



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 23, 2013, at 9:30 a.m. at the Littlefield Unified School District, 3490 East Rio Virgin Road, Beaver Dam, Arizona 86432.

Chairman Frei called the meeting to order at 9:32 a.m. Council members, staff and guests introduced themselves.

Members Present

Alisa Burroughs, Riley Frei, Betsy Lewis, Lenore Knudtson, Nancy Mongeau and Howard Weiske. Terri Holloway, Vijette Saari and Catie Sondrol participated telephonically.

Members Absent

Jose Garcia, Debra Weger.

Present 2013 Champion for Young Children Award to Phyllis Leavitt

Chair Frei spoke about adoring Phyllis Leavitt years ago when he was a kindergartener, and how his time as a student in her class had a tremendous impact on his life. Chair Frei takes pleasure in celebrating people who are changing the world, so it is a special honor to present Mrs. Leavitt – on behalf of the La Paz/Mohave Regional Partnership Council – the 2013 Champion for Young Children Award. Mrs. Leavitt graciously accepted the award, and said kids have been her passion for many years and she believes teaching is the most important work there is. Children are our greatest treasure, and she applauds First Things First as true champions. She feels school is like a sanctuary for young kids, and they deserve the best. Kids today more than ever need encouragement for the future, and First Things First provided a program for kids to let them know they are important.

Update on Beaver Dam Elementary School Preschool

Phyllis Leavitt, Principal, Beaver Dam Elementary School showed a PowerPoint presentation illustrating many of the programs made possible by First Things First and other school supporters and sponsors.

Approval of Meeting Minutes

Vice Chair Mongeau made a motion to approve the April 25, 2013 meeting minutes. Member Knudtson seconded the motion. Motion carried unanimously.

Possible Approval of Additional Work for 2014 Needs & Assets Report

Regional Director Merritt Beckett reviewed the additional work proposal suggested by the Needs and Assets workgroup. The three key areas are 1) a phone based census to every child care facility (regulated and unregulated) asking for detailed information on children served in each age group; 2) key informant group interviews with a minimum of 105 providers; and 3) an online survey of health care providers. Member Knudtson made a motion to approve the proposed additional work plan for the 2014 Needs & Assets Report and to allocate additional funds to pay for the work from unallocated funds in SFY 2014. Member Weiske seconded the motion. Motion carried unanimously.

Possible Approval of SFY 2014 Community Awareness Plan and Budget

Director Beckett reviewed the plan and budget, which includes three main components: 1) educating the public on the importance of early childhood development; 2) recruiting and retaining new stakeholders; and 3) motivating people to take action. Member Weiske made a motion to approve the SFY 2014 Community Awareness Plan and Budget. Member Mongeau seconded the motion. Motion carried unanimously.

Annual Review of Governance Policies

Director Beckett advised the council they could request updates to the governance policies annually. Any proposed changes require a first and a second read. Member Knudtson suggested that perhaps the policies should state that the council must meet in the state of Arizona in order to align with the state Open Meeting Law. Director Beckett will follow-up with legal counsel and bring back some possible language at a future meeting.

Nominations and Election of Officers for SFY 2014

Director Beckett thanked Chair Frei and Vice Chair Mongeau for serving this past year. Regional Council Members discussed the responsibilities associated with the two positions. Chair Frei made a motion to nominate Vice Chair Mongeau for chair, and Member Holloway seconded. Vice Chair Mongeau made a motion to nominate Chair Frei for vice chair, and Member Holloway seconded. Member Weiske made a motion to close nominations, and Member Knudtson seconded. All motions carried unanimously.

Director's Report and Possible Discussion

Director Beckett reviewed the SFY 2013 Financial Report, noting we are in the home stretch with about 58% of funds expended; however, grantees can bill through August 15. She outlined the two types of carry forward – one is for funds allotted but never awarded, and one is awarded funds that are not spent. The council discussed known difficulties associated with the stipends/loan forgiveness strategy, and would like to revisit this strategy to make it easier to use – possibly by instituting an incentive to stay. Senior Director Arnold noted that Department of Health Services is currently working with new therapists who are recruited to get them faster payments. He noted another idea was to institute a partial stipend for therapists working in multiple states. Member Knudtson asked what autonomy this council has in designing the stipend plan. Director Beckett advised that typically statewide strategies are implemented consistently across the state and the ability to adapt the strategies at the local level is limited. Senior Director Arnold shared there are statewide difficulties in recruiting therapists and a workgroup is revisiting the strategy. Director Beckett shared highlights from the grantee coordination meeting held in Parker at the beginning of May. She spoke about advancing the conversation, examining opportunities and gaps to decide where to focus energy, and she noted there was a bigger turnout from other agencies and interested partners in the community beyond grantees. Director Beckett wants to open up future coordination meetings and intentionally invite others connected with the early childhood system. During the activities, attendees prioritized needs and discussed their desire for resource guides. There was rich conversation about AZEIP, and the need to establish a relationship with the new provider A to Z Therapies.

The council will continue to discuss opportunities for system building and look for ways beyond what we fund to move our prioritized indicators. Members were asked to continue bringing forward recommendations on how to improve the early childhood system.

The next grantee coordination meeting is Tuesday, August 6th in Kingman.

Please contact Sandy before June 15 to register for the First Things First Summit August 26-27, 2013 in Phoenix.

Next Meeting

The next meeting is at 9:30 am on Thursday, June 27, 2013 at the Kingman Unified School District Board Room located at 3033 MacDonald Avenue, Kingman, Arizona 86401.

Adjourn

Member Weiske made a motion to adjourn at 11:02 a.m. Vice Chair Mongeau seconded the motion. Motion carried unanimously.

SUBMITTED BY:

APPROVED BY:

Sandy Smith, Administrative Assistant

Riley Frei, Chair

2012
ANNUAL REPORT



LA PAZ/MOHAVE
REGIONAL PARTNERSHIP COUNCIL

Why Early Childhood Matters

Research shows that 80% of a child's brain is formed by age 3; more than 90% by age 5. Because of this rapid development, what happens to children in the early years lays the foundation for a lifetime.

Research has demonstrated that kids with quality early childhood experiences do better in school. They are more likely to advance into college and successful careers. They also tend to be healthier and demand less from the public welfare system.

On November 7, 2006, Arizonans made a historic decision on behalf of our state's smallest citizens. By majority vote, they made a commitment to all Arizona children 5 and younger: that kids would have the tools they need to arrive at school healthy and ready to succeed.

The voters backed that promise with an 80-cent per pack increase on tobacco products, so some reliable funding for early childhood services for our youngest children would be available.

The initiative also created the statewide First Things First Board and the 31 regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.



Not all children have the same needs; and voters designed First Things First to meet the diverse needs of Arizona communities. Decisions about which early education and health strategies will be funded are made by the 31 regional partnership councils made up of community volunteers. Each regional council member represents a specific segment of the community that has a stake in ensuring that our children grow up to be healthy productive adults, including: parents, tribal representatives, educators, health professionals, business leaders, philanthropists and leaders of faith communities. The regional councils study the challenges faced by children in their communities and the resources that exist to help kids in their area. Because of all these factors, the regional councils know best what their kids need.

The La Paz/Mohave Region includes La Paz and Mohave counties, including the tribal lands of the Fort Mojave Indian Tribe within Arizona. The region does not include the tribal lands of the Colorado River Indian Tribes, the Hualapai Tribe, and the Kaibab Paiute Indian Tribe.

