreign born parent. In Arizona, just under one-third (29%) of children aged birth through five are living with at least one foreign born parent, while only 16 percent of young children in the La Paz/Mohave Region and 15 percent of young children in Mohave County are (see Table 6). La Paz County has the same percentage of children under the age of six living with a foreign-born parent as the state (29%). There is a good deal of variability across the region, with the Littlefield-Beaver Dam area and the Salome-Bouse-Wenden area with nearly two-thirds of children under age six living with at least one foreign born parent. Other communities show very few children living with foreign-born parents including the Dolan Springs-Golden Valley area, the Quartzsite-Ehrenberg area, and the Colorado City-Centennial Park area.

**Table 6: Children (0-5) living with one or two foreign-born parents**

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
La Paz Mohave Region	13,397	16%
Bullhead City area	2,656	23%
Colorado City-Centennial Park area	1,441	1%
Dolan Springs-Golden Valley area	594	0%
Fort Mohave-Mohave Valley-Topock area	1,343	27%
Kingman area	3,597	9%
Lake Havasu City area	2,998	16%
Littlefield-Beaver Dam area	280	63%
Parker Strip-Cienega Springs area	86	25%
Quartzsite-Ehrenberg area	204	0%
Salome-Bouse-Wenden area	198	61%
Fort Mojave Indian Tribe (Arizona part)	89	15%
La Paz County (entire)	1,227	29%
Mohave County (entire)	13,218	15%
Arizona	546,609	29%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

<sup>5</sup> Children’s Action Alliance, January 15, 2014 Legislative Update email.

<sup>6</sup> Children’s Action Alliance, February 21, 2014 Legislative Update email.

<sup>7</sup> <http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>;  
<http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

## Ethnicity and Race

A very large portion (84%) of the adult population living in the region identified as White, not-Hispanic and only 12 percent identified themselves as Hispanic (Census 2010, Table P11). The White, not-Hispanic population of adults in the region is higher than the White, not-Hispanic population of adults in Arizona overall (63%), and the population of Hispanic adults is lower than in Arizona overall (25%). The racial and ethnic breakdown of adults living in the region varies somewhat by community as can be seen in Table 7 below.

**Table 7: Race and ethnicity for adults**

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
La Paz Mohave Region	169,392	12%	84%	1%	1%	1%	1%
Bullhead City area	32,537	19%	76%	1%	1%	2%	1%
Colorado City-Centennial Park area	2,296	2%	98%	0%	0%	0%	0%
Dolan Springs-Golden Valley area	14,234	11%	83%	2%	1%	1%	2%
Fort Mohave-Mohave Valley-Topock area	18,468	13%	82%	1%	2%	1%	2%
Kingman area	40,990	9%	85%	1%	1%	1%	1%
Lake Havasu City area	45,962	9%	87%	1%	1%	1%	1%
Littlefield-Beaver Dam area	3,055	25%	74%	0%	1%	1%	1%
Parker Strip-Cienega Springs area	2,192	8%	88%	1%	1%	1%	1%
Quartzsite-Ehrenberg area	5,500	10%	87%	0%	1%	0%	1%
Salome-Bouse-Wenden area	4,158	13%	84%	0%	1%	0%	1%
Fort Mojave Indian Tribe (Arizona part)	729	21%	49%	0%	27%	1%	2%
La Paz County	16,811	18%	70%	1%	9%	0%	2%
Mohave County	158,921	12%	83%	1%	2%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Almost two-thirds (65%) of the population of children aged birth through four living in the region were identified as White, not-Hispanic, while 28 percent were identified as Hispanic. This is also different than Arizona as a whole. Less than half of Arizona’s population of children aged birth through four were reported to be White, non-Hispanic (40%), while another 45 percent were reported to be Hispanic. As can be seen by comparing Table 7 and Table 8, the population of young children in the region is more likely to be Hispanic, than the adult population. Table 8 also shows that the racial and ethnic breakdown of young children living in the region varies by area, with the Littlefield-Beaver Dam area (59%), the Salome-Bouse-Wenden area (57%), and

the Quartzsite-Ehrenberg area (53%) having the highest percentage of Hispanic children ages fifth through four years in the region.

**Table 8: Race and ethnicity for children ages 0-4 in the region<sup>8</sup>**

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
La Paz Mohave Region	11,160	28%	65%	1%	2%	1%
Bullhead City area	2,231	46%	47%	1%	2%	1%
Colorado City-Centennial Park area	1,178	1%	98%	0%	0%	0%
Dolan Springs-Golden Valley area	510	21%	71%	1%	3%	1%
Fort Mohave-Mohave Valley-Topock area	1,114	30%	59%	1%	7%	0%
Kingman area	2,999	21%	72%	1%	3%	1%
Lake Havasu City area	1,410	11%	88%	0%	0%	0%
Littlefield-Beaver Dam area	232	59%	36%	0%	1%	0%
Parker-Parker Strip-Cienega area	69	23%	71%	0%	7%	0%
Quartzsite-Ehrenberg area	176	53%	38%	2%	5%	0%
Salome-Bouse-Wenden area	167	57%	34%	3%	1%	0%
Fort Mojave Indian Tribe (Arizona part)	71	32%	6%	1%	63%	0%
La Paz County	1,028	50%	24%	1%	27%	0%
Mohave County	11,005	27%	65%	1%	4%	1%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

### Language Use and Proficiency

As can be seen in Table 9, a large portion of the population five years of age and older in the region and the county speaks only English at home (89%), which is higher than for the state (73%). The primary language used at home for those living in the region varies somewhat by area, with the highest percentage speaking Spanish at home at 23 percent in the Salome-Bouse-Wenden area. Use of Spanish at home does not necessarily mean lack of English language ability.

<sup>8</sup> The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 7 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 8 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

**Table 9: Home language use in the region for those 5 years and older**

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
La Paz Mohave Region	200,638	89%	9%	0%	3%
Bullhead City area	38,208	84%	13%	0%	2%
Colorado City-Centennial Park area	4,370	99%	1%	0%	1%
Dolan Springs-Golden Valley area	17,442	85%	14%	0%	6%
Fort Mohave-Mohave Valley-Topock area	22,142	88%	9%	0%	4%
Kingman area	50,225	93%	6%	0%	1%
Lake Havasu City area	53,524	92%	6%	0%	2%
Littlefield-Beaver Dam area	2,453	86%	14%	0%	4%
Parker Strip-Cienega Springs area	2,621	75%	22%	2%	4%
Quartzsite-Ehrenberg area	5,328	98%	0%	0%	1%
Salome-Bouse-Wenden area	3,965	77%	23%	0%	7%
Fort Mojave Indian Tribe (Arizona part)	1,019	85%	12%	2%	4%
La Paz County (entire)	19,480	81%	17%	1%	2%
Mohave County (entire)	190,191	89%	8%	0%	1%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Data about English speaking ability provides additional information about the characteristics of the population in the La Paz/Mohave Region. As shown in Table 10 and Figure 9, rates of linguistic isolation are even lower in the La Paz/Mohave Region (2%), and La Paz (3%) and Mohave (2%) Counties than they are in the state (5%).

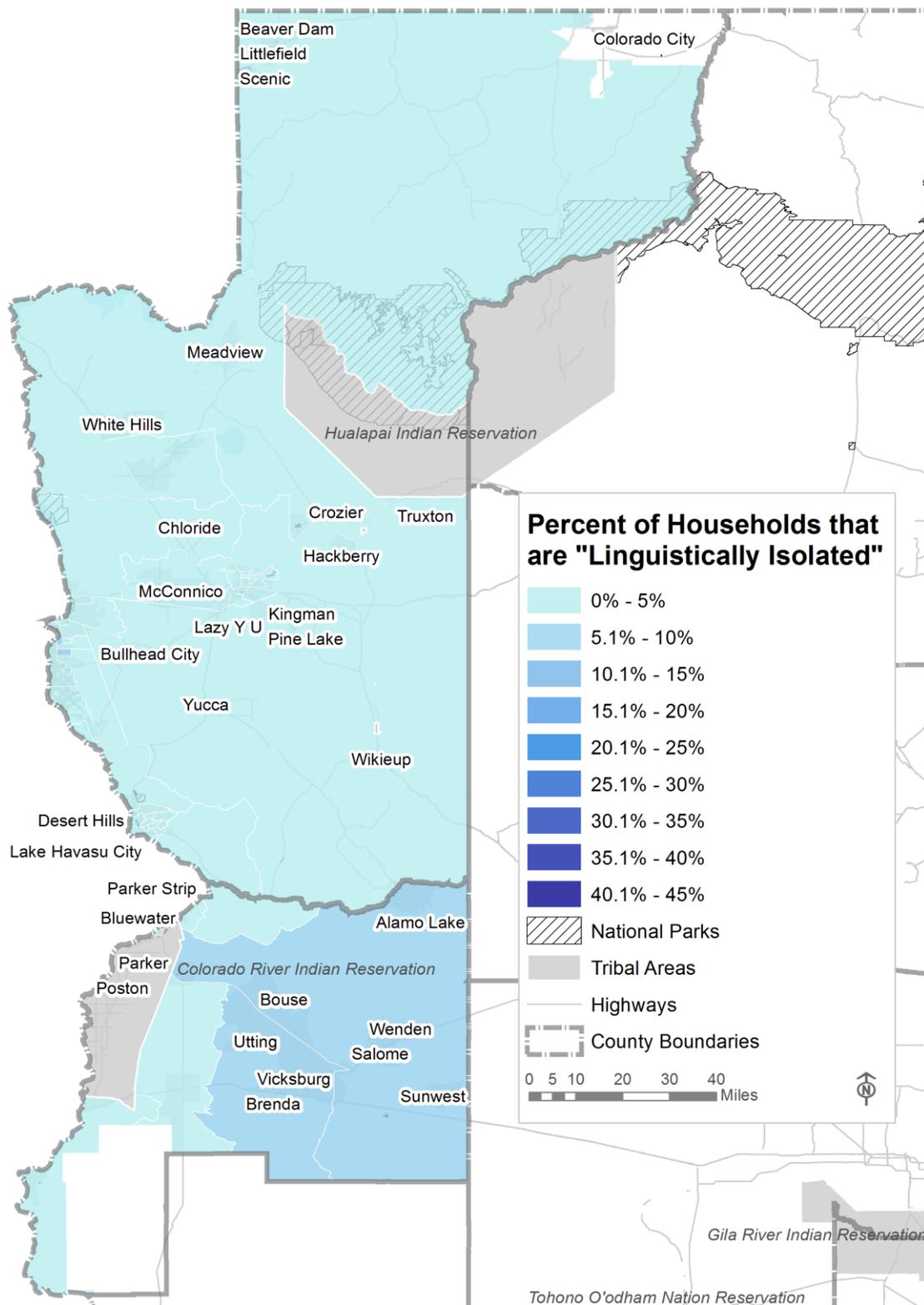
**Table 10: Household home language use in the region**

GEOGRAPHY	2010 CENSUS TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
La Paz Mohave Region	88,772	10%	2%
Bullhead City area	17,187	14%	4%
Colorado City-Centennial Park area	529	2%	0%
Dolan Springs-Golden Valley area	6,875	7%	1%
Fort Mohave-Mohave Valley-Topock area	9,428	14%	3%
Kingman area	21,343	9%	1%
Lake Havasu City area	24,739	8%	1%
Littlefield-Beaver Dam area	196	16%	6%
Parker Strip-Cienega Springs area	1,304	23%	4%
Quartzsite-Ehrenberg area	3,199	2%	0%
Salome-Bouse-Wenden area	2,359	18%	7%
Fort Mojave Indian Tribe (Arizona part)	370	20%	4%
La Paz County (entire)	9,198	16%	3%
Mohave County (entire)	82,539	11%	2%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

**Figure 9: Proportion of households that are considered "linguistically isolated"**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002, and 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

**Table 11: Estimated number of migrant and seasonal farmworkers, their families, and children ages 0-5 in La Paz and Mohave Counties**

GEOGRAPHY	MIGRANT AND SEASONAL FARMWORKERS (MSFW)	NON-FARMWORKERS IN MSFW HOUSEHOLDS	TOTAL NUMBER IN MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0 TO 4 IN MSFW HOUSEHOLDS
La Paz County	2,732	2,339	5,071	406
Mohave County	171	146	317	25
Arizona	67,704	47,668	115,372	8,059

Larson (2008). *Migrant and seasonal farmworker enumeration profiles study: Arizona.*

The Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona<sup>9</sup> attempted to estimate the population of migrant and seasonal farmworkers<sup>10</sup> in Arizona based on data from a variety of sources. The estimates from this report are shown in Table 11. Although La Paz County has a much smaller population than Mohave County (Table 2) its population of migrant and seasonal farmworkers is substantially larger, with 2,732 estimated migrant and seasonal farmworkers in La Paz County and only 171 in Mohave County. In fact, La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties).

## Economic Circumstances

### Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.<sup>11</sup> The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country.<sup>12</sup> In 2012, more than one out of four children in Arizona was living

<sup>9</sup> Larson (2008). *Migrant and seasonal farmworker enumeration profiles study: Arizona.* Retrieved from: <http://www.ncfh.org/enumeration/PDF14%20Arizona.pdf>

<sup>10</sup> The Enumeration Study uses the Migrant Health Program’s definition of seasonal farmworker as: “An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months.” The definition of a migrant farmworker is essentially the same, but includes that the farmworker “established for the purposes of such employment a temporary abode” (Larson, 2008).

<sup>11</sup> Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households.* Nov 2012. <http://www.cbpp.org/files/11-15-12sfp-pr.pdf>

<sup>12</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy.* Whitsett, A.

in poverty (family income below \$18,284 for a family of three).<sup>13</sup> The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, and separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.<sup>14</sup>

As can be seen in Table 12 the percentage of the population of children aged birth through five living in poverty in the La Paz/Mohave Region (37%) is higher than the state as a whole (27%). La Paz County has an even higher percentage of the young population living in poverty at 44 percent, while Mohave County is similar to the region at 36 percent. The percentage of the total population living in poverty is almost the same for the region (18%) as the state (17%). Areas within the region have differing childhood poverty rates, with a high of 62 percent of young children in the Colorado City-Centennial Park area living in poverty.

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<sup>13</sup> The Arizona Children's Action Alliance. *Arizona Shows No Improvement in Child Poverty*. Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

<sup>14</sup> Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

**Table 12: Persons living below the U.S. Census poverty threshold level**

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY <sup>15</sup>
La Paz Mohave Region	18%	37%
Bullhead City area	21%	42%
Colorado City-Centennial Park area	44%	62%
Dolan Springs-Golden Valley area	19%	42%
Fort Mohave-Mohave Valley-Topock area	17%	34%
Kingman area	18%	27%
Lake Havasu City area	14%	31%
Littlefield-Beaver Dam area	27%	16%
Parker Strip-Cienega Springs area	21%	33%
Quartzsite-Ehrenberg area	12%	-
Salome-Bouse-Wenden area	24%	-
Fort Mojave Indian Tribe (Arizona part)	34%	40%
La Paz County	20%	44%
Mohave County	19%	36%
Arizona	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Between 2007 and 2012, whereas the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 20 percent, compared to 18 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.<sup>16</sup>

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least

<sup>15</sup> Note: A child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

<sup>16</sup> Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

one of their parents affected by this change)<sup>17</sup>. Table 13 shows the median family income in a number of communities within La Paz and Mohave Counties. Please note that median family income is only available for communities made up of a single zip code, so listed below are towns, cities and Census Designated Places in the region, rather than the 10 regional communities listed in most tables in the report.

**Table 13: Median family annual income for families with children (0-17)**

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Bullhead City	\$44,526	\$58,135	\$17,500	\$17,165
Colorado City	\$32,396	\$31,563	-	-
Dolan Springs	\$34,293	-	-	-
Fort Mohave	\$55,412	\$74,021	-	-
Kingman	\$53,069	\$62,983	\$45,985	\$17,013
Lake Havasu City	\$50,434	\$63,468	\$42,696	\$19,263
Littlefield	\$33,750	\$33,750	-	\$34,432
Parker	\$45,518	\$53,527	\$28,289	\$26,899
Quartzsite	\$41,399	-	-	-
Salome	\$30,673	\$29,153	-	-
Fort Mojave Indian Tribe (Arizona part)	\$31,250	\$63,750	\$15,417	\$16,731
La Paz County	\$40,786	\$47,586	\$28,117	\$25,683
Mohave County	\$46,594	\$56,847	\$27,102	\$18,855
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

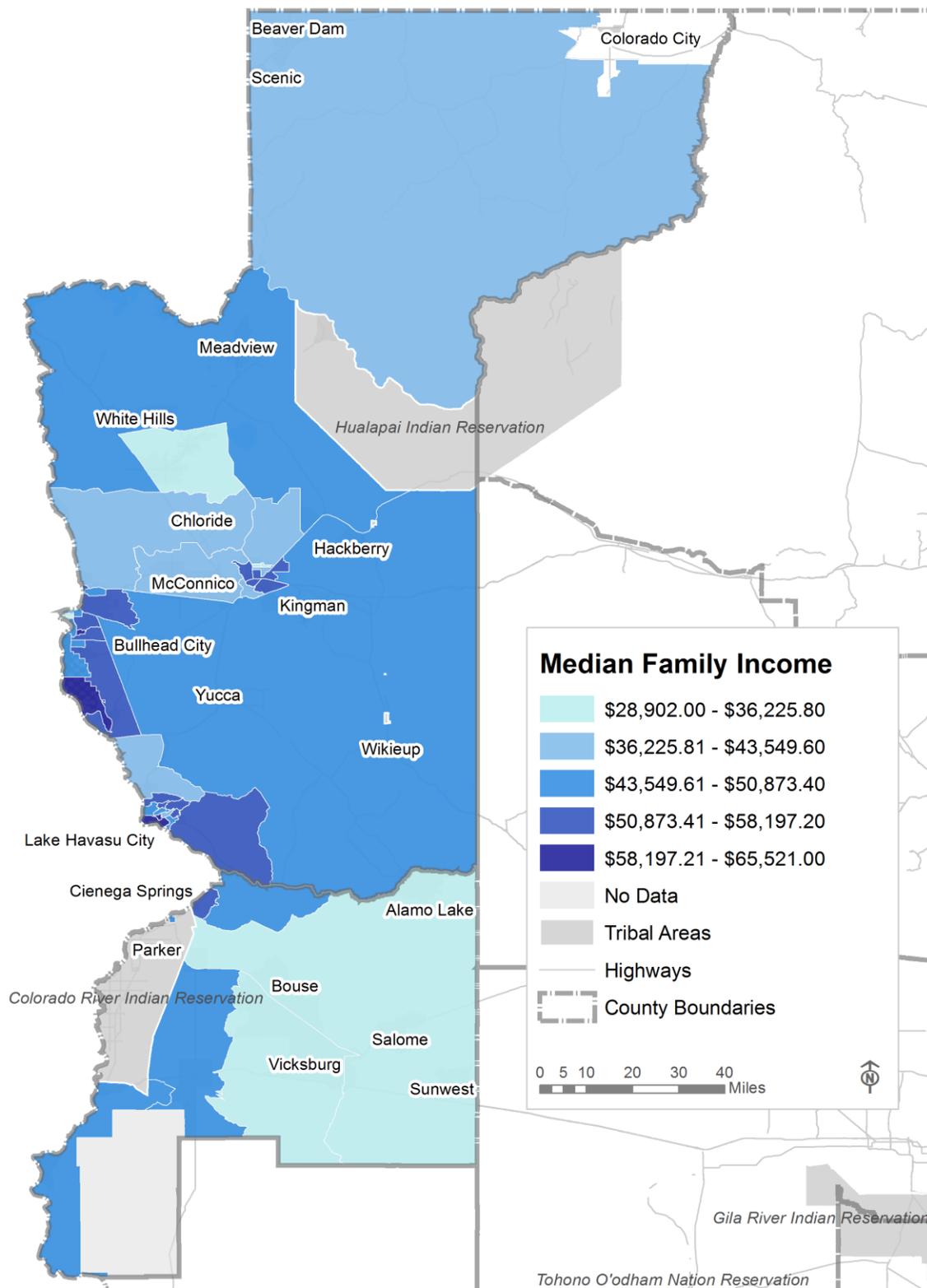
US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

The maps in Figure 10 and Figure 11 illustrate areas in the region with differing median family income levels, and differing levels of childhood poverty. As can be seen in Figure 10 the areas with the lowest median family incomes are clustered in the southern portion of the region in La Paz County, and around Dolan Springs in Mohave County.

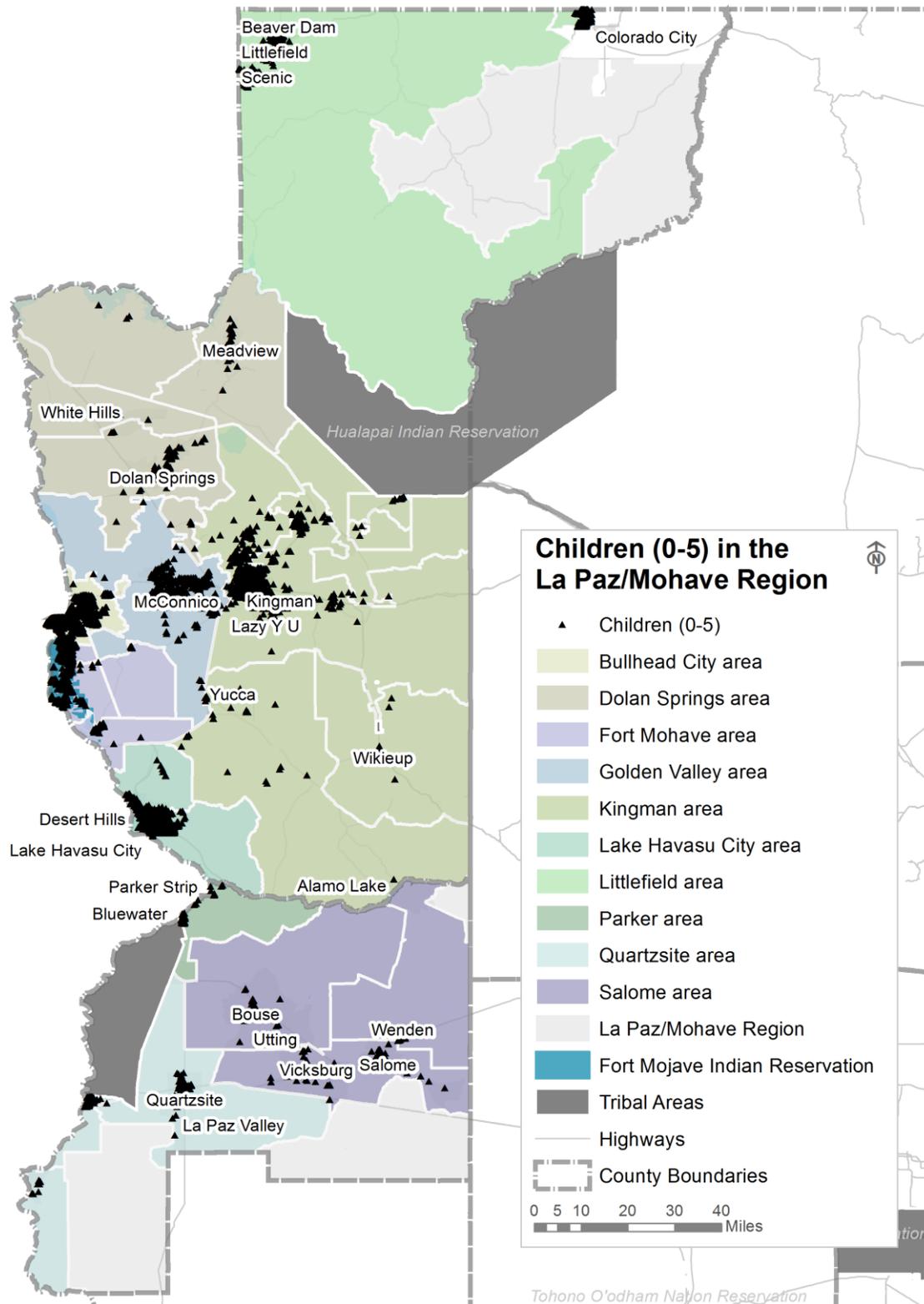
<sup>17</sup> Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

**Figure 10: Median annual household income in the region**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Figure 11: Percent of children (0-5) living in poverty in the region**



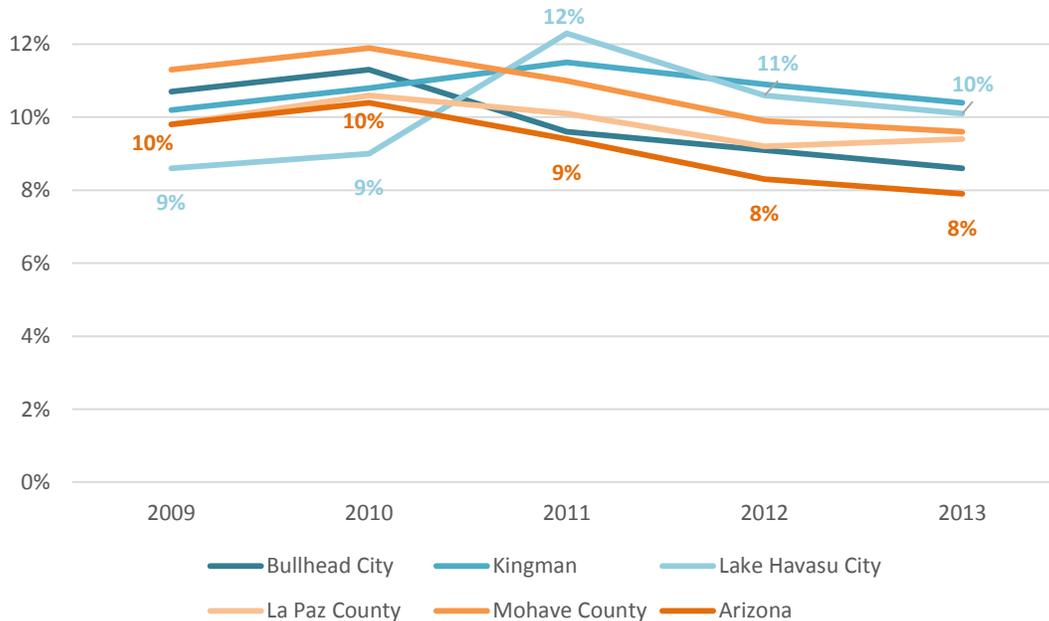
US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

## Unemployment and Foreclosures

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)<sup>18</sup>

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. Figure 12 shows the annual unemployment rates across years for Bullhead City, Kingman, Lake Havasu City, La Paz County, Mohave County and Arizona. Although slightly higher, the trajectory of unemployment rates during the period from 2009 through 2013 are similar to the state of Arizona’s trajectory. An exception to this is Kingman and Lake Havasu City, which showed an increase in unemployment rates from 2010 to 2011, while the other rates were decreasing.

**Figure 12: Annual unemployment rates in La Paz and Mohave Counties and Arizona, 2009-2013**



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

<sup>18</sup> Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

Table 14 shows the employment status of parents of young children in the region. The percentage of parents in the labor force for children living with one or two parents are similar for the La Paz/Mohave Region, La Paz County, Mohave County and the state. There is a great deal of variability across communities within the La Paz/Mohave Region however.

**Table 14: Employment status of parents of young children**

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
La Paz Mohave Region	13,397	35%	28%	1%	29%	8%
Bullhead City area	2,656	26%	15%	3%	46%	10%
Colorado City-Centennial Park area	1,441	17%	77%	0%	2%	4%
Dolan Springs-Golden Valley area	594	4%	50%	0%	36%	11%
Fort Mohave-Mohave Valley-Topock area	1,343	48%	23%	0%	24%	5%
Kingman area	3,597	44%	18%	0%	27%	11%
Lake Havasu City area	2,998	42%	29%	0%	26%	2%
Littlefield-Beaver Dam area	280	27%	20%	0%	39%	13%
Parker Strip-Cienega Springs area	86	16%	19%	0%	48%	17%
Quartzsite-Ehrenberg area	204	29%	0%	0%	71%	0%
Salome-Bouse-Wenden area	198	7%	13%	0%	7%	73%
Fort Mojave Indian Tribe (Arizona part)	89	4%	25%	0%	62%	9%
La Paz County (entire)	1,227	15%	19%	0%	42%	24%
Mohave County (entire)	13,218	36%	28%	1%	28%	7%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: "In labor force" includes adults who are employed or looking for employment.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.<sup>19</sup>

[Placeholder for La Paz and Mohave foreclosure data]

<sup>19</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

**Table 15: Foreclosures in Arizona, La Paz and Mohave Counties, and the region (RealtyTrac, Inc.)**

GEOGRAPHY	NUMBER OF PROPERTIES	NUMBER OF FORECLOSURES (DURING MAY 2014)	FORECLOSURES PER THOUSAND PROPERTIES (DURING MAY 2014)
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\*\*This data will not be available until June 2014

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters of these low income renters, 210,000 (78%), are paying more than the recommended 30% of their income in rent, which is considered “housing-cost burdened”. This is often caused by a shortage of affordable rentals. Mohave County has the highest percentage of very low income renters classified as housing-cost burdened renters (83%), compared to 79 percent across the state as whole, and 55 percent in La Paz County.<sup>20</sup>

When the cost for transportation is factored into housing affordability calculations, the picture gets even bleaker. The Center for Housing Technology created a housing and transportation index to better define true affordability and sets a benchmark for combined housing plus transportation costs at no more than 45 percent of household income to be truly affordable. Because of the rural nature of many Arizona Counties, when transportation costs are factored into housing costs, the affordability of housing decreases. In Mohave County the average housing plus transportation cost is 59 percent of household income, higher than the recommended 45 percent, and the highest of the nine counties for which data was available.<sup>21</sup>

The percentage of housing units in the region and county that have housing problems and severe housing problems is also similar to the state rate. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30% of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50% of income.<sup>22</sup> Over one-third of housing units in the region, counties and state (35%, 29%, 36% and 38% respectively) are classified as having housing problems (see Table 16). The percentage of units with severe housing problems within the region is lower with 18 percent of housing units

<sup>20</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

<sup>21</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

<sup>22</sup> US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/bg\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html)

in the region and La Paz County, and 19 percent in Mohave County with severe housing problems, just under the state percentage of 20 percent.

**Table 16: Percent of housing units with housing problems**

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
La Paz Mohave Region	86,714	35%	18%
Bullhead City area	17,289	41%	21%
Colorado City-Centennial Park area	738	44%	42%
Dolan Springs-Golden Valley area	6,348	30%	19%
Fort Mohave-Mohave Valley-Topock area	10,036	32%	16%
Kingman area	21,023	34%	18%
Lake Havasu City area	23,736	37%	18%
Littlefield-Beaver Dam area	791	30%	17%
Parker Strip-Cienega Springs area	1,985	40%	25%
Quartzsite-Ehrenberg area	2,912	8%	5%
Salome-Bouse-Wenden area	1,806	22%	14%
Fort Mojave Indian Tribe (Arizona part)	1,762	33%	14%
La Paz County	10,158	29%	18%
Mohave County	80,358	36%	19%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/data\\_download\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html)

### Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (SNAP, Supplemental Nutrition Assistance Program, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

#### SNAP

Nutritional Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas<sup>23</sup>. Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores,

<sup>23</sup> <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.<sup>24</sup>

The number of children receiving SNAP has increased at the same rate in the La Paz/Mohave Region and Mohave County (both +4%) over the last several years, which is slightly more than the state (2%) (see Table 17). In La Paz County, there was a decrease of four percent in the number of young children receiving SNAP during the same period. Areas in the region vary in the percentage of children aged birth through five who were receiving SNAP between 2010 and 2012. Four areas saw decreases across these years, with the highest in the Littlefield-Beaver Dam area (-36%), while the other areas and the Fort Mohave Indian Tribe saw small increases in participation between 2010 and 2012, with the highest increase in the Colorado City-Centennial Park area (+19%).

**Table 17: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)**

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
La Paz Mohave Region	13,397	6,947	52%	6,828	51%	7,217	54%	+4%
Bullhead City area	2,656	1,609	61%	1,463	55%	1,669	63%	+4%
Colorado City-Centennial Park area	1,441	885	61%	992	69%	1,050	73%	+19%
Dolan Springs-Golden Valley area	594	358	60%	337	57%	336	57%	-6%
Fort Mohave-Mohave Valley-Topock area	1,343	614	46%	602	45%	639	48%	+4%
Kingman area	3,597	1,735	48%	1,747	49%	1,760	49%	+1%
Lake Havasu City area	2,998	1,305	44%	1,286	43%	1,377	46%	+6%
Littlefield-Beaver Dam area	280	127	45%	92	33%	81	29%	-36%
Parker Strip-Cienega Springs area	86	131	153%	138	160%	136	159%	+4%
Quartzsite-Ehrenberg area	204	81	40%	72	35%	69	34%	-15%
Salome-Bouse-Wenden area	198	102	52%	99	50%	100	51%	-2%
Fort Mojave Indian Tribe (Arizona part)	89	32	36%	31	35%	33	37%	+2%
La Paz County	1,227	734	60%	735	60%	708	58%	-4%
Mohave County	13,218	6,736	51%	6,625	50%	7,034	53%	+4%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

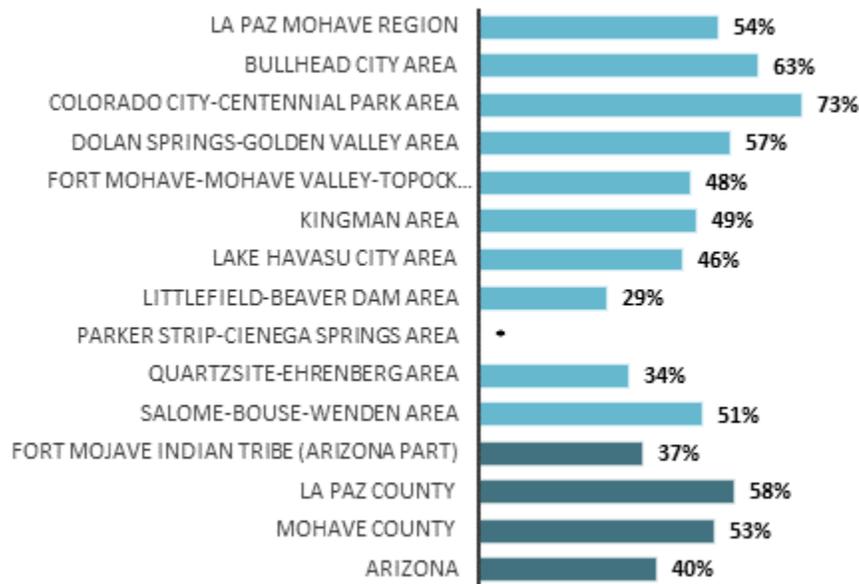
Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: Data provided by DES for the number of children ages 0-5 receiving SNAP in Parker includes children from the Colorado River Indian Tribe, and therefore is an overestimate of the Parker area of the La Paz/Mohave Region.

<sup>24</sup> <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

As shown in Figure 13, the percentage of children aged birth through five in the La Paz/Mohave Region who are receiving SNAP is greater than the percentage of children aged birth through five in Arizona as a whole who are.

**Figure 13: Percentage of children ages 0-5 receiving SNAP in January 2012**



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

### **TANF**

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.<sup>25</sup> Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected to increase to 20-39 million dollars in fiscal year 2015.<sup>26</sup>

<sup>25</sup> Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

<sup>26</sup> The Arizona Children's Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. [http://azchildren.org/wp-content/uploads/2013/06/TANF\\_report\\_2013\\_ForWeb.pdf](http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf)

The table and figure below provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region.

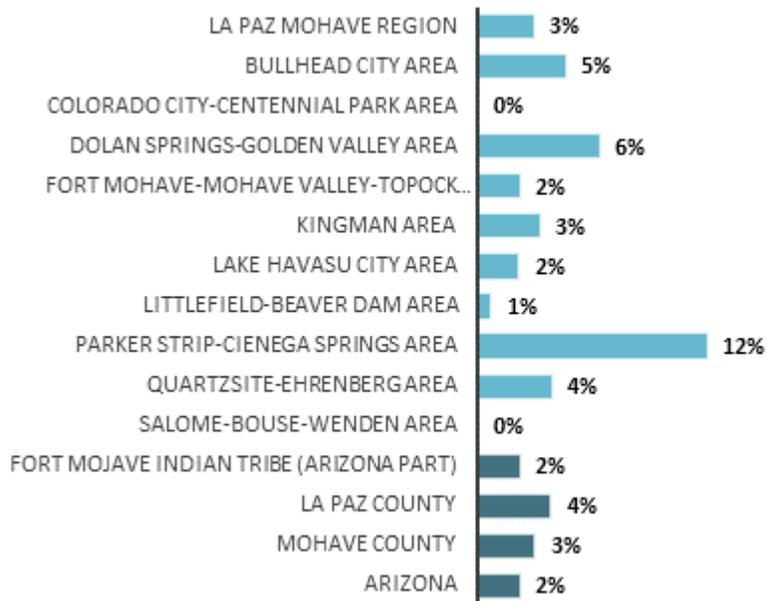
**Table 18: Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)**

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
La Paz Mohave Region	13,397	649	5%	326	2%	394	3%	-39%
Bullhead City area	2,656	174	7%	92	3%	122	5%	-30%
Colorado City-Centennial Park area	1,441	<10	DS	0	0%	0	0%	DS
Dolan Springs-Golden Valley area	594	48	8%	20	3%	38	6%	-21%
Fort Mohave-Mohave Valley-Topock area	1,343	47	3%	20	1%	30	2%	-36%
Kingman area	3,597	210	6%	77	2%	118	3%	-44%
Lake Havasu City area	2,998	117	4%	98	3%	65	2%	-44%
Littlefield-Beaver Dam area	280	11	4%	<10	DS	<10	DS	DS
Parker Strip-Cienega Springs area	86	19	22%	11	13%	10	12%	-45%
Quartzsite-Ehrenberg area	204	15	7%	<10	DS	<10	DS	DS
Salome-Bouse-Wenden area	198	<10	DS	<10	DS	0	0%	DS
Fort Mojave Indian Tribe (Arizona part)	89	<10	DS	<10	DS	<10	DS	-44%
La Paz County	1,227	94	8%	48	4%	47	4%	-50%
Mohave County	13,218	620	5%	324	2%	398	3%	-36%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: Data provided by DES for the number of children ages 0-5 receiving TANF in Parker includes children from the Colorado River Indian Tribe, and therefore is an overestimate of the Parker area of the La Paz/Mohave Region.