Regional Council Members

Riley Frei, <i>Chair</i>	Betsy Lewis
Nancy Mongeau, <i>Vice Chair</i>	Vijette Saari
Alisa Burroughs	Debra Weger
Reverend Jose Garcia	Catie Sondrol
Terri Holloway	Lenore Knudtson
	Howard Weiske

Congressional and Legislative Leadership

Congress	Legislature
Sen. Jeff Flake	Sen. Gail Griffin, <i>President Pro Tempore</i>
Sen. John McCain	Sen. Kelli Ward
Rep. Ron Barber	Sen. Jack Jackson Jr.
Rep. Paul Gosar	Rep. Sonny Borrelli
Rep. Ann Kirkpatrick	Rep. Doris Goodale
	Rep. David M. Gowan Sr.
	Rep. Albert Hale
	Rep. Jamescita Peshlakai
	Rep. David W. Stevens

A SNAPSHOT OF CHILDREN IN OUR REGION

Demographics

13,395

Number of Kids Under 6 in Region

9,126

Number of Households with Kids Under 6

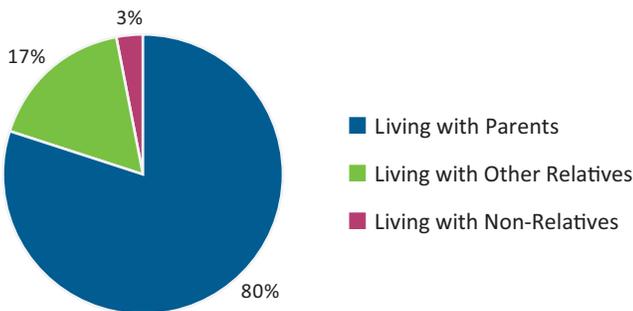
10%

Percentage of Households with Kids Under 6

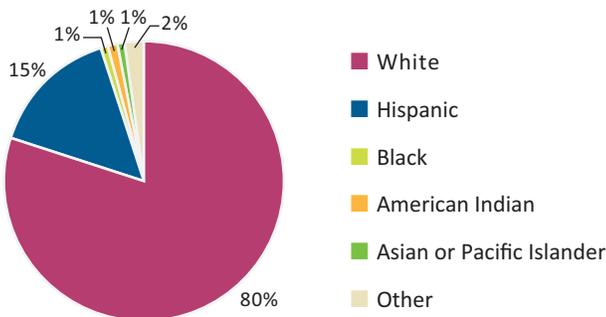
43% La Paz **28%** Mohave

Percentage of Young Kids in Poverty

Living Arrangements of Kids Under 6



Ethnic Breakdown of Kids Under 6



Education

72%

Percentage of 3- to 4-Year-Olds in the La Paz/Mohave Region Who Don't Go to Preschool

40% La Paz **22%** Mohave

Percentage of 3rd Grade Students Not Passing AIMS in Reading

Economics

\$33,818 La Paz **\$36,446** Mohave

Median Family Income

60%

Percentage of Children Under Age 6 with All Available Parents in the Labor Force

Health

12% La Paz **6%** Mohave

Percent of Births with Fewer than Five Prenatal Visits



OUR REGION'S PRIORITIES

Research regarding children 5 and younger in the La Paz/Mohave Region revealed the need for the following programs to promote optimal development and school readiness:

Early Learning: Parents need choices when it comes to early learning settings for their children 5 years old and younger, including children with special needs. Specifically, stakeholders surveyed identified preschool programs as the most important service missing in the region. The region partners with school districts to expand preschool programs, particularly in rural communities where access to early childhood education is limited.

Family Support: Inadequate access to prenatal care, high infant mortality, and a lack of access to services for children with special physical/mental health care needs were identified as significant concerns in the region. Families in the region are frequently isolated, lack transportation, and live in communities with limited resources. The region's home visitation program provides voluntary, comprehensive, in-home family support, including routine developmental screenings, information and resources to support optimal child health and development, and timely referrals to community programs based on the needs of the family.

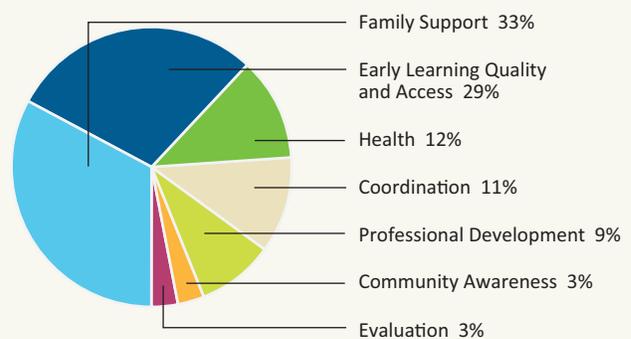
Court Team for Maltreated Infants and Toddlers: Over the last few years, there has been a dramatic increase in the number of kids entering state care. This created a need to better support kids 5 and younger in the child welfare system who are at greater risk due to their rapidly developing brains and physical frailty. The Court Team for Maltreated Infants and Toddlers coordinates essential services related to the health, development and social/emotional needs of vulnerable young children. The team also provides specialized training and technical assistance on infant and toddler mental health to professionals serving young kids and their families region-wide.

Community Outreach and Awareness: Awareness of the importance of early childhood is crucial so that all stakeholders can do their part to support school readiness. The Community Outreach and Awareness strategy provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Financial Report

EXPENDITURES BY GOAL AREA – FY2012

Family Support	\$1,259,030
Early Learning Quality and Access	1,078,797
Health	460,532
Coordination	414,577
Professional Development	357,016
Community Awareness	102,050
Evaluation	95,625
TOTAL	\$3,767,627



OUR REGION'S IMPACT

Preschool Expands to Underserved Areas

Research shows that children with access to high quality early learning programs score higher on school readiness assessments, do better in school and are more likely to graduate and go on to college. The region's preschool expansion program ensures that more children have access to early learning.

"Preschool expansion is the largest strategy that we fund, and partnering with school districts is an approach that has allowed us to reach some of the most underserved communities in the region," said Merritt Beckett, La Paz/Mohave Regional Director.

In SFY 2012, preschool expansion sites in Littlefield, Topock, Bouse, Quartzsite, Mohave Valley, Bullhead, Lake Havasu and Kingman allowed 140 additional children in each community to attend preschool.

According to Topock Superintendent John Warren, the preschool expansion has resulted in more than double the number of students who come into kindergarten meeting literacy benchmarks.



Court Team Works to Improve Outcomes for Young Kids in State Care

The Infant and Toddler Mental Health Court Team was created when an increasing number of young children with serious physical, mental health, and developmental problems were coming in to the state's child welfare system.

Because 90% of the brain is developed by the age of 5, these children are at great risk for long-term harm from early traumatic experiences.

The team has implemented a number of system improvements, including: specific days set aside for cases involving young children; and, specific case managers from Child Protective Services and Mohave Mental Health assigned to work only on cases involving children ages birth to 5. Specialized training is also provided to foster parents and caregivers of kids 5 and younger to address the unique needs of this vulnerable population.

According to Coordinator Tonya Ford, parents are engaging more readily in their case plans and the Court Team is seeing a shorter time to permanency for these at-risk youngsters as a result of the team's work.

405

FAMILIES ENJOY STRONGER, MORE SUPPORTIVE PARENT-CHILD RELATIONSHIPS

12

CHILD CARE CENTERS AND HOMES OFFER CHILDREN A HIGHER STANDARD OF CHILD CARE THROUGH QUALITY FIRST

389

INFANTS, TODDLERS AND PRESCHOOLERS RECEIVED SCHOLARSHIPS TO ACCESS EARLY EDUCATION PROGRAMS

94

PARENTS, GRANDPARENTS AND CAREGIVERS ATTENDED VOLUNTARY CLASSES IN COMMUNITY-BASED SETTINGS ON TOPICS SUCH AS PARENTING SKILLS, CHILD DEVELOPMENT, LITERACY AND NUTRITION

182

CHILDREN RECEIVED SCREENINGS TO DETECT DEVELOPMENTAL DELAYS

201

MALTREATED INFANTS AND TODDLERS RECEIVED MORE COORDINATED SERVICES TO ADDRESS THEIR SPECIAL NEEDS

MOVING FORWARD

The La Paz/Mohave Regional Partnership Council takes great pride in the progress made over the past five years. Together with our grantees and community partners, we are fulfilling our commitment to build a solid foundation for all young children and their families.

The regional council is committed to being responsive at the local level and reaching communities and families that historically have been underserved. A number of key strategies – including home visitation, pre-kindergarten scholarships, community-based professional development and community outreach – are offered region-wide and specifically target vulnerable populations.

The council will continue to work diligently with partners to improve access to these programs, so that all families with kids 5 and younger – from Ehrenberg to Colorado City – are able to access a variety of essential early childhood programs that help children arrive at school healthy and prepared to succeed!

The council recognizes that families from neighboring areas frequently access services within this region, so First Things First will continue to encourage cross-regional collaboration and the provision of early childhood programs to neighboring communities.



Grantees – FY2012

- Arizona Board of Regents for and on behalf of University of Arizona
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona’s Children Association
- Association for Supportive Child Care
- Bouse Elementary School
- Bullhead City Elementary School District
- Child and Family Resources Inc.
- E.Q. Scholars Inc.
- Fort Mojave Indian Tribe
- Kingman Unified School District
- Lake Havasu Unified School District
- Littlefield Unified School District
- Milemarkers Therapy, Inc.
- Mohave County Department of Public Health
- Mohave County Superior Court
- Mohave Valley Elementary School District
- Pima County Health Department
- River Cities Community Clinic
- Social Service Interagency Council of Lake Havasu City, Inc.
- Southwest Human Development
- St. Mary’s Food Bank Alliance
- The Learning Center for Families
- Topock Elementary School District
- University of Arizona, Norton School of Family and Consumer Sciences
- United Way of Tucson and Southern Arizona
- Yuma Community Food Bank

La Paz/Mohave Regional Partnership Council

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JOIN THE CONVERSATION

Twitter: @AZFTF

Facebook: /AZFirstThingsFirst

www.readyazkids.com



Arizona Opportunity Assessment – Draft Report First Things First and St. Luke's Health Initiative

Charles Bruner

May 9, 2013

Opportunity Assessment Deliverable

Prepare a report on Arizona's early intervention system ...

...which can support leaders and advocates in improving young children's developmental outcomes.

Opportunity Assessment Parameters

- Population – young children (0-6) and their families
- Programs and services – primary health care, Part C and B of IDEA, First Things First programs, home visiting and family support, specialized services to respond to children with developmental or behavioral concerns
- Data and Information – secondary analysis of existing administrative, survey, and census data **AND** interviews, discussions, and focus groups with Arizona early childhood leaders

Sections of Opportunity Assessment

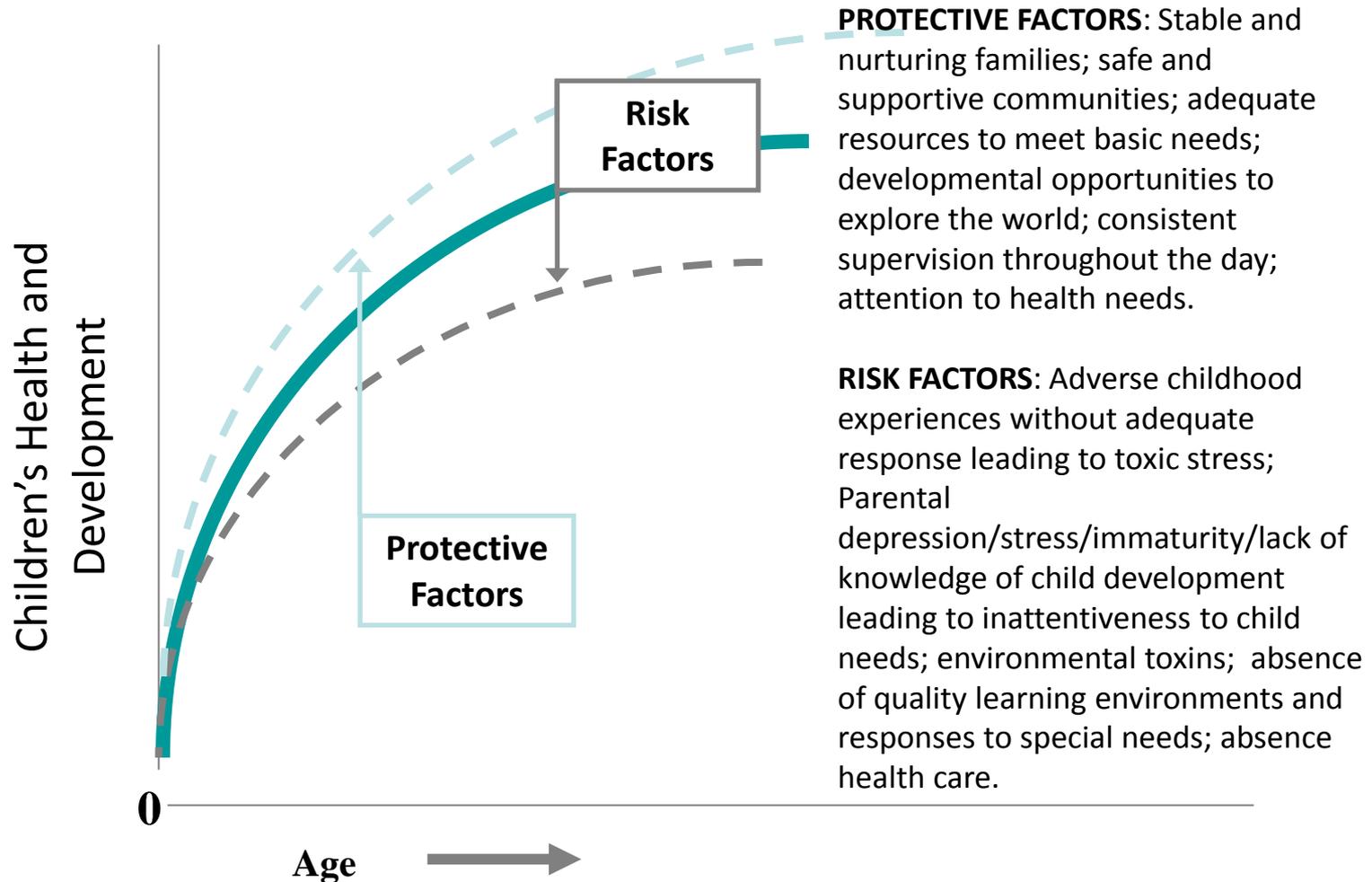
- Introduction: Why It's Important
- Section One: Demographics – Arizona at the Epicenter of Change
- Section Two: Place Matters – High Poverty Arizona Neighborhoods
- Section Three: Health Insurance and Health Care
- Section Four: Public Services Addressing Young Child Development
- Section Five: Takeaway Messages and Areas of Opportunity

INTRODUCTION

Why It's Important

- Establishing Trajectory for Lifelong Success
- Responding to Range of Young Child Needs

Child Health and Development Trajectories



Adapted from slide developed by Dr. Edward Schor, Lucille Packard Foundation.

Current Range of Young Child Needs

3-6% Severe, Life-course Disabilities

12-20% Diagnosable Behavioral/Developmental Disabilities/Delays

30-50% Compromised Behavioral/Developmental/Cognitive Development

50-70% Good Enough Development

5%-15% Enriched/Optimal Development

SECTION ONE DEMOGRAPHICS

Arizona at the Epicenter of Change

Why Arizona Needs to Pay Attention to Young Children and Their Development in the First Five Years

	Arizona	U.S.
Faster child (0-17) growth rate 1990-2010 (census)	66.0%	16.6%
Greater % young children (0-5) in population (census)	8.6%	7.9%
Greater young child (0-5) diversity (census)		
% white, non-Hispanic	39.7%	51.0%
% Hispanic	44.9%	25.2%
% Native American	6.2%	1.2%
% African American	4.6%	14.3%
% Asian	2.6%	4.5%
Higher percentage young (0-5) low-income children (census)		
Under 100%	27.5%	24.8%
Under 200%	55.7%	48.0%

SECTION TWO

Place Matters: High Poverty Census Tracts

Age and Race Demographics of Arizona's High-Poverty Census Tracts
Compared with Arizona Overall Population, 2010 Data

	High-Poverty Tracts	Total Arizona Pop.
<i>Total Population</i>	<i>723,575</i>	<i>6,392,017</i>
0-5 pop	84,697	546,609
% total population	11.7%	8.6%
white, Non-Hispanic Children as % of All Children	8.0%	41.6%
Hispanic Children as % of All Children	66.1%	43.2%
<i>Age 25 & Older</i>		
Less than High School Diploma	37.1%	15.0%
Post Graduate Degree	3.1%	9.6%
<i>Households</i>		
Earnings from Employment	73.8%	75.0%
Earnings from Interest, Dividends or Rent	7.1%	22.6%
<i>Families with Children</i>		
Single-Parent Families	50.8%	34.8%
Below Poverty	44.0%	17.2%

Policy Implications for High Poverty Census Tracts

- Points to places where additional focus of attention and resources are needed
- Involves population-based/community-building strategies as well as individual service strategies
- Requires attention to issues of equity and diversity
- Requires family, resident, and community engagement in fashioning strategies

SECTION THREE

Health Insurance and Health Care

- Higher rates of young child lacking insurance coverage than country as a whole (due to eligibility policies in AHCCCS and KidsCare II)
- Higher rates of public coverage of young children, representing majority source of coverage
- Lower rates of comprehensive coverage, but pockets of excellence

Arizona and U.S. Comparisons of Health Coverage and Participation

		Percentage of the Age Group Served	
Service	Age Group	Arizona	U.S.
Uninsurance Rates	0-17	12.7%	7.5%
Uninsurance Rates (200% poverty)	0-17	17.4%	10.7%
Uninsurance Rates	0-5	8.1%	4.6%
Medicaid/EPSTD Enr.	0-2	56.4%	56.0%
Medicaid/EPSTD Enr.	3-5	53.1%	51.5%

Young Children's Involvement in Primary Care

Primary and Preventive Health Services for Children		
	Arizona	U.S.
Child reported as having preventive, well-child visit in past 12 months	88.5%	89.7%
Child reported as having coordinated, ongoing comprehensive care within a medical home	50.3%	58.2%
Child reported as having been screened for being at risk of developmental, behavioral, and social delays, using a parent-reported screening tool during a health care visit (age 10 months to 5 years only)	21.7%	30.8%