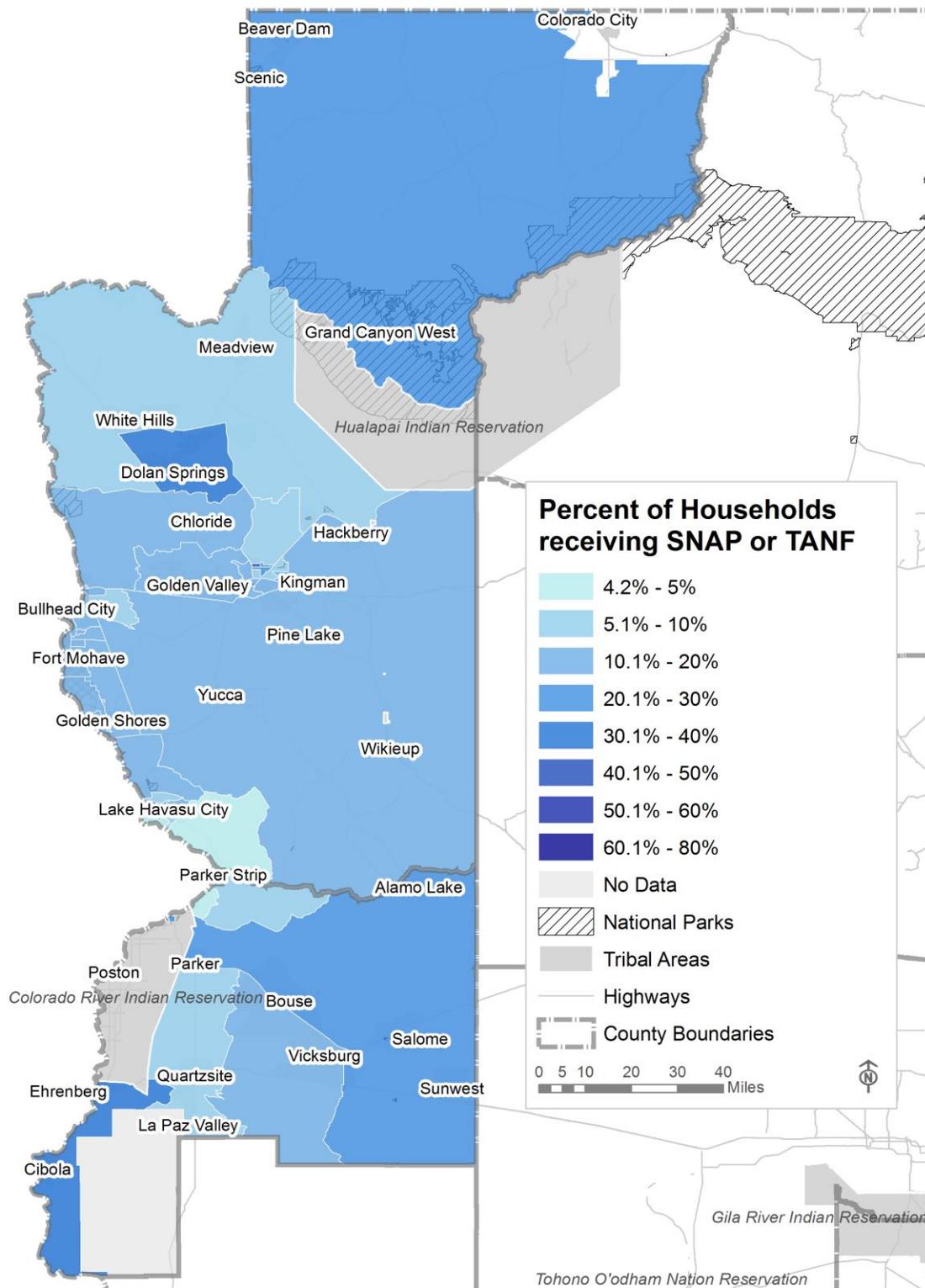
**Figure 14: Percentage of children ages 0-5 receiving TANF in January 2012**



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 15 shows a map of the percentage of households in the region receiving either SNAP or TANF. None of the area in the region exceed 40 percent of households receiving either benefit.

**Figure 15: Percentage of households receiving SNAP or TANF**



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B22002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Women, Infants and Children (WIC)**

Arizona’s WIC program is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.<sup>27</sup> A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice<sup>28</sup>, and of reduced-fat milk<sup>29</sup>, and fewer purchases of white bread, whole milk, cheese and juice.<sup>30</sup>

In January 2012, 39 percent of young children in Mohave County were participating in WIC, slightly higher than the state rate of 29 percent. As can be seen in Figure 16, WIC participation among infants and children in Mohave County has been consistently higher than in the state overall from 2010 to 2012.

**Table 19: WIC participation in Mohave County and the state**

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Mohave county	1,307	4,297	39%	1,248	4,252	39%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

<sup>27</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

<sup>28</sup> Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422–429

<sup>29</sup> Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. [http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC\\_Milk\\_and\\_Cheese\\_Allowances\\_JAND\\_11.13.pdf](http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf)

<sup>30</sup> Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

**Figure 16: WIC participation in Mohave County and the state (2010-2012)**



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

**Free and Reduced Lunch**

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown in Table 20.

**Table 20: Free and reduced lunch eligibility requirements for 2014-2015 school year**

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
Household Size	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

As can be seen in Table 21, in 2013 10 of the 15 school districts for which data was available in the La Paz/Mohave Region had 80 percent or more of their students eligible for free or reduced lunch. All school districts where data was available, had over half of the student population eligible for free or reduced priced lunch.

**Table 21: Free and reduced lunch eligibility in the region**

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Bouse Elementary District	85%
Bullhead City School District	80%
Colorado City Unified District	89%
Hackberry School District	80%
Kingman Unified School District	67%
Lake Havasu Unified District	57%
Littlefield Unified District	90%
Mohave Valley Elementary District	73%
Owens-Whitney Elementary District	60%
Parker Unified School District	74%
Quartzsite Elementary District	85%
Salome Consolidated Elementary District	80%
Topock Elementary District	85%
Valentine Elementary District	-
Wenden Elementary District	85%
Yucca Elementary District	80%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

On July 1, 2014, all schools in Arizona will be eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility”, this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.<sup>31</sup> Arizona schools can apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.<sup>32</sup>

<sup>31</sup> Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from [http://frac.org/pdf/community\\_eligibility\\_report\\_2013.pdf](http://frac.org/pdf/community_eligibility_report_2013.pdf)

<sup>32</sup> <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

## Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.<sup>33</sup> More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.<sup>34</sup> A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.<sup>35</sup>

New legislation at the federal and state levels have the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

### Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School Officers (CCSSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at [www.corestandards.org](http://www.corestandards.org), and additional information about AZCCRS can be found at <http://www.azed.gov/azccrs>.

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<sup>33</sup> Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O'Hare, W., Mather, M., & Dupuis, G.

<sup>34</sup> Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from [http://www.edweek.org/media/QualityCounts2013\\_Release.pdf](http://www.edweek.org/media/QualityCounts2013_Release.pdf)

<sup>35</sup> Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

## **Move on When Ready**

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a “one-size-fits-all” educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Three of these schools are in the Kingman Unified School District within the La Paz/Mohave Region; Lee Williams High School, Kingman Middle School (Middle School Partner), and White Cliffs Middle School (Middle School Partner).<sup>36</sup>

## **Educational Attainment**

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.<sup>37</sup> Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.<sup>38</sup>

Adults in the La Paz/Mohave Region are more likely to be without a high school diploma or GED (17%) than the state of Arizona overall (15%), which was similar to Mohave County (16%), and lower than La Paz County (26% without a high school diploma or GED) (see Table 22). In addition, just over one third of births in the La Paz/Mohave Region are to women with more than a high school diploma (see Figure 17).

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<sup>36</sup> <http://www.arizonafuture.org/mowr/participating-schools.html>

<sup>37</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

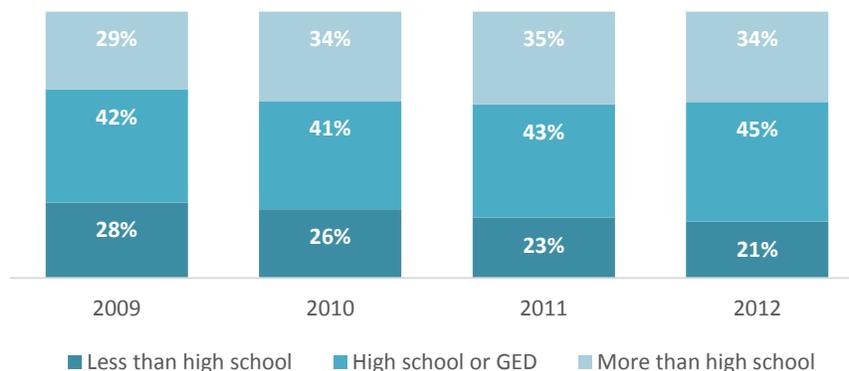
<sup>38</sup> Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

**Table 22: Educational achievement of adults in the La Paz/Mohave Region**

GEOGRAPHY	Adults (25+) without a high school diploma or GED	Adults (25+) with a high school diploma or GED	Adults (25+) with some college or professional training	Adults (25+) with a bachelor's degree or more
La Paz Mohave Region	17%	33%	38%	12%
Bullhead City area	18%	34%	35%	13%
Colorado City-Centennial Park area	34%	24%	29%	13%
Dolan Springs-Golden Valley area	24%	34%	37%	5%
Fort Mohave-Mohave Valley-Topock area	18%	35%	36%	11%
Kingman area	15%	34%	39%	12%
Lake Havasu City area	11%	33%	41%	15%
Littlefield-Beaver Dam area	25%	36%	28%	12%
Parker Strip-Cienega Springs area	25%	33%	32%	11%
Quartzsite-Ehrenberg area	21%	31%	39%	9%
Salome-Bouse-Wenden area	32%	33%	25%	11%
Fort Mojave Indian Tribe (Arizona part)	26%	32%	35%	8%
La Paz County	26%	32%	32%	10%
Mohave County	16%	34%	38%	12%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Figure 17: Births by mother's educational achievement in the La Paz/Mohave Region**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

### Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders

who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.<sup>39</sup> This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Table 23 below shows the graduation and dropout rates in the region. The percent of students across the state who graduated in four years in 2012 was 77 percent<sup>40</sup>. Three districts in the La Paz/Mohave Region have a higher percent graduated, four have a lower percent graduated than the state, and one is equivalent to the state. Dropout rates are higher in three districts than the state, although most fall at or below the state rate of four percent.

**Table 23: High school graduation and drop-out rates**

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Bicentennial Union High School District	72%	2%
Colorado City Unified District	75%	4%
Colorado River Union High School District	74%	5%
Kingman Unified School District	80%	5%
Lake Havasu Unified District	81%	3%
Littlefield Unified District	86%	3%
Parker Unified School District	69%	7%
Arizona	77%	4%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.<sup>41</sup> Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. Key informants who were K-12 educators spoke about how they could tell whether a child in kindergarten had been enrolled in an early care or learning setting by their level of social, emotional and educational readiness once the school year began. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3<sup>rd</sup> to last nationally in the number of preschool aged

<sup>39</sup> Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

<sup>40</sup> Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

<sup>41</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

children enrolled in preschool.<sup>42</sup> In the La Paz/Mohave Region, the numbers of preschool aged children enrolled in preschool is similar to the state, at 33 percent for the region and 34 percent for the state. La Paz County has a higher estimated percentage of children enrolled in preschool at 41 percent. Five areas within the region have over 40 percent of young children enrolled in preschool, with highs in the Littlefield-Beaver Dam area (75%) and the Fort Mohave-Mohave Valley-Topock area (51%), followed by the Parker Strip-Cienega Springs area (48%) and the Lake Havasu City area (46%) (see Table 24).

**Table 24: Children (3-4) enrolled in nursery school, preschool, or kindergarten**

GEOGRAPHY	2010 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
La Paz Mohave Region	4,601	33%
Bullhead City area	914	22%
Colorado City-Centennial Park area	491	16%
Dolan Springs-Golden Valley area	231	41%
Fort Mohave-Mohave Valley-Topock area	456	51%
Kingman area	1,213	30%
Lake Havasu City area	1,016	46%
Littlefield-Beaver Dam area	101	75%
Parker Strip-Cienega Springs area	32	-
Quartzsite-Ehrenberg area	76	-
Salome-Bouse-Wenden area	71	-
Fort Mojave Indian Tribe (Arizona part)	32	-
La Paz County	448	41%
Mohave County	4,524	34%
Arizona	185,196	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.<sup>43</sup> More information about how these scholarships are used in the La Paz/Mohave Region can be found in the *Early Childhood System* section of this report.

<sup>42</sup> Children’s Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

<sup>43</sup> The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).<sup>44</sup>

### **Standardized Test Scores**

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS)<sup>45</sup>. The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students’ future progress in school. As of the 2013-2014 school year, Arizona Revised Statute<sup>46</sup> (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.<sup>47</sup>

As Figure 18 shows, overall, Mohave County 3rd graders performed slightly better than students statewide in both math and reading, with a higher percentage of students passing in each subject (indicated by a combination of the percentages for “meets” and “exceeds”). La Paz County 3rd graders did not perform as well as students statewide in both math and reading, with a lower percentage of students passing in each subject. In math, 69 percent of 3<sup>rd</sup> graders state wide passed the math AIMS test, whereas 72 percent of 3<sup>rd</sup> graders in Mohave County

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<sup>44</sup> First Things First. *Arizona School Readiness Indicators*. Retrieved from: [http://www.azftf.gov/Documents/Arizona\\_School\\_Readiness\\_Indicators.pdf](http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf)

<sup>45</sup> For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

<sup>46</sup> A.R.S. §15-701

<sup>47</sup> First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012)

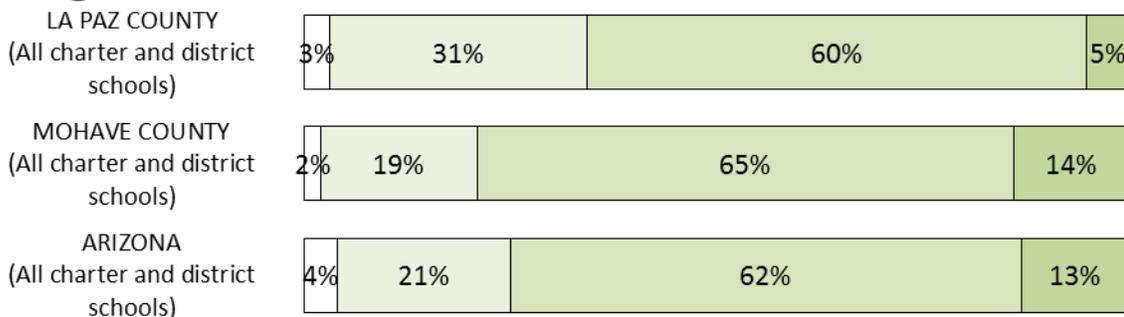
did, and 58% of those in La Paz County did. In reading, 75 percent of Arizona 3<sup>rd</sup> graders passed the reading AIMS test, while 79 percent of Mohave County and 65% of La Paz County 3<sup>rd</sup> graders did.

**Figure 18: Results of the Arizona Instrument to Measure Standards (AIMS) Test**

### Math AIMS



### Reading AIMS



Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Table 25 and Table 26 show a breakdown of AIMS scores by school district in the La Paz/Mohave Region. As AIMS performance in the region varies by county, the percentage of students passing both the math and reading tests varies by school district. Topock Elementary District had the highest percentage of 3<sup>rd</sup> graders passing both the math and reading tests (90% and 95% respectively). For the AIMS math test, four school districts fell below 50 percent of their third graders passing. For the AIMS reading test only three schools fell below 50 percent passing. The Yucca Elementary District was included on both those lists, with only 33 percent of 3<sup>rd</sup> graders passing the math and reading tests. On aggregate, Mohave County Charter schools showed 78 percent of 3<sup>rd</sup> graders passing the math AIMS test and 85 percent passing the reading test.

**Table 25: Math 3rd grade AIMS results**

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Bouse Elementary District	0%	50%	50%	0%	50%
Bullhead City School District	6%	27%	46%	21%	67%
Colorado City Unified District	3%	11%	49%	37%	86%
Hackberry School District	29%	29%	14%	29%	43%
Kingman Unified School District	10%	22%	42%	26%	68%
Lake Havasu Unified District	4%	19%	42%	35%	77%
Littlefield Unified District	13%	40%	27%	20%	47%
Mohave Valley Elementary District	4%	15%	44%	36%	81%
Parker Unified School District	13%	28%	44%	15%	59%
Quartzsite Elementary District	12%	24%	56%	8%	64%
Salome Consolidated Elementary District	30%	30%	30%	10%	40%
Topock Elementary District	0%	10%	60%	30%	90%
Valentine Elementary District	10%	40%	50%	0%	50%
Wenden Elementary District	0%	50%	50%	0%	50%
Yucca Elementary District	0%	67%	33%	0%	33%
All Mohave County Charter Schools	3%	19%	51%	26%	78%
La Paz County (All charter and district schools)	13%	29%	45%	13%	58%
Mohave County (All charter and district schools)	6%	22%	44%	28%	72%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

**Table 26: Reading 3rd grade AIMS results**

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Bouse Elementary District	0%	25%	75%	0%	75%
Bullhead City School District	3%	24%	62%	10%	73%
Colorado City Unified District	0%	23%	74%	3%	77%
Hackberry School District	0%	43%	43%	14%	57%
Kingman Unified School District	4%	22%	61%	13%	74%
Lake Havasu Unified District	1%	10%	69%	20%	89%
Littlefield Unified District	10%	30%	53%	7%	60%
Mohave Valley Elementary District	1%	16%	70%	14%	84%
Parker Unified School District	3%	32%	59%	5%	65%
Quartzsite Elementary District	4%	16%	76%	4%	80%
Salome Consolidated Elementary District	10%	30%	50%	10%	60%
Topock Elementary District	0%	5%	80%	15%	95%
Valentine Elementary District	0%	60%	40%	0%	40%
Wenden Elementary District	0%	60%	40%	0%	40%
Yucca Elementary District	0%	67%	33%	0%	33%
All Mohave County Charter Schools	1%	14%	71%	14%	85%
La Paz County (All charter and district schools)	3%	31%	60%	5%	65%
Mohave County (All charter and district schools)	2%	19%	65%	14%	79%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

## The Early Childhood System: Detailed Descriptions of Assets and Needs Quality and Access

### Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system<sup>48</sup> and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use<sup>49</sup>. Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.<sup>50</sup>

#### ***Center and Home-based Care***

In the La Paz/Mohave Region there are 67 regulated child care providers, according to data provided to First Thing First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). Table 27 shows all but Head Start Centers (n=9) which are discussed in a subsequent section of the report. The majority of these providers (42 of 58) are ADHS licensed centers, eight are ADHS certified group homes, six are DES certified homes (family child care), one is a child care center regulated and operated by the Fort Mohave Indian Tribe, and one is a nanny. At the end of 2011 there were 86 regulated child care providers in the region, compared to 67 at the beginning of 2014. The total licensed capacity for child care providers also dropped from 3,817 at the end of 2011, to 3,195 in spring 2014. Key informants discussed potential reasons for this decrease. In the larger cities, a number of private child care centers and home-based providers have closed in the last year due to the tenuous financial situation over the past several years, with freezes to DES subsidies, and the economic downturn's effect on unemployment impacting the revenue of these centers. Many of the families previously in center-based care reportedly turn to the more affordable option of home-based childcare, which can be both regulated and unregulated care, and can vary greatly in terms of quality.

Some communities in the region have no licensed child care, including the Colorado City-Centennial Park area, the Parker Strip-Cienega Springs area, and the Quartzsite-Ehrenberg area.

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<sup>48</sup> Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from [http://www.epi.org/content.cfm/book\\_enriching](http://www.epi.org/content.cfm/book_enriching)

<sup>49</sup> The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>50</sup> Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

There is a Head Start program operated by the Colorado River Indian Tribe that can serve eligible children from Parker, and key informants reported ongoing work towards opening a preschool at the Ed Options Learning Center campus in Quartzsite. The need for additional early care and education opportunities was voiced repeatedly by key informants from all areas of the region. Outside of the larger communities in Mohave County and in most of La Paz County, district preschools were the only available options, and because of this, wait lists were often long.

**Table 27: Number of early care and education centers and homes and their capacity**

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	#	CAPACITY	#	CAPACITY	#	CAPACITY	
La Paz Mohave Region	43	2,815	14	104	1	4	2,923
Bullhead City area	10	852	8	56	-	-	908
Colorado City-Centennial Park area	-	-	-	-	-	-	-
Dolan Springs-Golden Valley area	1	30	-	-	-	-	30
Fort Mohave-Mohave Valley-Topock area	6	366	1	10	-	-	376
Kingman area	11	810	2	14	1	4	828
Lake Havasu City area	12	675	3	24	-	-	699
Littlefield-Beaver Dam area	1	47	-	-	-	-	47
Parker Strip-Cienega Springs area	-	-	-	-	-	-	-
Quartzsite-Ehrenberg area	-	-	-	-	-	-	-
Salome-Bouse-Wenden area	2	35	-	-	-	-	35
Fort Mojave Indian Tribe (Arizona part)	1	75	-	-	-	-	75
La Paz County	4	150	-	-	-	-	150
Mohave County	42	2,825	14	104	1	4	2,933
Arizona	1,907	113,468	574	3,007	22	88	116,563

Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

From November 2013 through January 2014, a phone-based survey of child care providers in the La Paz/Mohave First Things First Region was undertaken to assess how many children ages birth to five were served in early learning programs in the region by age and type of program. Fifty-six providers were reached to provide information on the children they served through their programs. Respondents were comprised of seven family care, four group home, and nine Head Start providers, as well as 12 school-based centers and 24 non-school-based centers. The table below summarizes responses from those surveyed who were able to report out on the number of children they served by individual age groups, as well as the total number of children served aged birth through five. Infants, one and two-year olds were served by all but one

provider type (Head Start), while children aged three and four made up the majority of children served.

**Table 28: Number of children served by age and provider type in the La Paz/Mohave Region**

Provider Type	Number of Children Served by Age Group						
	Infants	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Total Served
<b>Family Care Provider</b>	4	11	9	6	3	1	34
<b>Group Home</b>	4	5	9	2	3	0	42
<b>Head Start</b>	n/a	n/a	n/a	65	154	61	298
<b>Center: School-based</b>	18	15	26	54	145	70	500
<b>Center: Non-school-based</b>	100	183	335	426	295	118	1546
<b>Total</b>	126	214	379	553	600	250	2,420

*La Paz/Mohave First Things First (2014). Unpublished raw data from Child Care Census Survey*

To put the number of children served by age range, and the total number served into context, it would be helpful to compare these numbers to the population of young children in the region. The table below includes the population of children in the La Paz/Mohave Region and La Paz and Mohave Counties (US Census, 2010), alongside the number of children served by age group for those respondents able to report (n=56), and the resultant percent of the population served. Included in the last row of the table is an additional estimate which includes those ten providers who were not reached for the survey. The median number served for each provider type reached for the survey was used as an estimate for these missing providers. These estimates of total children served were; three for family care providers, 5.5 for group homes, 32.5 for school-based centers and 61 for non-school based centers.

**Table 29: Population of children, number of children served, and percentage served in the region**

Age Group	Population of Children			Number of Children Served	% of Population Served La Paz/Mohave Region
	La Paz/Mohave Region	La Paz County	Mohave County		
<b>Infants</b> (birth-1 year)	2,114	178	2,093	126	6%
<b>1 year olds</b> (13-23 months)	2,201	199	2,174	214	10%
<b>2 year olds</b> (24-35 months)	2,244	203	2,214	379	17%
<b>3 year olds</b> (36-47 months)	2,365	244	2,322	553	23%
<b>4 year olds</b> (48-59 months)	2,236	204	2,202	600	27%
<b>5 year olds</b> (60-71 months)	2,237	199	2,213	250	11%
Total (Population 0-4)	11,160	1,028	11,005	1,872	17%
Total (Population 0-5)	13,397	1,227	13,218	2,122	16%
Total served (including providers who could only report total served)				2,420	18%
Total including estimates for missing providers				2,721	20%

The percentage of the population served by licensed child care increased with increasing age (with the exception of five-year olds). The percentage of the population of children aged birth through five in the region served in licensed or certified child care setting ranged from 16 to 20 percent, reflecting that roughly four-fifths of the region’s population of children aged birth through five are not being served in licensed or certified child care settings. Not all families will choose licensed or certified care for their children, and key informants discussed the common use of kith and kin care as an alternative in the region. Whether this alternative is chosen due to preference, or due to lack of availability or affordability of licensed or certified care is unknown however.

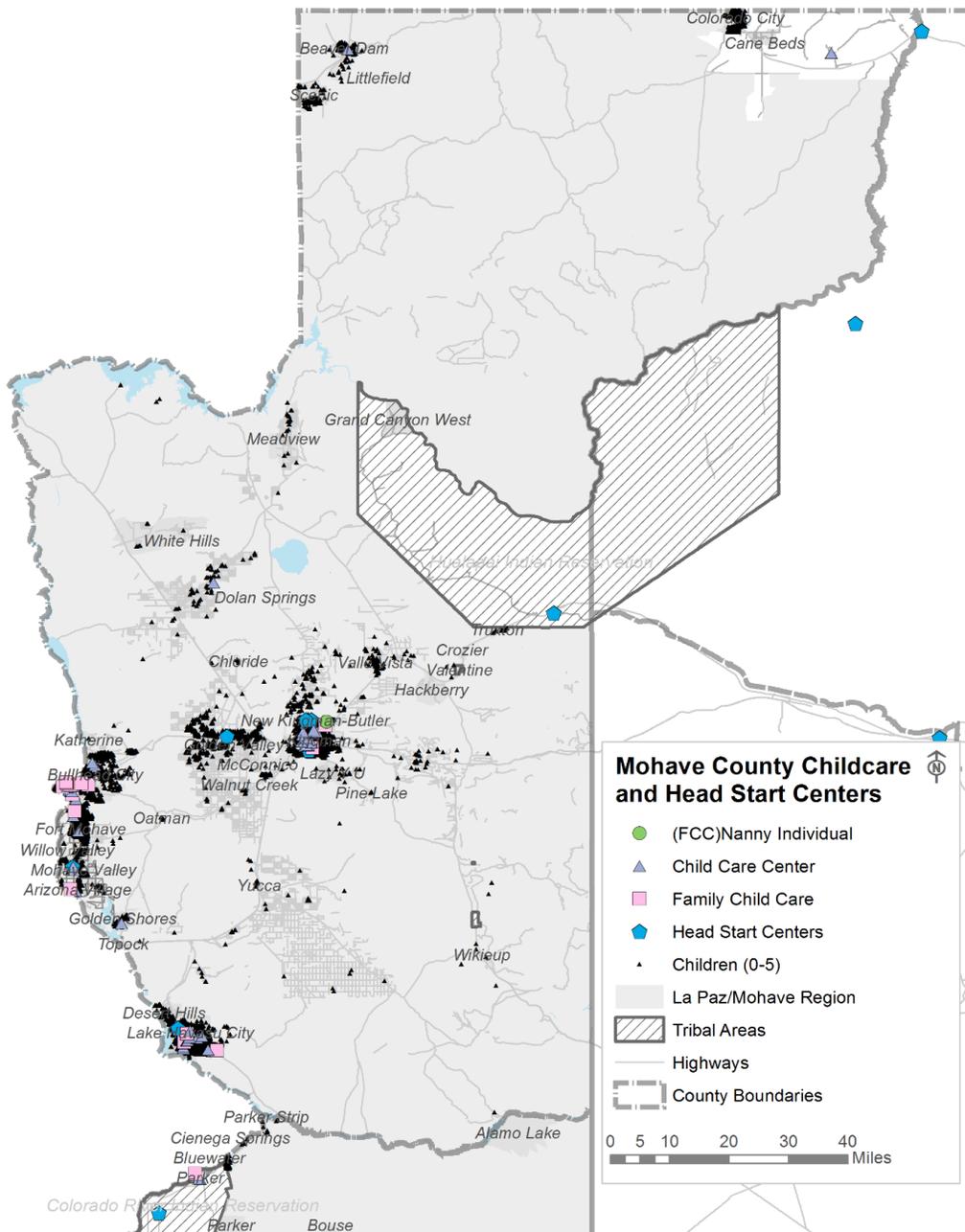
Thirty-four of the fifty-seven child care census survey respondents (60%) reported that they would be willing and able to care for more children than they currently served. The total number of additional children providers could serve ranged from one to 58, although most (n=25, 44%) had space for twenty or fewer additional children.

Key informants often talked about how families’ decisions about where to enroll a child had more to do with the location, duration and cost of care than the quality or the content of the care. Working parents, those without transportation, and those with financial constraints may choose a full-day private daycare center over a half-day preschool program because of those real world issues. The need to lessen the impact of those issues on these decisions by

supplementing the available quality alternatives for early learning, as well as providing resources for transportation, was a common thread throughout key informant interviews.

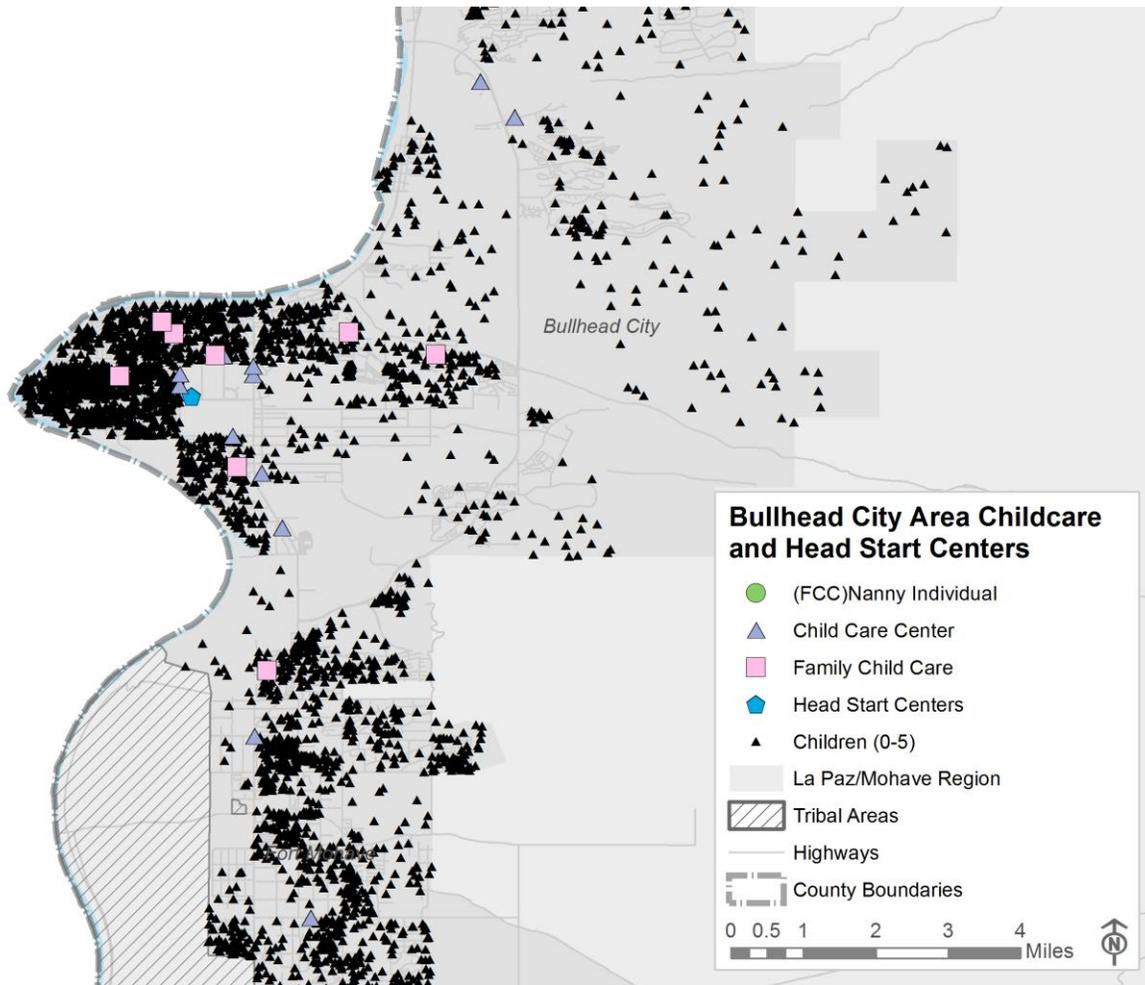
The maps on the following pages shows the approximate location of children aged birth through five and licensed child care providers in Mohave County, Mohave County's three population centers, and La Paz County (from CCR&R 2014 data).