Source: 2011-12 National Survey of Children's Health

Exemplary Practices and Points of Opportunity

- Reach Out and Read
- Raising Special Kids
- Healthy Steps
- Smooth Way Home
- Physician Education and Outreach
- Project LAUNCH

- Reimbursement increases for Medicaid primary care services

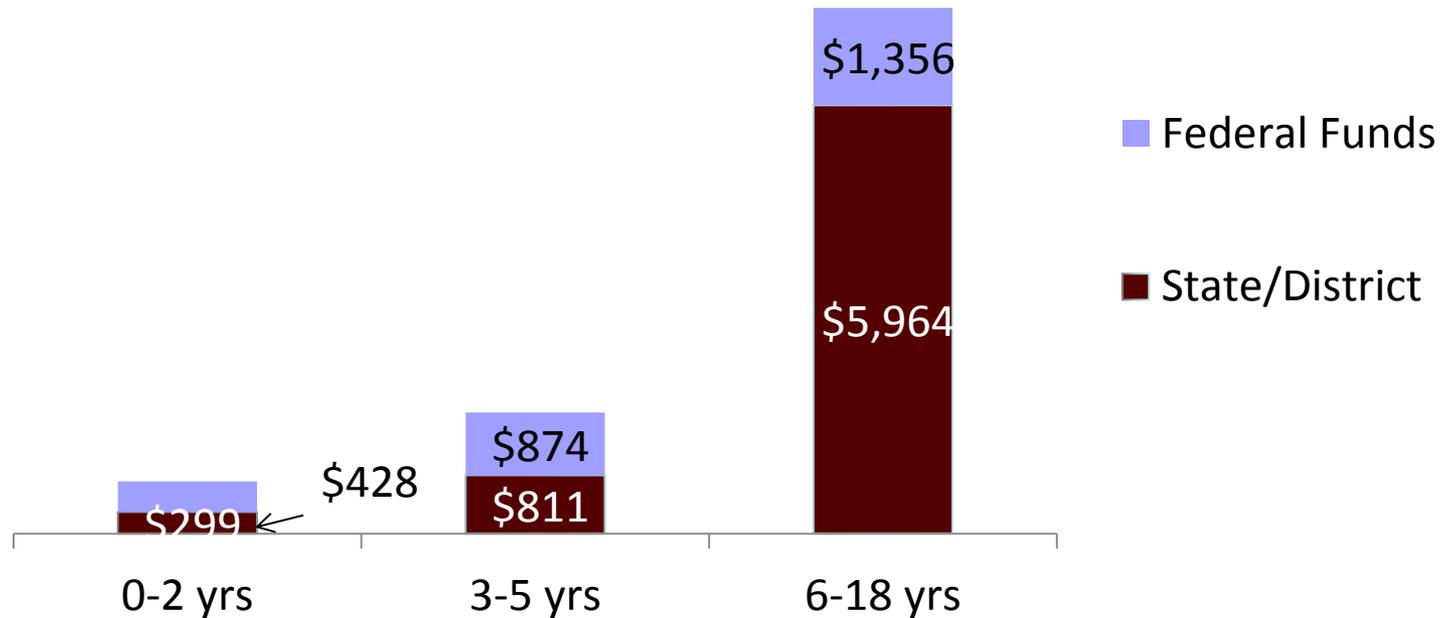
SECTION FOUR

Developmental services

- Overall Context of Investments by Child Age in Arizona and U.S.
- Comparison of Arizona with other states on providing specific early intervention services to improve healthy development
- Home visiting and family support as particular avenues to respond to strengthen families of young children

Per Child Investments in Education and Development

Annual Investments 2010-12 Investment Data



	0-2 year olds	3-5 year olds	6-18 yr olds
Arizona	\$717	\$1,685	\$7,320
U.S.	\$720	\$2,689	\$10,780

Source: Earliest Learning Left Out (2013). The Build Initiative

Investments in Home Visiting and Family Support

Arizona Home Visiting and Select Family Support Programs		
	# Families	\$ (millions)
First Things First Home Visiting	N/A	\$16.1
Healthy Families	1,973	\$6.0
Health Start	2,358	\$1.4
MIECHV	N/A	\$12.1
Early Head Start	2,786	\$17.2 (est)
Total Home Visiting	49,000-57,000	\$52.7
FTF Family Support and Parenting Education	N/A	\$11.8
FACE	N/A	\$5.0 (est)

Sources: Various. FTF, Healthy Families, and Health Start data is from the 2010 Children's Budget Report. MIECHV, Early Head Start, and FACE are from federal data sites for the most recent year available. The estimates of the overall reach of home visiting are from the Home Visitation study First Things First reports.

Exemplary Practices and Centers of Excellence in Arizona

Reach Out
and Read

First Things First
FACE

St. Luke's
Health Initiative

BUILD

Project
LAUNCH

Home Visiting
(including MIECHV)

Smooth
Way
Home

Raising
Special
Kids

Healthy
Steps

Parent Kits

FFN Care Work

SECTION FIVE

Takeaway Messages

1. **AZEIP** has been a source of considerable discussion in Arizona – and Part C deserves attention and improvement – but Part C is neither a silver bullet nor a black ball in terms of developing an early intervention system.
2. In the earliest (birth to three) years, child health practitioners play a key role in early identification and response to children’s developmental, behavioral, and social as well as physical concerns. **Developmental surveillance and screening** is an essential first step in responding to young children, but it cannot stop with screening and requires follow-up actions.

SECTION FIVE

Takeaway Messages (cont.)

3. **Home visiting/family support** has grown and developed substantially in Arizona, and Arizona now has opportunities to use home visiting as an important, and even lynchpin, strategy to realize its potential in supporting parents as their child's first teacher, nurse, and safety officer.
4. There are **exemplary efforts** to be built upon that could be expanded in visibility and examined for diffusion and broader adaptation.

SECTION FIVE

Takeaway Messages (cont.)

5. Place matters and focused attention to blending individual strategies with **community-building** ones is especially important to AZ.
6. The Affordable Care Act (ACA) and existing federal support under **Medicaid** offer additional opportunities for action and the “triple aim” deserves exploration in long-term as well as short-term reform strategies.

SECTION FIVE

Takeaway Messages (cont.)

7. From a policy perspective, there are champions and experts in Arizona to move forward a comprehensive agenda to improve young children's healthy development and to respond early to developmental needs and concerns – but there is greater likelihood of success if there is more **alignment and a collective voice** to policy makers from this leadership.

Possible Collective Narrative Message (Beginning at Beginning)

The first five years of life (not the last five) have the most important impacts on a person's health and well-being (but that is not where investments currently are being made).

For the first time in Arizona's history, without changes in response, young children face the prospect of growing up less healthy and less equipped to compete and lead in a world economy.

Critical to changing these responses is to better identify and respond early to young children's developmental, behavioral and social concerns – in the context of family and community.

There exists a growing and powerful research base on the causes of these concerns and ways to address them, but these have not yet been incorporated into mainstream practice.

While children are not current drivers of health care, social welfare and corrections costs, addressing young children's needs is key to containing future costs in these areas and has the potential to produce the greatest overall returns on investment of any public investments – both to the children themselves and to society as a whole.

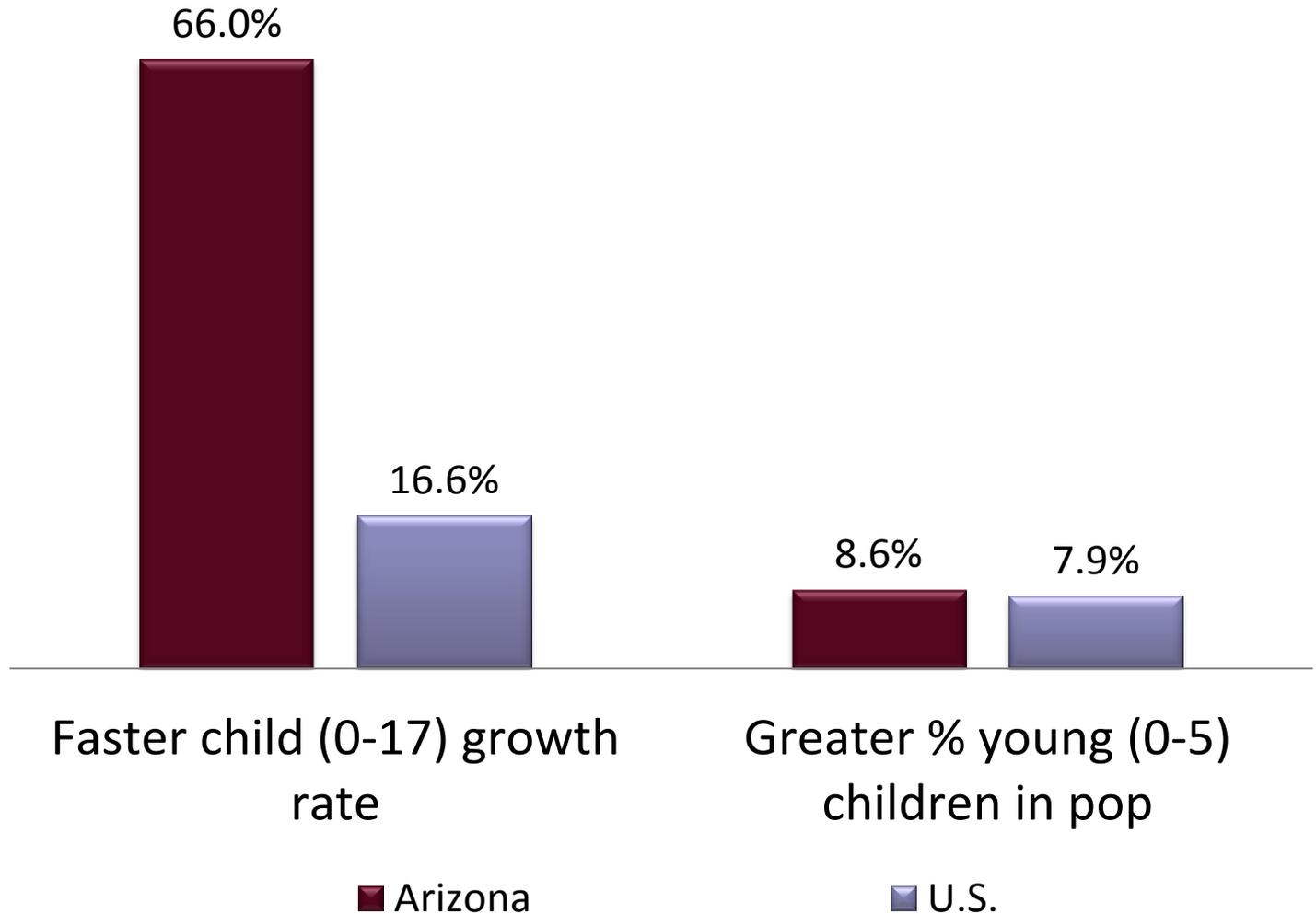
Additional Slides from First Report

- Particular Arizona Demographics
- Part C Description
- Service Use and Expenditures in Different Programs

Composition of Young Child (0-5) Population by Age/Ethnicity – AZ and U.S.

	Arizona	U.S.
% white, non-Hispanic	39.7%	51.0%
% Hispanic	44.9%	25.2%
% Native American	6.2%	1.2%
% African American	4.6%	14.3%
% Asian	2.6%	4.5%

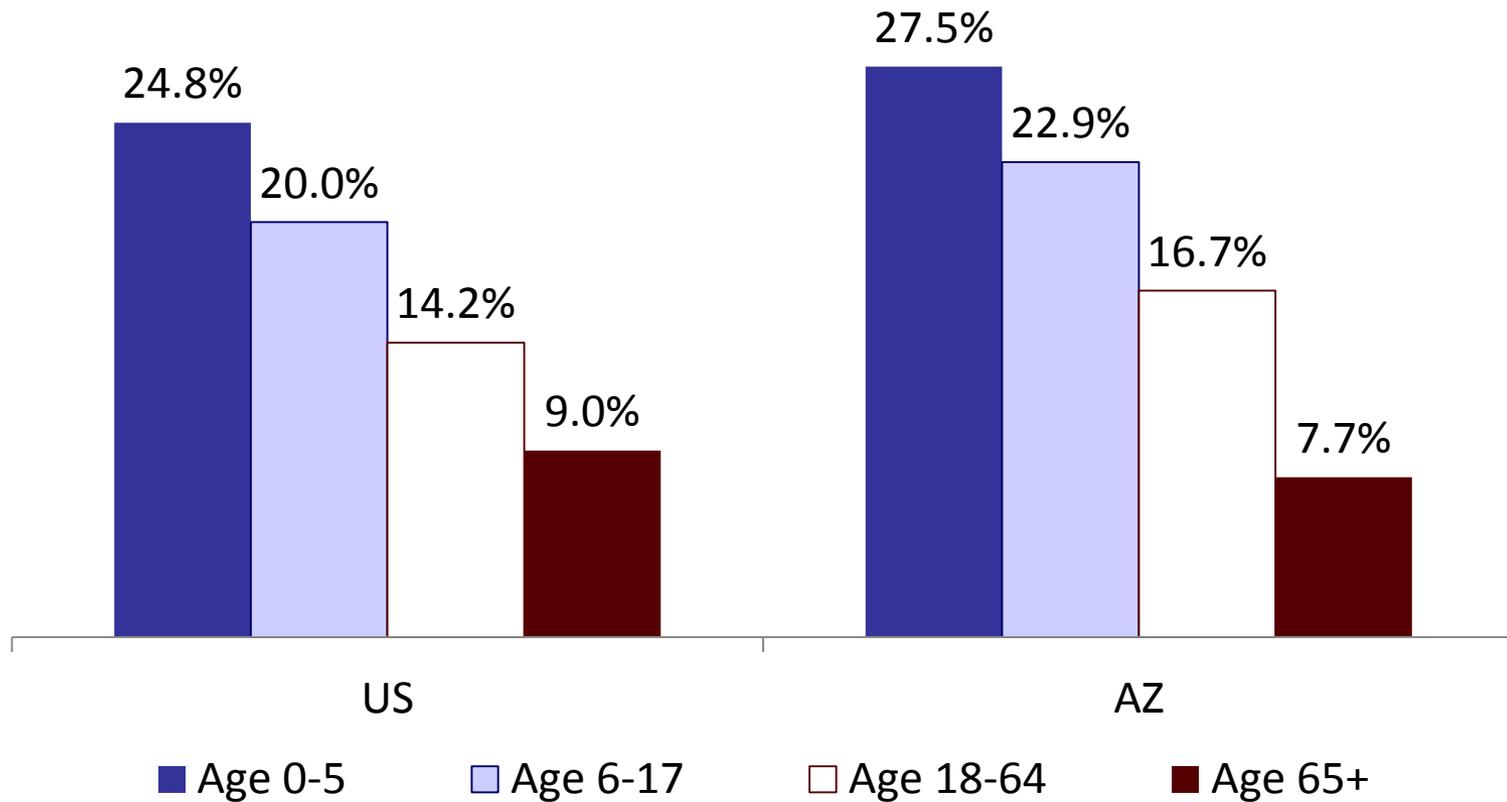
Growth Dynamics 1990-2010



Poverty Rates and Maternal Education of Families with Young Children AZ and U.S.

	Arizona	U.S.
Higher % young (0-5) low-income children		
Under 100%	26.7%	23.4%
Under 200%	55.7%	48.0%
More less educated mothers of young (0-5) children		
Less than high school	18.5%	13.9%
Bachelor's degree or above	23.5%	31.2%

Poverty by Age Groups AZ and U.S.



Source: United States Census Bureau, 2010 American Community Survey

Part C – Description and Context

- Part C early intervention services designed to identify and respond to development risks/delays in very young children (0-2)
- Part C often described as a more preventive service to affect trajectory and reduce need for subsequent interventions/special education.
- Federal discretionary grant to all states for Part C, but states responsible for administering and must treat as entitlement to service.
- Services provided (speech, language, hearing, parental guidance and support, etc.) may be eligible for Medicaid funding.