**Figure 19: Location of children aged birth thru five and child care providers in Mohave County**



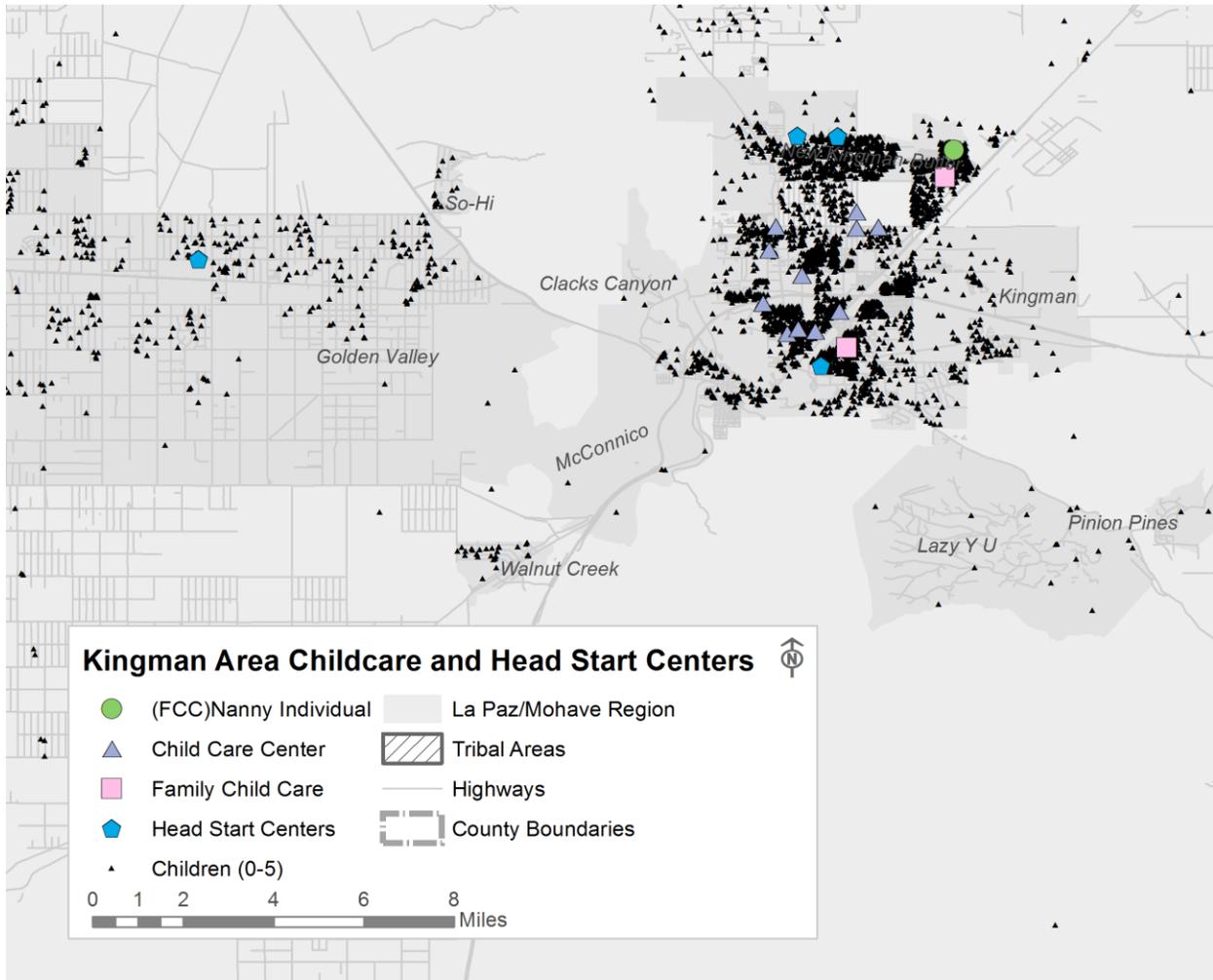
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 20: Location of children aged birth thru five and child care providers in Bullhead City**



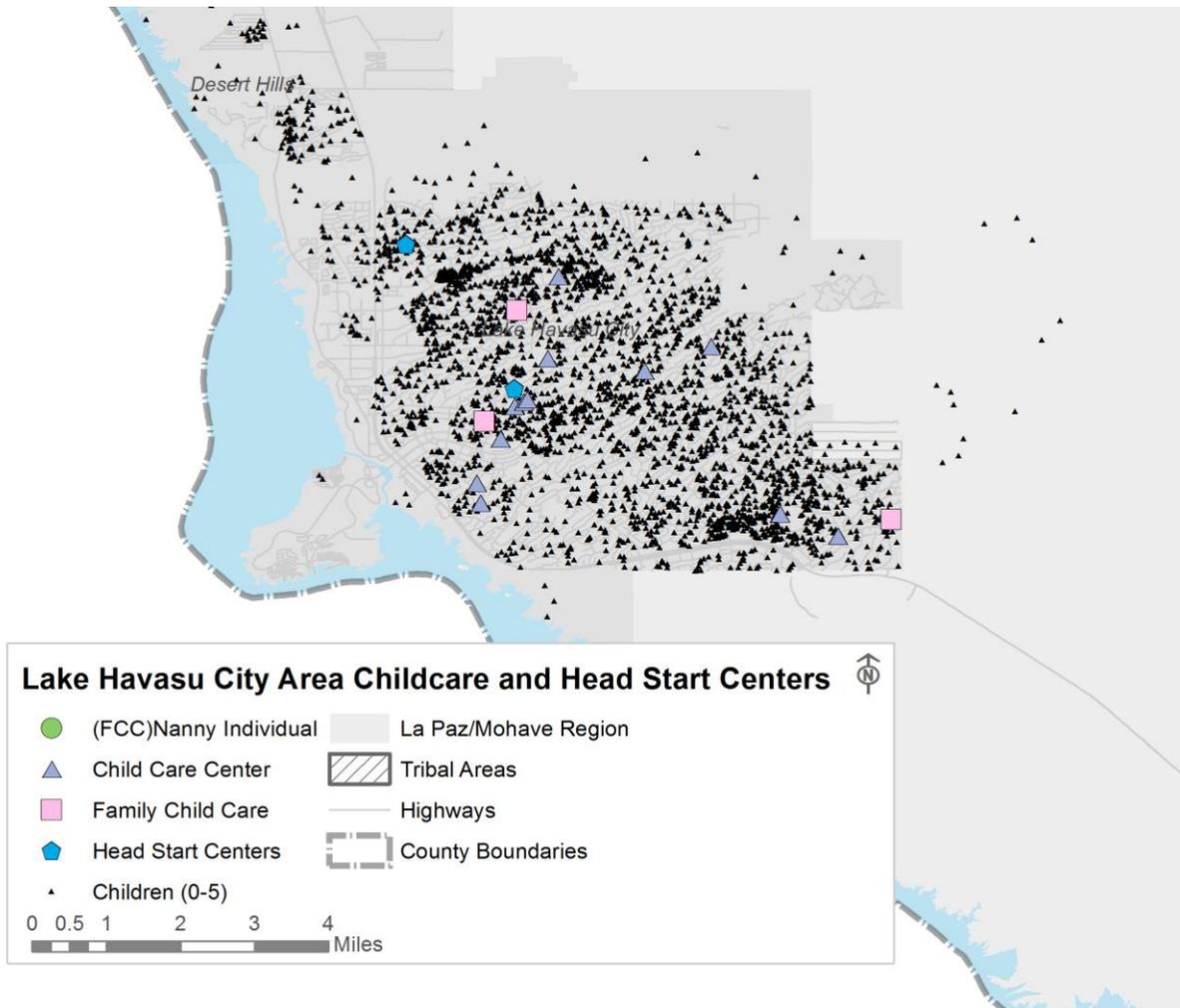
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 21: Location of children aged birth thru five and child care providers in Kingman**



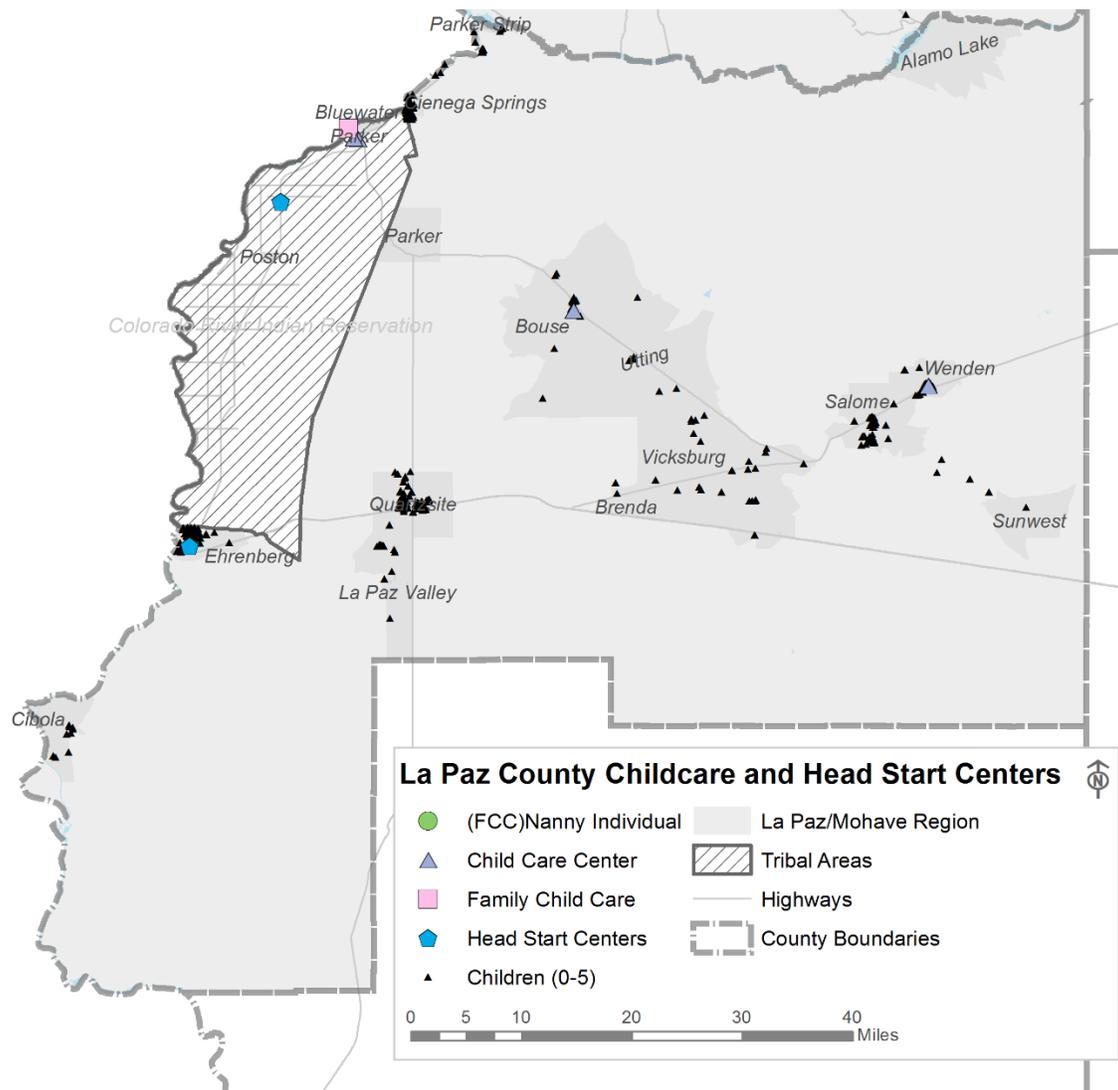
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 22: Location of children aged birth thru five and child care providers in Lake Havasu City**



Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

**Figure 23: Location of children aged birth thru five and child care providers in La Paz County**



Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

### Quality First

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on

these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.<sup>51</sup> Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.<sup>52</sup> Table 30 describes the rating scale as defined by First Things First.

**Table 30: Quality First Rating Scale**

<b>1 Star (Rising Star)</b>	<b>2 Star (Progressing Star)</b>	<b>3 Star (Quality)</b>	<b>4 Star (Quality Plus)</b>	<b>5 Star (Highest Quality)</b>
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

<sup>51</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q2.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf) (April 2012)

<sup>52</sup> The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

According to region’s 2015 funding plan, as of fiscal year 2014, 20 centers and one home based provider participated in Quality First; there were 183 pre-K, and 78 child care scholarship slots funded for children aged birth through five in the region; and 20 center-based providers and one home-based provider were served through the child care health consultation component of Quality First, available to all providers in the region, regardless if they are participating providers or not.<sup>53</sup>

[NOTE: We can include description of number of centers at each star level if you would provide that information for us and would like it included]

**Local Education Agency Preschools**

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.<sup>54</sup> The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.<sup>55</sup> A number of school districts in La Paz and Mohave Counties are utilizing these funds to provide a range of programmatic and support services for young children in the region.

**Table 31: Number of Local Education Agency Preschools**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Colorado City Unified District	1	56
Kingman Unified School District	2	180
Lake Havasu Unified District	1	98
Littlefield Unified District	1	28
Parker Unified School District	1	21
Topock Elementary District	1	19
Wenden Elementary District	1	14
All La Paz County Districts	2	35
All Mohave County Districts	6	381
All Arizona Districts	220	10,063

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>

<sup>53</sup> La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf>

<sup>54</sup> Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

<sup>55</sup> Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

### ***Head Start/Early Head Start***

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.<sup>56</sup> Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. There are nine Head Start Centers in the La Paz/Mohave Region; eight in Mohave County, Brian Meyer-Davis (Kingman), Cerbat (Kingman), Kingman North, Bullhead City, Golden Valley, Nautilus Lake Havasu City, Mohave Valley, and Lake Havasu and one in La Paz County, Ehrenberg. Eligible, enrolled children living in Quartzsite are bussed to the Ehrenberg Head Start Center. In addition, the Colorado River Indian Tribes manage a Head Start Center in Parker, which serves children from both La Paz/Mohave and Colorado River Indian Tribes Regions. Areas within the La Paz/Mohave Region without access to Head Start include the Colorado City-Centennial Park area, the Littlefield-Beaver Dam area, and the Salome-Bouse-Wenden area.

All Head Start Centers in the region are operated by the Western Arizona Council of Governments (WACOG), which provides Head Start services to La Paz, Mohave and Yuma Counties. Data received from WACOG for La Paz and Mohave County show that the Head Start sites in Mohave County enrolled a total of 252 children in the 2013-2014 school year and the Head Start site in La Paz County enrolled 20 children during the same time.<sup>57</sup> Total enrollment in Head Start in the region represents about six percent of the children aged three and four years in the region (n=4,601).

Data was also provided for the 2012-2013 period for comparison, and as can be seen in Table 32, two centers in Mohave County closed in 2013-2014, and enrollment decreased in three centers. Total enrollment for the region decreased from 380 slots in 2012-2013 to 272 slots the following year. In 2013-2014 enrollment increased compared to the previous year for two Head Start sites in Kingman North and Lake Havasu City, decreased for another three and stayed the same for the remaining four centers. Waitlists for Head Start slots remained for all centers across years, although five saw waitlist numbers decrease, and another three centers saw waitlist increases across years.

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<sup>56</sup> Data received from WACOG through personal correspondence.

<sup>57</sup> NACOG Head Start & Early Head Start. 2012-2013 Annual Report. Retrieved from [http://www.nacog.org/files/dep\\_page\\_41.pdf](http://www.nacog.org/files/dep_page_41.pdf)

**Table 32: Head Start Enrollment (2012-2013 and 2013-2014)**

HEAD START CENTER	2012-2013		2013-2014	
	Enrollment	Waitlist	Enrollment	Waitlist
Brian Meyer Davis (Kingman)	30	28	30	31
Bullhead City	80	65	72	46
Cerbat (Kingman)	20	14	20	4
Golden Valley	20	12	20	9
Kingman North	20	10	30	10
Lake Havasu City	20	8	30	28
Mohave Valley	40	24	30	9
Nautilus (Lake Havasu City)	40	11	20	21
Desert Willow (Kingman)	30	7	Closed	
Hubbs House (Kingman)	60	11	Closed	
Ehrenberg	20	13	20	5
La Paz County	20	13	20	5
Mohave County	360	190	252	158
Total	380	203	272	163

*Western Arizona Council of Governments (2013). Head Start Enrollment and Waitlist Numbers received through correspondence.*

Early Head Start is a program similar to Head Start that is for families with younger children, and Arizona’s Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Currently Early Head Start is only available in the Arizona Strip area of the region. The Learning Center for Families provides Early Head Start services in Beaver Dam, Littlefield, Scenic, Colorado City, and Centennial Park. Many key informants discussed the need for these programs in the rest of the region and the benefits they would have on young children’s school success.

### **Cost of Child Care**

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.<sup>58</sup> The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16<sup>th</sup> in the nation for least-affordable childcare for an infant in a center, and 14<sup>th</sup> for least affordable for a four year old in a center. At

<sup>58</sup> Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40% of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. Table 33 shows the average cost of child care in a child care center for children of different ages in La Paz and Mohave Counties. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

**Table 33: Cost of early childhood care for one child (Median cost per day)**

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
La Paz & Mohave Counties	Full-time	\$27.25	\$24.00	\$22.00
	Part-time	\$18.20	\$18.00	\$17.00
Arizona	Full-time	\$41.00	\$36.98	\$32.00
	Part-time	\$32.56	\$29.00	\$22.50

Arizona Department of Economic Security (2012). *Child Care Market Rate Survey 2012*. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>

Note: The Child Care Market Rate Survey estimate above is a combined estimate for La Paz, Mohave and Yuma Counties.

In addition to a limit to the number of available child care slots in the region, the inability to afford child care or early education programs was one of the most cited barriers to accessing these programs by key informants interviewed in the region. Many informants talked in detail about the barrier of strict income eligibility requirements that limit access to many early care and education programs and subsidies, and the need to expand these criteria to make these programs more equitable. Respondents often mentioned the addition of First Things First funded preschools and scholarship slots for typical children at district preschools, and scholarships thru Quality First in private child care programs as assets in increasing participation in early learning programs by addressing the barrier of affordability.

Table 34 shows the average estimated cost of child care in a child care center by percent of median family income in communities with child care centers in the region, as well as in La Paz and Mohave Counties and the state. As can be seen, the average cost for full-time center-based care in the region is likely to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Because their median income tends to be lower (see Table 13), the percent of income spent on childcare by the average female single parent would be even higher.

**Table 34: Cost of full time child care in a child care center by percent of median family income<sup>59</sup>**

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Bullhead City	\$44,526.00	15%	13%	12%
Dolan Springs	\$34,293.00	19%	17%	15%
Fort Mohave	\$55,412.00	12%	10%	10%
Kingman city	\$53,069.00	12%	11%	10%
Lake Havasu City	\$50,434.00	13%	11%	10%
Littlefield	\$33,750.00	19%	17%	16%
Salome	\$30,673.00	21%	19%	17%
Fort Mojave Reservation (Arizona part)	\$31,250.00	21%	18%	17%
La Paz County	\$40,786.00	16%	14%	13%
Mohave County	\$46,594.00	14%	12%	11%
Arizona	\$59,563.00	17%	15%	13%

*US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>*

## Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state.<sup>60</sup> It is likely that these issues impact retention and turnover of early care and education professionals across the state.

### Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA)

<sup>59</sup> Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

<sup>60</sup> Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona’s Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor’s Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the region’s 2015 funding plan, as of fiscal year 2014, there were 20 child care professionals in the La Paz/Mohave Region who had received TEACH scholarships to take coursework leading to an early childhood credential or degree.<sup>61</sup>

Additional support in the region for child care providers seeking professional development support is the Professional Career Pathways Project (PCPP).<sup>62</sup> This scholarship grant, funded by DES and First Things First, provides tuition and textbook support for early childhood education classes for those working as childcare providers, and is available for coursework taken at Mohave Community College.

**Opportunities for Professional Development**

Two college’s offering certification and degree programs in early childhood are located in the La Paz/Mohave Region; Mohave Community College and the Parker and Quartzsite sites of Arizona Western College (see Table 35 below). All other available early education certificate or degree opportunities are limited to on-line course-work for residents of the La Paz/Mohave Region.

**Table 35: Availability of certification, credentials, or degree programs (Local Sources)**

College	Locations in ...	Degree Offered
Mohave Community College	Bullhead City Campus	AA: Elementary Education with Emphasis in Early Childhood, Elementary Education
Arizona Western College	Parker Learning Center Quartzite Learning Center	Certificate: Early Childhood Education

Other early childhood education professional development opportunities are available in the region. One is the DES Early Childhood Professional Training<sup>63</sup>, offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early

<sup>61</sup> La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf>

<sup>62</sup> <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

<sup>63</sup> <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities, including those in La Paz and Mohave Counties<sup>64</sup>. The most recent newsletter<sup>65</sup> listed two trainings in La Paz County and six in Mohave County.

## Health

### Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.<sup>66</sup> The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with three people or fewer per square mile. There are 10 Primary Care Areas within the region, and the labels for the Primary Care Areas are drawn from the major population centers for those areas: Littlefield, Dolan Springs, Bullhead City, Fort Mohave Indian Tribe, Fort Mohave, Kingman, Lake Havasu City, Parker, Salome and Quartzsite.<sup>67,68</sup> Figure 24 below shows a map of the region's PCAs.

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<sup>64</sup> <http://www.arizonachildcare.org/providers/professional-development.html>

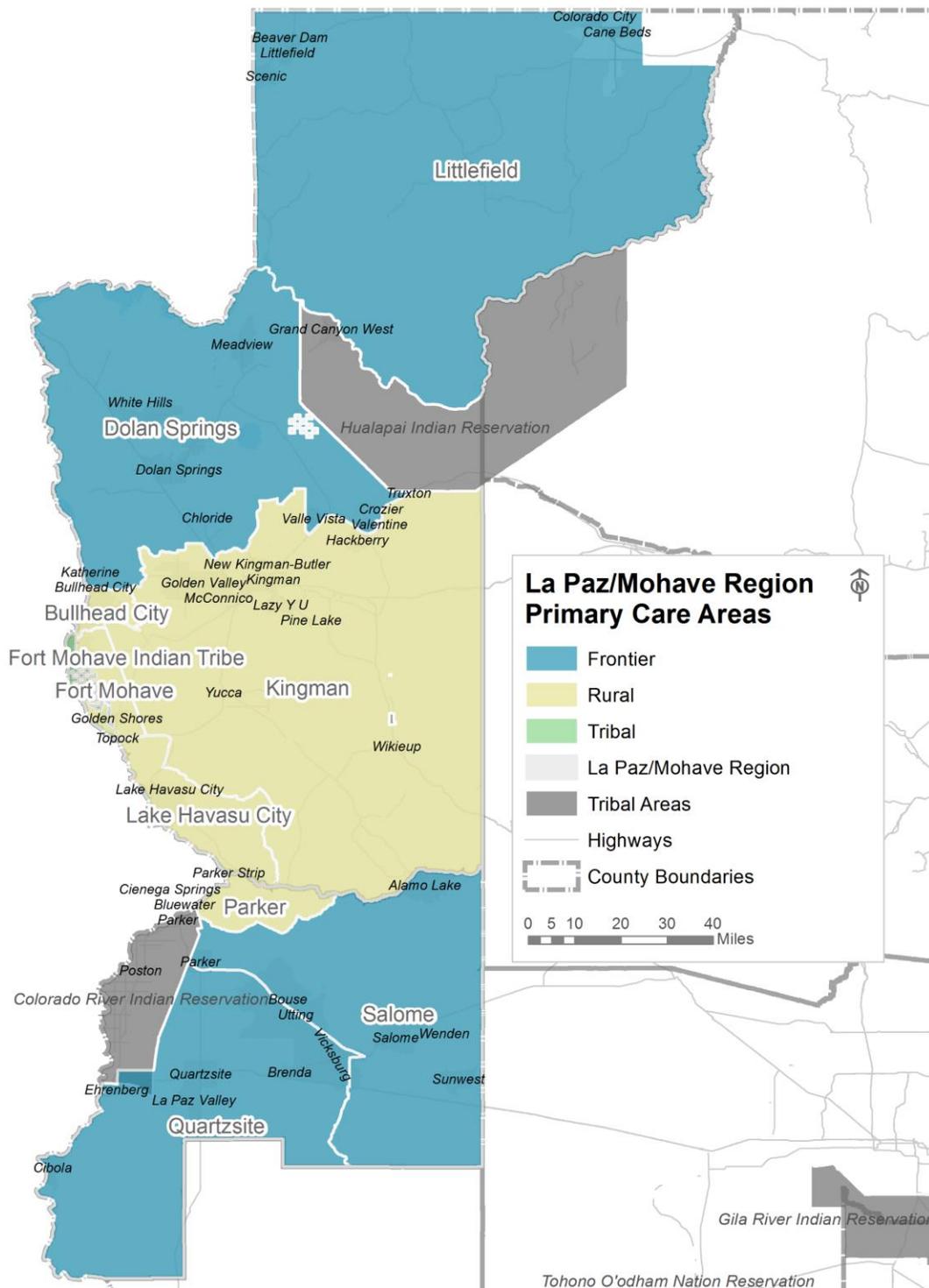
<sup>65</sup> <http://www.arizonachildcare.org/pdf/bulletin.pdf>

<sup>66</sup> Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

<sup>67</sup> <http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=mohave>

<sup>68</sup> <http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=lapaz>

**Figure 24: Map of primary care areas in the La Paz/Mohave Region**



Source: Arizona Department of Health Services (2014). Arizona ArcMap files: PCAs. Retrieved from <http://www.azdhs.gov/hsd/data/data.htm>

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers;

high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona's 15 counties has some areas designated as medically underserved areas or population.<sup>69</sup>

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on their scores, All of La Paz County and all but the Bullhead City and Lake Havasu City PCAs in Mohave County have been designated as "medically underserved" by the Arizona Department of Health Services<sup>70</sup>, All but the Lake Havasu City PCA is designated as a Federal Medically Underserved area,<sup>71</sup> all of the region is designated as a Mental Health Health Professional Shortage Area<sup>72</sup>, and much of the region has also been designated as a Dental Health Professional Shortage Area.<sup>73</sup>

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.<sup>74</sup>

Figure 25 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Mohave County it increases to 872:1, and in La Paz County to 1,742:1. All but two of the La Paz/Mohave Regions PCA's exceed the state ratio, with five exceeding 1,000:1 ratios, with highs in the Dolan Springs and Quartzsite PCAs.

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<sup>69</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>70</sup><http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

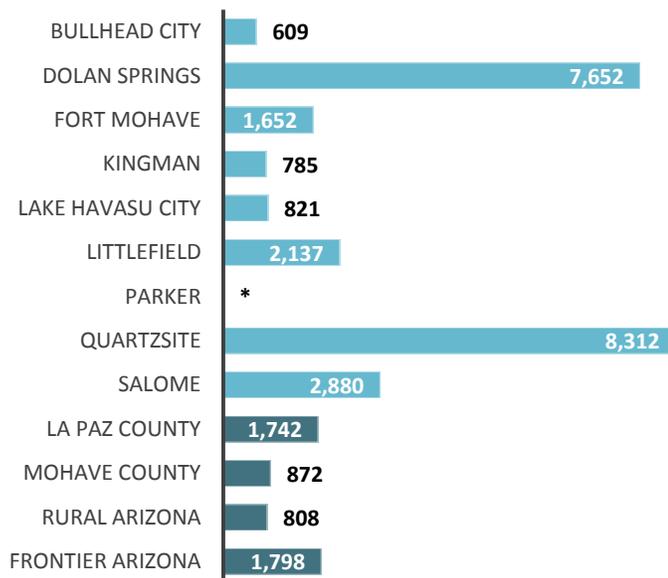
<sup>71</sup> [http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal\\_MUA.pdf](http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf)

<sup>72</sup> <http://www.azdhs.gov/hsd/data/documents/maps/mentalhpsas.pdf>

<sup>73</sup> <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

<sup>74</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

**Figure 25: Ratio of population to primary care providers**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

There are six hospitals serving the region, four in Mohave County (Havasu Regional Medical Center, Kingman Regional Medical Center, Valley View Medical Center in Fort Mohave, and Western Arizona regional Medical Center in Bullhead City)<sup>75</sup> and two in La Paz County<sup>76</sup>. The Fort Mojave Indian Health Service also offers medical and behavioral health services to American Indians in facilities located in Mohave County. Both of the La Paz hospitals are located in Parker; one of them is an Indian Health Service (IHS) hospital serving the American Indian community in the area. La Paz Regional Hospital, the only non-IHS hospital in La Paz County, recently received the designation of Critical Access Hospital.<sup>77</sup> The La Paz Regional Hospital has three affiliated clinics in Salome, Quartzsite and Bouse that serve the outlying communities in that county.

Mohave County also has four Federally Qualified Health Centers, three run by North County Healthcare in Kingman, Bullhead City and Lake Havasu City, and a fourth in Beaver Dam run by

<sup>75</sup> Community Health Profile for Mohave County, Arizona 2013. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf>

<sup>76</sup> 2012 Community Health Assessment: A Healthy LA PAZ Project. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/la-paz.pdf>

<sup>77</sup> <http://www.lapazhospital.org/getpage.php?name=history&sub=About+Us>

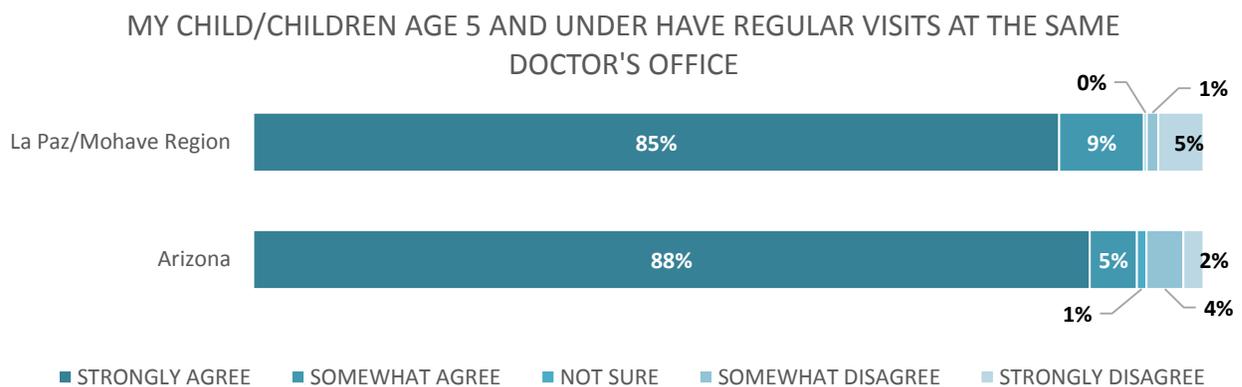
Canyonlands Healthcare. These Centers offer low-cost preventive and primary care services in areas designated as medically underserved.<sup>78</sup>

The larger communities in the region are served by hospitals and community health clinics, and local health clinics provide services in some outlying communities. However, there are few pediatricians and fewer pediatric dentists, even in the larger communities. Specialty medical and dental care for young children is very often unavailable.

Key informants frequently discussed the need for more health care services for children in the region. Suggestions to increase access to health care services were for 1) mobile health and dental services, 2) one day clinics on a weekly or monthly basis that act as a one-stop center with dental, vision and medical providers visiting a community for the day, 3) once monthly clinics with pediatric specialists to lessen travel required for these families, 4) more community health clinics or medical practices that would provide services on a sliding fee scale for those without health insurance, and 5) a one-stop resource for healthcare information, be it an individual, a location, a publication or a website.

One item from the 2012 Family & Community Survey assesses whether young children have regular visits with the same medical provider. As can be seen in Figure 26, families in the La Paz/Mohave Region (94%) are as likely to agree that they have a regular visits at the same doctor for their young children as families in the state as a whole (93%).

**Figure 26: Regular visits by children (ages 0-5) with same doctor's office.**



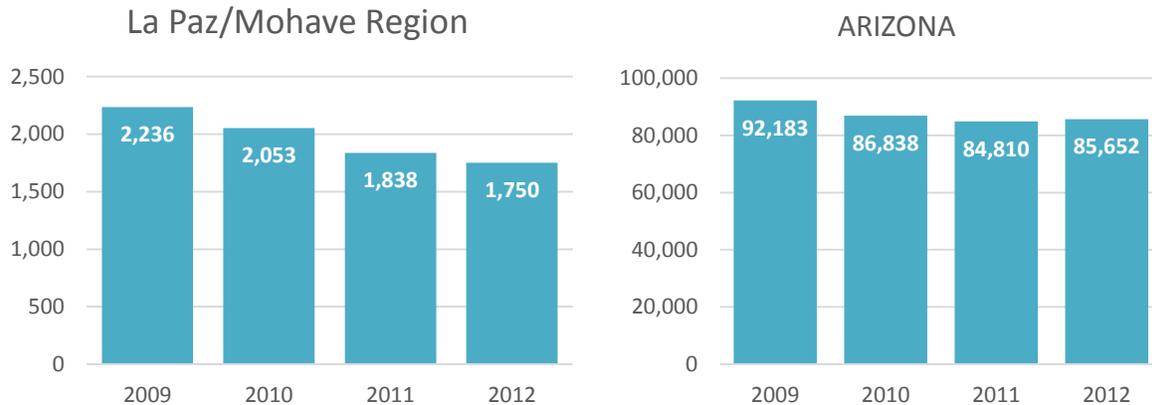
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

<sup>78</sup> Community Health Profile for Mohave County, Arizona 2013. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf>

## Pregnancies and Births

The population of Arizona has grown in recent years, however the number of births decreased from 2007 to 2011, with a very slight increase in 2012.<sup>79</sup> As can be seen in Figure 27, births continued to decrease in the La Paz/Mohave Region in 2012.

**Figure 27: Number of births per calendar year in the La Paz/Mohave Region (2009-2012)**

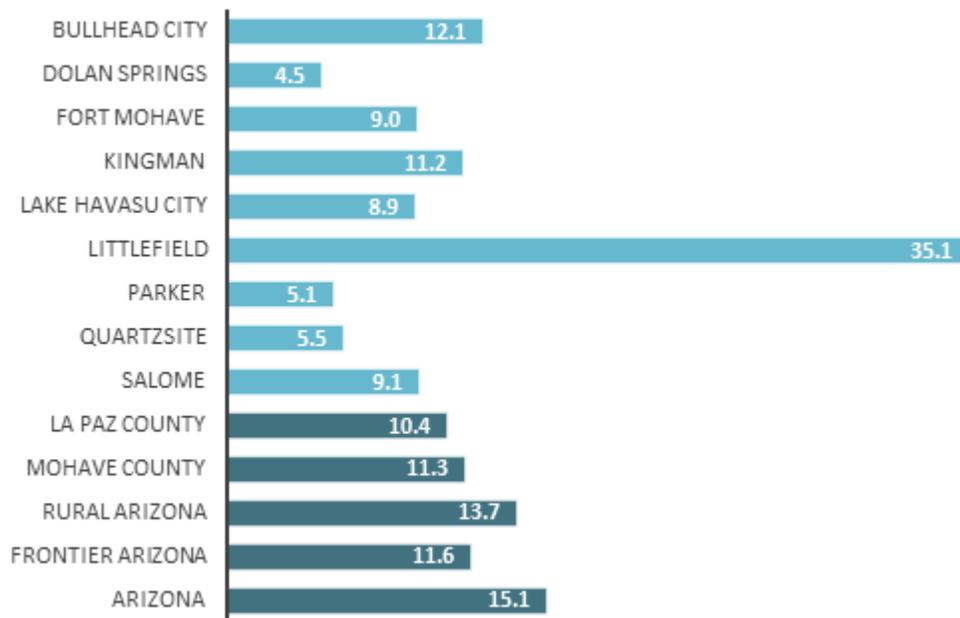


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 28 shows the rate of births in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with a high of 35.1/1,000 for the Littlefield PCA (which includes communities north of the Grand Canyon), to a low of 4.5/1,000 for the Dolan Springs PCA. The overall birth rates for La Paz and Mohave Counties (10.4/1,000 and 11.3/1000) are lower than the state as a whole (15.1/1,000)

<sup>79</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

**Figure 28: Rate of Births per 1,000 Females by PCA (2002-2011)**

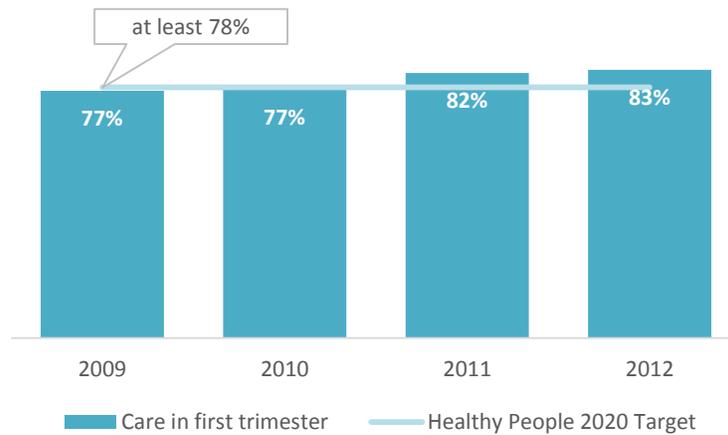


Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.<sup>80</sup> Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, seventy-nine percent of births meet this standard. As can be seen in the figure below, since 2011, the La Paz/Mohave Region has exceeded the Healthy People 2020 target, with a high in 2012 of 83 percent of births with prenatal care begun in the first trimester.

<sup>80</sup> Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

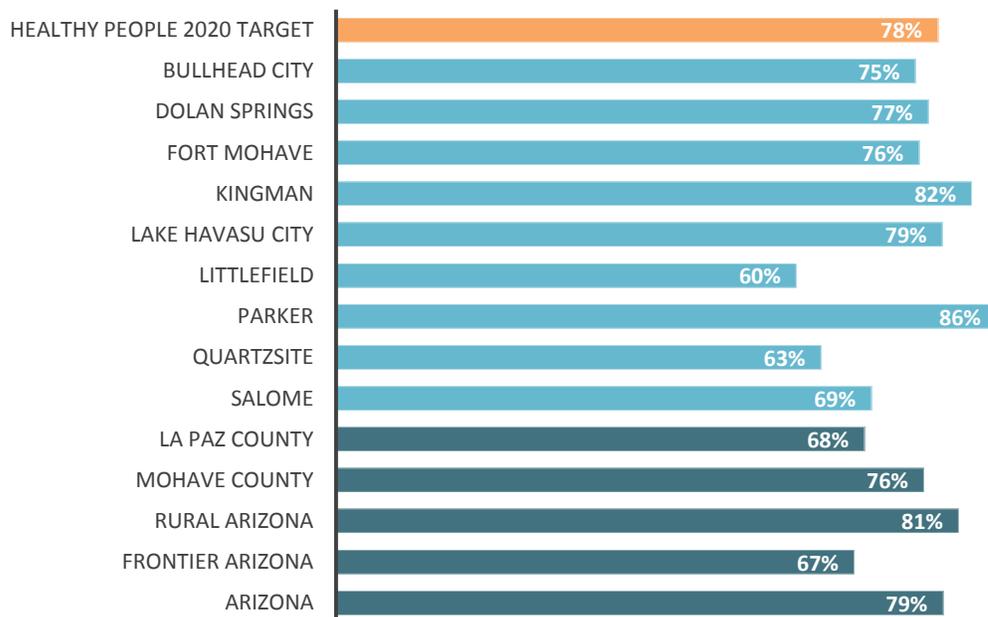
**Figure 29: Average percent of births with prenatal care begun first trimester by year in the La Paz/Mohave Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 30 below shows the percent of births with prenatal care begun in the first trimester for PCAs in the region, averaged over the years 2002-2011. As can be seen in this figure, the different PCAs vary in the percentage of births with early prenatal care.

**Figure 30: Average percent of births with prenatal care begun first trimester by PCA (2002-2011)**

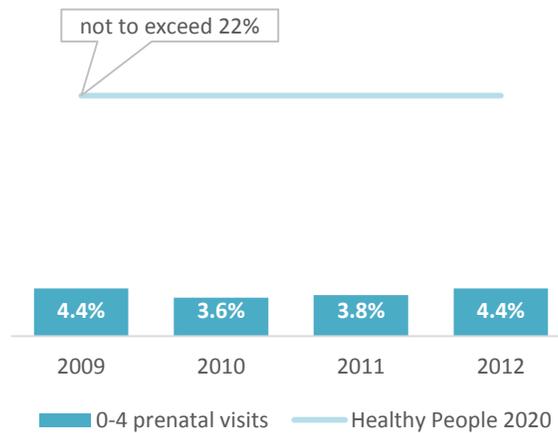


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a

healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.<sup>81</sup> The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. Again, the La Paz/Mohave Region has met and exceeded these targets from 2009-2012, with a just over four percent of women receiving four or fewer prenatal visits in 2012 (see Figure 31).