Arizona Early Identification Program (AZEIP)

- Arizona sets criteria for eligibility – 50% delay in one or more areas (no at-risk services) [most restrictive among states – many set at 25% delay, some include environmental risk, and some make adjustments for lower levels if more than one area].
- Arizona imposes significant co-payments on services on a sliding scale, based upon income.
- In 2011, Arizona served approximately 1.84% of all children 0-2 in the fall (compared with 2.7% average nationally – 45th among states)
- Arizona's annual cumulative count of children served (9,960) double fall figure (4,850), 3.7% all children 0-2

Preliminary Analysis – Scope and Reach of Existing Developmental Services in Arizona

Complex-High End

Service/Funding	# Served (0-6 yr olds)	% of Population	\$ (millions)
DDD Long-Term Care	3,574	0.56%	\$ 102.8
Behavioral Health Services/XIX	1,432	0.22%	\$ 28.7
<i>Child Welfare: Placement and Services to Families</i>			
Special Needs Adoption Payments	2,906	0.46%	\$ 28.2
Foster Care Payments	4,147	0.65%	\$ 20.4
Child Welfare Services to Young Children & Families	8,835	1.40%	\$ 71.0

Preliminary Analysis – Scope and Reach of Existing Developmental Services in Arizona

Early Intervention and Treatment

Service/Funding	# Served	% of Population	\$ (millions)
AZEIP – Part C	4,456 0-2 yr olds	1.8%	\$9.9
Preschool – Part B	14,063 3-5 yr olds	5.1%	\$7.2
DDD State-Only Services	4,959 0-6 yr olds	0.7%	\$14.2
Title XIX Rehabilitation Services	23,244 0-6 yr olds	3.6%	\$38.2

Arizona and U.S. Comparisons of Child Care and Welfare Participation

		Percentage of the Age Group Served	
Service	Age Group	Arizona	U.S.
Child Care Subsidies	0-5	3.7%	4.6%
Part C Services (Fall)	0-2	1.8%	2.7%
Part B Preschool Services	3-5	5.5%	6.1%
Early Head Start	0-2	1.03%	1.09%
Head Start	3-4	10.2%	11.1%
Public Preschool (NIEER)	4	20%	42%
Foster Care	0-5	0.83%	0.60%
TANF	0-17	1.7%	4.3%



Child & Family
POLICY CENTER

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Des Moines, IA 50309

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515-280-9027

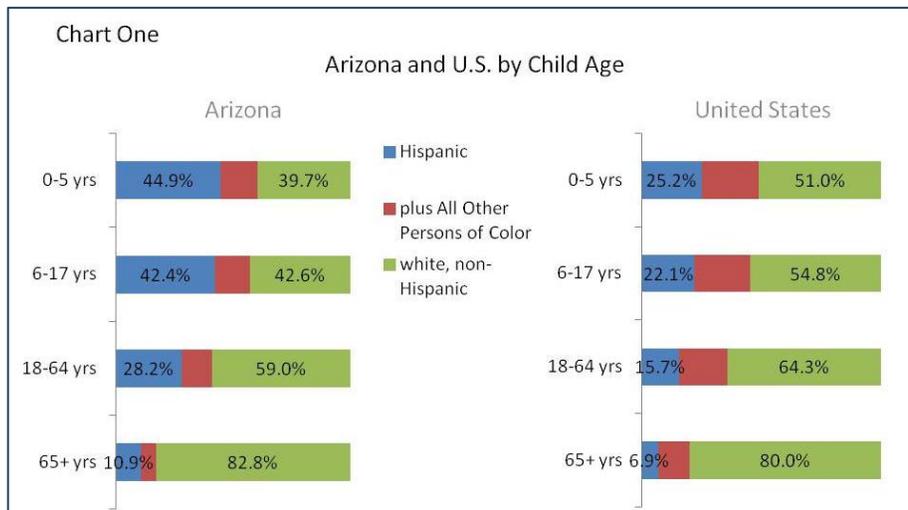
cbruner@cfpciowa.org

An Arizona Opportunity Assessment on Ensuring Young Children’s Developmental Success

EXECUTIVE SUMMARY

INTRODUCTION. This opportunity assessment was conducted by the Child and Family Policy Center under a contract with First Things First and St. Luke’s Health Initiative – to provide a comprehensive picture of Arizona’s young children (birth to five), their developmental and behavioral development, and the current array of public services provided to meet their needs. New research has pointed to the critical importance of the earliest years to children’s lifelong development and the value of identifying and responding early to developmental issues and concerns. Like other states, Arizona is at the initial stages of developing a more systemic and integrated response to these needs. In this process, Arizona has many exemplary programs and services upon which to build, and many experts and champions to support this work. This opportunity assessment draws upon a variety of existing data sources regarding Arizona’s young children and their developmental status and upon interviews and discussions with Arizona leaders in producing this report.

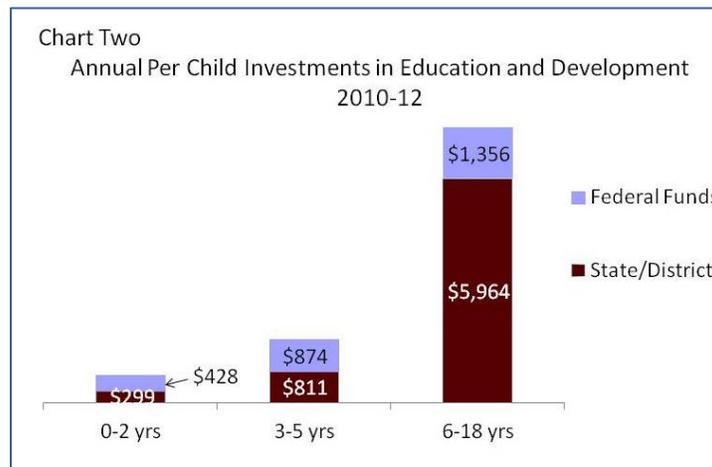
SECTION ONE: ARIZONA’S YOUNG CHILDREN. Developing an effective system which ensures the healthy growth and development of young children is important in all states, but especially important in Arizona. Arizona is at the epicenter of demographic changes in the country’s population, with children leading the way in the growing diversity of the population. Arizona is “rich in young children,” but, unlike Arizona’s seniors, these young children are much more diverse than the country as a whole and live in families with fewer resources and lower educational backgrounds. Meanwhile, the young child population has grown at three times the rate in the country as a whole, with three-quarters of that population of Hispanic origin. Responding to this rapid growth and the developmental needs of its youngest residents is key to Arizona’s future growth and prosperity.



SECTION TWO: PLACE MATTERS. In developing an effective system, much of the attention needs to be given to ensuring young children and their families have access to services to support their development, based upon the child’s unique needs and assets. In addition, however, neighborhoods and communities play an important role in children’s healthy development. Place matters, and Arizona has a much larger share of its young child population growing up in high poverty and limited resource neighborhoods. Overall, 14 percent of Arizona young children reside in census tracts where the overall poverty rate is 30 percent or more, but that tells only part of the story. These census tracts have far less home ownership, family savings, and adults with post-secondary educations than the rest of Arizona. They have much higher rates of single parent families, disconnected youth (16-19 year olds not in school or working), and adults without high school diplomas. While their adult workforce participation is equivalent to that in the rest of Arizona, that participation does not provide enough resources to meet essential family needs. These census tracts exist throughout Arizona, but are greatest in Apache, La Paz, Navajo, and Santa Cruz counties. The most extreme poverty tracts, however, are located in Maricopa county. Moreover, these high poverty tracts largely are disproportionately composed of children of color or Hispanic origin (or both). Developing strategies to support these children’s developmental needs will require community-level strategies as well as individual child services and a state focus that ensures that these neighborhoods and communities are equipped to provide community supports which may be taken for granted in more affluent neighborhoods and communities.

SECTION THREE: CHILD HEALTH INSURANCE AND CONTENT. Particularly for very young children (0-2), the child health practitioner plays a key role not only in providing medical care but providing guidance to families on their children’s development, screening for and detection of developmental and behavioral as well as physical concerns, and connecting children and their families to resources which promote healthy development. Arizona has substantially higher rates of uninsured children than the country as a whole, in part due to the eligibility levels established for its Medicaid and CHIP programs. At the same time, over 90 percent of young children (birth to five) have health coverage and half or more of these are covered under the state’s public insurance programs – the Arizona Health Care Cost Containment System (AHCCCS) and KidsCare II. While expanding coverage to Arizona’s current uninsured young child population is needed, Arizona has opportunities within its current public coverage to do more to ensure that child health practitioners conduct developmental surveillance and screening and provide effective referrals to ensure early intervention and community services are provided which address both medical and social determinants of health. Arizona has exemplary programs and leaders and champions in child health providing such responses, but these remain as exemplary practices rather than expectations for routine care. The current interest in health reform on developing medical homes, improving care coordination to respond to special needs, and working to achieve the “triple aim” of improved health care quality, improved population health, and lower per capita health care costs should be directed to young children as well as adults. While children are not drivers of current health care expenditures and costs, their healthier development is key to long-term health and health care cost containment and offers the opportunity for the greatest returns on investment. The child health system has a particular opportunity to establish stronger connections with home visiting and family support programs and other community services, including an array of programs supported through First Things First.

SECTION FOUR: ARIZONA’S PUBLIC SERVICES FOR YOUNG CHILDREN. On both a national level and within Arizona, many fewer public resources are invested in the education and development of young children (before they reach school age) than in school-aged children or youth. When examined on a per child basis, the investments in educational and developmental services for young children (particularly 0-2 but also 3-5) are small in comparison with those for school aged children.



There is not an “early childhood system” as there is a “primary and secondary education system,” in the context of ensuring access of all children to education. There is increasing recognition, however, that such a system needs to be built, while ensuring that parents remain their child’s first and most important teacher (and nurse, and safety officer). While there are many different public programs which seek to address the educational, developmental, and behavioral needs of young children, many are available only in certain places and for a small number of children who would benefit. While Arizona and other states identify and respond to the very small number of children (3 to 5 percent of all children) with the greatest special needs who require intense care, and expend substantial resources in doing so, there is much less early identification and professional response to children with developmental disabilities and delays and behavioral and mental health conditions. At best, current Arizona services reach one-fifth to one-quarter of those with identifiable and treatable needs. Overall, Arizona’s provision of such services reaches a smaller proportion of the overall child population than is true in other states, even though Arizona’s demographics indicate that the need is greater in Arizona. Arizona’s Early Intervention Program (AZEIP), designed to be a more preventive service to address developmental issues and delays in very young children (birth to 3), serves only 1.8 percent of those children at any point in time, although nationally 2.7 percent of all children are served and research indicates 12 percent of children have developmental delays which would qualify them for service. Through First Things First, in particular, Arizona has established a stronger focus upon young children and, in particular, supporting home visiting and family support services designed to help parents be their child’s first teacher. In this area, Arizona has a slightly more robust array of such programs than many other states, which is a strength upon which to build. While Arizona’s overall investments in young children and their healthy development do not place Arizona even on a par with other states, Arizona has many exemplary programs and practices that represent a foundation upon which to build. In addition, through First Things First Arizona has established a structure for developing community-based responses and

supports that are essential to healthy child development, including but extending beyond public services to other supports young children and their families need in responding to their unique needs and strengths.

SECTION FIVE: TAKEAWAY MESSAGES AND AREAS OF OPPORTUNITY. Arizona’s future is its young children, but ensuring that future is the responsibility of adults, and particularly those adults in leadership roles in developing and implementing programs and services, connecting with young children and their families, and informing and influencing policy. The interviews and discussions with Arizona early childhood leaders and champions identified the commitment of an ample number of recognized leaders and organizations to promote and implement changes which can build a system to better ensure healthy child development and respond effectively to developmental and behavioral as well as physical health needs. While the take-away messages could include a laundry list of actions Arizona should take and investments policy makers should make, there already exist an array of such proposals across different groups and organizations. As an opportunity assessment, the underlying take-away messages to Arizonans are to build upon what already exists in Arizona and to lead in many areas by seeking to further move exemplary efforts to more widespread and routine use. Developing “collective impact” from within and across the existing leadership community in Arizona is the best and may be the only way to accelerate the work on creating a system of services and supports that ensure healthy child development and their and Arizona’s long-term prosperity. In doing so, the following are suggested as take-away messages in designing collective strategies and next steps.

- 1. AZEIP has been a source of considerable discussion in Arizona – and Part C deserves attention and improvement – but Part C is neither a silver bullet nor a black ball in terms of developing an early intervention system.**
- 2. In the earliest (birth to three) years, child health practitioners play a key role in early identification and response to children’s developmental, behavioral, and social as well as physical concerns. Developmental surveillance and screening is an essential first step in responding to young children, but it cannot stop with screening and requires follow-up actions.**
- 3. Home visiting/family support has grown and developed substantially in Arizona, and Arizona now has opportunities to use home visiting as an important, and even lynchpin, strategy to realize its potential in supporting parents as their child’s first teacher, nurse, and safety officer.**
- 4. There are exemplary efforts to be built upon that could be expanded in visibility and examined for diffusion and broader adaptation.**
- 5. Place matters and focused attention to blending individual strategies with community-building ones is especially important to AZ.**
- 6. The Affordable Care Act (ACA) and existing federal support under Medicaid offer additional opportunities for action and the “triple aim” deserves exploration in long-term as well as short-term reform strategies.**
- 7. From a policy perspective, there are champions and experts in Arizona to move forward a comprehensive agenda to improve young children’s healthy development and to respond early to developmental needs and concerns – but there is greater likelihood of success if there is more alignment and a collective voice to policy makers from this leadership.**



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- AGENDA ITEM:** Quality First Child Care Scholarships
- BACKGROUND:** To ensure First Things First (FTF) funds are used efficiently and children have access to early care and education, utilization of Quality First Child Care Scholarships and expenditures are continually reviewed by Valley of the Sun United Way and FTF staff.
- In January 2013, program analysis indicated that in many regions, including the La Paz/Mohave Region, there was going to be a large amount of unexpended funds at the end of State Fiscal Year (SFY) 2013.
- To address this, Valley of the Sun United Way and FTF developed a statewide plan to allocate additional temporary scholarships.
- As a result, all currently enrolled Quality First sites that provide child care scholarships in the impacted regions were given the option to provide additional temporary scholarships for the remainder of SFY 2013 and throughout SFY 2014.
- RECOMMENDATION:** The Regional Director presents this for informational purposes only.



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Factors that caused a large amount of unexpended funds in Quality First Child Care Scholarships:

- The Quality First Child Care Scholarship budget was based on a weighted statewide average cost of \$6,056 for centers and \$4,365 for homes per scholarship. La Paz/Mohave is in District 4, and reimbursement rates for child care in District 4 are well below the state average. Costs in District 4 are only \$4,195 for centers and \$4,171 for homes.
- The cost formula also assumed that all Quality First sites would deliver scholarships. In the La Paz/Mohave Region, four (4) centers have not used any child care scholarships to date.
- As of January 2013, only one infant received a scholarship in the La Paz/Mohave Region, as most child care providers in the region do not serve infants. This increased the difference between what was budgeted and what was spent, because infants are more expensive to serve and the formula assumed more infants would be served.

Solution to the above:

As a result, FTF leadership made the decision in January 2013 to triple the number of scholarships and spend down the unexpended funds over two fiscal years (the remainder of SFY 2013 and throughout SYF 2014). Valley of the Sun United Way was authorized by FTF to award out three times the number of scholarships to all sites in the region. Letters were sent out to Quality First providers awarding them additional temporary scholarships and the statewide contract for SFY 2013 was extended. The decision was made at the state level because other regions were similarly impacted and Quality First Child Care Scholarships is a statewide strategy.

Current Status:

In January 2013, an additional eighty-five (85) temporary scholarships were allocated to providers in the La Paz/Mohave Region. Providers began to use the additional slots in February 2013. The number of temporary slots currently being utilized in the region is 73 (as of May 31, 2013).

Total number of temporary slots authorized in January	Number of temporary slots being used in May	% of temporary slots filled in April
85	73	86%

The chart below shows the SFY 2013 dollars projected to be used by June 30, 2013.

Total SFY 2013 budget awarded	Actual spent through May	Total projected to be used by June 30	Total projected to be unexpended	% of budget projected to be unspent
\$ 391,846.00	\$ 246,827.97	\$287,233.02	\$ 104,612.99	26.7%



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Letter that was sent to providers:



Valley of the Sun
United Way



January 30, 2013

«Provider_Name»
«Street_Address»
«City», «State» «ZIP»

Dear «Site Name»,

Thank you for your partnership in providing scholarships to families in your community so that children have access to early care and education with providers focused on improving quality. To ensure First Things First (FTF) funds are used most efficiently and children in need have access to early care and education, we continually analyze utilization of Quality First Child Care Scholarships and expenditures. Our most recent analysis shows that funds will remain at the end of the fiscal year (June 30, 2013). To address this we are allocating additional scholarships to providers.

Effective February 1, 2013, your program will have an additional <<additional slots>> full time scholarships for a total of <<2013 Total revised slots>> full time scholarships to use for eligible children. Providers receiving additional slots in the region of La Paz/Mohave have been authorized by First Things First to keep these additional scholarship slots through June 2014, providing your program remains enrolled in Quality First and funding continues to be available. We hope that you will take advantage of these additional scholarships and fill them as soon as possible.

If you have any questions or feel you cannot fill these additional slots please email the VSUW Child Care Scholarship team at RegionalScholarships@vsuw.org or call us at 602-240-6324 or 866-973-0012. Thank you for being part of the Quality First Program. We look forward to working with you in distributing these additional scholarships to eligible children.