**Figure 31: Average percent of births with fewer than five prenatal care visits by year in the La Paz/Mohave Region (2009-2012)**

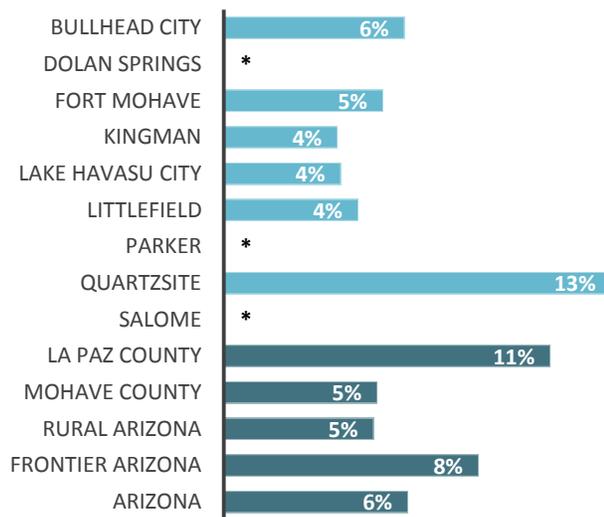


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows the variability of births with infrequent prenatal care by PCA in the La Paz/Mohave Region (averaged over the years 2002-2011). While all fall far below the Healthy People 2020 target of less than 22 percent, individual communities range from four percent in the Kingman, Lake Havasu City and Littlefield PCAs to 13 percent for the Quartzsite PCA.

<sup>81</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

**Figure 32: Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)**



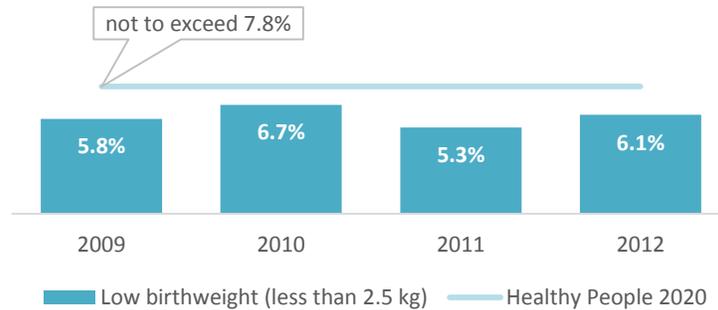
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects<sup>82</sup>, as well as air pollution<sup>83</sup>. The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 33, the region has met this target since 2009, although the percent of births with low birth weight in the region rose slightly from 2011 to 2012.

<sup>82</sup> Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

<sup>83</sup> Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

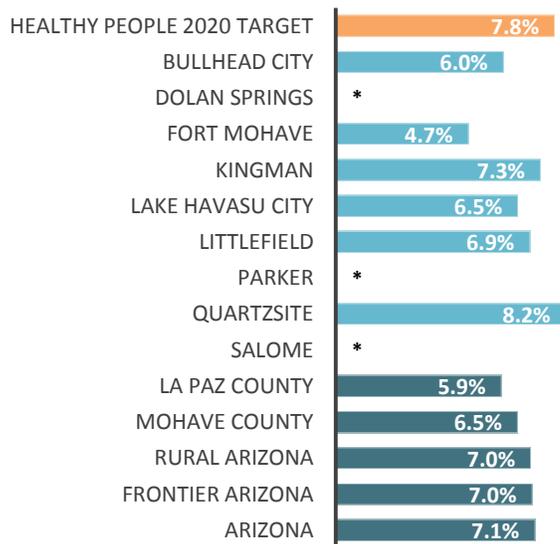
**Figure 33: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the La Paz/Mohave Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 34 shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the La Paz/Mohave Region. The Fort Mohave PCA has the lowest ten year average of low birth weight births (4.7%), while Quartzsite had the highest at 8.2 percent.

**Figure 34: Average low birth weight (5 lbs., 8oz. or less) births per 1,000 by PCA (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden

infant death syndrome, and child abuse and neglect.<sup>84</sup> In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.<sup>85</sup>

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11<sup>th</sup> highest teen birth rate nationally.<sup>86</sup> Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

The Healthy People 2020 target is 3.6 percent or fewer births to teen mothers between 15 and 17 years of age. As shown in Figure 35 below, there is variability by year for La Paz and Mohave Counties in the percent of births to teen mothers 17 and under. In 2012, La Paz County met the Healthy People 2020 target (2.9%) while Mohave County did not (4.4%). In previous years, Mohave County had met the Healthy People 2020 target of 3.6 percent or fewer births to teen mothers between 15 and 17 years of age, and in two of the four years, La Paz County had not.

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<sup>84</sup> Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from:

<http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

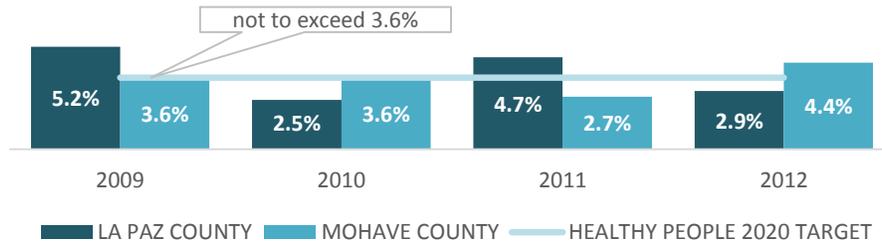
<sup>85</sup> Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:

<http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

<sup>86</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012.

<http://thenationalcampaign.org/data/compare/1701>

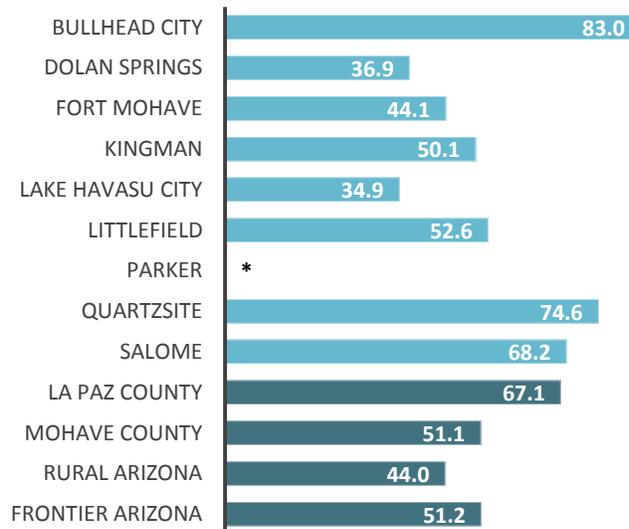
**Figure 35: Percent of Births to Teen Mothers 17 and younger by year in the La Paz/Mohave Region (2009-2012)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Figure 36 shows the rate of teen births for females aged 14-19 years old in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with highs of 83/1,000 for the Bullhead City PCA, to a low of 34.9/1,000 for the Lake Havasu City PCA.

**Figure 36: Rate of Teen Births per 1,000 Females 14-19 years old by PCA (2002-2011)**

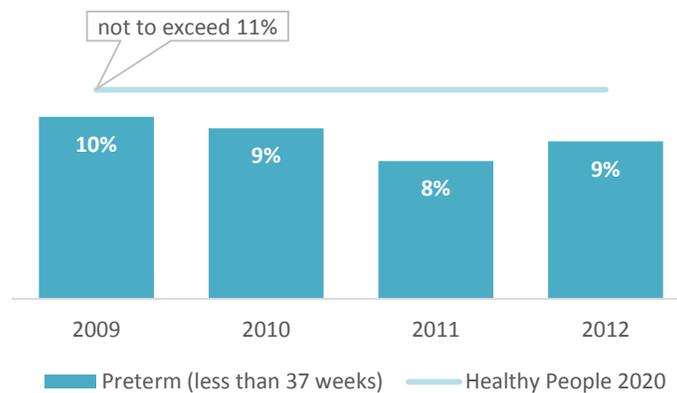


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.<sup>87</sup> However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.<sup>88</sup> Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population<sup>89</sup>.

Teen pregnancy is often linked with preterm births<sup>90</sup>, and the percent of preterm births in the region falls below the Healthy People 2020 target (see Figure 37).

**Figure 37: Percent of preterm births (under 37 weeks) in the La Paz/Mohave Region by year (2009-2012)**



Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 38, averaged over ten years, the rates for both counties, and all of the PCA's for which data is available, exceed that rate.

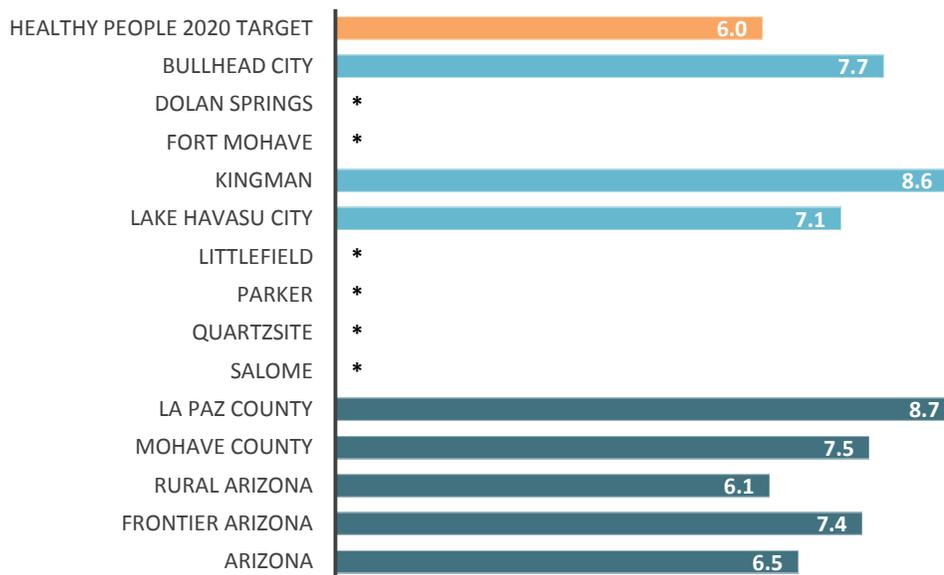
<sup>87</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>88</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

<sup>89</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

<sup>90</sup> Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

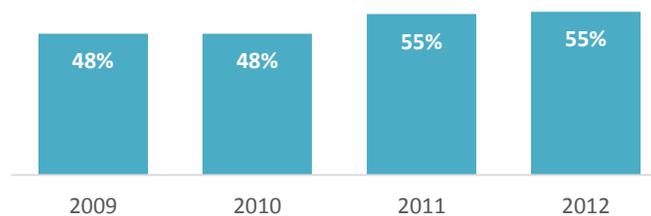
**Figure 38: Average infant mortality rate per 1,000 live births by PCA (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Just over half of the births (55%) in the La Paz/Mohave Region were to unmarried mothers in 2012, which is higher than the state of Arizona in 2012 (45%). In the La Paz/Mohave Region, births to unmarried mothers have increased in recent years.

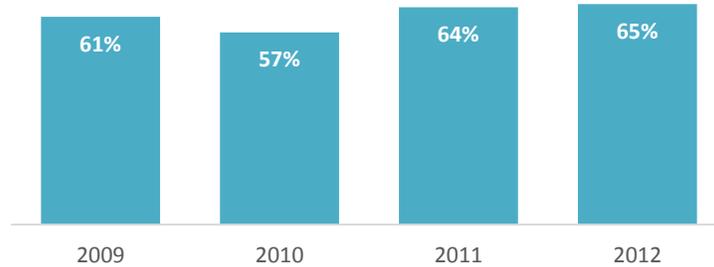
**Figure 39: Births to unmarried mothers in the La Paz/Mohave Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The number of births to women with AHCCCS insurance coverage has increased slightly in the region in recent years, with 65 percent of births having AHCCCS or IHS as the payee for birth expenses in 2012. This is higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

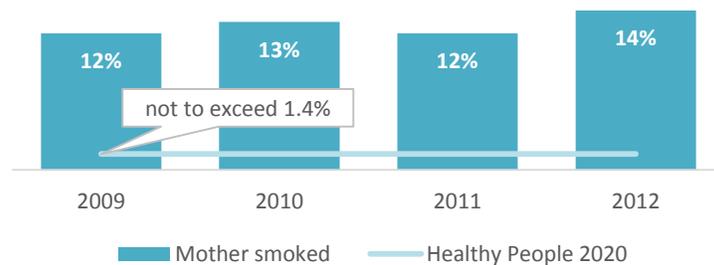
**Figure 40: Births covered by AHCCCS or IHS in the La Paz/Mohave Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The percent of births where the mother smoked in the La Paz/Mohave Region in 2012 (14%) is much higher than the state of Arizona as a whole in which four percent of women reported smoking during pregnancy. This percentage has increased slightly over the four years since 2009. The Healthy People 2020 target for using tobacco during pregnancy is not to exceed 1.4 percent. That so many women reported using tobacco during pregnancy in the La Paz/Mohave Region indicates an area where additional prevention and educational resources are needed.

**Figure 41: Tobacco use during pregnancy in the La Paz/Mohave Region by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Insurance Coverage

### **Affordable Care Act and Medicaid Expansion**

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13% of the state’s children (those under 18 years of age) uninsured.<sup>91</sup>

<sup>91</sup> Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90% thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.<sup>92</sup> These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.<sup>93</sup> However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.<sup>94</sup> A potential barrier to this method is that a separate, additional premium for this supplemental plan is required<sup>95</sup>, and subsidies will not be available for these separately purchased plans<sup>96</sup>. Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 36 shows the percent of the population in the region, regional areas, counties and state who are estimated to be uninsured. The percentage of the total population uninsured in the region (17%) is higher than the percentage of uninsured children aged birth through five in the region (14%). Compared to the state, the percentage of the population without health insurance in the state as a whole (17%) is the same as the La Paz/Mohave Region, while the percent of the young population uninsured in the region (14%) is higher than the state (11%).

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<sup>92</sup> The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

<sup>93</sup> Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

<sup>94</sup> Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

<sup>95</sup> Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

<sup>96</sup> Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

These percentages in La Paz and Mohave Counties are consistent with the region. However, the estimated percent of the population without insurance varies across areas of the region.

**Table 36: Percent of population uninsured**

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
La Paz Mohave Region	211,436	17%	13,397	14%
Bullhead City area	40,544	15%	2,656	9%
Colorado City-Centennial Park area	6,085	17%	1,441	25%
Dolan Springs-Golden Valley area	16,406	20%	594	47%
Fort Mohave-Mohave Valley-Topock area	22,984	19%	1,343	17%
Kingman area	52,264	16%	3,597	17%
Lake Havasu City area	55,808	15%	2,998	9%
Littlefield-Beaver Dam area	3,933	30%	280	43%
Parker Strip-Cienega Springs area	2,489	21%	86	19%
Quartzsite-Ehrenberg area	6,164	9%	204	0%
Salome-Bouse-Wenden area	4,759	15%	198	2%
Fort Mojave Indian Tribe (Arizona part)	1,004	21%	89	42%
La Paz County	20,489	16%	1,227	14%
Mohave County	200,186	17%	13,218	14%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: If an individual indicated that his or her only coverage for health care services is through the Indian Health Service (IHS), the ACS considers this person to be “uninsured.”

**Medicaid (AHCCCS) and KidsCare Coverage**

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 and 200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 to 175 percent of the FPL, based on

family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.<sup>97</sup>

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.<sup>98</sup>

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance<sup>99</sup>.

Table 37 below shows that very few children in La Paz and Mohave Counties and the state were enrolled in KidsCare in 2014.

**Table 37: Children (0-17) with KidsCare coverage (2012-2014)**

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
La Paz County	3,678	44	1.2%	97	2.6%	5	0.1%
Mohave County	41,265	265	0.6%	991	2.4%	30	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

AHCCCS (2014). *KidsCare Enrollment by County*. Retrieved from <http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>

<sup>97</sup> Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

<sup>98</sup> Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

<sup>99</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

## **Developmental Screenings and Services for Children with Special Developmental and Health Care Needs**

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.<sup>100</sup> The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

When asked about health services in the region, second to the need for mental health services, key informants most commonly cited the need for services for children with special needs. As an example, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening don't receive appropriate follow up services to address this auditory need.<sup>101</sup> According to key informants, there has been ongoing difficulty in recruiting providers and specialists to the region, which has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing un-filled vacancies. For services for the birth through three age group, there are substantial time lags between referrals and follow-up, and waits of months for therapy to begin are common. In addition, there are even more limited resources for children with less severe delays, who would still benefit from early intervention. Even when families are able to access services by travelling to more urban areas, follow-up is difficult due to the lack of therapeutic resources in the region, and to the difficulty in maintaining contact with the provider outside of the La Paz/Mohave Region.

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<sup>100</sup> “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from [www.childhealthdata.org](http://www.childhealthdata.org).

<sup>101</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

### ***AeZIP Referrals and Services***

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50% of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services). The contracted AzEIP provider in La Paz and Mohave Counties is A to Z Therapies, with the exception of the Arizona Strip (including the Colorado City-Centennial Park area and the Littlefield-Beaver Dam area) where the contracted provider is The Learning Center.<sup>102</sup>

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses.<sup>103</sup> The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees for those not enrolled in AHCCCS.<sup>104</sup> However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to

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<sup>102</sup> [https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/azeip\\_referral\\_contact\\_list.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf)

<sup>103</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2009–2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

<sup>104</sup> Arizona Department of Economic Security. (2012). Arizona Early Intervention Program Family Cost Participation Fact Sheet. Retrieved July 25th 2012 from [https://www.azdes.gov/uploadedFiles/Arizona\\_Early\\_Intervention\\_Program/fact\\_sheet\\_english\\_rev\\_10\\_12\\_10.pdf](https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf)

eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.<sup>105</sup>

Regional AzEIP data was unavailable for the current report, however state-level data was provided. The table below shows the total, unduplicated number of children served by AzEIP from 2009 to 2012. The data provided was point in time data for each year. As can be seen in Table 38, the number of children served in Arizona by AzEIP, The Arizona Schools for the Deaf and Blind, and DDD has decreased overall from 2009 to 2012.

**Table 38: Number of AzEIP eligible children served in Arizona**

GEOGRAPHY	Dec 1 2009	Oct 1 2010	Oct 1 2011	Oct 1 2012
Arizona	5,372	5,301	4,850	5,100

*First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request*

Note: These numbers include children served in AzEIP only, Arizona Schools for the Deaf and Blind and DDD.

AzEIP recently transitioned to a team-based model to provide services. In this model, a team lead is meant to be a partner with the family in the provision of services, with a focus on collaborative coaching of families as the primary intervention strategy. The lead is supported by other team members through regular team meetings and joint visits with the family.<sup>106</sup> The move to this team model required that contracted agencies be able to provide multiple therapeutic services (such as OT, PT, speech therapy, etc.). Key informants in the region reported that they perceived that this new model led to agencies that were smaller or more specialized being excluded from successfully bidding to provide services. They feel this resulted in more contracts with larger agencies in urban settings who either sub-contracted services out to more rural communities, or had to travel to the areas to provide services. According to key informants, this lack of connection with the communities in which services are being provided has created a sense of frustration in some areas, and may have led to increases in wait times for referrals and appointments. Data on screenings, referrals and services are not currently available, except at the state level.

### **DDD Services**

The Division of Developmental Delays (DDD) serves adults and children throughout the state. DDD supports the family unity by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care,

<sup>105</sup> <https://www.azdes.gov/AzEIP/Family-Cost-Participation/>

<sup>106</sup> <https://www.azdes.gov/AzEIP/KeyPrinciples/>

communication, learning, mobility, independent living, or earning potential. Children aged birth thru two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP) which works to support their development and coach family in supporting the child’s development. Children aged three to six are eligible if they are at-risk for a developmental delay if they don’t receive services. DDD also offers support groups for families dealing with autism or Downs Syndrome or families receiving services who are Spanish-speaking only.<sup>107</sup>

In 2012, in the La Paz/Mohave Region, 78 children were receiving services from DDD, up from 67 in 2010 (see Table 39). The number of children receiving services across the state has decreased during the same period. While the total number of children served in the La Paz/Mohave region has increased, the number of children under age three receiving DDD services in the region has decreased slightly over the period from 2010-2012. The number of visits made by DDD to provide services in the region has also decreased from 2010 to 2012 from a high of 5,475 visits in 2010 to a low of 5,329 visits in 2012.<sup>108</sup>

**Table 39: Children receiving services from DDD in the region**

GEOGRAPHY	2010			2011			2012		
	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served
La Paz Mohave Region	33	35	67	35	40	75	32	46	78
Arizona	2,992	2,696	5,688	2,808	2,616	5,424	2,657	2,574	5,231

*First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request*

***Preschool and elementary school children enrolled in special education***

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 40, the percentage of students enrolled in special education varies across school districts in the region, with a high of 24 percent in the Colorado City Unified District. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

<sup>107</sup> Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

<sup>108</sup> First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

**Table 40: Percent of preschool and elementary school children enrolled in special education**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Bouse Elementary District	2	32	<25	DS
Bullhead City School District	12	2,560	302	12%
Colorado City Unified District	2	347	85	24%
Hackberry School District	2	34	<25	DS
Kingman Unified School District	20	4,020	504	13%
Lake Havasu Unified District	12	2,916	297	10%
Littlefield Unified District	2	256	<25	DS
Mohave Valley Elementary District	6	1,220	153	13%
Owens-Whitney Elementary District	2	21	<25	DS
Parker Unified School District	6	1,184	240	20%
Quartzsite Elementary District	4	175	<25	DS
Salome Consolidated Elementary District	2	90	<25	DS
Topock Elementary District	2	129	<25	DS
Valentine Elementary District	2	53	<25	DS
Wenden Elementary District	2	94	<25	DS
Yucca Elementary District	2	21	<25	DS
All Mohave County Charter Schools	7	2,182	199	9%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

In addition to children enrolled in school district programs, children in other early care and learning programs may be in need of special services. The child care census survey undertaken with child care providers in the La Paz/Mohave Region between November 2013 and January 2014 also asked child care providers about their ability to care for children with special needs. Most of those surveyed (n=47, 82%) reported having the ability to serve children five and under with special needs (physical, emotional, developmental or behavioral) in their program or care. However, only 27 (47%) currently had children with either a special physical or emotional need enrolled in their care. Only 19 (33%) were able to report that those children they served with a special need had an IEP/ISFP. The table below provides responses by child care provider type.

**Table 41: Ability to serve and number serving children with special needs by child care provider type**

Provider Type	N	Serving Children with Special Needs (SN)			
		Ability to serve SN children	Currently serving children w/ physical SN	Currently serving children w/ E/B/D SN	Currently serving children w/ IEP/ISFP
Family Care Provider	7	6	1	2	1
Group Home	4	3	0	1	0
Head Start	9	9	0	7	7
Center: School-based	12	9	1	4	3
Center: Non-school-based	25	20	5	11	8
<b>Total</b>	<b>57</b>	<b>47</b>	<b>7</b>	<b>25</b>	<b>19</b>

La Paz/Mohave First Things First (2014). Unpublished raw data from Child Care Census Survey

### Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.<sup>109</sup> Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6% in 2003 to 3.9% for the 2012-2013 school year.<sup>110</sup> More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.<sup>111</sup> This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering

<sup>109</sup> Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

<sup>110</sup> Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

<sup>111</sup> Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.<sup>112</sup> This plan includes strategies aimed at schools, childcare centers, physicians’ offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies have begun and rates of exemptions will be tracked over time to judge the success of these strategies.

La Paz and Mohave Counties are not one of the areas in the state with high rates of personal belief exemptions. In fact, within child care settings, religious and medical exemptions are rare in both counties (see Table 42) and this was similar in kindergarten settings (Table 43).

**Table 42: Immunization rates for children enrolled in child care (2012-2013)<sup>113</sup>**

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
La Paz County	67	97%	100%	100%	99%	100%	100%	0%	0.0%
Mohave County	2,032	95%	96%	96%	94%	96%	97%	3%	2.3%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

Arizona Department of Health Services (2013). *Childcare Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

**Table 43: Immunization rates for children enrolled in kindergarten (2012-2013)<sup>114</sup>**

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
La Paz County	234	99%	98%	98%	99%	99%	1%	0.0%
Mohave County	2,012	92%	92%	99%	95%	96%	5%	0.0%
Arizona	87,909	95%	95%	95%	96%	97%	4%	0.3%

Arizona Department of Health Services (2013). *Kindergarten Coverage for 2012-2013 School Year*. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

<sup>112</sup> Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

<sup>113</sup> Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

<sup>114</sup> Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

## Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.<sup>115</sup> Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."<sup>116</sup> When young children experience stress and trauma they have limited responses available to react to those experience. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.<sup>117</sup> A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.<sup>118</sup>

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.<sup>119</sup>

A 2013 Community Health Assessment for Mohave County, found limited access to mental health and substance abuse services to be one of the four main causes of poor overall health of Mohave County residents. This assessment cited a number of barriers to mental health care in the county including a severe shortage of mental health professionals, no in-patient facilities for

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<sup>115</sup> *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012:  
[http://csefel.vanderbilt.edu/documents/rs\\_infant\\_mental\\_health.pdf](http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf)

<sup>116</sup> Zero to Three Infant Mental Health Task force Steering Committee, 2001

<sup>117</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from  
[http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AddInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144)

<sup>118</sup> Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

<sup>119</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from  
[http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AddInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144)

alcohol and drug rehabilitation, cultural attitudes towards mental health issues and care seeking, dysfunctional family life and financial hardships.<sup>120</sup> Behavioral and mental health programs and services specifically for young children are likely even more scarce in the region.

Mental health services were consistently cited as the greatest health care need for young children in both counties by key informants. Issues cited by informants were that mental health services are largely unavailable to those not on AHCCCS, long wait times for referral follow-up and appointments are common, the use of non-certified mental health workers to provide care, and the absence of coordination of care between the mental health provider, families, schools and other health care providers.

### **Enrollment in Public Behavioral Health System**

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs<sup>121</sup>: Northern Arizona Behavioral Health Authority (NARBHA) serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties; Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 30,745 enrollees in NARBHA, and 25,166 in CBHS, representing 22.9 percent of those enrolled in Arizona RBHAs.<sup>122</sup>

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance. While the intent of the GSAs of the RBHAs was to allow a more community focused approach, the changing distribution of these GSAs may have had unintended impacts. For example, in the past, La Paz and Mohave Counties were served by the same RBHA. Several years ago however, this was changed so that La Paz and Mohave Counties are now under the direction of separate RBHA's. Key informants in La Paz County cited as a barrier, the inability to access mental health providers in Mohave County to serve children residing in La Paz County. This has resulted in

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<sup>120</sup> Community Health Profile for Mohave County, Arizona 2013. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf>

<sup>121</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>122</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

some children in La Paz County having no option for services, as the closest provider in Yuma is too great a distance for these families to travel.

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost five percent of all enrollees<sup>123</sup> in 2012, compared to four percent in 2011<sup>124</sup>. With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children, an issue that was echoed by key informants in the region. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.<sup>125</sup> Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.<sup>126</sup>

Key informants discussed additional barriers affecting access to services within the public behavioral health system in the region. Although AHCCCS-covered children are entitled to mental health services, they first require a diagnosis (such as autism, ADHD, or psychiatric disorders). Lack of specialists sometimes means children are unable to be diagnosed in a timely way, delaying care and early intervention. Key informants strongly felt that the needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.

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<sup>123</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

<sup>124</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

<sup>125</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

<sup>126</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

## Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.<sup>127</sup> In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>128</sup>

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.<sup>129</sup> Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%) and were more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.<sup>130</sup>

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; much of the La Paz/Mohave Region is designated as such. These represent areas with a lack of dental providers, areas with geographic barriers to accessing care, and areas with large low-income populations who would be unable to afford care. Arizona needs an estimated 246 additional dental health professionals to meet the needs of Arizonans<sup>131</sup>

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As can be seen in Figure 42, families in the La

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<sup>127</sup> <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

<sup>128</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

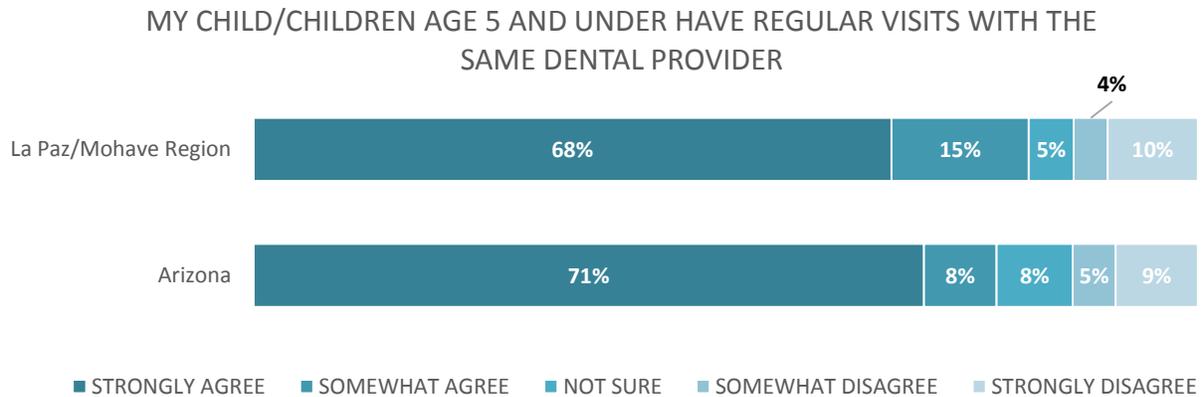
<sup>129</sup> Arizona Department of Health Services, Office of Oral Health  
[http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet\\_Oral%20Health\\_Preschool.pdf](http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf)

<sup>130</sup> Arizona Department of Health Services, Office of Oral Health  
[http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2\\_Oral%20Health\\_Preschool.pdf](http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf)

<sup>131</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services.  
<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

Paz/Mohave Region (83%) are slightly more likely to agree that they have a regular provider of dental care for their young children than families in the state as a whole (79%).

**Figure 42: Regular visits to dental provider**



*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.*

### Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten<sup>132</sup>.

A major new report revealed promising news however, a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from 13.9 percent to 8.4 percent.<sup>133</sup> While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally among two to five year olds in 2012, 3.5 percent of white children were obese, compared to 11.3 percent of black children and 16.7 percent of Hispanic children. And this is in spite of fairly similar obesity rates for children under two years old. And while 18

<sup>132</sup> Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

<sup>133</sup> Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014;311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.<sup>134</sup>

As noted above, breastfeeding can play a role in obesity prevention for babies. This also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.<sup>135</sup> The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity<sup>136</sup>. The table below shows rates for breastfeeding in Mohave County, the state and a number of Healthy People 2020 objectives. The percentage of ever breastfeeding in Mohave County (63%) was less than the state as a whole (67%), and fell far below the 2020 target (at least 82%).

**Table 44: Breastfeeding and weight in Mohave County and the state (2011)**

	Healthy People 2020 Target	Arizona	Mohave County
Percent Breastfed Ever	82%	67%	63%
Percent Breastfed at least 6 months	61%	25%	19%
Percent Exclusively Breastfed at least 6 months	26%	7%	6%
Percent Overweight (ages 2-5)	-	16%	15%
Percent Obese (ages 2-5)	10%	15%	11%

Arizona Department of Health Services (2013). WIC Needs Assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

In Mohave County in 2011, 11 percent of children aged birth through five years of age were obese. As can be seen in Table 44 above, for children aged two to five years of age in Mohave County in the same year, 15 percent were overweight, and 11 percent were obese. These figures are all lower than those for the state as a whole; 13 percent of children in the state aged birth through five years were obese, and 16 percent of children aged two through five were classified as overweight, and 15 percent were obese.<sup>137</sup>

<sup>134</sup> CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. MMWR, August 9, 2013 / 62(31);629-634

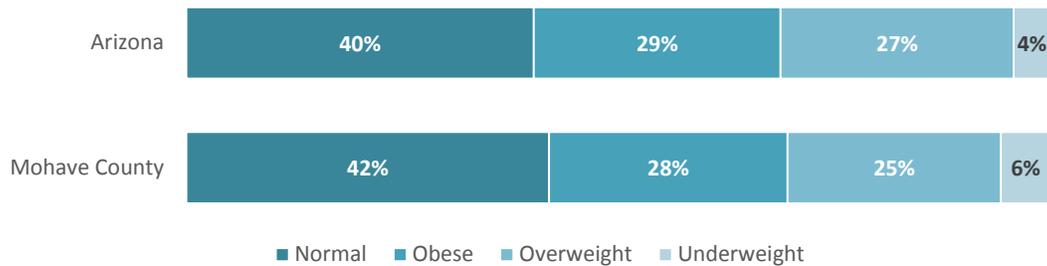
<sup>135</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

<sup>136</sup> Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

<sup>137</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

A mother’s weight before birth can impact a baby’s birth weight,<sup>138</sup> and may subsequently impact overweight or obesity in childhood.<sup>139</sup> The figure below shows the rates of pre-pregnancy overweight and obesity for Mohave County and the state, which are very similar.

**Figure 43: Pre-pregnancy overweight and obesity rates in Mohave County (2013)**



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request

### Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.<sup>140</sup> More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which (81, 47%) attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

Local Child Fatality Review Teams review each death and make a determination of preventability for each death, after reviewing all available information on the circumstances (in 9% of cases, there were unable to determine preventability). Based on these reviews, the teams concluded that five percent of perinatal deaths, 49 percent of infant deaths, and 49 percent of young child deaths were preventable.

<sup>138</sup> Koepp UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

<sup>139</sup> O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: [http://www.medscape.com/viewarticle/776504\\_3](http://www.medscape.com/viewarticle/776504_3)

<sup>140</sup> Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

The Child Fatality Review Teams also make a determination of whether the death can be classified as maltreatment by parent, guardian or caretaker, based on their acting, or failing to act, in a way that presents a risk of serious harm to the child. Seven percent (56) of all deaths of children from birth to five were classified as maltreatment. These may have been classified as homicide (e.g. due to abusive head trauma), natural (e.g., prenatal substance use that resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

The number of child fatalities have decreased overall in Mohave County since 2007, although this decrease has not been consistent between the years 2007 and 2012. The number of child fatalities reported in Mohave County was 27 in 2007, a low of 11 in 2008, 21 in 2009, 22 in 2010, 23 in 2011 and 21 again in 2012.<sup>141</sup> The inconsistent pattern was similar in La Paz County, although in the opposite direction, with an overall increase in reported child deaths between 2007 and 2012. The number of child fatalities reported in La Paz County was one in 2007, five in 2008, five again in 2009, two in 2010, three in 2011 and a high of eight in 2012.

### **Substance Use**

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction<sup>142</sup>.

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Mohave County was only slightly higher at 14.7/100,000, while the rate in La Paz County was much higher at 41.3/100,000.<sup>143</sup> For women only, the age-adjusted mortality rate for alcohol-induced deaths for the state was 7.7/100,000, but 54.9/100,000 in La Paz County, the highest for any county in the state.

## **Family Support**

### **Child Welfare**

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been

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<sup>141</sup> Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

<sup>142</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from [http://www.cdc.gov/ncipc/pub-res/pdf/childhood\\_stress.pdf](http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf).

<sup>143</sup> <http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm> Table 5E-11

abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.<sup>144</sup>

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.<sup>145</sup>

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.<sup>146</sup> From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focusing on prevention to stop neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.<sup>147</sup> The essential components of this approach include; 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

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<sup>144</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

<sup>145</sup> Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

<sup>146</sup> Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from [http://developingchild.harvard.edu/resources/briefs/inbrief\\_series/inbrief\\_neglect/](http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/)

<sup>147</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

### **CPS**

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.<sup>148</sup>

The Arizona Department of Economic Security (DES) provided data on the number of children removed from their homes within fiscal years 2011, 2012, and 2013 who were five years or younger at the time of removal. Table 45 shows these numbers for the La Paz/Mohave Region, communities within the region, the county and the state. The number of children removed between the ages of birth and five has decreased from 2011 to 2013, in the region (-17%), La Paz County (-36%) and Mohave County (-21%). This is contrary to the pattern in the state, which has seen a 35 percent increase in removals of young children between the years 2011 and 2013. The number of removals varies by community, with increases in the number of removals in five communities, and decreases in another six during the same time period.

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<sup>148</sup> [http://azgovernor.gov/dms/upload/MA\\_011314\\_CPSReformFactSheetFAQ.pdf](http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf)

**Table 45: Number of children removed from their homes who were five years or young at removal**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
La Paz Mohave Region	13,397	132	108	109	-17%
Bullhead City area	2,656	35	35	14	-60%
Colorado City-Centennial Park area	1,441	<10	0	0	DS
Dolan Springs-Golden Valley area	594	12	<10	<10	DS
Fort Mohave-Mohave Valley-Topock area	1,343	<10	<10	<10	-50%
Kingman area	3,597	43	38	52	+21%
Lake Havasu City area	2,998	27	16	24	-11%
Littlefield-Beaver Dam area	280	<10	0	<10	+100%
Parker Strip-Cienega Springs area	86	<10	<10	<10	-70%
Quartzsite-Ehrenberg area	204	0	<10	<10	
Salome-Bouse-Wenden area	198	<10	<10	<10	+100%
Fort Mojave Indian Tribe (Arizona part)	89	0	0	<10	
La Paz County	1,227	11	13	<10	DS
Mohave County	13,218	128	102	101	-21%
Arizona	546,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). [Child Welfare data set]. Retrieved from <http://azdhs.gov/phs/immunization/statistics-reports.htm>

In addition to the data above received from DES, data was provided by Mohave County Superior Court on the number of removal petitions filed for juvenile dependency cases. In 2013, a total of 170 petitions for removal were filed for children aged birth through five years of age. In just the first five months of 2014, 99 petitions for removal were filed for children aged birth through five years with the Mohave County Superior Court<sup>149</sup>. This increase is in line with key informants who stated that they had seen an increase in dependency filings in 2014 across the region.

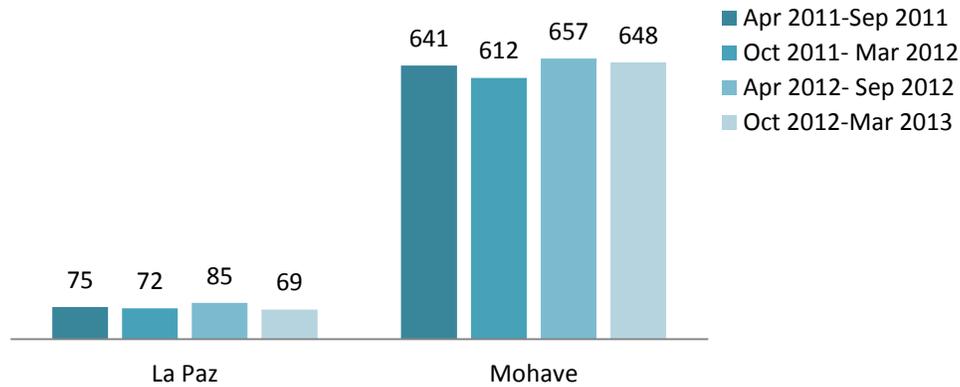
The Arizona Department of Economic Security (DES) produces a semi-annual report on child welfare services. The figures below show the reports received of alleged abuse and neglect in La Paz and Mohave Counties between April 2011 and March 2013. Reports of child abuse and neglect have been increasing across the state, but have not in La Paz and Mohave County. There has been a decrease between 2012 and 2013 in reports in both counties, however in La Paz County the number of reports has decreased overall between 2011 and 2013, but in Mohave County there has been a slight increase overall (see Figure 44).<sup>150</sup> The assessed risk of

<sup>149</sup> Data received from Mohave County Superior Courts through personal correspondence.

<sup>150</sup> Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: [https://www.azdes.gov/InternetFiles/Reports/pdf/semi\\_annual\\_child\\_welfare\\_report\\_oct\\_2012\\_mar\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf)

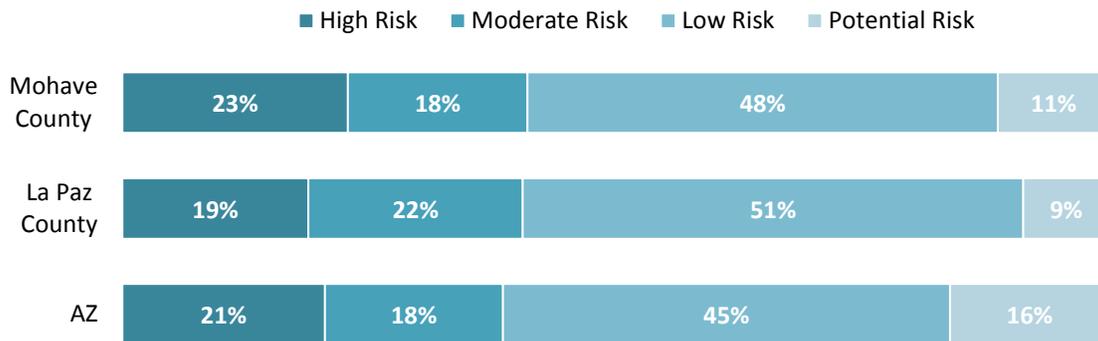
child welfare reports in La Paz and Mohave Counties tend to be similar to that seen in the state as a whole, as seen in Figure 45.

**Figure 44: Child welfare reports in La Paz and Mohave Counties (April 2011- March 2013)**



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

**Figure 45: Assessed risk of child welfare reports in La Paz and Mohave Counties and the state (Oct 2012- March 2013)<sup>151</sup>**



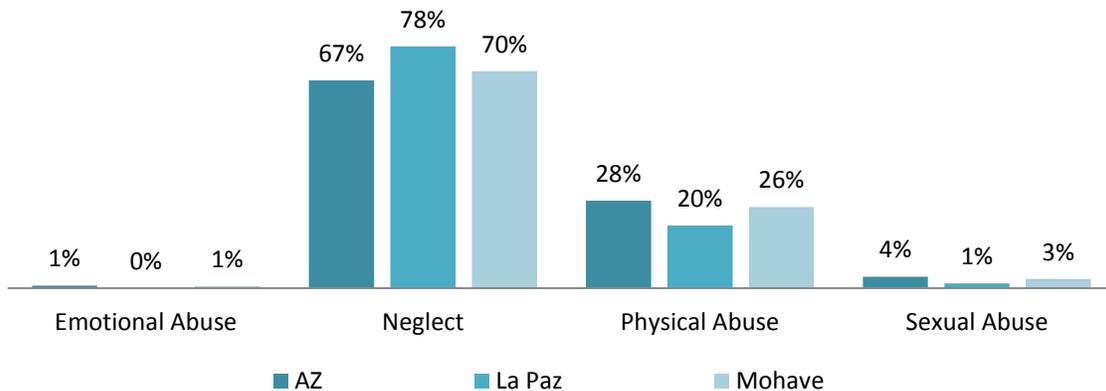
Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

Figure 46 shows that there is also a similar mix of type of maltreatment in the county as seen across the state. It is important to note that these figures show child welfare reports; a relatively small proportion of the reports are substantiated after investigation. Substantiated reports are those where at least one of the allegations in the report of abuse and neglect is determined to be true. These numbers are often revised upwards in subsequent reports because of the time needed to complete investigations and to assure that parents have their

<sup>151</sup> Because DES totals are revised with each reporting period to reflect updated investigation, these data are subject to change and should therefore be seen as estimates. For that reason, we report on updated data for the Oct 2012-Mar 2013 time period for report risk levels and types of maltreatment.

rights to due process met. Because of this the substantiated reports for the April 2012-September 2012 cases, updated in Oct 2012-March 2013 child welfare report will be presented here. Statewide, for the April 2012- September 2012 reporting period, 14 percent of the cases were substantiated; for the same period, thirteen percent of cases in La Paz County and nine percent of cases in Mohave County were substantiated.<sup>152</sup>

**Figure 46: Types of maltreatment, child welfare reports, in La Paz and Mohave Counties and the state (Oct 2012- March 2013)**



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

The La Paz/Mohave First Things First Region has responded to the needs of young children and their families involved in the child welfare system.<sup>153</sup> In 2010, the Mohave/La Paz County Court Team was established, comprised of those working with these young children, such as the presiding Juvenile Judge, attorneys, CPS workers, foster care workers and parents, CASA volunteers, and early childhood education providers. The goal of the Court Team is to promote a collaborative environment to promote a healthy environment for children and reduce abuse and neglect through training and the provision of technical assistance on topics of early childhood development to all those involved with these young children. According to region’s 2015 funding plan, as of fiscal year 2014, 200 children were served through the region’s Court Teams Strategy, and 525 participants attended trainings provided by the Court Team.<sup>154</sup>

<sup>152</sup> Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: [https://www.azdes.gov/InternetFiles/Reports/pdf/semi\\_annual\\_child\\_welfare\\_report\\_oct\\_2012\\_mar\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf)

<sup>153</sup> <http://www.mohavecourts.com/CourtAdmin/Infantandtoddler/ITMHT1.html>

<sup>154</sup> La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf>

### ***Juvenile Justice Involvement by County***

The Attorney General's National Task Force on Children Exposed to Violence<sup>155</sup> recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences and the ability to tolerate conflict.

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012<sup>156</sup>, during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In La Paz County 102 juveniles were referred and in Mohave County 1,479 juveniles were referred, representing 4.7 percent of statewide referrals. In La Paz County there were 11 juveniles detained in fiscal year 2012, and 368 in Mohave County, totaling five percent of the number of juveniles detained across the state.

### ***Foster Parenting***

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.<sup>157</sup>

A 2012 study<sup>158</sup> assessing Arizona foster parent's satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

- 1) "Include the foster parent as an essential part of the team,

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<sup>155</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>156</sup> Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from [http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas\\_Juvenile\\_Court\\_Counts\\_FY2012.pdf](http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf)

<sup>157</sup>[https://www.azdes.gov/uploadedFiles/Children\\_Youth\\_and\\_Families/Child\\_Protective\\_Services\\_%28CPS%29/CPS\\_Oversight\\_MW\\_FosterHomes.pdf](https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf)

<sup>158</sup> Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

- 2) Provide more practical AND emotional support to foster parents,
- 3) Pay attention to the needs and wants of foster parents (appointment times),
- 4) Communication training for foster parents and case managers,
- 5) Ask what specific information foster parents want and include the information in trainings,
- 6) Monetary support is necessary for foster parents to continue, and
- 7) Listen to foster parents' suggestions when enacting policy changes." (p. 8)

### **Incarcerated Parents**

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.<sup>159</sup> More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.<sup>160</sup>

In La Paz County, approximately eight percent of youth indicated that they currently had an incarcerated parent, and 29 percent indicated that they had a parent who had previously been incarcerated. These numbers were lower in Mohave County with four percent of youth indicating that they currently had an incarcerated parent, and 21 percent indicating that they had a parent who had previously been incarcerated. These percentages are higher than the state percentage reported above, particularly for La Paz County. That nearly a third of youth in La Paz County have had a parent incarcerated highlights a potential need for resources for these children.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents<sup>161</sup>. In recent studies, even when caregivers have indicated that children were coping well with a

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<sup>159</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>160</sup> Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

<sup>161</sup> Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.<sup>162</sup>

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.<sup>163</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>164</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.<sup>165</sup> Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.<sup>166</sup> Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.<sup>167</sup>

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.<sup>168</sup> The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These

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<sup>162</sup> Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

<sup>163</sup> Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

<sup>164</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>165</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>166</sup> La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

<sup>167</sup> Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

<sup>168</sup> This booklet can be accessed at: [http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated\\_Parents/\\_Forms/Childs%20Booklet%20correct.pdf](http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf)

resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

### **Domestic Violence**

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.<sup>169</sup> Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.<sup>170</sup>

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended<sup>171</sup>. In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there are four domestic violence shelters in the region, which served 342 adults and 157 children in 2013. The average length of stay ranged from 25 to 77 days. These shelters received 620 hotline and Information & Referral calls, about three percent of the state's total 22,824.

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<sup>169</sup> Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

<sup>170</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>171</sup> United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

**Table 46: Domestic violence shelters and services provided**

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I&R Calls
Colorado River Regional Crisis Shelter	98	61	37	3,895	40	3,128	111
Kingman Aid to Abused People	180	119	61	5,024	28	1,703	293
Sally's Place- Interagency Council Lake Havasu City	72	50	22	5,524	77	728	80
WestCare Arizona I	149	112	37	3,675	25	383	136
La Paz County Total	98	61	37	3,895	-	3,128	111
Mohave County Total	401	281	120	14,223	-	2,815	509
Arizona Total	8,916	4,676	4240	330,999	37	176,256	22,824

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/dv\\_shelter\\_fund\\_report\\_sfy\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf)

### Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.<sup>172</sup> Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.<sup>173</sup>

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.<sup>174</sup> In La Paz County, 17 percent of all residents, and 31 percent of children under 18 years of age faced food insecurity. In Mohave County, 18 percent of all residents, and 30 percent of children under 18 years of age faced food insecurity. La Paz County has the fifth-highest percentage of children facing food insecurity, and Mohave County has the sixth-highest percentage across the counties in Arizona. With nearly one-third of children in the region facing food-insecurity, expansion of available free breakfast and lunch programs might be advised, particularly since 100 percent of food-insecure children in La Paz County, and 80 percent in Mohave County would likely be eligible for these programs.<sup>175</sup>

<sup>172</sup> United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

<sup>173</sup> United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

<sup>174</sup> Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

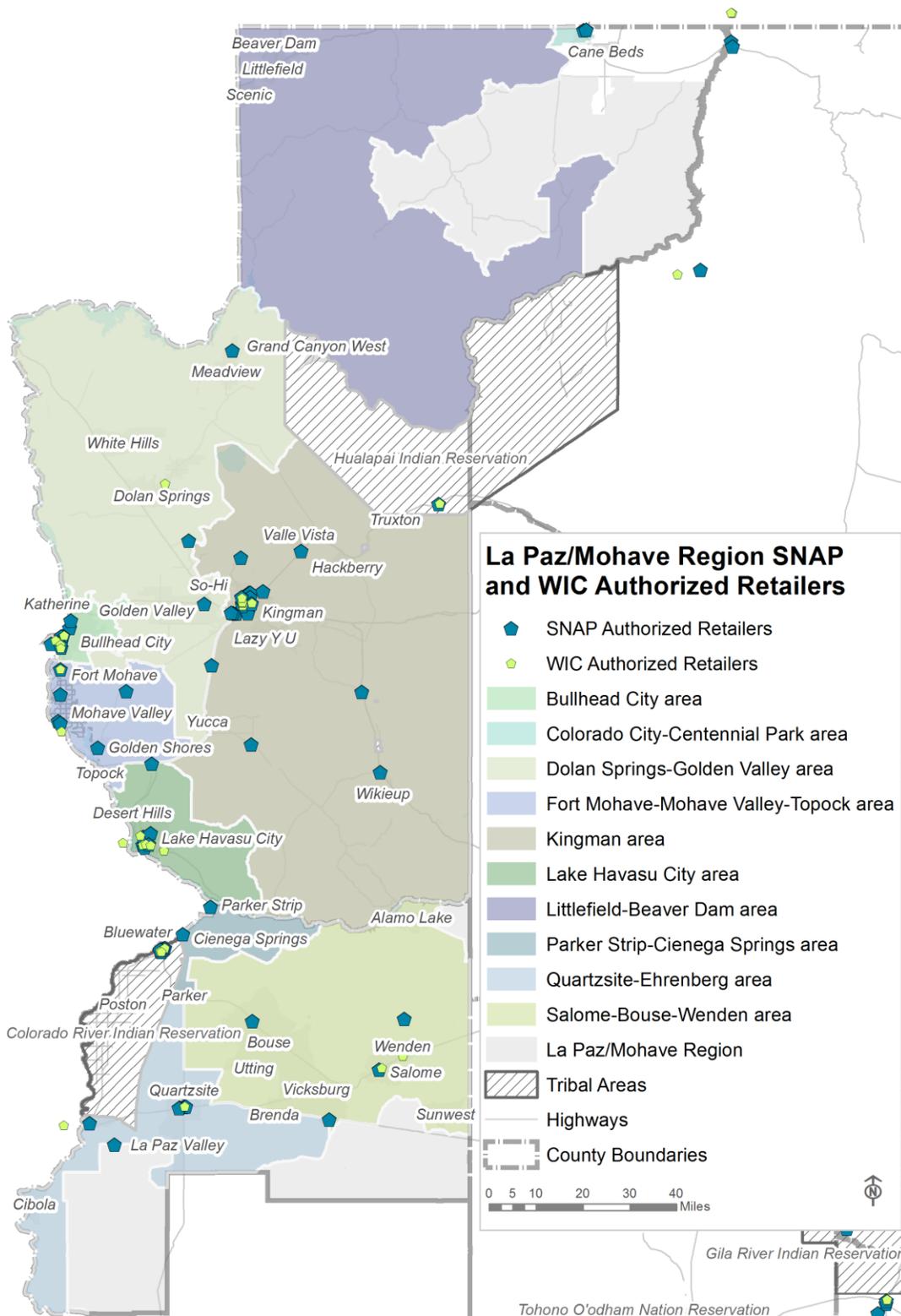
<sup>175</sup> Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from [http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/\\_media/Files/a-map-2012/AZ\\_AllCountiesCFI\\_2012.ashx](http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx)

Food assistance programs can also help in alleviating food insecurity. Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.<sup>176</sup> The map below shows the location of authorized SNAP and WIC retailers in the region.

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<sup>176</sup> United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from [http://www.mathematicaprp.com/publications/pdfs/Nutrition/SNAP\\_food\\_security\\_ES.pdf](http://www.mathematicaprp.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf)

**Figure 47: SNAP and WIC authorized retailers in the region**



Source: Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request; Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.<sup>177</sup> Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions.<sup>178</sup>

School districts collect data on the number of homeless students in their schools. As can be seen in Table 47, the number of homeless students in school districts varies little in the region, with the Kingman Unified School District having the highest percent of their student population classified as homeless, at six percent.

**Table 47: Economic disadvantage and homelessness by school district**

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	HOMELESS STUDENTS	
Bouse Elementary District	1	32	0	0%
Bullhead City School District	6	2,560	56	2%
Colorado City Unified District	1	347	0	0%
Hackberry School District	1	34	0	0%
Kingman Unified School District	10	4,020	234	6%
Lake Havasu Unified District	6	2,916	58	2%
Littlefield Unified District	1	256	0	0%
Mohave Valley Elementary District	3	1,220	33	3%
Owens-Whitney Elementary District	1	21	0	0%
Parker Unified School District	3	1,184	<10	DS
Quartzsite Elementary District	2	175	0	0%
Salome Consolidated Elementary District	1	90	0	0%
Topock Elementary District	1	129	<10	DS
Valentine Elementary District	1	53	0	0%
Wenden Elementary District	1	94	0	0%
Yucca Elementary District	1	21	0	0%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing programs, permanent supportive housing, street outreach, homeless

<sup>177</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/des\\_annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf)

<sup>178</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/InternetFiles/Reports/pdf/des\\_annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf)

prevention and rapid re-housing, and service providers in all fifteen counties in Arizona. HMIS produces periodic program demographics report for each HMIS Region, with the intent that this information may be used to assess local service needs. The La Paz/Mohave Region falls into HMIS Region 1, which includes Mohave, La Paz and Yuma counties. For the purposes of this report, data were provided by HMIS for the La Paz/Mohave Region alone. There are no providers from La Paz County who contribute data to HMIS, though some La Paz residents may access services in Mohave County, and so be included in these numbers (and some may access services in Yuma County, but those numbers are not captured here).

Data was provided for two years, July 2012 through July 2013, and July 2013 through May 2014.<sup>179</sup> In the 2012-2013 reporting period there were four emergency shelters, one transitional housing program and four permanent supportive housing programs reporting to the HMIS in Mohave County. In the next year, all remained except for the transitional housing program.

A total of 337 clients were provided with homelessness services between July 2012 and July 2013, down from 606 in 2010-2011. Of these, almost all (308) were identified as individuals, rather than part of families. There were 18 children (birth to 17) served, and only four of these were children aged birth through five years. Again, this is a large drop from the 2010-2011 year where 41 of those served were five years of age and younger. Between July 2013 and May 2014, the total number served rose slightly to 354, but not near the 2010-2011 levels. The drop in service numbers is not likely due to less need, but due to the end of the Housing Prevention & Rapid Re-housing Program (HPRP) in 2012, which had served a large proportion of the clients being served. In the 2010-2011 reporting year, almost all (94%) of the children aged birth through five years were served by the HPRP.

Key informants discussed homeless shelters, along with domestic violence shelters as a large need in the region. A particular need was for family shelters rather than those that only take men or women, requiring a homeless family to be split apart when accessing shelter. The need for additional homeless services can be seen in the school data presented in Table 47, which shows many more elementary school-aged students across the region identified as homeless, than the 18 served by homelessness service providers.

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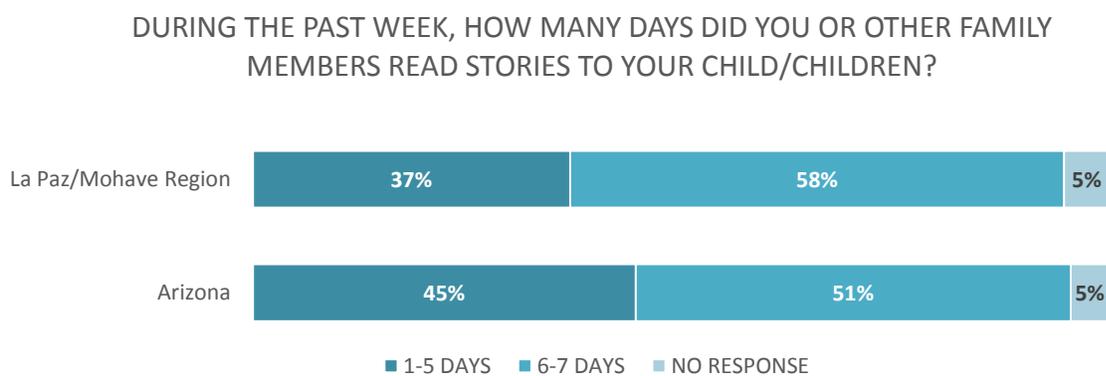
<sup>179</sup> Homeless Management Information System Entry/Exit Program All Clients data for 2012-2013 and 2013-2014 obtained through personal correspondence.

## Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children<sup>180</sup>, and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Families in the La Paz/Mohave Region were slightly more likely to report reading to their children (58%), telling stories to their children (54%) and drawing with their child (50%) six or seven days a week compared to families across the state (51%, 51% and 47% respectively).

**Figure 48: Family & Community Survey 2012: Days reading to child**

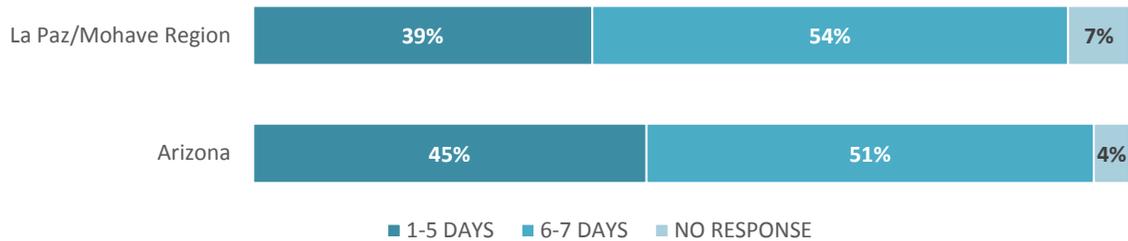


*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.*

<sup>180</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

**Figure 49: Family & Community Survey 2012: Days telling stories to child**

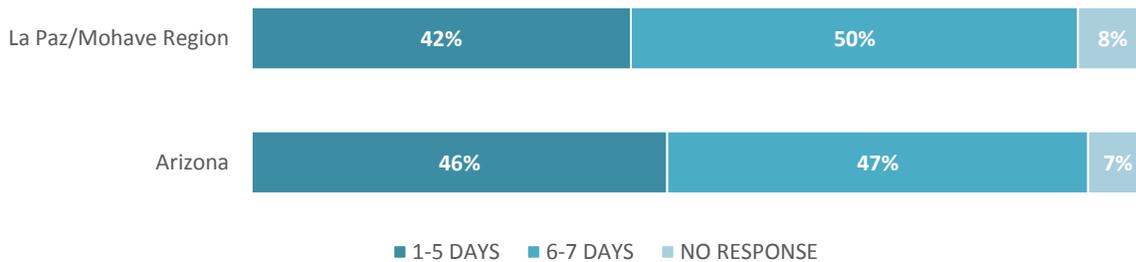
DURING THE PAST WEEK, HOW MANY DAYS DID YOU OR OTHER FAMILY MEMBERS TELL STORIES OR SING SONGS TO YOUR CHILD/CHILDREN?



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

**Figure 50: Family & Community Survey 2012: Days drawing with child**

DURING THE PAST WEEK, HOW MANY DAYS DID YOUR CHILD/CHILDREN SCRIBBLE, PRETEND DRAW, OR DRAW WITH YOU OR ANOTHER FAMILY MEMBER?

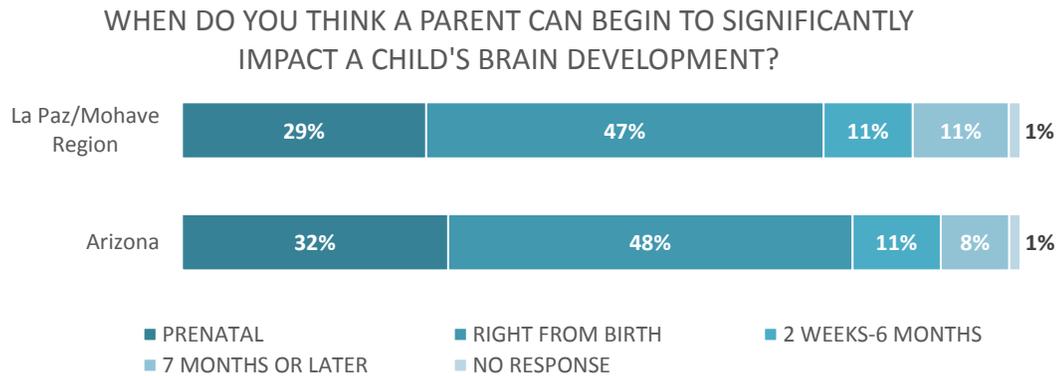


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

**Parent Education**

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. Families in the La Paz/Mohave Region showed a similar understanding that brain development can be impacted prenatally or right from birth, as did respondents across the state as a whole.

**Figure 51: Family & Community Survey 2012: When a parent can impact brain development**



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

A number of parenting resources are available in the La Paz/Mohave Region although these are largely available to those in, or able to travel to, the population centers of the region.

- Lake Havasu Pregnancy Care Center offers free childbirth classes and parent education classes, and provides teenagers and women with education and information both before and after pregnancy.<sup>181</sup>
- Interagency Council in Lake Havasu City offers ongoing six-week “Successful Parenting” classes for families with young children.<sup>182</sup>
- Raising Special Kids, available in La Paz and Mohave Counties provides parenting support, training, information, and assistance for parents raising children with disabilities.<sup>183</sup>
- Arizona Baptist Children’s Services has a New Life Pregnancy Center in Bullhead City which includes parenting and life skills classes and assistance in getting supplies for babies and young children.<sup>184</sup>
- Pilot Parents of Southern Arizona<sup>185</sup>, serving La Paz County, provides support to parents of children with special needs through peer-to-peer support, parent education, sibling support groups, and a newsletter.
- Grandparents Raising Grandchildren offers a support group for grandparents in Kingman<sup>186</sup>.

<sup>181</sup> <http://www.lakehavasupregnancycare.com/services/>

<sup>182</sup> <http://www.lhcinteragency.org/healthyfamilies.htm>

<sup>183</sup> [http://www.raisingpecialkids.org/\\_media/uploaded/b/0e2316635\\_1374683358\\_blue-pages.pdf](http://www.raisingpecialkids.org/_media/uploaded/b/0e2316635_1374683358_blue-pages.pdf)

<sup>184</sup> <http://www.abcs.org/nlpc/services/>

<sup>185</sup> <http://www.pilotparents.org/ppsa/>

<sup>186</sup> <http://kingmancares.com/seniors/index.htm>

- Arizona Kith and Kin Project through the Association of Supportive Childcare offers four week long training-support group sessions to kith and kin (including parents and grandparents) providers that are providing child care to young children.<sup>187</sup>
- Parenting courses are offered in Mohave County through Active Parenting which also offers on-line parenting courses. The classes offered include; 1,2,3,4, Parents! (for parents of young children), and Active Parenting Now (for parents with children ages 5-12).<sup>188</sup>

Parenting education resources are available, provided in a variety of settings (schools, hospitals, libraries, and provider agencies), and by a variety of providers (churches, non-profits, schools and government agencies) in the region. However key informants often discussed issues of participation and low attendance at parenting education programs and courses, and outlined a number of barriers to families accessing these resources. Often eligibility criteria, such as current enrollment in AHCCCS or involvement in the child welfare system, limits participation in these services. The stigma of parenting education was also cited as a barrier to participation, and many informants discussed the need to reframe these resources so as not to imply a deficit. Suggestions made to improve attendance and participation included providing child care during the session, requiring attendance as part of a parent involvement component for schools, reframing either the title of the class or embedding it within a “fun” event, offering the session in Spanish, or providing incentives such as money, tickets for events, or other “prizes”. The lack of transportation was also discussed as a large barrier to participation in parenting education services. Key informants suggested a mobile service to provide information and resources in outlying communities, or offering classes thru an on-line mechanism for those families with transportation issues.

### ***Teen Parenting***

Although the percent of teen births (to mothers aged 15-17 years) in the La Paz/Mohave Region is near the Healthy People 2020 target not to exceed 3.6%, resources are still likely needed for those who become teen mothers and fathers as well as their young children. Teen parents are able to participate in a number of home visitation programs available in the region (discussed in detail in the next section of this report), and also educational opportunities for their children such as Head Start, and also Early Head Start if they live along the Arizona Strip.

### **Home Visitation Programs**

Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies as well as young children with risk factors for child abuse or neglect,

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<sup>187</sup> <http://www.asccaz.org/kithandkin.html>

<sup>188</sup> <http://www.activeparenting.com/listings/?action=store&state=AZ&submit=>

with the goal of improving child health and developmental outcomes and preventing child abuse. They address issues such as maternal and child health, positive parenting practices, encouraging literacy, safe home environments, and access to services. They can also provide referrals for well child checks and immunizations, developmental screenings, and provide information and resources about learning activities for families.

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.<sup>189</sup>

A number of home visiting programs are available in the La Paz/Mohave Region, although these are largely available only in the population centers of the region, and primarily in Mohave County.

The Mohave County Health Department Public Health Nursing Division (with offices in Kingman, Bullhead City, Lake Havasu City and Colorado City) offers two programs providing home visitation support<sup>190</sup>. These include:

- Health Start, a free service that utilizes promotoras as resources for pregnant women and their families. After the birth of the child, the promotora visits the family in the home to provide education on health and safety issues such as immunizations, car seat safety, and home safety; and
- Newborn Intensive Care Program, which provides follow up care and education from a nurse for children at risk due to a stay in the neonatal intensive care unit after birth.

A number of other home visitation programs are offered in the La Paz/Mohave Region. These include:

- Interagency Council in Lake Havasu City offers Fatherhood Now, a free program for fathers or father role models with children ages birth through five years. Participants can have up to 12 in-home sessions to learn new information to help with parenting,<sup>191</sup>

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<sup>189</sup> Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

<sup>190</sup> <http://www.mohavecounty.us/ContentPage.aspx?id=127&cid=341#Healthstart>

<sup>191</sup> <http://www.lhcinteragency.org/healthyfamilies.htm>

- Healthy Families, offered through Child and Family Resources, is a free program for families with children under six helping them to build parenting skills and obtain resources and education;<sup>192</sup>
- Building Bright Futures, also offered through Child and Family Resources to families within a 50 mile radius of Kingman or Bullhead City with children with developmental delays, offers in-home support and parenting education using the Parents as Teachers curriculum;<sup>193</sup>
- Parents as Teachers, a free home visiting program available in La Paz and Mohave Counties through the Arizona Children’s Association, where families receive visits from a Parent Educator, are connected to resources, and children receive periodic developmental screenings; and<sup>194</sup>
- Early Head Start, offered through the Learning Center for Families in the Arizona Strip area of the region, offers home based services for pregnant women and children aged birth thru five with weekly home visits, parenting education and referral to needed resources.<sup>195</sup> Head Start which is available in both La Paz and Mohave Counties also provides twice yearly home visits with families.<sup>196</sup>

According to region’s 2015 funding plan, as of fiscal year 2014, there were 298 families in the La Paz/Mohave Region served by the region’s Home Visitation Strategy.<sup>197</sup>

Key informants felt there were quality home visitation programs available in the region. A current effort to coordinate these programs to improve application and referral mechanisms to best serve families in the region was also seen as valuable. A concern however was that many of these programs have mileage restrictions limiting who they could serve, such as a families living within a radius of 50 miles from one of the large cities, which left out some families in the region who could also benefit from these services.

## Public Information and Awareness

The primary quantitative data source for Public Awareness in the region is the First Things First Family and Community survey (FCS) (First Things First, 2012).

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<sup>192</sup> <http://www.lhcinteragency.org/healthyfamilies.htm>

<sup>193</sup> [http://www.childfamilyresources.org/55202\\_CFR\\_BBF\\_RC\\_Special\\_Needs\\_1.pdf](http://www.childfamilyresources.org/55202_CFR_BBF_RC_Special_Needs_1.pdf)

<sup>194</sup> <http://azpartnershipforchildren.org/parentsAsTeachers.htm>

<sup>195</sup> <http://www.tlc4families.org/#!services>

<sup>196</sup> [http://www.wacog.com/head\\_start\\_info.html](http://www.wacog.com/head_start_info.html)

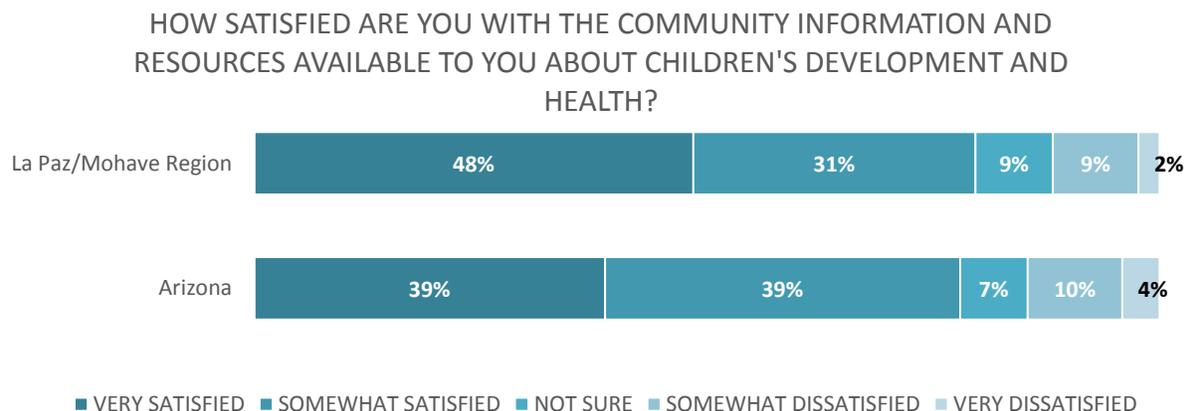
<sup>197</sup> Yavapai County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yavapai%20SFY15.pdf>

### Data from Family and Community Survey, 2012

The overall results of the 2012 First Things First Family and Community Survey demonstrated higher levels of levels of satisfaction with available information and resources and agreement with ease of locating services, compared to the state. For example:

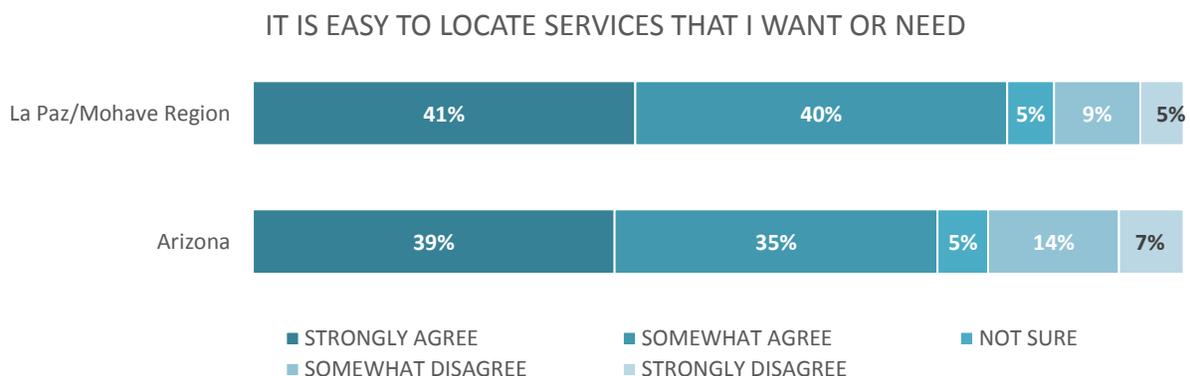
- 48 percent of La Paz/Mohave Region respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health”, compared to 39% of respondents across the state (see Figure 52); and
- 81 percent of La Paz/Mohave Region respondents “strongly” or “somewhat agreed” that “it is easy to locate services that I want or need,” compared to 74 percent of respondents across the state (see Figure 53).

**Figure 52: Family & Community Survey 2012: Satisfaction with information and resources**



First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

**Figure 53: Family & Community Survey 2012: Ease of locating services**

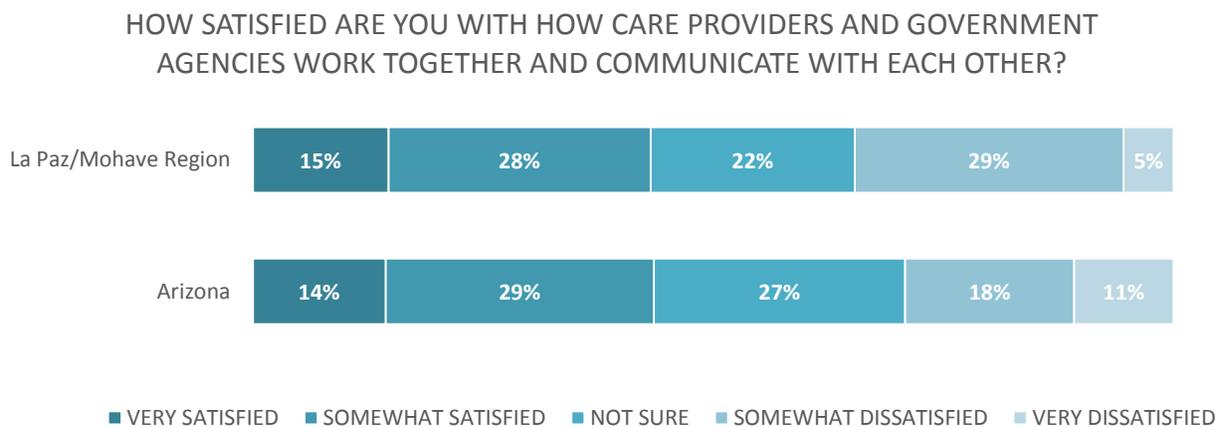


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

## System Coordination

One item from the First Things First Family and Community survey (FCS) (First Things First, 2012), directly addresses the issue of perceived early childhood system coordination. The figure below shows similar levels of satisfaction with coordination and communication among providers in the region, compared to the state. Respondents in the both the region and the state were more likely to indicate dissatisfaction (51% and 45% respectively) than satisfaction (43% and 43% respectively) with how care providers and government agencies work together and communicate.

**Figure 54: Family & Community Survey 2012: Satisfaction with coordination and communication**



*First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.*

### Findings from Key Informant Interviews

In addition to this quantitative data source, over 100 key informant interviews provided considerable information on system coordination in the region. In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave Counties, the La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national Build Initiative to evaluate early childhood systems initiatives<sup>198</sup>, which is discussed in more detail in the next section of this report. Information collected from respondents was summarized into three early childhood systems areas; healthcare, early care and education and family support. Recommendations related to coordination for each are presented below, followed by recommendations that were common to all three, or cross-system recommendations.

<sup>198</sup> Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. Accessed at [http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework for Evaluating Systems Initiatives.pdf](http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework%20for%20Evaluating%20Systems%20Initiatives.pdf)

The Early Childhood Healthcare System coordination recommendations;

- Consider a model used by successful collaborative clinics (e.g., Sun River Utah program) where different providers come once or more each month to a single location. In larger cities, these collaborative clinics could focus on specialty care, and in smaller communities they could also provide that missing general, young-child focused healthcare piece.
- Improve collaboration between health departments and local communities to provide more ongoing immunization clinics, and health, dental, hearing and vision screenings at schools, child care centers, and other local community sites.
- Increase wrap-around support. This could be increased linkages and coordination between 1) primary care and specialty care, 2) primary care and other healthcare services in the community or farther afield, 3) primary care and family support programs in the community or 4) primary care and transportation providers.
- For services for children with special needs: Establish a specialist coordination group educated on the needs of the local population. Include early intervention agencies and programs, as well as health care providers and early childhood educators. Hold ongoing meetings (with web-access option) to share information on programs/services, and allow client-based discussion, problem-solving and referral.

The Early Care and Education System coordination recommendations;

- Expand the concept of the high school learning laboratory (where high school students work and learn in school-based child care centers) to more schools to impact the future, homegrown, early care and education workforce.
- Ensure that owners and directors of early care and education settings have information on regional resources to be able to disseminate this information.
- Explore options for partnering to provide transportation between half-day district and Head Start programs and child care centers. The lack of transportation between these settings is a large barrier to utilizing these services for working families.
- Explore the possibility of sliding fee scale based preschools to reach more young children in the region.
- Explore the possibility of expansion of Head Start and Early Head Start programs in the region.

The Early Childhood Family Support System coordination recommendations;

- Provide training opportunities for early childhood professionals on the needs of children in the child welfare system and how to recognize potential warning signs.
- Explore the possibility of offering additional support services aimed at fathers, grandparents and teen parents.

- Continue efforts to address duplication in home visitation services, application fatigue and improved referral mechanisms.
- Examine eligibility conditions for home visitation (geographic limits) and parenting programs (AHCCCS enrolled or involvement in child welfare programs) to determine if such criteria are necessary.

Cross-system recommendations;

- Support a one-stop resource for early childhood healthcare, education and family support information, be it an individual, a location, a publication or a website, with local, city or town-level information.
- Improve community outreach on existing early childhood healthcare, education and family support programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Also increase outreach with this information to churches, businesses, and service organizations, who may also be able to share this information. Local, city-level boards or coalitions can help lead and foster these efforts.
- Provide opportunities for cross-system collaboration, bringing together family support agencies, school administrators, child care providers, and health care providers to share information across disciplines.
- Continue and expand educational opportunities for early childhood providers and educators on mental health and special needs topics.
- Promote additional degree and certification programs in the region to prepare the future local early childhood education and healthcare workforce; in particular, provide coursework in mental health services and case management.

The lack of healthcare providers, be they medical, dental or behavioral health providers, is a key concern in the La Paz/Mohave Region. A possible way to increase access in a time of limited resources is currently being used by two health care agencies that provide services in the region. The Northern Arizona Telemedicine Programs Cooperative Alliance includes the Northern Arizona Regional Behavioral Authority (NARBHA) which is the RBHA for Mohave County, and North Country Healthcare which has clinics in five communities in Mohave County.<sup>199</sup> While not necessarily providing services via telemedicine now in these communities in Mohave County, that a collaborative already exists could be a helpful starting point to the use of telemedicine as a means to increase healthcare access in the region.

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<sup>199</sup> <http://telemedicine.arizona.edu/blog/northern-arizona-telemedicine-programs-form-cooperative-alliance>

## **The Build Initiative**

The BUILD Initiative<sup>200</sup> is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children's health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.<sup>201</sup> This work to date has resulted in the Build Arizona: Strategic Blueprint<sup>202</sup>, which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under *Policy Research and Development*:

- Expand access to high quality, voluntary preschool for three and four year olds;
- Assess current capacity for high quality, voluntary full day Kindergarten;
- Maintain and expand research-based home visiting programs in Arizona as a core element of a statewide early intervention program.

Under *Coordination and Convening Leadership/Support*:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;
- Participate in state-level partnership to enhance the screening, referral and early intervention system.

Under *System Enhancement/Alignment*:

- Utilizing a collective impact model, continue to assess and map system capacity, identify gaps and opportunities for alignment and leadership roles, and further strengthen the Arizona early childhood system.

## **FTF Capacity Building Initiative**

In August 2012, FTF awarded the Alliance of Arizona Nonprofits a statewide capacity building planning grant to; 1) identify internal and external factors that hinder agencies from successfully accessing or utilizing FTF monies, 2) develop relevant, culturally appropriate, and

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<sup>200</sup> <http://www.buildinitiative.org/Home.aspx>

<sup>201</sup> <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

<sup>202</sup> <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

best-practice strategies for enhancing capacities within and among these agencies, and 3) increase the number of nonprofits with the capacity to apply for, receive and implement FTF grants.

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of FTF; 2) explore the potential pathways for participating in the FTF system; and 3) identify and increase the capacities necessary for successful partnership with FTF and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, deliver the corresponding technical assistance services, and provide ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process is slated to continue through June 2014.

*[If you would like to share regional system building work to be included in report it can be placed here]*

## Summary and Conclusion

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the La Paz/Mohave Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

[Placeholder]

## Appendix 1. Table of Regional Assets

<i>First Things First La Paz/Mohave Regional Assets</i>



### Appendix 3. Table of Regional Strategies, FY 2015

La Paz/Mohave Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access		
Professional Development		
Family Support		
Health / Mental Health		
Evaluation		
Coordination		
Community Outreach		

## **Appendix 4. Data Collection Methods/Instruments**

## Appendix 5. Citations

## Child Care Census Survey Results - DRAFT

### Purpose

A phone-based survey of child care providers in the La Paz/Mohave First Things First Region was undertaken to assess how many children ages birth to five were served in early learning programs in the region by age and type of program, as well as characteristics of those programs. Information collected through these surveys, as well as comparison to available secondary data, will allow identification of areas of need.

### Methods and Child Care Providers Surveyed

A brief survey focused on capacity and enrollment, with select questions from the National Survey of Early Care and Education<sup>1</sup> adapted to be specific to the 0-5 population, was developed to be administered by phone. La Paz/Mohave First Things First staff were trained to administer and implement the survey, and completed surveys were forwarded to the evaluation team for entry and analysis.

A list of 71 licensed or certified child care providers (centers and homes), including school-based preschools in La Paz and Mohave Counties was acquired by the La Paz/Mohave FTF Regional Director from Child Care Resource & Referral (CCR&R). Two groups not included in the survey project were 1) tribal child care providers because tribal approvals had not been acquired when the survey project began, and 2) unregulated child care providers in the region.

La Paz/Mohave FTF staff began attempts to contact providers by phone in November 2013, and continued these contact attempts through January 2014. At least three attempts at contact were made for all child care providers. In addition, email versions of the survey were sent to those who requested written rather than verbal completion. At the end of January 2014, child care census surveys had been completed with 57 child care providers, representing an 80 percent response rate. Four of the original 71 identified providers had closed or had invalid phone numbers. Removing these four invalid providers, the response rate increased to 85 percent.

Because of the desire to obtain the most accurate information, surveys were requested of the most knowledgeable or senior person at the center or home, such as the owner, director, manager or coordinator. Of the 57 respondents surveyed, 48 (84%) fit those roles, with nine others (16%) being teachers (5), or administrative staff (4). The years of experience respondents had working with children under age six, not including any experience raising their own children, ranged from two to 43 years, with an average (median) of 14 years. Forty-one providers surveyed (72%) reported ten or more years of experience working with young children.

Of the 57 interviewed providers, 51 were in Mohave County, five were in La Paz County, and an additional provider located in California was DES-contracted to provide services in La Paz County. Child care providers interviewed were from Beaver Dam (1), Bouse (1), Bullhead City (13), Dolan Springs (1), Earp, CA (1), Ehrenberg (1), Fort Mohave (2), Golden Valley (1), Kingman (15), Lake Havasu City (14), Mohave Valley (3), Parker (2), Topock (1), and Wenden (1). Most providers surveyed were classified by CCR&R as child care centers (n=46, 81%), followed by family child care providers (n=7, 12%), and group

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<sup>1</sup> <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>

homes (n=4, 7%). For the 10 additional providers not reached for a survey (who had valid contact information) four were DHS certified group homes, one was a family care provider and the remaining five were DHS licensed centers, one school-based and the remaining four non-school based.

### Survey Question Overview

Respondents were asked a series of questions on their center or program, their licensed capacity, number of children served, child care slots available and waiting list numbers. Respondents were also asked to report on whether and how they provide transportation, and their ability to serve children with special needs. The following is a summary of those responses.

### Provider History

How long the provider/program/center had been providing care to children five years of age and under ranged from two months to 40 years, with an average (median) of 14 years. The table below shows how long each type of provider surveyed, reported providing care. Please note that 2 of the 57 providers surveyed were unable to provide a response for this question.

*Table 1: Years providing care by provider type*

Provider Type	N	How Long Providing Care (in Years)					
		Less than 5	5 to less than 10	10 to less than 15	15 to less than 20	20 to less than 30	30 or more
<b>Family Care Provider</b>	7	4	1	-	1	1	-
<b>Group Home</b>	4	-	-	2	1	1	-
<b>Head Start</b>	9	1	-	3	4	1	-
<b>Center: School-based</b>	11	-	3	2	1	4	1
<b>Center: Non-school-based</b>	24	6	3	3	1	7	4
<b>Total</b>	55	11	7	10	8	14	5

### Hours of Operation

Respondents were asked the days and hours they provided child care for children five and younger in a typical week. The table on the following page summarizes by provider type, how many reported providing care four, five, six or seven days a week, and for each the average (median) number of hours providing care. (All providers surveyed reported providing care four or more days per week.)

Table 2: Days and hours per week providing care by provider type

Provider Type	N	Days per Week and Hours per Day (median) Providing Care							
		4 Days	Hours	5 Days	Hours	6 Days	Hours	7 Days	Hours
Family Care Provider	7	-	-	2	11	1	18.5	4	16.5
Group Home	4	-	-	3	10.5	-	-	1	24
Head Start	9	8	6.5	1	8.5	-	-	-	-
Center: School-based	12	5	4.5	7	7	-	-	-	-
Center: Non-school-based	25	1	7.5	19	11.5	1	16	4	24
<b>Total</b>	<b>57</b>	<b>14</b>	<b>6.5</b>	<b>32</b>	<b>10.5</b>	<b>2</b>	<b>17.25</b>	<b>9</b>	<b>24</b>

- Nine (16%) of the child care centers/homes responding provided care every day of the week, five of which (9%) reported being open 24 hours a day, seven days a week. The providers offering care seven days a week were located in Bullhead City, Kingman or Fort Mohave.
- Two providers (4%) offered care six days a week.
- Thirty-two providers (56%) provided care five days a week.
- Fourteen providers (25%) offered care only four days a week. All of those reporting only four days a week of operation were either Head Start programs or school-based preschools.

#### Licensed Capacity

Child care providers surveyed were asked to report on the number of children aged five years and younger they were currently licensed or certified to serve. The total for all providers surveyed was 2,481, with a range from 4 to 172, and an average (median) licensed or certified capacity of 30 children. Eighteen child care providers surveyed (32%) currently were licensed or certified to serve 20 or fewer children, fifteen (26%) were licensed or certified to serve more than 20 but less than 40 children, 19 (33%) were licensed or certified to serve between 40 and 100 children, and five (9%) reported being licensed or certified to serve more than 100 children. The table below shows the breakdown of licensed or certified capacity by provider type.

Table 3: Number range of children licensed or certified to serve by provider type

Provider Type	N	How Many Children Are Providers Licensed or Certified to Serve?					
		Less than 5	5 to less than 10	10 to less than 25	25 to less than 50	50 to less than 100	100 or more
Family Care Provider	7	3	4	-	-	-	-
Group Home	4	-	3	1	-	-	-
Head Start	9	-	-	3	5	-	1
Center: School-based	12	-	-	2	6	4	-
Center: Non-school-based	25	-	-	3	9	8	5
<b>Total</b>	<b>57</b>	<b>3</b>	<b>7</b>	<b>9</b>	<b>20</b>	<b>12</b>	<b>6</b>

It should be noted that although all respondents surveyed provided a number for the children they were licensed or certified to serve, these providers sometimes included caveats, such as "...but we only serve X because of space limitations," or "... but this includes children up to age 13." As a comparison, the table below shows data provided by CCR&R (DES, 2014) on the number of child care providers by type and their licensed capacity to serve children for the La Paz/Mohave Region, areas within the region, and for La Paz and Mohave Counties. As with child care provider's responses, licensed capacity reported by CCR&R is not limited just to children under six years of age, but includes slots for older children as well. Also included in the table is the population of children aged birth thru five.

Table 4: Population of children 0-5 and child care capacity by region, areas and counties

GEOGRAPHY	POPULATION (AGES 0-5)	CCR&R TOTAL CAPACITY	CHILD CARE CENTERS		FAMILY CHILD CARE		HEAD START	
			#	CAPACITY	#	CAPACITY	#	CAPACITY
La Paz Mohave Region	13,397	3,277	43	2,815	14	104	9	354
Bullhead City area	2,656	1,008	10	852	8	56	1	100
Dolan Springs area	594	50	1	30	-	-	1	20
Fort Mohave area	1,343	440	6	366	1	10	1	64
Kingman area	3,597	898	11	810	2	14	3	70
Lake Havasu City area	2,998	779	12	675	3	24	2	80
Arizona Strip area	1,721	47	1	47	-	-	-	-
Parker area	86	-	-	-	-	-	-	-
Quartzsite area	204	20	-	-	-	-	1	20
Salome area	198	35	2	35	-	-	-	-
Fort Mojave Reservation (Arizona part)	89	75	1	75	-	-	-	-
La Paz County	1,227	353	4	150	-	-	2	203
Mohave County	13,218	3,267	42	2,825	14	104	8	334

(US Census, 2010; CCR&R, 2014)

Comparing the capacity listed above to the population of children aged birth through five in the region shows a great need for additional child care options. According to CCR&R, the total capacity of licensed child care providers is roughly 24% of the population of children aged 0-5 in the region. Because CCR&R includes providers serving children older than five years, the proportion of the population of children aged birth through five addressed by licensed providers is likely less than 24%.

Worth noting is Arizona's definition of "licensed capacity", which includes "...the maximum number of enrolled children for whom a licensee is authorized...at any given time."<sup>2</sup> Therefore, the total number of children served by or enrolled in a program can exceed the number the program is licensed to serve if the program offers multiple, separate sessions in a day, for example, a morning and an afternoon session. In that case, a center could have a licensed capacity of 25, but serve 50 children.

<sup>2</sup> [http://www.azsos.gov/public\\_services/title\\_09/9-05.htm](http://www.azsos.gov/public_services/title_09/9-05.htm)

An additional view of licensed or certified child care in the region can be seen in the following maps, which show the approximate location of children aged birth through five in La Paz and Mohave Counties, as well as licensed child care providers (from CCR&R 2014 data).

Figure 1: Location of children aged birth thru five and child care providers in Mohave County

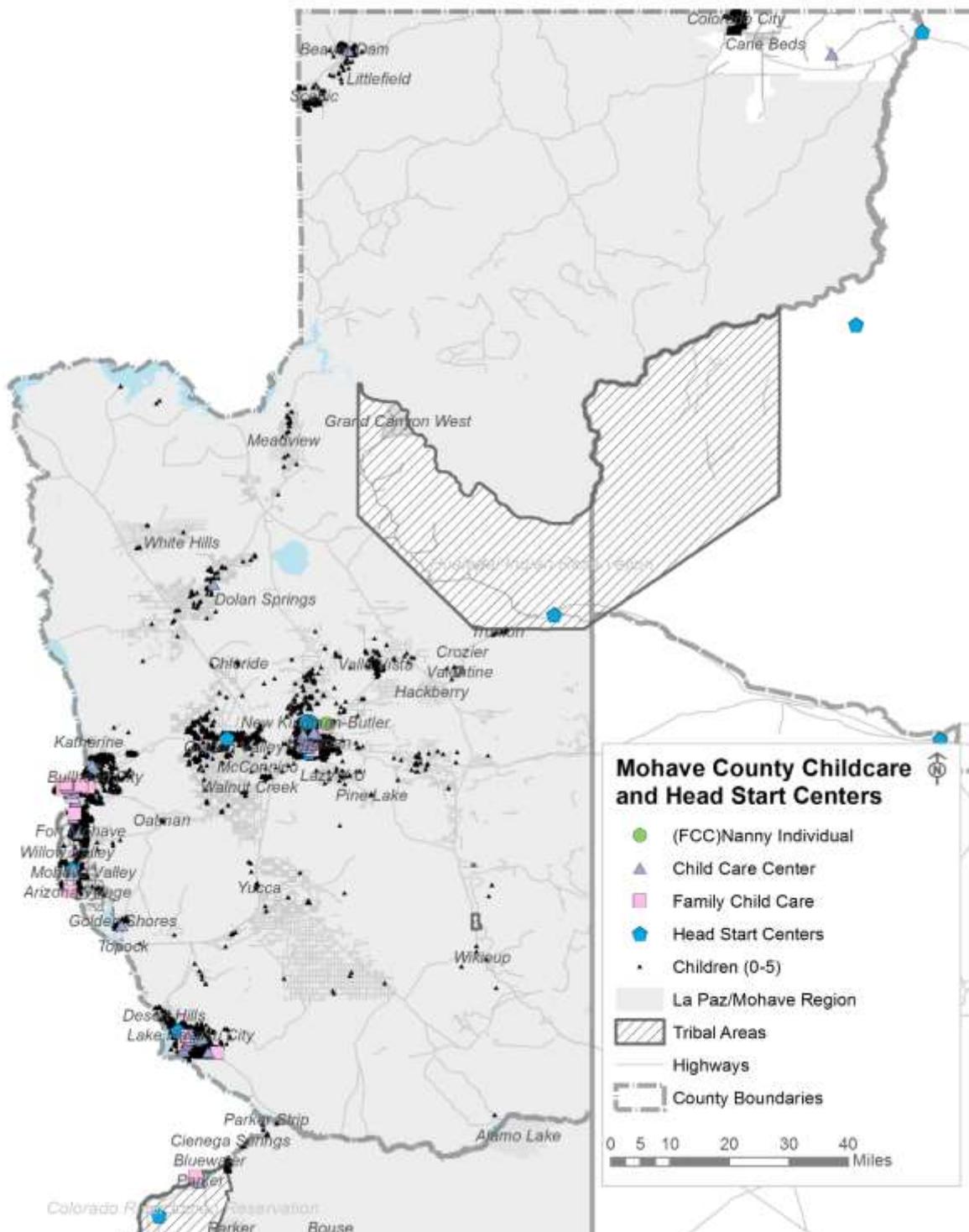
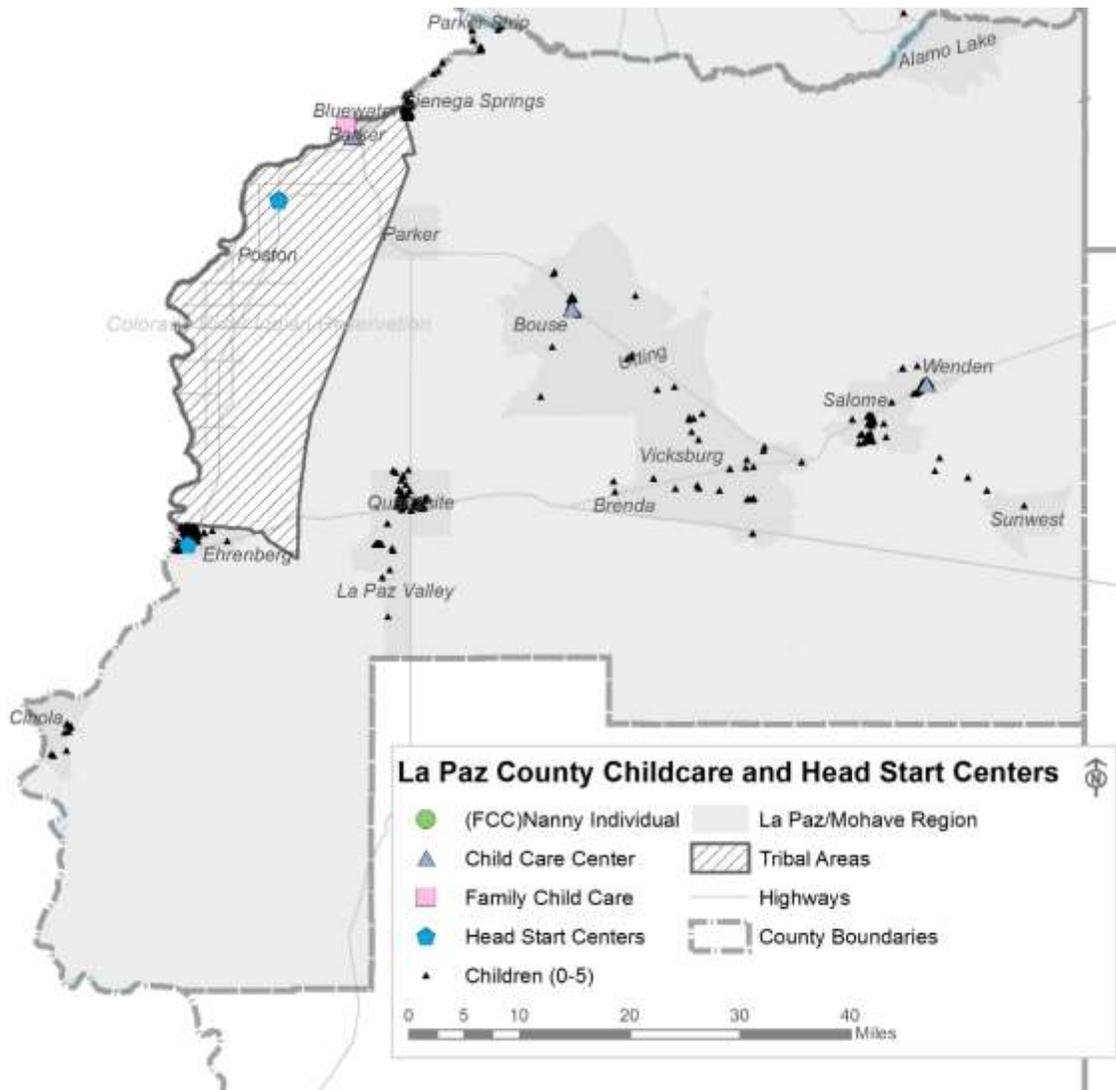


Figure 2: Location of children aged birth thru five and child care providers in La Paz County



### Children Served

Child care providers were asked to report on the number of children they served by age group, from infants through age five. A number of respondents were unable to provide this level of detail and instead were only able to give age ranges, most commonly the number of three, four and five year olds, or four and five year olds they served combined.

Fifty-six of the 57 respondents were able to report on the total number of children aged birth through five that they currently served (one of the 56 provided a range and the mid-point was used for calculations). The total number of children served by the 56 providers surveyed was 2,420. The total number of children served ranged by provider from two to 210 children, with an average (median) of 30 children served. The table below shows ranges for the number of children served by provider type. As can be seen, family child care providers and group homes were likely to serve fewer children than the other provider types.

Table 5: Number range of children served by provider type

Provider Type	N	How Many Children Are Providers Serving?							
		Less than 5	5 to less than 10	10 to less than 25	25 to less than 50	50 to less than 100	100 or more	Minimum # Served	Maximum # Served
Family Care Provider	7	4	2	1	-	-	-	2	11
Group Home	4	-	3	-	1	-	-	5	26
Head Start	9	-	-	4	4	1	-	20	98
Center: School-based	12	-	1	3	4	3	1	5	103
Center: Non-school-based	24	-	-	4	4	13	3	14	210
<b>Total</b>	56	4	6	12	13	17	4		

Of those providers surveyed who were able to report on the number of children they served of different ages, including those who collapsed across age ranges;

- Twenty providers (35%) reported the ability to serve infants, but only 16 (28%) had infants enrolled in their care.
- Thirty-two child care providers surveyed (56%) reported the ability to serve one year olds, but only 30 (53%) were currently providing care to one year olds.
- Twenty-eight providers (49%) currently had two-year olds enrolled in their care.
- Forty-seven providers surveyed (82%) were currently providing care for three year olds.
- Fifty (88%) were serving four-year olds.
- Forty-three child care providers (75%) were currently serving five-year old children.

The table on the following page summarizes responses from those surveyed who were able to report out on the number of children they served by individual age groups, as well as the total number of children served aged birth through five (reported by 56 of 57 respondents). The number in parentheses in the table is the number of respondents who were able to provide an age-specific number.

Table 6: Number of children served by age and provider type

Provider Type	Number of Children Served by Age Group and Number of Providers Reporting (N)						
	Infants	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Total Served
Family Care Provider	4, (5)	11, (6)	9, (7)	6, (7)	3, (7)	1, (7)	34
Group Home	4, (3)	5, (3)	9, (3)	2, (3)	3, (3)	0, (3)	42
Head Start	n/a	n/a	n/a	65, (9)	154, (8)	61, (8)	298
Center: School-based	18, (2)	15, (2)	26, (3)	54, (6)	145, (8)	70, (8)	500
Center: Non-school-based	100, (10)	183, (19)	335, (23)	426, (24)	295, (19)	118, (19)	1546
<b>Total</b>	126	214	379	553	600	250	2,420

Infants, one and two-year olds were served by all but one provider type (Head Start), while children aged three and four made up the majority of children served (for those who were able to report specific age groups).

To put the number of children served by age range, and the total number served into context, it would be helpful to compare these numbers to the population of young children in the region. The table below includes the population of children in the La Paz/Mohave Region and La Paz and Mohave Counties (US Census, 2010), alongside the number of children served by age group for those respondents able to report, and the resultant percent of the population served.

*Table 7: Population of children, number of children served, and percentage served in the region*

Age Group	Population of Children			Number of Children Served	% of Population Served La Paz/Mohave Region
	La Paz/Mohave Region	La Paz County	Mohave County		
<b>Infants</b> (birth-1 year)	2,114	178	2,093	126	6%
<b>1 year olds</b> (13-23 months)	2,201	199	2,174	214	10%
<b>2 year olds</b> (24-35 months)	2,244	203	2,214	379	17%
<b>3 year olds</b> (36-47 months)	2,365	244	2,322	553	23%
<b>4 year olds</b> (48-59 months)	2,236	204	2,202	600	27%
<b>5 year olds</b> (60-71 months)	2,237	199	2,213	250	11%
Total (Population 0-4)	11,160	1,028	11,005	1,872	17%
Total (Population 0-5)	13,397	1,227	13,218	2,122	16%
Total served (including providers who could only report total served)				2,420	18%
Total including estimates for missing providers				2,721	20%

Included in the last row is an additional estimate which includes those ten providers who were not reached for the survey. The median number served for each provider type reached for the survey was used as an estimate for these missing providers. These estimates of total children served were; three for family care providers, 5.5 for group homes, 32.5 for school-based centers and 61 for non-school based centers.

The percentage of the population served by licensed child care increased with increasing age (with the exception of five-year olds). The percentage of the population of children aged birth through five in the region served in licensed or certified child care setting ranged from 16 to 20 percent, reflecting that roughly four-fifths of the region's population of children aged birth through five are not being served in licensed or certified child care settings.

Thirty-four of the fifty-seven respondents (60%) reported that they would be willing and able to care for more children than they currently served. Again, a number of respondents could not specify the number of additional children they could care for by age group, but the total number of additional children providers could serve ranged from one to 58, although most (n=25, 44%) had space for twenty or fewer additional children.

An additional question on the survey asked respondents how many hours they considered full-time care, however, some respondents had difficulty answering this question. For those who were able to provide a response (n=51), full-time enrollment was between 2.5 and 11 hours per day, with 46 reporting full-time enrollment as eight or fewer hours per day, and 34 reporting full-time enrollment as six hours or less per day.

### Waiting Lists

Twenty-six respondents (46%) did not have a waiting list for their center/home. The 31 (54%) who did, had from one child to 296 children on the waiting list, although the majority (n=26) had wait lists of 30 or fewer children. (Again, respondents had difficulty providing wait lists numbers by specific age groups and were more likely to provide a total number of children aged birth through five on their waiting list.) All but one Head Start reported a waiting list, and five of 12 school-based centers and 16 of 24 non-school-based centers also had waiting lists. One family care provider and one family group home also reported having waiting lists for their child care services.

Table 8: Range of number of children on waiting lists by provider type

Provider Type	N	How Many Children Are on Waiting Lists?						Minimum #	Maximum #
		1-10	11-20	21-50	51-100	Over 100			
Family Care Provider	1	1	-	-	-	-	8	8	
Group Home	1	1	-	-	-	-	1	1	
Head Start	7*	4	-	2	1	-	1	67	
Center: School-based	5	1	3	-	-	1	9	296	
Center: Non-school-based	16	10	2	3	1	-	2	100	
<b>Total</b>	<b>30</b>	<b>17</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>1</b>			

\*Note: One Head Start who reported having a waiting list was unable to report the number of children on the list.

### Transportation

Most child care providers surveyed (n=38, 67%) did not provide transportation for the children enrolled in their care to or from their center/home. Of the 19 (33%) who did provide transportation, most had limited transportation options. Three reported that they walked children to and from nearby school-based preschools. Three reported that they provided transportation on a case by case basis, but charged no fee. Two others reported providing transportation to and from child care for an extra fee, one provided transportation only for children with special needs, and four only provided one-way transportation to child care or from their site to another child care provider. Only six of the 19 child care providers offering transportation reported that it was available to every child who needed it.

Nineteen respondents (33%) reported that not providing transportation has been mentioned as a reason why some children were not enrolled in their program or care.

### Ability to Serve Children with Special Needs

All but ten respondents (n=47, 82%) reported having the ability to serve children five and under with special needs (physical, emotional, developmental or behavioral) in their program or care. However, only 27 (47%) currently had children with either a special physical or emotional need enrolled in their care. Seven (12%) currently had a child aged birth through five with a physical condition that affected

the way they or their program served them, while 25 (44%) reported that they currently had children five and under enrolled in their program who have an emotional, developmental, or behavioral (E/B/D) condition that affected the way they cared for them. Only 19 (33%) were able to report that those children they served with a special need had an IEP/ISFP.

*Table 9: Ability to serve and number serving children with special needs by provider type*

Provider Type	N	Serving Children with Special Needs (SN)			
		Ability to serve SN children	Currently serving children w/ physical SN	Currently serving children w/ E/B/D SN	Currently serving children w/ IEP/ISFP
<b>Family Care Provider</b>	7	6	1	2	1
<b>Group Home</b>	4	3	0	1	0
<b>Head Start</b>	9	9	0	7	7
<b>Center: School-based</b>	12	9	1	4	3
<b>Center: Non-school-based</b>	25	20	5	11	8
<b>Total</b>	57	47	7	25	19

## Summary

Results of surveys conducted with licensed or certified child care providers in the La Paz/Mohave FTF Region show that a large proportion of the region's population aged birth through five are not able to be served in licensed or certified child care settings. These findings are mirrored by CCR&R licensed capacity data for the region. Results from key informants across the region also reflect these findings. Respondents largely reported insufficient child care options available in the region, particularly in smaller communities outside of the three large communities in Mohave County. Although not all families will choose licensed child care, or care outside of the home for their young children, having capacity for roughly one-fifth of the population is likely insufficient to meet the region's needs.

Child care options that do exist may be somewhat limited to meet the needs of working families. Very few of the providers surveyed operated more than five days a week, or were open on weekends or evenings. The lack of available, quality child care options for those not working typical hours has been cited as a large barrier to care from key informants. Those options that might also be viewed as higher in quality, Head Start and school-based child care, also offer the fewest hours of care a day and a week.

Only one-third of providers surveyed offered any type of transportation, and those options were often limited. The lack of transportation options coupled with the number of programs offering less than full-day care could place an additional burden on families. In key informant interviews, a lack of transportation was one of the largest barriers families faced in accessing quality child care options.

Of those surveyed, non-school-based centers served roughly two-thirds of the children served, but only accounted for 43% of the providers surveyed. These providers were likely to serve a higher number of children and be open for longer hours and on weekends than other provider types, both of which are likely factors in their utilization. These providers were also the most likely to provide infant care as well as care for one and two year olds. The need for infant child care in the region was one of the greatest needs reported by key informants.

Respondents to the survey showed that there are a large number of well-experienced providers of child care in the region. The median number of year's personally providing care to children aged birth through five, and providing care within the setting surveyed was 14 years. Almost half of providers surveyed also were currently serving children with special needs, with more serving children with emotional, developmental, or behavioral special needs, than children with physical special needs.

While the current survey was only a snapshot of child care in the region, and didn't address other important issues such as the cost of care, it does help to quantify the extent to which the current capacity for care is meeting the needs of the population.

### Citations

*Department of Economic Security. (2014). [CCR&R data set]. Unpublished raw data received from the First Things First State Agency Data Request.*

*US Department of Health & Human Services, Administration for Children & Families, Office of Planning, Research & Evaluation. National Survey of Early Care and Education. Accessed at <http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>*

First Things First's mission is to ensure that all children in Arizona enter school healthy and ready to succeed. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children's healthcare; and support for families to provide nurturing, healthy and resource rich environments for their children. Coordinating policies, programs, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave Counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national Build Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. *Context*: The political environment that surrounds the system and affects its success
2. *Components*: The quality and performance of programs and services
3. *Connections*: The strength and effectiveness of linkages across the system
4. *Infrastructure*: The foundational supports the system needs to function effectively
5. *Scope and Scale*: The comprehensiveness of the system for all children.

To gather this information, The La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and child care providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014. Altogether, 101 individuals participated in an interview which was structured around the Build Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early care and education, 2) children's healthcare and 3) family support programs.

This brief addresses findings on early care and education from the perspective of these stakeholders.

## La Paz/Mohave Region Early Care and Education Brief DRAFT

Interviews with key informants started with the question, "What do you think are the most important factors that make a child adequately prepared to enter kindergarten?" The need for quality early learning and education opportunities to provide the educational, social, and emotional experience for children to succeed was one of the most common responses. The extent to which these opportunities are available across the region, barriers preventing their availability or accessibility, and recommendations for realizing, expanding, and supporting these programs and services will form the content of this brief.

### An Overview of Early Care and Education in the La Paz/Mohave Region

In the spring of 2014, there were 52 licensed child care centers in the La Paz/Mohave Region, including nine Head Start Centers and one tribally-regulated child care center. In addition, there were eight family care group homes certified by ADHS, six family care homes certified by AZ DES and one nanny certified by DES<sup>1</sup>. The number of licensed child care providers in the region has dropped substantially since December 2011, when there were 58 licensed child care centers, 14 family care group homes and 13 family care homes. The licensed capacity for these providers has also dropped in those three years, from a total licensed capacity of 3,817 in 2011, to 3,277 in 2014.

While population projections predict a decrease in the population of children aged birth through five in La Paz (-2%) and Mohave Counties (-9%) as well as the state (-2%) by 2015, these

<sup>1</sup> Department of Economic Security. (2014). [CCR&R data set]. Unpublished raw data received from the First Things First State Agency Data Request.

populations are projected to rebound by 2020 (+9%, +6%, +12%), and rise sharply by 2025 (+17%, +21%, +23%)<sup>2</sup>.

The majority of licensed child care options in the region are in the three larger communities in Mohave County; Bullhead City, Kingman, and Lake Havasu City. Inadequate transportation may affect access to these services, particularly for those living in outlying areas.

The cost of child care is also a contributing factor for many families. In La Paz County and Mohave Counties, the cost of full-time care in a child care center is roughly 13% and 11% of median family income for children aged three to five. For infants, this care costs 16% and 14% of median family income. And these estimates are for one child in child care. For families with multiple children, these costs increase.

The estimated percent of children ages three and four years enrolled in nursery school, preschool or kindergarten in the region is 33%, similar to the state rate of 34%. Interestingly, approximately 41% of three and four year olds in La Paz County are enrolled in one of these programs, while Mohave County matches the state (34%)<sup>3</sup>.

While not all families will choose licensed child care, or care outside of the home for their young children, having insufficient capacity to meet the needs of families in the region, particularly for working families, may be a concern.

### The Context of the Early Care and Education System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and

regional environment that may impact early the care and education system in the region.

#### Strengths

- During the last decade there has been increasing knowledge in the early childhood and lay communities in the region about the extensive developmental changes that occur in the early years.
- There has also been an increased focus on early childhood education and increased understanding as to its importance.
- Supportive communities and school boards have been key to some school's ability to offer, maintain and expand early childhood programs in times of limited funding.

#### Challenges

- Political beliefs and a strong culture of self-reliance affect availability of and access to early care and education programs provided by government agencies.
- Early childhood education is not perceived as being a priority issue among some in the region evidenced by common sentiments such as; "I did fine without preschool," and "learning begins in kindergarten."
- Educating older community members on the importance of early education is needed to impact funding and program support in a region with large retirement-aged populations. This can counteract the common question, "when I was a kid we didn't have this, so why do we need it now?"
- There is a need to incorporate preschool into the "school" vernacular to increase acceptance, and impress upon parents and leaders the impact that a quality preschool program can have on kindergarten readiness.
- The lack of a state mandate for preschool and kindergarten impacts parental support; "if it was important, the state would mandate that my child go to preschool."
- The lack of state requirements for child care provider training and certification also impacts the quality of and perceptions

<sup>2</sup> Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

<sup>3</sup> American Community Survey 5-Year Estimates, 2008-2012, Table B14003

- about early care and learning programs in the region.
- Limited funding creates the need to prioritize limited preschool slots based on a number of factors, which by default excludes some children from these opportunities.
  - While universal, full-day pre-K is seen as highly valuable, the region is unprepared to implement this. Reasons include; the lack of physical space for classrooms, the lack of qualified teachers, and the lack of funding for materials, resources, transportation and pay, as well as some discomfort with the inclusion of a mandate.
  - The transient nature of many families in the region creates the need for continual and ongoing education on the importance of early childhood and early education and marketing of the options for early care and education programs.
  - The issue of substance abuse, and the chaos and dysfunction within families that often causes, interferes with parental interest in or knowledge to enroll children in early learning programs.
  - Both city-level community development efforts and organization- and district-level recruitment and retention incentives are needed to increase the number of educated early care and education professionals who move into and stay in the region.
  - School-based child care programs that function as high school learning laboratories, providing experience, credits and sometimes pay to high school students can impact the number of child care workers in the region.
  - Early care and learning programs can be valuable settings to educate parents on a variety of topics such as routine and recommended healthcare and developmental milestones, and also provide resources and referrals on these topics.
  - Head Start’s comprehensive children’s and family services are extremely helpful in supporting enrolled families in identifying resources and accessing needed services. Components of Head Start such as Mental Health Consultants, or Family Development Consultants, may be useful to use as models for incorporation into other early learning settings.
  - Two district preschool programs in La Paz County share a preschool teacher. This addresses the obstacle of finding additional qualified teachers, and also allows the two schools to keep costs down. Because both are half-day programs this collaboration works well.
  - Providing meals and snacks during early care and learning programs can be a large benefit to children enrolled in these programs, as a means of supplementing their nutritional needs.

### The Components of the Early Care and Education System in the Region

Stakeholder perceptions of the available early care and education programs and services in the region, and factors impacting their quality, are summarized in the following section.

#### *Strengths*

- FTF programs supporting the professional development of child care and early learning staff have been important to improving the quality of early care and education options in the region.

#### *Challenges*

- Low levels of education and lack of knowledge regarding child development of some child care staff impacts the quality of some early care options.
- The lack of early education degree programs and professional development opportunities in the region was also cited as a barrier to improving quality of early care and education programs.
- Private child care centers often struggle to find a balance between fees and wages to maintain profitability, which can affect their

ability to recruit educated or certified child care providers, impact staff turnover, and influence their decision to support professional development for their staff.

- Turnover of staff in early care and education settings is seen as a large issue impacting quality, as well as a multi-faceted one; “We have high turnover in early childhood programs because of pay, which affects the consistency of staff and the ability to find quality providers, and this pay is in part dependent on state funding which is stagnant.”
- Not having bilingual child care and early learning staff can affect some family’s utilization of these services, although finding well qualified staff who are also bilingual can be difficult.
- Transportation is a large barrier because many communities in Mohave and La Paz Counties are far removed from child care and early learning options, and few of those services provide transportation.
- Expanded hours and days of care for a variety of child care and early learning programs are needed to increase working parents’ options for accessing these programs and services.

### The Connections across the Early Care and Education System in the Region

Stakeholders discussed challenges affecting the strength and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

#### Challenges

- Lack of knowledge of available programs and services (early care and education, healthcare and family support) among child care providers themselves is a barrier to referral and coordination: “good information on services and programs is hard to find.”
- There continues to be “territoriality” between private child care centers and

school-based early learning programs often due to a perceived competition to fill slots.

#### Recommendations

- Partner to seek funding for additional early care and education services. Include FTF, Head Start, school districts and private preschools and child care centers, as well as the business and medical community in these collaborations.
- Increase networking and opportunities for cross-system collaboration to engage and share information between early care and school settings and provider agencies. This will improve coordination with and referral to available health and family support services, as well as providing information to families at these agencies on available early care and education options.
- Provide healthcare service and educational resources through child care and early learning centers, e.g. flu shots.
- Increase web-access to regional meetings to address time and transportation issues.
- Increase the number of regional meetings taking place in La Paz County to improve attendance and provider buy-in.
- Ensure that owners and directors of early care and education settings have information on regional resources to be able to disseminate this information.
- Explore options for partnering to provide transportation between half-day district and Head Start programs and child care centers. The lack of transportation between these settings is a large barrier to utilizing these services for working families.
- Allow child care providers to attend ongoing district or Head Start training and professional development opportunities to leverage existing training resources in the region.
- Utilize an on-line resource for both parents and providers to find information on available programs and services (early care and education, healthcare and family support), and for providers to make referrals to other organizations.

- Leverage the large influx of winter visitors who often come to the region with much time, resources and caring to give to local early childhood efforts.
- Increase the use of local media in public awareness campaigns.
- Increase the use of social media to relay information on available early care and education programs.

### The Infrastructure in the Early Care and Education System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- For new early education programs, allow more time in funding cycles for planning and start-up, ideally one year, before students are first enrolled.
- Explore additional grant funding for non-school-based early care and education options. Limits to space, time and resources in school settings, may make other settings to create or expand additional child care slots more appropriate.
- Offer additional training and cross-training on topics such as the basics of early childhood development, recognizing developmental issues, and how to address behavioral issues, so that those in early education settings and child care centers are more aware of when referrals might be advised. Also provide basic training on early learning topics such as early literacy, vocabulary training, and problem solving to early care and education providers.
- Address organization's barriers to supporting their staff's attendance at training events (e.g. requiring staff to use PTO to attend trainings during work hours).
- Offer additional degree and certification programs in the region to prepare the future local early care and education workforce.

### The Scope and Scale of the Early Care and Education System in the Region

Stakeholders discussed the comprehensiveness of the early care and education system in the region and the factors that effect it.

#### Strengths

- A greater variety of early care and learning options (Head Start, district preschool, private child care and preschool centers, and home-based providers) are available in the three large cities in Mohave County, Bullhead City, Kingman and Lake Havasu City, and in Parker in La Paz County.
- The addition of FTF funded preschools and scholarship slots for typical children at district preschools, and scholarships through Quality First in private child care programs have been assets in increasing participation in early learning programs by addressing the barrier of affordability.
- Programs and resources offered through libraries, churches and community organizations help supplement the available early learning opportunities in the region.

#### Challenges

- Those early care and education programs deemed to be quality programs, and free of charge, with available subsidies, or with a sliding fee scale often have significant waiting lists.
- In Mohave County outside of the larger cities, and in most of La Paz County, district preschools are often the only early care and education option.
- In larger communities the age of care most needed is infant care, and for smaller communities care for children aged three and younger is the most lacking.
- In addition to a limit to the number of available early care and education slots, the inability to afford child care or early education programs is a large barrier to accessing these programs in the region.
- In the larger cities, a number of private child care centers and home-based providers have closed in the last year,

decreasing the number of early care slots available in the region.

- With the economic downturn and lack of available DES subsidies, many families previously in center-based care turn to the more affordable option of home-based child care, which can be both regulated and unregulated care, and can vary greatly in terms of quality.
- Due in large part to the lack of affordable early care and learning options, the use of kith and kin care as an alternative to licensed center and home-based care is very common in the region.
- Modifications to Head Start, from full-day to half-day programs in some communities and no longer providing transportation at some sites due to federal funding cuts has affected enrollment and attendance at these sites.
- A lack of parent education both about the importance of early childhood education and the availability of programs, impedes families taking advantage of the opportunities that are available.
- Families' decisions about where to enroll a child may have more to do with the location, duration and cost of care than the quality or the content of the care.

#### *The Gap Group*

- The middle or working class, who have limited access to child care subsidies and scholarships, or programs with income eligibility requirements, who may also have difficulty paying for child care, are the group needing the most aid in accessing quality early care and education opportunities for their children.
- Working parents are often unable to participate in half-day early education programs, and are more likely to need after hours or weekend care, which is extremely limited in the region.
- Those programs viewed as the highest quality, such as Head Start, school district preschools, and curriculum-focused child

care centers, are largely inaccessible to this gap group.

### Conclusions: Priorities for Building the Early Care and Education System in the Region

The goal of the key informant interview project was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the early care and education system in the region. Utilizing their responses, summarized in the previous sections, as well as secondary data available on the state of the early care and education system in the region, the following are identified as priorities for the La Paz/Mohave Region:

- Address the dearth of licensed, certified and quality early care and education options in the region.
- Examine the allocation of FTF scholarship funds to see if offering these scholarships on a sliding fee scale instead of a full scholarship might provide more opportunities to more families.
- Explore the possibility of sliding fee scale based preschools to reach more young children in the region.
- Explore the possibility of expansion of Head Start and Early Head Start programs in the region.
- Place additional focus on the quality of kith and kin care environments because they are so common in the region.
- Improve parent's knowledge about the importance of early childhood and early education, as well as the options for early care and education programs, and the financial assistance available for these programs.
- Provide educational resources to parents on why quality in an early care or learning setting is important and how to tell if a care option is a quality option.

- Improve collaboration between health departments and local communities to provide immunization clinics, and health, dental, hearing and vision screenings at schools and child care centers.
- Ensure that information on early care and education options in the region is available at local healthcare and family support agencies for dissemination. Also ensure that early care and education settings have information available to refer the families they serve to local healthcare and family support resources.
- Support a one-stop resource for early childhood information, be it an individual, a location, a publication or a website, with local, city or town-level information within communities.
- Promote more outreach among agencies and to families about what early care and learning options are available, through community fairs, local resource guides, referral networks, radio and print media, and social networks. Also increase outreach with this information to churches, businesses, and service organizations, who may also be able to share this information.
- Partner to provide transportation options to and between different early care and learning settings.
- Continue and expand educational opportunities for child care providers and educators on mental health and special needs topics.
- Promote additional degree and certification programs in the region to prepare the future local early care and education workforce.
- Expand the concept of the high school learning laboratory to more schools to impact the future, homegrown, early care and education workforce.

### Citations

Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. BUILD Initiative.

First Things First's mission is to ensure that all children in Arizona enter school healthy and ready to succeed. Important components to ensuring that success are the availability of quality early care and education opportunities for children; accessible, affordable and quality children's healthcare; and support for families to provide nurturing, healthy and resource rich environments for their children. Coordinating policies, programs, services and infrastructure across the early childhood system can help assure these elements are in place.

In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave Counties, the First Things First La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national Build Initiative to evaluate early childhood systems initiatives (Coffman, 2007). The framework identifies five connected early childhood system levers:

1. *Context*: The political environment that surrounds the system and affects its success
2. *Components*: The quality and performance of programs and services
3. *Connections*: The strength and effectiveness of linkages across the system
4. *Infrastructure*: The foundational supports the system needs to function effectively
5. *Scope and Scale*: The comprehensiveness of the system for all children.

To gather this information, The La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and childcare providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014. Altogether, 101 individuals participated in an interview which was structured around the Build Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early care and education, 2) children's healthcare and 3) family support programs.

This brief addresses findings on family support services (including parenting education, home visitation and crisis support services) from the perspective of these stakeholders.

## La Paz/Mohave Region Family Support Brief - DRAFT

Interviews with key informants started with the question, "What do you think are the most important factors that make a child adequately prepared to enter kindergarten?" Respondents commonly spoke about the importance of children living in a safe and secure environment where the basic needs of food, shelter, and love are met first and foremost. The role of the family and family wellbeing, the presence of positive parent child interactions, and the need for children to be in nurturing home environments free of domestic violence and substance abuse were discussed again and again. This brief will review the current state of family support programs in the Region and summarize recommendations from key informants.

### An Overview of Family Support Services in the La Paz/Mohave Region

Thirty-seven percent of children aged birth through five in the La Paz/Mohave Region live below the poverty level (compared to 27% in the state)<sup>1</sup> which may indicate a need for a variety of services to support families with young children in the region.

Home visitation programs are a key component of family support in the region. Programs such as Health Families, Parents as Teachers, and Building Bright Futures and services offered by the Learning Center and Head Start offer a variety of family-focused services with the goal of improving child health and developmental outcomes and preventing child abuse.

Parenting education is another key component of family support. Parenting programs and classes are held by a variety of organizations

<sup>1</sup> American Community Survey 5-Year Estimates, 2008-2012, Table B17001

such as the Association for Supportive Child Care, Mohave Mental Health, Blake Easter Seals Foundation, Interagency, Arizona Children's Association, the Parker Area Alliance for Community Empowerment, and school districts.

Crisis support services, another component of family support, offer services to families dealing with issues such as abuse, domestic violence and displacement. There are four domestic violence shelters in the La Paz/Mohave Region, and a number of organizations in Mohave County that provide homelessness services. Child welfare reports were made 69 times in La Paz County and 648 times in Mohave County for the period between October 2012 and March 2013. These reports were most often for neglect (La Paz 78%, Mohave 70%) or physical abuse (La Paz 20%, Mohave 26%).<sup>2</sup> The number of children being removed from their homes has increased from 2010 to 2012 for both counties and the state as a whole.<sup>3</sup>

Food insecurity, limited access to food, and limited availability of nutritious food, is another reality that many families in the region face. In Arizona, 28 percent of children are deemed food insecure, while 30 percent of Mohave County's children and 31 percent of La Paz County's children are food insecure<sup>4</sup>. Over half of the children aged birth through five in the region are participating in SNAP (Nutritional Assistance)<sup>5</sup>. In addition, more than a third of children aged birth through four in Mohave County (39%) are also participating in Arizona's WIC, a federally funded nutrition program, compared to 29% for the state as a whole<sup>6</sup>.

<sup>2</sup> Arizona Department of Economic Security, Child Welfare Reports, 2014

<sup>3</sup> Arizona Department of Economic Security, 2014

<sup>4</sup> <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

<sup>5</sup> Arizona Department of Economic Security, 2014

<sup>6</sup> Arizona Department of Health Services, 2014

## The Context of the Family Support System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact family support services in the region.

### Strengths

- The judicial system in Mohave County shows strong support and collaboration around early childhood issues.
- An increased personal commitment to professional development among early childhood professionals has increased the overall knowledge base regarding development and child welfare in the region.

### Challenges

- Political beliefs and a strong culture of self-reliance affect utilization of services provided by government agencies.
- Early childhood is not perceived as being a high priority issue among some in political leadership.
- The transient nature of the younger population impacts the degree of political support for early childhood issues as well as knowledge of and participation in family support services.
- Generational poverty and day to day struggles for survival impact family's participation in family support services. Many families are "more concerned with getting by than moving up."
- The issues of substance abuse, and the chaos and dysfunction within families that often causes, impacts families knowledge of and utilization of family support services.
- The geographic spread of the region, and funding limits may affect access to family support programs. Home visitation programs have mileage restrictions which limit whom they can serve.

## The Components of the Family Support System in the Region

Stakeholder perceptions of the available quality family support programs and services in the region, and factors impacting their quality, are summarized in the following section.

### Strengths

- There are a number of quality parenting and home visitation services available in the region, particularly in Mohave County.
- Libraries are resources for family support, acting as a meeting place for programs or offering parenting education classes and resources.
- The FTF Home Visitation Coalition has begun efforts to decrease duplication, and improve application and referral mechanisms across home visitation programs in the region.

### Challenges

- Programs specifically for fathers, grandparents and teen mothers are needed to counteract recent program and funding cuts to these services.
- Continued efforts are needed to reduce duplication of home visitation services and to better coordinate care for families.
- Additional crisis support services are needed in the region. Stakeholders' highest priorities for these services include; 1) a crisis nursery, 2) a family shelter for families dealing with homelessness, and 3) crisis and ongoing placement and counseling services for children and families dealing with domestic violence and substance abuse.
- There were a number of concerns raised about the quality of providers within the child welfare system in the region. Mental health and child welfare providers were often seen to be uncertified, underqualified, or inexperienced, and there was seen to be a lack of therapists knowledgeable in trauma-based therapy.
- Stakeholders emphasized the need for an increased focus on prevention. Family support programs should focus first on

preventing the issues that lead to the need for crisis support, and foster an environment of support and openness among families and providers.

- Transportation is a large barrier as many communities in Mohave and La Paz Counties are far removed from many parent education resources.
- Language barriers and cultural issues are an obstacle to family support services, including the stigma associated with family support. Many families perceive that these services are only used by "bad" parents.
- Fear due to immigration status may be a reason families chose not to participate in family support programs.
- Expanded hours for parenting education and other support resources to evenings and weekends are needed to allow working parent's options for accessing services.
- Cross-state licensing of therapists in border communities is needed to allow home visitation services to be provided across state boundaries.

## The Connections across the Family Support System in the Region

Stakeholders discussed challenges affecting the strength and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

### Challenges

- Lack of knowledge of available programs and services among families and among service providers themselves is a barrier to referral and coordination.
- There continues to be "turf issues" among provider agencies, often due to competition for funding or clients, which inhibits the effective collaboration and coordination needed to meet the needs of families with young children in the region.

### Recommendations

- Increase the use of local media in public awareness campaigns.

- Improve the communication between tribal and county agencies so that families inside and outside of tribal lands have knowledge of and access to all available family support services in the region.
- Provide opportunities for cross-system collaboration, bringing together family support agencies, school administrators, child care providers, and health care providers to share information across disciplines.
- Involve political and business leaders in discussions regarding the need for and funding of family support services at the community level. The parents of young children work in the community and businesses are impacted by the home environment of their employees.
- Increase web-access to regional meetings to address time and transportation issues.
- Increase the number of regional meetings taking place in La Paz County to improve attendance and provider buy-in.
- Consider the use of existing regional collaborations as models for an early childhood coalition. One example is the Havasu Area Resource Team (HART) whose focus is on the coordination and provision of services for school-aged children and their families.
- Partner to provide transportation to parenting education and other family support events.
- An annual referral and resource guide was mentioned by many stakeholders as a needed resource at both the regional and city level.
- Churches currently serve a crisis support need in many communities and could be supported or expanded upon with the addition of funding, consultation or referral mechanisms from regional agencies.

## The Infrastructure in the Family Support System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- Address short grant funding cycles of some family support services, e.g. parenting education courses, which affect sustainability and attendance.
- Address how changes in funding mechanisms and new funding cycles cause disruptions in services and collaboration between partner organizations.
- Explore how staff turnover and leadership changes have affected the trajectory and focus of a number of family support programs in the region.
- Offer additional training and cross-training to preschool teachers, child care providers and health and support service providers in the basics of trauma and the needs of children in the child welfare system and how to recognize potential warning signs.
- Address the lack of foster care placements and the inconsistent training of foster parents; multiple agencies oversee and train foster parents in the region.
- Increases cross-training among providers (health, family support and early care and education) on the services and programs each offer to improve referral systems.
- Increase the number of cross-provider networking and information sharing opportunities in the region. Examples include, annual all-county meetings, quarterly informational lunches, and monthly community-based networking and information sharing meetings.
- Offer additional degree and certification programs in the region to prepare the future local workforce, in particular, coursework in mental health services and child welfare.

## The Scope and Scale of the Family Support System in the Region

The comprehensiveness of the family support system in the region, and the factors affecting this, as discussed by stakeholders, are summarized in the following section.

### Strengths

- Family support programs are available in the three large cities in Mohave County; Bullhead City, Kingman and Lake Havasu City, and to a lesser degree in Parker in La Paz County.
- The court system and court programs have had a positive impact in the region, increasing sensitivity to the needs of young children and their families, better supporting these children, and offering training opportunities in the region to expand providers' knowledge.
- Family support programs are provided in a number of settings including schools, hospitals, libraries, and provider agencies.
- Family support services are provided by many organizations in the region including churches, non-profits, schools and government agencies.

### Challenges

#### Parenting Education

- Eligibility criteria, such as enrollment in AHCCCS or involvement in the child welfare system, or the stigma of parenting education, may limit participation in these services.
- Attendance at parenting education events is often an issue. Suggestions for improving participation include; providing child care during the session, requiring attendance as part of a parent involvement component for schools, reframing either the title of the class or embedding it within a "fun" event, offering the session in Spanish, or providing incentives such as money, tickets for events, or other "prizes".
- The lack of transportation is a barrier to participation in parenting education services. Stakeholders suggested a mobile

service to provide information and resources in outlying communities, or offering classes thru an on-line mechanism for those families with transportation issues.

#### Home Visitation Services

- The available slots for a number of home visitation programs in the region point to a need to improve awareness of these programs.
- In La Paz County and in remote regions of Mohave County, access to home visitation programs are limited.
- Mileage limitations influence which families in the region can participate in home visitation services.
- Stakeholders identified a common misperception of families, that home visitation programs are only for low income families or those involved with the child welfare system. This misperception likely affects receipt of and participation in home visitation programs.

#### Child Welfare and Foster Care

- The lack of sufficient residential placements for children necessitates children waiting in unsuitable placements for long periods of time, or the need to transfer children out of the community or even the state to find a suitable placement.
- Cited as an even more dire need were placements that qualified as therapeutic homes for children with special needs.
- Mental health professionals and therapists trained in trauma based therapy and who are comfortable working with young children are needed to address the needs of the child welfare system in the region.
- Stakeholders discussed limited family support resources for children and their families not enrolled in AHCCCS or involved with the child welfare system.
- Separate Regional Behavioral Health Authority's (RBHA) for La Paz and Mohave County add an additional barrier to children needing mental health services in La Paz

County, who must receive services from Yuma providers.

- Substance abuse services and in-patient treatment for families of young children are an important need, in part to address the issues of transportation and separation from family.

#### *Other Family Support*

- Stakeholders often discussed the importance of supporting the whole family, including providing information and referrals on a number of services such as job training, food assistance, financial and housing assistance and AHCCCS enrollment help.
- Food insecurity is a large concern in the region and programs such as the food bank and backpacks with food for school-aged children were seen as valuable services in the region.

### Conclusions: Priorities for Building the Family Support System in the Region

The goal of the key informant interview project was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the family support system in the region. Utilizing those responses, summarized in the previous sections, as well as secondary data available on the state of the family support system in the region, the following priorities are proposed.

- Address the dearth of mental health professionals who are qualified to work with young children and trained in trauma-based therapy.
- Reframe parenting education and support to be less likely to imply a deficit that needs to be addressed, and instead as a support for good parenting.
- Provide training opportunities for early childhood professionals on the needs of children in the child welfare system and how to recognize potential warning signs.

Offering these training opportunities in more locations than the three large cities in Mohave County might also be advised.

- Explore the possibility of offering additional support services aimed at fathers, grandparents and teen parents.
- Continue efforts to address duplication in home visitation services, application fatigue and improved referral mechanisms.
- Examine eligibility conditions for home visitation (geographic limits) and parenting programs (AHCCCS enrolled or involvement in child welfare programs) to determine if such criteria are necessary.
- Educating parents on the importance of parenting and family support for their children's development and success could be achieved in a number of ways. These include; incorporation of family support and resources into community events like fun fairs and play groups, existing events such as family nights at schools, events at casinos, or safety nights at the fire department, and inclusion of information in local resource guides, radio and print media, and social networks.
- Increase family support programs outreach to churches, businesses, and service organizations, who may also be able to share this information with their members.
- Support a one-stop resource for early childhood information, be it an individual, a location, a publication or a website, with local, city or town-level information.
- Ensure all childhood professionals in the region have information available to disseminate on the importance and availability of family support services.
- Promote additional degree and certification programs in the region to prepare the future local workforce, in particular, coursework in mental health services and child welfare.

### Citations

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To gather this information, The La Paz/Mohave Regional Partnership Council identified community members who were knowledgeable about the region and could help in identifying early childhood system-building strategies. These key informants included health care professionals, public and non-profit agency personnel, elementary school educators and administrators, and preschool and child care providers. These stakeholders were invited to participate in a telephone interview between December 2013 and March 2014. Altogether, 101 individuals participated in an interview which was structured around the Build Initiative framework cited above. Information within this framework was gathered across three content areas; 1) early care and education, 2) children's healthcare and 3) family support programs.

This brief addresses findings on children's healthcare from the perspective of these stakeholders. Health care services assessed include medical, dental, vision, emergency medicine, mental health services, services for children with special needs and rehabilitative care.

## La Paz/Mohave Region Children's Healthcare Brief - DRAFT

Having easily available, affordable, high quality health care services for expectant mothers and young children can have profound impacts in a community. Access to high-quality health care can improve birth outcomes, encourage children to receive routine and recommended care, reduce delays in seeking care, and affect the continuity of care received. All of these factors can have an impact on school readiness and success, and on a child's long-term health and well-being. This brief describes the current state of the children's health care system in the La Paz/Mohave Region from the perspective of key stakeholders in the region.

### An Overview of Healthcare in the La Paz/Mohave Region

Access to health care can be problematic for the La Paz/Mohave Region. All of La Paz County and all but the areas around Lake Havasu City and Bullhead City in Mohave County have been designated as "medically underserved" by the Arizona Department of Health Services<sup>1</sup>, and much of the region has been designated as a "dental health professional shortage area"<sup>2</sup>.

The ratio of the county population to the number of primary care providers provides an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Mohave County it is about 872, climbing to 1,742 in La Paz County. This is similar to other rural and frontier areas in the state, and illustrates the challenge that residents in more outlying areas face in obtaining care.

The larger communities in the region are served by hospitals and community health clinics, and

<sup>1</sup><http://www.azdhs.gov/hsd/designations/DownloadWindow/Bas eMaps/AZMUA.pdf>

<sup>2</sup><http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

local health clinics provide services in outlying communities. However, there are few pediatricians and fewer pediatric dentists, even in the larger communities. Specialty medical and dental care for young children is very often unavailable.

Approximately 14 percent of children from birth to five years of age are uninsured in the region, compared to 11 percent for the state as a whole. Roughly a quarter of the population of Mohave County, and 24 percent of La Paz County are enrolled in AHCCCS, slightly higher than the state as a whole (21%).<sup>3</sup>

The percentage of uninsured births in the state is just over three percent which is similar to Mohave County (5%). The percentage of uninsured births in La Paz County is much higher at 15 percent.<sup>4</sup> In addition, the infant mortality rate is higher in the La Paz and Mohave Counties than in the state as a whole (8.7 and 7.5 compared to 6.5 per 1,000 births)<sup>5</sup>.

The region faces unique challenges related to children's healthcare due to the geographically remote nature of many of its communities, as well as the expanse of the region.

### The Context of the Early Childhood Healthcare System in the Region

Stakeholders discussed a number of strengths and challenges related to the political and regional environment that may impact children's health care in the region.

#### Strengths

- Some communities show strong support and collaboration around early childhood issues.

- La Paz Regional Hospital, the only non-IHS hospital in La Paz County, recently received the designation of Critical Access Hospital.
- A strong volunteer spirit among healthcare providers and service organizations enables some children to receive health care and supplies who would not otherwise have access to them.
- The influx of young families may be beginning to direct allocation of limited healthcare resources towards children's healthcare needs.

#### Challenges

- Political beliefs and a strong culture of self-reliance affect utilization of services provided by government agencies.
- Early childhood is not perceived as being a high priority issue among some in political leadership.
- Having a large elder and retirement population is seen as affecting the limited healthcare resource allocation in the region towards those groups.
- The transient nature of the younger population in the area impacts the degree of political support for early childhood issues as well as follow-up on referrals by parents and follow-up by health care providers.
- Generational poverty and the day-to-day struggles that leads to overrides healthcare seeking and impedes accessing routine and recommended care.
- The issue of substance abuse, and the chaos and dysfunction within families that often causes, interferes with knowledge of and utilization of health care services for children.
- Both city-level community development efforts and agency-level recruitment and retention incentives are needed to increase the number of qualified workers who move into and stay in the region, particularly in the fields of mental health and special needs services.

<sup>3</sup> AHCCCS (2014). Population by County. Retrieved from <http://www.azahcccs.gov/reporting/enrollment/population.aspx>

<sup>4</sup> Arizona Department of Health Services (2013). Advance vital statistics by county of residence, Arizona, 2012, Tables T18 and T19. Retrieved from

<http://azdhs.gov/plan/report/avs/avs12/avs2012.pdf>

<sup>5</sup> Arizona Department of Health Services, Primary Care Area Statistical Profiles, 2014

## The Components of the Early Childhood Healthcare System in the Region

Stakeholder perceptions of the available health care programs and services in the region, and factors impacting their quality, are summarized in the following section.

### Strengths

- High quality pediatric medical and dental services are available in larger communities.
- Head Start's coordinated health services, and education for families on routine and recommended health care, are a solid resource for enrolled children.
- Ongoing quality community programs were identified in many areas. These included: Mohave Community College's free dental exams and fluoride varnish; Havasu Stick'em's free immunizations, sports physicals, and vision and hearing screenings; Kingman Regional Medical Center's Kid's Day Health and Safety Fair's resources and information for families of young children; La Paz County Health Department's school based immunization program; and Mohave County Health Department's free immunization clinics for the uninsured.
- There is currently a promotora outreach program in development in La Paz County.

### Challenges

- Most children's medical care is provided by family practice physicians or nurse practitioners, rather than pediatricians, which some stakeholders felt may impact the quality of specialized care.
- Regional services with home offices based in other cities were seen to often lack the local community knowledge and commitment needed to have a successful impact in the region.
- There is a "rotational" aspect of medical care that is particular to rural communities (practitioners staying for two years to get experience or to fulfill loan obligations). The continuity of care families and children

receive suffers with these frequent provider changes.

- There were a number of concerns raised about the quality of mental health services available across the region. Staff were often seen to be uncertified, underqualified, or inexperienced, and stakeholders identified a lack of therapists knowledgeable in play or trauma-based therapy.
- Stakeholders identified a need for increased focus on preventative health services, and for education about what routine health care should be for children. They felt that there was a need to directly address the sense families have that, "if my child isn't sick, why should I go to the doctor?"
- Transportation is a large barrier because many communities in Mohave and La Paz Counties are far removed from health care services.
- Language barriers and cultural issues are an obstacle to health care services, including limiting AHCCCS enrollment and knowledge and/or utilization of available services.
- Expanded clinic and healthcare service hours to evenings and weekends are needed to increase working parents' options for accessing services.
- Within the Ft. Mojave Indian Tribe, a new challenge to children's healthcare is children not meeting tribal membership criteria. Some programs, however, have included a descendant's clause for eligibility for services which does not require tribal enrollment.

## The Connections Across the Early Childhood Healthcare System in the Region

Stakeholders discussed challenges affecting the strength and effectiveness of linkages across the early childhood system in the region, and also made recommendations to improve connections.

### Challenges

- Vacancies in health service agencies and high rates of turnover of staff impact the accessibility of health services, the continuity of care families receive, and the ability for inter-agency coordination to plan, organize and deliver services.
- Lack of knowledge of available programs and services among service providers themselves is a barrier to referral and coordination: “good information on services is hard to find.”
- There continues to be “territoriality” among provider agencies often due to competition for funding.
- Previous networking and collaborative efforts have stalled, not moving from brainstorming to planning and implementation phases.

### Recommendations

- Increase the use of local media in public awareness campaigns.
- Increase the use of social media to relay health service information.
- Hold community-based health and community services fairs with an array of providers available to talk with parents.
- Funding mechanisms should require partnering to support collaboration and sustainability.
- Increase networking, meetings, and opportunities to engage and share information and advertising materials to improve coordination and referral among health service provider agencies.
- Improve the connection and communication between Tribal and County agencies so that families inside and outside of tribal lands have knowledge of and access to all available services in the region.
- Provide opportunities for cross-system collaboration, bringing together school administrators, child care providers, health care providers and family support agencies to share information across disciplines.

- Provide healthcare service and educational resources through child care and early learning centers, e.g. flu shots.
- Involve political and business leaders in discussions regarding the need for and funding of health services at the community level.
- Increase web-access to regional meetings to address time and transportation issues.
- Increase the number of regional meetings taking place in La Paz County to improve attendance and provider buy-in.
- Ensure that pediatricians, family practice providers, community health workers and promotoras have information on regional resources to be able to disseminate this information.

### The Infrastructure in the Early Childhood Healthcare System in the Region

Stakeholders made recommendations to address factors that impede how well the early childhood system functions.

- Address short grant funding cycles of some health care services, e.g. free health screenings, which affect sustainability and family perceptions and care seeking.
- Address how changes in funding mechanisms and new funding cycles cause disruptions in services and collaboration between partner organizations.
- Offer additional training and cross-training on children’s healthcare topics, such as developmental milestones and mental health topics, so that those in early education or child care centers are more aware of when referrals might be advised.
- Address regional agency barriers to supporting their staff’s attendance at training events (e.g. requiring staff to use PTO to attend trainings during work hours).
- Offer additional degree and certification programs in the region to prepare the future local healthcare workforce; coursework in mental health services and

case management were singled out as examples.

## The Scope and Scale of the Early Childhood Healthcare System in the Region

Stakeholders discussed the comprehensiveness of the children's health care system in the region and the factors that effect it.

### Strengths

- General pediatric medical and dental care is available in the three large cities in Mohave County: Bullhead City, Kingman and Lake Havasu City. General pediatric medical care is available in Parker in La Paz County.
- General hearing and vision screening are also available in these larger communities in hospital settings at birth.
- Schools provide vision and hearing screenings to children enrolled in preschool or kindergarten, which is particularly important in smaller communities.
- Kingman Regional Medical Center's Pediatric Unit is equipped to address some pediatric specialty needs.
- For families in communities living along borders, inter-state agreements can help families' access geographically closer care in another state.
- In La Paz County, the school districts and County have formed a county consortium to share therapists and the associated costs. Therapists travel to the various schools to work with enrolled children with special needs.

### Challenges

#### General Medical Services

- Almost all respondents, representing all provider types, replied "no" to the question "do you think there are adequate health care services for young children in your community?"
- In the larger communities, which do have pediatric care, long wait times to see a provider due to the demand for services are

common, often resulting in the use of urgent care for acute care needs, e.g., colds and flu.

- For the smaller cities in Mohave County and all of La Paz County, both general and specialty medical services for young children are needed.
- The "demise of the school nurse" may impact one avenue to health care for young children enrolled in school-based preschool and kindergarten.
- The region lacks specialists, including pediatric audiologists and optometrists.
- Children's health care services are more accessible if transportation to get to the larger cities, or metropolitan areas, is also available.

#### Mental Health Services

- Mental health services were consistently cited as the greatest health care need for young children in both counties.
- Mental health services are largely unavailable for those not on AHCCCS.
- Long wait times for referral follow-up and appointments are common.
- The use of non-certified mental health workers to provide care, and the absence of coordination of care between the mental health provider, families, schools and other health care providers are issues.
- The needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.
- Although AHCCCS-covered children are entitled to mental health services, they first require a diagnosis (such as autism, ADHD, or psychiatric disorders). Lack of specialists sometimes means children are unable to be diagnosed in a timely way, delaying care and early intervention.
- Having separate Regional Behavioral Health Authority's (RBHA) for La Paz and Mohave County adds an additional barrier to care; children in La Paz County must receive mental health services from Yuma providers.

- Substance abuse services and in-patient treatment for families of young children are an important need, in part to address the issues of transportation and separation from family.

#### *Specialty Medical Care*

- Second to the need for mental health services, was the need for services for children with special needs.
- Some providers have stopped accepting APIPA, the new children's AHCCCS plan that facilitates Children's Rehabilitation Services (CRS) services. This will now require families to travel great distances to find a provider.
- There has been ongoing difficulty in recruiting providers and specialists to the region. This has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing un-filled vacancies.
- For services for the birth through three age group, there are substantial time lags between referrals and follow-up, and waits of months for therapy to begin are common.
- There are limited resources for children with less severe delays, who would still benefit from early intervention.
- Even when families are able to receive specialty care by travelling to more urban areas, follow-up is difficult due to the lack of therapeutic resources in the region, and to the difficulty in maintaining contact with the outside-of-region provider.
- Emergency care for young children is limited in the region.

#### *The Gap Group*

- The middle or working class, with limited access to subsidized health care and limited ability to pay out of pocket, may be the group needing the most aid in accessing health services for their children.
- The economic downturn has had an effect on regional businesses, such as casinos,

causing some to reduce or eliminate health benefits, creating a new pool of un- or underinsured families.

### Conclusions: Priorities for Building the Early Childhood Healthcare System in the Region

The goal of the key informant interview project was to gather stakeholder input on system gaps, opportunities and priorities for coordination and collaboration to build the early childhood healthcare system in the region. Utilizing their responses, summarized in the previous sections, as well as secondary data available on the state of the children's health care system in the region, the following are identified as priorities for the La Paz/Mohave Region:

- Address the dearth of behavioral health specialists and speech, occupational and physical therapists, who are qualified to work with young children.
- Consider a model used by successful collaborative clinics (e.g., Sun River Utah program) where different providers come once or more each month to a single location. In larger cities, these collaborative clinics could focus on specialty care, and in smaller communities they could also provide that missing general, young-child focused healthcare piece.
- Offer mobile health services including dental services and visits with pediatricians and pediatric nurses.
- Improve collaboration between health departments and local communities to provide more ongoing immunization clinics, and health, dental, hearing and vision screenings at schools, child care centers, and other local community sites.
- Support a one-stop resource for healthcare information, be it an individual, a location, a publication or a website, with local, city or town-level information.

- Improve community outreach on existing healthcare programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Local, city-level boards or coalitions can help lead and foster these efforts.
- Partner to provide transportation options to clinics and health services.
- Increase wrap-around support. This could be increased linkages and coordination between 1) primary care and specialty care, 2) primary care and other healthcare services in the community or farther afield, 3) primary care and family support programs in the community or 4) primary care and transportation providers. Need to partner between agencies and organizations to inter-refer to build a referral system.
- For services for children with special needs: Establish a specialist coordination group educated on the needs of the local population. Include early intervention agencies and programs, as well as health care providers and early childhood educators. Hold ongoing meetings (with web-access option) to share information on programs/services, and allow client-based discussion, problem-solving and referral.
- Continue and expand educational opportunities for child care providers and educators on mental health and special needs topics.
- Promote additional degree and certification programs in the region to prepare the future local healthcare workforce; in particular, provide coursework in mental health services and case management.

### Citations

Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. BUILD Initiative.

First Things First  
La Paz/Mohave Regional Partnership Council

Governance Policy Manual

P R E F A C E

This document, initially adopted by the La Paz/Mohave Regional Partnership Council on May 20, 2008, and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the La Paz/Mohave Regional Partnership Council.

DISCLAIMER

ALL POLICIES FOUND IN THIS GOVERNANCE POLICY MANUAL ARE SUBJECT TO CHANGE FROM TIME TO TIME AS APPROVED BY THE REGIONAL PARTNERSHIP COUNCIL. THE FIRST THINGS FIRST REGIONAL OFFICE DISSEMINATES HARD COPIES OF ADDITIONS/REVISIONS NOT MORE THAN TWICE EACH YEAR. THE WEB COPY, LOCATED AT [HTTP://WWW.AZECDH.GOV](http://www.azecdh.gov) IS UPDATED AS NEEDED FOLLOWING APPROVAL BY THE REGIONAL PARTNERSHIP COUNCIL. PRIOR TO ACTING IN RELIANCE UPON A SPECIFIC COUNCIL POLICY AS IT APPEARS IN ANY COPY OF THE GOVERNANCE POLICY MANUAL, PLEASE CHECK TO MAKE SURE THAT THE COUNCIL HAS NOT RECENTLY APPROVED ANY ADDITIONS OR REVISIONS TO THAT SPECIFIC POLICY.

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**1-101 Organization, Authority and Location**

The La Paz/Mohave Regional Partnership Council (herein “the Council”) is established as a result of a ballot initiative, Proposition 203, which was approved by voters in November 2006. The purpose, authority, powers and duties of the Council are included in A.R.S. Title 8, Chapter 13 as well as in other statutes and laws of the State of Arizona. The Council is appointed by the Arizona Early Childhood Development and Health Board and assisted in the performance of its duties by staff employees known as the First Things First Staff. The La Paz/Mohave Regional Office is located in Lake Havasu, Arizona. The office is maintained by the Regional Staff.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-102 Departure from Council Policy**

- A. Persons desiring to depart from the policies adopted by the Council shall submit a request in writing to the Chairperson of the Council
  
- B. No departure from Council policy shall be permitted without the approval of the Council

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-103 Meetings of the Council**

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each calendar year. The Chairperson or any four members of the council may at any time call a special meeting of the Council.

A majority of the membership of the Council shall constitute a quorum for the transaction of business at any meeting of the Council, but a number less than a quorum may adjourn from time to time. Council members may participate at any meeting in person, by teleconference and/or by videoconference provided that all members may hear one another.

Public notice of all meetings of the Council shall be provided in accordance with the requirements of law. All notices required by this policy shall at least specify the time, date and place of the meeting.

The agenda and all material relating to agenda items shall be transmitted electronically to each member of the Council at least seven days prior to the date of such meeting. Amendments to the agenda and additional supporting materials, not previously available, shall be transmitted at least three days prior to the scheduled meeting. Except with the approval of three-fourths of the voting members in attendance at a meeting, and if permitted by law, no action shall be taken by the Council on any matter where material is not timely submitted in accordance with this policy.

Special meetings may be held upon such notice to the members of the Council as is appropriate to the circumstances and upon such public notice as is required by law. All material relating to special meeting agenda items shall be transmitted to each member of the Council as far in advance of the meeting as possible.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

## **1-104 Meeting Procedures**

The rules contained in the current edition of Robert's Rules of Order Newly Revised (available online at <http://www.rulesonline.com/>) shall govern the deliberations of the Council in all cases to which they are applicable and in which they are not inconsistent with these Council policies and special rules of order the Council may adopt, and with any applicable statutes.

The order of business for any regular meeting of the Council shall be in accordance with the written agenda prepared for the meeting. Such agenda shall provide for both an executive session and open session in accordance with requirements of law. The open session portion of the agenda shall provide at least for the following:

1. Call to order
2. Approval of minutes of prior regular or special meetings if not included on consent agenda
3. Adoption of all consent agenda items
4. Matters presented by the chairs of standing committees of the Council
5. Reports, if any, from ad hoc or special committees appointed by the Council
6. Matters presented by the First Things First Regional Director
7. Announcements and adjournment

Routine matters listed in the open session portion of the agenda for a regular meeting of the Council may be grouped together and decided by the Council without discussion or debate. Such matters shall be designated as "Consent Agenda Items." Any member of the Council may request discussion or debate on any individual item listed as a Consent Agenda Item, and the matter shall be considered and decided separately at such time in the meeting as may be directed by the Chairperson.

During the course of any regular meeting of the Council, the Chairperson shall act as presiding officer and all motions shall be directed to the Chairperson. However, the Chairperson may delegate to the chair of each respective standing committee the responsibility for chairing discussion of items presented to the Council by that chairperson. Whenever a matter before the Council is deferred for further discussion, the Chairperson may assign the matter to an appropriate committee, schedule the matter for further consideration at a future meeting of the Council, or take other appropriate action, and may otherwise direct the Regional Staff with respect to the matter.

All meetings of the Council are open to the public except for executive sessions. The Council reserves the right, however, to maintain order to prevent interference by any member or members of the public with the conduct of its meetings.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

### **1-105 Call to the Public Procedure**

During each Council meeting, the Council may conduct a “Call to the Public” when members of the public may address the Council. Speakers who wish to address the Council:

- Must turn in a signed request (using the form provided at the Council meeting) to the Regional Director. Any written materials for the Council should be included with this request.
- Are given up to five minutes to make their remarks.

The following priority will be given to speakers during “Call to the Public”:

1. Matters scheduled on the same meeting’s agenda.
2. Other matters; presenters who haven’t addressed the Council in the previous two months.
3. Other matters: presenters who have addressed the Council in the previous two months.

The Council retains its prerogative to:

- Refuse to hear comments on a specific issue if a public comment session has been held on the issue.
- Limit the time or the number of speakers on the same issue.
- Refuse to have letters read *on behalf of other individuals*.

Council Members may not discuss or take legal action regarding matters that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. §38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to criticism, or scheduling the matter for further consideration and decision at a later date.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-106 Minutes of Meetings of the Council**

Minutes of all meetings of the Council shall be created and maintained in accordance with the requirements of law. The Council may incorporate by reference into its minutes lists of staff changes, reports, lists of budget information, formal written resolutions and other material of similar import, and such material shall be maintained in a permanent file to be designated as the “La Paz/Mohave Regional Partnership Council’s Documents File,” which shall be kept in the custody of the Regional Director and available for ready reference.

Each member of the Council shall be furnished with copies of the minutes of the open session portion of each regular and special meeting of the Council. Members of the Council shall be furnished with copies of the minutes of the executive session portion of any meeting of the Council for the purpose of approving those minutes, after which all copies shall be returned to the Regional Director.

All minutes of the open session portion of any meeting of the Council shall be open to public inspection during regular business hours at the First Things First Regional Office located in Lake Havasu, AZ. Minutes of executive sessions shall be kept confidential except from members of the Council or as otherwise required by law. Copies of minutes or excerpts from any minutes of the open session portion of any Council meeting or from any executive session, if the law permits such disclosure, may be furnished by the Regional Director. If such minutes have not yet been approved by the Council, they shall be marked “Draft.”

Adopted May 20, 2008  
Re-Approved October 28, 2010  
Re-Approved June 28, 2012

### **1-107 Committees and Subcommittees**

The Council may establish and maintain standing committees composed of members of the Council appointed by the Chairperson. The Chairperson will serve as an ex officio member of all standing committees.

Standing Committees may meet apart from regular meetings of the Council and provide a report to the Council of business conducted. All members of the Council attending a standing committee meeting are eligible for voting on standing committee matters.

The Chairperson of the Council may establish such other ad hoc or special committees as the Chairperson deems necessary or advisable. The Chairperson shall appoint the membership of such committees, which shall include at least one member of the Council, and shall designate the matters to be considered by said committees. All such committees shall act as advisory bodies to the Council and report their recommendations to the Council.

All such standing, ad hoc or special committees shall hold and conduct their meetings in accordance with requirements of law. The chair of each such committee shall be its presiding officer and shall set the time, date and place of the meetings.

The Executive Committee shall be a standing committee of the Council. Its members shall include the Chairperson, Vice-Chairperson and the chairs of any other Standing Committees established by the Council. Unless otherwise directed by the Chairperson, the Chairperson will preside over the Executive Committee. If the law permits, the Council may delegate a specific decision-making authority to the Executive Committee from time to time. In addition, if a matter is deemed to be urgent by the Chairperson, the Executive Committee may be convened for specific decision-making, subject to adoption at a subsequent regular meeting of the Council.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-108 Council Officers and Their Duties**

At the first regular meeting of the Council following May 1 of each fiscal year beginning in 2008, the Council shall elect a Chairperson and Vice-Chairperson from among the appointed members to serve for the ensuing fiscal year beginning July 1, who shall hold office for twelve months and until successors are duly elected. The election shall be by ballot.

In the absence of good reason to the contrary, it shall be the policy of the Council, in nominating members to serve as its Chairperson and Vice Chairperson, to nominate members who have previously served as a member of the executive committee to help ensure greater past experience on the Council. Notwithstanding the previously stated preference for experience, the Council may nominate any appointed member for its Chairperson and Vice-Chairperson. A majority vote of the appointed members of the Council shall be required to elect.

It shall be the duty of the Chairperson to preside over the meetings of the Council, to call meetings as herein provided, to serve as an ex officio member of all committees of the Council, and to perform such other duties as are set forth in these policies or as shall be vested in the Chairperson.

It shall be the duty of the Vice-Chairperson to assume the duties of the Chairperson in the absence of the Chairperson. The Vice-Chairperson does not automatically succeed the Chairperson. Both the Chairperson and the Vice-Chairperson are eligible for reelection.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-109 Communications To or From the Council**

Communications from the Council to members of the legislature, the press and the public should, whenever possible, be transmitted by and through the Chairperson of the Council. Inquiries in regard to matters upon which the Council has taken, or probably will take a position, should be referred to the Chairperson.

There will be cases when an individual member of the Council will feel obligated to answer inquiries. In these cases, the member of the Council expressing an opinion as to matters upon which the Council has taken a position should support the position taken by the Council or make it perfectly clear that he or she is expressing an opinion that has not been approved by the Council.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

### **1-110 Lobbying**

The Council recognizes and appreciates the privilege each individual in this State and Nation has to express his or her opinion and to seek to make that opinion known to members of Congress, and State legislature. The Council also recognizes the responsibilities with which it has been entrusted in connection with the operation of the early childhood development and health system and the advancement of early childhood development and health programs in the State of Arizona and recognizes that on occasion the interests of the Council will not coincide with the interests of individual members of the Council.

In approaching members of the State legislature or members of Congress, members of the Council shall make every effort to indicate clearly that the position they take is an individual position or is the position of a group other than the Council. In instances in which the Council has taken an official position, the member endorsing a differing position shall make it clear to the legislative body that the Council has endorsed a different or contrary position.

The members responsible for the disbursement or allocation of State funds shall determine prior to disbursement or allocation that such funds will not be used for purposes of influencing legislation unless such use receives specific authorization by the Council.

Only the Chairperson of the Council or his or her designated delegate shall speak for the Council to members of the legislature in matters relating to policy. In responding to members of congress or State legislators, Council members shall make every effort to accurately communicate official Council positions. In matters for which the Council hasn't taken an official position, Council members should indicate clearly that the position they take is an individual position or is the position of a group other than the Council.

This policy is not intended to nor shall it be enforced so as to restrict rights guaranteed to individual employees or Council members but is an attempt only to separate the views of those individuals from positions which the Council may take in attempting to discharge its responsibilities under the statutes of the State of Arizona.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

**1-111 Conflict of Interest**

Council members and employees shall comply with the conflict of interest provisions of A.R.S. Title 38, Chapter 3, Article 8. These statutes set the minimum standards expected of public officers and employees who, in their official capacities, are faced with a decision or contract that might affect their direct or indirect pecuniary or proprietary interests or those of a relative. Section 38-503 provides in part:

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale, purchase or service.

Any public officer or employee who has, or whose relative has, a substantial interest in any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision.

Under this law, a Council member or employee who has a conflict of interest must disclose the interest and refrain from participating in the matter. Council members and employees may find guidance on this subject in the Arizona Agency Handbook, which is available on the Attorney General's website at [http://www.azag.gov/Agency\\_Handbook/Agency\\_Handbook.html](http://www.azag.gov/Agency_Handbook/Agency_Handbook.html). Public officers and employees should review conflicts of interest matters not specifically addressed in the Handbook with their supervisors or legal counsel.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, no Regional Partnership Council member shall vote on, or participate in the discussion of, any grant proposal in which any entity by which they are employed or on whose Council they serve has a substantial interest, as defined by Section 38-502.

In addition to complying with the conflict of interest provisions of Title 38, Chapter 3, Article 8, all Council members and employees shall complete a Conflict of Interest Statement upon adoption of this policy and annually thereafter on a form to be provided by the central office staff. These forms will be reviewed by the Regional Director and legal counsel for resolution or mitigation of potential conflicts of interest. Any potential conflicts of interest that cannot be resolved or mitigated satisfactorily will be placed on the Early Childhood Development and Health Board's upcoming agenda for disclosure purposes and to help ensure compliance with the conflict of interest laws.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

### **1-112 Amendments**

These policies shall not be added to, amended, or repealed except at a meeting of the Council and by public vote of a majority of all voting members of the Council. Any proposed addition, deletion, or amendment shall be filed with the Regional Director, in writing, at least seven days before such meeting, and it shall be the duty of the Regional Director to promptly distribute a copy to each member of the Council.

Amendments to Council policy will require a two-step process to adopt: 1) the draft policy change will receive a *first reading* at a public meeting, during which Council members may discuss the draft amendment and request that staff make changes as deemed appropriate (a vote to adopt is not taken at this stage) and 2) the draft policy change will receive a *second reading* at a subsequent public meeting during which the Council may direct staff to make further changes or may vote its adoption.

Adopted May 20, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012

## **1-113 Chair and Vice Chair Job Descriptions**

### **Chair Job Description**

1. Is a member of the Regional Partnership Council (RPC).
2. Serves as a liaison between RPC and the community, promoting First Things First values, mission, and goals.
3. Works with the Regional Director to help create partnerships within the region.
4. Provides leadership to the RPC in order to achieve regional and state goals, objectives and statutory requirements.
5. Helps guide and mediate RPC actions with respect to organizational priorities and governance concerns.
6. Chairs meetings of the RPC after developing the agenda with the Regional Director.
7. In collaboration with the Regional Director, the Chair helps guide the RPC through strategic planning.
8. Appoints the chairpersons of committees, in consultation with Council Members and the Regional Director.
9. Serves *ex officio* as a member of committees and attends their meetings when invited.
10. Discusses issues confronting the RPC with the Regional Director.
11. Consults with the Regional Director on any issues regarding financial planning and financial reports.
12. Provides feedback to the Regional Director and the RPC to evaluate the performance of the RPC in achieving the First Things First mission.
13. When following Robert's Rules of Order, it is the practice for chairs to abstain from voting; however, a chair can choose to vote at any time, IF there is no Conflict of Interest.
  - In the event that there is a tie by the other voting members, the chair's vote may be the tie-breaker.
  - If there is no tie and the chair decides to vote, creating a tie, the motion will be lost.
14. Performs other responsibilities assigned by the RPC.

Adopted July 24, 2008  
Re-Approved October 28, 2010  
Re-Approved June 28, 2012

### **Vice Chair Job Description**

1. Is a member of the RPC.
2. Performs Chair responsibilities when the Chair cannot be available (see Chair Job Description)
3. Works closely with the Chair and Regional Director.
4. Participates closely with the Chair to develop and implement officer transition plans.
5. Performs other responsibilities as assigned by the RPC.

Adopted July 24, 2008  
Re-Approved October 28, 2010  
Re-Approved June 28, 2012

**1-114 Attendance Policy**

This policy is intended to establish minimum standards of participation in order to support the full contribution of all Regional Partnership Council Members.

An attendance problem shall be defined as:

- A member misses three consecutive meetings.
- A member misses three meetings in a twelve-month period.

In the event of an attendance problem, notice will be sent to the Arizona Early Childhood Development and Health Board recommending that the member be removed from the Council.

A member who resigns their membership or is removed shall be replaced by the Arizona Early Childhood Development and Health Board after a public application process in accordance with A.R. S. Section 8-1162(D).

Adopted October 23, 2008

Re-Approved October 28, 2010

Re-Approved June 28, 2012



# COMMUNITY OUTREACH REPORT

June 2014

La Paz/Mohave Regional Partnership Council

## Summary of Activities (May – June FY14)

### Events

Kids Health Fair - Kingman Regional Medical Center;  
Saturday, May 31; More than 800 parents and children.

Association for Supportive Child Care Early Childhood Conference -  
Aquarius Casino, Laughlin; Saturday, June 21; 250 attendees.

### Trainings

Foster Grandparents Group, Kingman - Early Childhood Every Day,  
Adverse Childhood Experiences trainings; 21 participants.

### Media

“Healthy Families opens Diaper Bank,” Kingman Daily Miner,  
May 27, 2014 (see next page).

“Focus on Health,” Kingman Regional Medical Center radio show,  
KJAZ 90.7 FM, interview on FTF during Kids Fair.

Summer tips to appear in newsletters and other publications.

### Networking

Interagency Council - June 11 (next meeting at noon July 9 in LHC)

### Other

Success stories from Parents As Teachers Group Connection:

Grandparents raising two granddaughters;

Mom gets help with toddler’s sippy cup nighttime habit;

Single mom and grandmother find confidence as caregivers for  
toddler exhibiting delays.

### Summertime Tips for Preparing

#### Young Kids for School

- Read to your child at least 30 minutes a day. When reading a story, ask your child, “What happens next?” and wait for the answer.
- Have printed material around your house – the newspaper, magazines, etc. – and let your child see you reading often.
- Take your child with you and talk to your child everywhere – at home, in the car, at the store, in the bank. Make up stories or songs about your outings.
- Encourage your child to draw on plain paper with crayons. Their scribbles are the beginnings of writing.
- Schedule a visit with your child’s doctor to make sure that all immunizations are current and also with your child’s dentist.
- Make sure your child gets enough rest – eight hours a night is preferred.
- Start the day right with a healthy breakfast – it helps kids concentrate.

# Healthy Families Opens Diaper Bank

By Kim Steele, Kingman Daily Miner



FIRST THINGS FIRST

*Ready for School. Set for Life.*

KINGMAN - Need diapers? Don't worry.

Healthy Families has opened a diaper bank for parents who unexpectedly find themselves out of diapers before their next payday comes around. The diaper bank, which started last month, offers 24 free diapers per child each month on a first-come, first-served basis as long as they are available.

"This service is for parents who find themselves in a bind," said Jo Harper, supervisor of the Healthy Families program. "Even going a couple of days without diapers is a real struggle. It's very stressful to not be able to fill that need. I'm hoping people will remember us and call if they run out of diapers."

Healthy Families and the diaper bank are two programs administered by Child & Family Resources, which has been serving Kingman for about 10 years. Its programs include Building Bright Futures - Special Needs, offering family support and parenting education for children with developmental concerns. It also runs the Child Care Food Program, which reimburses child care providers for meals served to children in their care.

Also, CFR runs DES Child Care Home Recruitment, which provides training, technical assistance and professional development for people who want to become certified child care providers in a home setting for the Arizona Department of Economic Security. And it runs Quality First!, which is the state's voluntary quality improvement program that provides financial incentives, professional development and coaching.

Its biggest local program is Healthy Families, which helps families succeed by providing support and services that promote healthy child development and positive parenting. Four family support specialists visit 79 Kingman families each week, providing activities for parents and babies, arts and crafts, community resources and encouraging playgroups.

"Healthy Families does a lot for families in Kingman," said Harper. "It helps them be successful and feel supported. They make healthier lifestyle choices and create stronger relationships, and they feel like they belong in the community. The desire is already there in these parents to do the best for their children, and we provide the tools that help them accomplish their goals."



[www.readyazkids.com](http://www.readyazkids.com)

Erin Taylor

Community Outreach Coordinator / La Paz Mohave

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**Strategy: EXPANSION, START-UP AND/OR CAPITAL EXPENSE – LA PAZ/MOHAVE REGION**
**Description**

The Expansion, Start-up and/or Capital Expense Strategy recruits new or existing providers to begin to serve or expand early care and education services. It may assist with planning, licensing or certification process for new centers or homes, or provide support to providers to improve the quality of facilities or programs. It increases the number of child care providers who are state/tribal licensed or certified, and strengthens the skills of caregivers in those settings who are working with children ages birth through 5 years old.

**Narrative**

The La Paz/Mohave Regional Partnership Council has identified a need to increase the number of children who receive high quality early care and education in under-served areas, including Quartzsite and Salome. Expansion of high quality programs is necessary due to known shortages of regulated early learning programs in rural communities.

High quality early learning programs are strongly linked to both academic and life-skills success among all children, but especially those children from families with risk factors such as low income, low education levels of parents or caregivers, or single parent households.

Preschool programs funded through this strategy are required to be licensed to provide child care by the Arizona Department of Health Services prior to enrolling children. Once licensed, programs are also expected to enroll in the statewide Quality First program. The following components are included:

- Coaching and technical assistance by mentors to plan a new classroom or program site;
- Child care licensing and/or certification fees;
- Facility improvements to equip the setting or renovate/expand an existing site;
- Furniture, supplies, play equipment, etc... to create a quality early learning environment;
- Personnel and employee related expenses to support hiring highly qualified staff.
- Capital expenditures must conform to the First Things First Capital Improvement Policy.

**Background in the La Paz/Mohave Region**

Over the past year, preschool expansion sites in Quartzsite and Salome have worked with mentors from the Arizona Department of Education (ADE) to become licensed, prepare their classrooms, purchase materials and recruit staff. The program in Salome was open and served 12 children in SFY 2014. The program in Quartzsite plans to open in September 2014. The next step is for both sites to be assessed and rated by the Quality First program, which is required before they will be eligible to receive Quality First scholarships.

**Recommendation**

The Regional Director recommends a no-cost extension of the current contract with ADE for an additional six months. If the current contract is not extended, the expansion strategy will end on June 30, 2014. It is anticipated that \$63,172 will be left unexpended in the current contract. If approved, the extension of the contract will allow children in Quartzsite and Salome to attend preschool in the fall while the sites are completing the Quality First assessment and rating process. After the six month period, the sites will be eligible to receive Quality First scholarships.

**Target Population**

The target population for this strategy is preschool children ages three and four years old (the two years prior to kindergarten entry) in Salome and Quartzsite.

<b>Target Service Units</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
Number of increased slots for participating children	-	35	35
Number of center based providers served	-	2	2
<b>Funding Level</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
	-	\$264,300	\$63,172

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	Grantee Name	Contract Number	Contract Period	Total Allotment	Awarded	YTD Expense	Expense Variance	% of Award Expended	% of Allotment Expended	Reimbursement Activity	
										Pending	Paid (Last 30 Days)
<b>Community Awareness</b>	<b>Community Awareness</b>		<b>Strategy Subtotal:</b>	<b>\$30,000</b>	<b>\$30,000</b>	<b>\$12,221</b>	<b>\$17,779</b>	<b>40.7%</b>	<b>40.7%</b>		
	First Things First (FTF-Directed)	PSC-STATE-14-0651-01	07/01/2013-06/30/2014		\$30,000	\$12,221	\$17,779	40.7%			
	<b>Community Outreach</b>		<b>Strategy Subtotal:</b>	<b>\$83,000</b>	<b>\$83,000</b>	<b>\$63,531</b>	<b>\$19,469</b>	<b>76.5%</b>	<b>76.5%</b>		
	First Things First (FTF-Directed)	PSC-STATE-14-0652-01	07/01/2013-06/30/2014		\$83,000	\$63,531	\$19,469	76.5%			
	<b>Goal Area Subtotal:</b>				<b>\$113,000</b>	<b>\$113,000</b>	<b>\$75,752</b>	<b>\$37,248</b>	<b>67.0%</b>	<b>67.0%</b>	
<b>Coordination</b>	<b>Court Teams</b>		<b>Strategy Subtotal:</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$300,000</b>	<b>\$100,000</b>	<b>75.0%</b>	<b>75.0%</b>		
	Mohave County Superior Court	GRA-RC006-13-0537-01-Y2	07/01/2013-06/30/2014		\$400,000	\$300,000	\$100,000	75.0%			
	<b>Goal Area Subtotal:</b>				<b>\$400,000</b>	<b>\$400,000</b>	<b>\$300,000</b>	<b>\$100,000</b>	<b>75.0%</b>	<b>75.0%</b>	
<b>Evaluation</b>	<b>Needs and Assets</b>		<b>Strategy Subtotal:</b>	<b>\$42,000</b>	<b>\$33,075</b>	<b>\$29,873</b>	<b>\$3,202</b>	<b>90.3%</b>	<b>71.1%</b>		<b>\$18,805</b>
	University of Arizona	ISA-STATE-14-0643-01	07/01/2013-06/30/2014		\$33,075	\$33,075	-	100.0%			\$18,805
	<b>Statewide Evaluation</b>		<b>Strategy Subtotal:</b>	<b>\$193,948</b>	<b>\$193,948</b>	<b>\$193,948</b>	<b>-</b>	<b>100.0%</b>	<b>100.0%</b>		
	First Things First (FTF-Directed)	PSC-STATE-14-0669-01	07/01/2013-06/30/2014		\$193,948	\$193,948	-	100.0%			
	<b>Goal Area Subtotal:</b>				<b>\$235,948</b>	<b>\$227,023</b>	<b>\$223,821</b>	<b>\$3,202</b>	<b>98.6%</b>	<b>94.9%</b>	
<b>Family Support</b>	<b>Home Visitation</b>		<b>Strategy Subtotal:</b>	<b>\$1,200,000</b>	<b>\$1,114,006</b>	<b>\$840,151</b>	<b>\$273,856</b>	<b>75.4%</b>	<b>70.0%</b>		<b>\$98,521</b>
	Arizona Department of Economic Security	ISA-MULTI-14-0636-01	07/01/2013-06/30/2014		\$17,914	\$13,641	\$4,273	76.1%			
	Arizona's Children Association	FTF-RC006-13-0356-08-Y2	07/01/2013-06/30/2014		\$420,589	\$282,308	\$138,281	67.1%			\$27,630

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	Child and Family Resources Inc.	FTF-RC006-13-0356-04-Y2	07/01/2013-06/30/2014	\$389,492	\$303,089	\$86,403	77.8%		\$29,637		
	The Learning Center for Families	FTF-RC006-13-0356-01-Y2	07/01/2013-06/30/2014	\$286,011	\$241,113	\$44,898	84.3%		\$41,254		
	<b>Goal Area Subtotal:</b>			<b>\$1,200,000</b>	<b>\$1,114,006</b>	<b>\$840,151</b>	<b>\$273,856</b>	<b>75.4%</b>	<b>70.0%</b>	<b>\$98,521</b>	
<b>Health</b>	<b>Child Care Health Consultation</b>			<b>Strategy Subtotal:</b>	<b>\$51,926</b>	<b>\$51,926</b>	<b>\$19,941</b>	<b>\$31,985</b>	<b>38.4%</b>	<b>38.4%</b>	<b>\$179</b>
	First Things First (FTF-Directed)	PSC-STATE-14-0649-01	07/01/2013-06/30/2014	\$3,188	\$3,188	-	100.0%				
	Maricopa County Dept. of Public Health	GRA-STATE-14-0631-01	07/01/2013-06/30/2014	\$1,093	\$202	\$892	18.4%				
	Pima County Health Department	GRA-STATE-13-0525-01-Y2	07/01/2013-06/30/2014	\$1,988	\$1,598	\$390	80.4%		\$179		
	University of Arizona Cooperative Extension	GRA-STATE-14-0632-01	07/01/2013-06/30/2014	\$45,657	\$14,953	\$30,704	32.8%				
	<b>Family Support – Children with Special Needs</b>			<b>Strategy Subtotal:</b>	<b>\$150,000</b>	<b>\$150,000</b>	<b>\$101,911</b>	<b>\$48,089</b>	<b>67.9%</b>	<b>67.9%</b>	
	Child and Family Resources Inc.	FTF-RC006-13-0354-02-Y2	07/01/2013-06/30/2014	\$150,000	\$101,911	\$48,089	67.9%				
	<b>Goal Area Subtotal:</b>			<b>\$201,926</b>	<b>\$201,926</b>	<b>\$121,852</b>	<b>\$80,075</b>	<b>60.3%</b>	<b>60.3%</b>	<b>\$179</b>	
<b>Professional Development</b>	<b>Professional Development ECE</b>			<b>Strategy Subtotal:</b>	<b>\$400,000</b>	<b>\$400,000</b>	<b>\$250,055</b>	<b>\$149,945</b>	<b>62.5%</b>	<b>62.5%</b>	<b>\$24,347</b>
	Association for Supportive Child Care	FTF-RC006-13-0375-01-Y2	07/01/2013-06/30/2014	\$400,000	\$250,055	\$149,945	62.5%		\$24,347		
	<b>Goal Area Subtotal:</b>			<b>\$400,000</b>	<b>\$400,000</b>	<b>\$250,055</b>	<b>\$149,945</b>	<b>62.5%</b>	<b>62.5%</b>	<b>\$24,347</b>	
<b>Quality and Access</b>	<b>Preschool Start-up/Expansion</b>			<b>Strategy Subtotal:</b>	<b>\$264,300</b>	<b>\$264,300</b>	<b>\$198,225</b>	<b>\$66,075</b>	<b>75.0%</b>	<b>75.0%</b>	<b>\$66,075</b>
	Arizona Department of Education	ISA-RC006-13-0625-01-Y2	07/01/2013-06/30/2014	\$264,300	\$198,225	\$66,075	75.0%		\$66,075		
	<b>Family, Friends &amp; Neighbors</b>			<b>Strategy Subtotal:</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$83,019</b>	<b>\$16,981</b>	<b>83.0%</b>	<b>83.0%</b>	<b>\$9,967</b>
	Association for Supportive Child Care	FTF-MULTI-13-0406-01-Y2	07/01/2013-06/30/2014	\$100,000	\$83,019	\$16,981	83.0%		\$9,967		

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<b>Quality First Academy</b>		<b>Strategy Subtotal:</b>	<b>\$21,817</b>	<b>\$18,125</b>	<b>\$11,127</b>	<b>\$6,998</b>	<b>61.4%</b>	<b>51.0%</b>	<b>\$2,353</b>	
Southwest Human Development	FTF-STATE-14-0431-03	07/01/2013-06/30/2014		\$18,125	\$11,127	\$6,998	61.4%		\$2,353	
<b>Quality First Child Care Health Consultation Warmline</b>		<b>Strategy Subtotal:</b>	<b>\$994</b>	<b>\$994</b>	<b>\$479</b>	<b>\$515</b>	<b>48.2%</b>	<b>48.2%</b>		
University of Arizona Cooperative Extension	GRA-STATE-14-0629-01	07/01/2013-06/30/2014		\$994	\$479	\$515	48.2%			
<b>Quality First Coaching &amp; Incentives</b>		<b>Strategy Subtotal:</b>	<b>\$326,082</b>	<b>\$326,082</b>	<b>\$244,399</b>	<b>\$81,684</b>	<b>74.9%</b>	<b>74.9%</b>		
Valley of the Sun United Way	FTF-STATE-14-0427-02	07/01/2013-06/30/2014		\$326,082	\$244,399	\$81,684	74.9%			
<b>Quality First Inclusion Warmline</b>		<b>Strategy Subtotal:</b>	<b>\$4,852</b>	<b>\$4,852</b>	<b>\$2,849</b>	<b>\$2,002</b>	<b>58.7%</b>	<b>58.7%</b>	<b>\$328</b>	
Southwest Human Development	FTF-STATE-13-0426-01-Y2	07/01/2013-06/30/2014		\$4,852	\$2,849	\$2,002	58.7%		\$328	
<b>Quality First Mental Health Consultation Warmline</b>		<b>Strategy Subtotal:</b>	<b>\$4,990</b>	<b>\$4,990</b>	<b>\$4,044</b>	<b>\$947</b>	<b>81.0%</b>	<b>81.0%</b>		
Southwest Human Development	FTF-STATE-13-0344-02-Y2	07/01/2013-06/30/2014		\$4,990	\$4,044	\$947	81.0%			
<b>Quality First Pre-K Mentoring</b>		<b>Strategy Subtotal:</b>	<b>\$78,507</b>	<b>\$78,507</b>	<b>\$78,507</b>	<b>-</b>	<b>100.0%</b>	<b>100.0%</b>		
Arizona Department of Education	ISA-MULTI-13-0487-01-Y2	07/01/2013-06/30/2014		\$78,507	\$78,507	-	100.0%			
<b>Quality First Pre-K Scholarships</b>		<b>Strategy Subtotal:</b>	<b>\$1,365,583</b>	<b>\$1,245,242</b>	<b>\$1,245,242</b>	<b>-</b>	<b>100.0%</b>	<b>91.2%</b>	<b>\$311,117</b>	
Valley of the Sun United Way	FTF-STATE-14-0440-02	07/01/2013-06/30/2014		\$1,245,242	\$1,245,242	-	100.0%		\$311,117	
<b>Quality First Scholarships</b>		<b>Strategy Subtotal:</b>	<b>\$450,948</b>	<b>\$450,948</b>	<b>\$450,948</b>	<b>-</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>	
Valley of the Sun United Way	FTF-STATE-14-0440-01	07/01/2013-06/30/2014		\$450,948	\$450,948	-	100.0%		\$163,637	
<b>Quality First Warmline Triage</b>		<b>Strategy Subtotal:</b>	<b>\$1,941</b>	<b>\$1,941</b>	<b>\$1,623</b>	<b>\$318</b>	<b>83.6%</b>	<b>83.6%</b>		
Southwest Human Development	FTF-STATE-13-0351-02-Y2	07/01/2013-06/30/2014		\$1,941	\$1,623	\$318	83.6%			
<b>Goal Area Subtotal:</b>			<b>\$2,620,014</b>	<b>\$2,495,981</b>	<b>\$2,320,461</b>	<b>\$175,520</b>	<b>93.0%</b>	<b>88.6%</b>	<b>-</b>	<b>\$553,477</b>
<b>Overall Total:</b>			<b>\$5,170,888</b>	<b>\$4,951,937</b>	<b>\$4,132,091</b>	<b>\$819,846</b>	<b>83.4%</b>	<b>79.9%</b>	<b>-</b>	<b>\$695,329</b>



The First Things First Early Childhood Summit brings together professionals, stakeholders and supporters of early childhood education and health to share innovative strategies, research and best practices that help kids be ready for school and set for life.

Ensuring that our youngest kids arrive at kindergarten prepared to succeed requires all parts of the early childhood system to work together, and the Summit offers an exciting opportunity to build both the knowledge and relationships critical to our collective success.

	Mark your calendar now: <b>August 18-19, 2014</b>
	<b>New Council Members:</b> You will be registered for the Summit through your regional director.
	We look forward to seeing you in August.
	Learn more at <a href="http://azftfsummit.com">azftfsummit.com</a> .