Sincerely,

VSUW FTF Child Care Scholarship Team

	Grantee Name	Contract Number	Contract Period	Allotment		YTD Expense	Expense Variance	Award Expended	Allotment Expended	Reimbursement Activity	
				Total Allotment	Awarded			% of Award Expended	% of Allotment Expended	Pending	Paid (Last 30 Days)
Community Awareness	Community Awareness Strategy		Strategy Subtotal:	\$30,000	\$30,000	\$20,478	\$9,522	68.3%	68.3%		
	First Things First (FTF-Directed)	PSC-MULTI-12-0432-01-Y2	07/01/2012-06/30/2013		\$30,000	\$20,478	\$9,522	68.3%			
	Community Outreach Strategy		Strategy Subtotal:	\$83,000	\$83,000	\$57,990	\$25,010	69.9%	69.9%		
	First Things First (FTF-Directed)	PSC-MULTI-12-0405-01-Y2	07/01/2012-06/30/2013		\$83,000	\$57,990	\$25,010	69.9%			
	Goal Area Subtotal:				\$113,000	\$113,000	\$78,468	\$34,532	69.4%	69.4%	
Coordination	Court Teams Strategy		Strategy Subtotal:	\$410,000	\$410,000	\$306,667	\$103,333	74.8%	74.8%		
	Mohave County Superior Court	GRA-RC006-13-0537-01	07/01/2012-06/30/2013		\$410,000	\$306,667	\$103,333	74.8%			
	Goal Area Subtotal:				\$410,000	\$410,000	\$306,667	\$103,333	74.8%	74.8%	
Evaluation	Needs and Assets Strategy		Strategy Subtotal:	\$11,125	\$11,125	(\$3,875)	\$15,000	-34.8%	0.0%		
	University of Arizona	ISA-STATE-12-0359-01-Y2	07/01/2012-08/31/2012		\$11,125	(\$3,875)	\$15,000	-34.8%			
	Statewide Evaluation Strategy		Strategy Subtotal:	\$107,344	\$107,344	\$107,344	-	100.0%	100.0%		
	First Things First (FTF-Directed)	PSC-STATE-13-0560-01	07/01/2012-06/30/2013		\$107,344	\$107,344	-	100.0%			
Goal Area Subtotal:				\$118,469	\$118,469	\$103,469	\$15,000	87.3%	87.3%		

Family Support										
Family Support – Children with Special Needs Strategy		Strategy Subtotal:	\$150,000	\$150,000	\$97,208	\$52,792	64.8%	64.8%		\$12,084
Child and Family Resources Inc.	FTF-RC006-13-0354-02	07/01/2012-06/30/2013		\$150,000	\$97,208	\$52,792	64.8%			\$12,084
Home Visitation Strategy		Strategy Subtotal:	\$1,200,000	\$1,199,074	\$775,406	\$423,668	64.7%	64.6%	\$37,736	\$72,780
Arizona Department of Economic Security	ISA-MULTI-11-0096-01-Y3	07/01/2012-06/30/2013		\$15,638	\$3,909	\$11,728	25.0%			
Arizona's Children Association	FTF-RC006-13-0356-08	07/01/2012-06/30/2013		\$422,503	\$245,866	\$176,637	58.2%			\$17,886
Child and Family Resources Inc.	FTF-RC006-13-0356-04	07/01/2012-06/30/2013		\$390,383	\$296,357	\$94,025	75.9%		\$37,736	\$35,347
Fort Mojave Indian Tribe	GRA-RC006-11-0082-01-Y3	07/01/2012-06/30/2013		\$84,540	\$21,135	\$63,405	25.0%			
The Learning Center for Families	FTF-RC006-13-0356-01	07/01/2012-06/30/2013		\$286,011	\$208,139	\$77,872	72.8%			\$19,546
Goal Area Subtotal:			\$1,350,000	\$1,349,074	\$872,614	\$476,460	64.7%	64.6%	\$37,736	\$84,864
Health										
Child Care Health Consultation Strategy		Strategy Subtotal:	\$47,880	\$7,579	\$6,075	\$1,504	80.2%	12.7%		\$525
First Things First (FTF-Directed)	PSC-MULTI-13-0578-01	07/01/2012-06/30/2013		\$2,233	\$2,233	-	100.0%			
Pima County Health Department	GRA-STATE-13-0525-01	07/01/2012-06/30/2013		\$4,470	\$3,261	\$1,209	73.0%			\$320
University of Arizona Cooperative Extension	GRA-STATE-13-0500-01	07/01/2012-06/30/2013		\$876	\$581	\$295	66.3%			\$206
Recruitment – Stipends/Loan Forgiveness Strategy		Strategy Subtotal:	\$51,584	\$23,460	\$23,460	-	100.0%	45.5%		
Arizona Department of Health Services	GRA-MULTI-13-0518-01	07/01/2012-06/30/2013		\$23,460	\$23,460	-	100.0%			
Goal Area Subtotal:			\$99,464	\$31,039	\$29,535	\$1,504	95.2%	29.7%		\$525

Professional Development	Community Based Professional Development ECE			Strategy Subtotal:	\$400,000	\$400,000	\$228,470	\$171,530	57.1%	57.1%	\$37,175	\$31,036
	Association for Supportive Child Care	FTF-RC006-13-0375-01	07/01/2012-06/30/2013		\$400,000	\$228,470	\$171,530	57.1%			\$37,175	\$31,036
	Scholarships TEACH Strategy			Strategy Subtotal:	\$66,000	\$66,000	\$20,977	\$45,023	31.8%	31.8%		\$5,989
	Association for Supportive Child Care	FTF-STATE-13-0350-01	07/01/2012-06/30/2013		\$66,000	\$20,977	\$45,023	31.8%				\$5,989
	Goal Area Subtotal:				\$466,000	\$466,000	\$249,448	\$216,552	53.5%	53.5%	\$37,175	\$37,025
Quality and Access	Expansion: Increase Slots and/or Capital Expense Strategy			Strategy Subtotal:	\$85,000	\$85,000	\$42,500	\$42,500	50.0%	50.0%	\$42,500	
	Arizona Department of Education	ISA-RC006-13-0625-01	05/01/2013-06/30/2013		\$85,000	\$42,500	\$42,500	50.0%			\$42,500	
	Family, Friends & Neighbors Strategy			Strategy Subtotal:	\$100,000	\$100,000	\$65,876	\$34,124	65.9%	65.9%	\$19,911	\$20,650
	Association for Supportive Child Care	FTF-MULTI-13-0406-01	08/01/2012-06/30/2013		\$100,000	\$65,876	\$34,124	65.9%			\$19,911	\$20,650
	Pre-Kindergarten Scholarships Strategy			Strategy Subtotal:	\$1,108,100	\$928,800	\$575,278	\$353,522	61.9%	51.9%	\$29,980	\$58,860
	Bouse Elementary School	GRA-RC006-12-0454-01-Y2	07/01/2012-06/30/2013		\$79,200	\$38,628	\$40,572	48.8%				
	Bullhead City Elementary District	GRA-RC006-11-0260-01-Y3	07/01/2012-06/30/2013		\$156,000	\$126,206	\$29,794	80.9%				\$18,915
	Kingman Unified School District #20	GRA-RC006-12-0334-01-Y2	07/01/2012-06/30/2013		\$162,000	\$77,054	\$84,946	47.6%				
	Lake Havasu Unified School District #1	GRA-RC006-12-0455-01-Y2	07/01/2012-06/30/2013		\$140,400	\$103,683	\$36,717	73.8%				
	Littlefield Unified School District	GRA-RC006-10-0047-01-Y3	07/01/2012-06/30/2013		\$118,800	\$118,800	-	100.0%				\$39,945
	Mohave Valley Elementary District	GRA-RC006-11-0075-01-Y3	07/01/2012-06/30/2013		\$140,400	\$46,959	\$93,441	33.4%				
	Topock Elementary School District	GRA-RC006-10-0051-01-Y3	07/01/2012-06/30/2013		\$132,000	\$63,949	\$68,051	48.4%			\$29,980	

Quality First Strategy			Strategy Subtotal:	\$369,697	\$320,905	\$193,621	\$127,284	60.3%	52.4%	\$35,959	
Arizona Department of Health Services	ISA-STATE-12-0410-01-Y2	07/01/2012-06/30/2013		\$11,059	\$6,081	\$4,978		55.0%		\$423	
Southwest Human Development	FTF-STATE-13-0351-02	07/01/2012-06/30/2013		\$1,679	\$1,311	\$368		78.1%		\$235	
	FTF-STATE-13-0426-01	10/01/2012-06/30/2013		\$3,224	\$1,572	\$1,651		48.8%		\$588	
United Way of Tucson and Southern Arizona	FTF-STATE-12-0336-02-Y2	07/01/2012-06/30/2013		\$304,943	\$184,657	\$120,286		60.6%		\$34,713	
Quality First Child Care Scholarships Strategy			Strategy Subtotal:	\$397,063	\$397,063	\$397,063	-	100.0%	100.0%	\$122,528	
Valley of the Sun United Way	FTF-MULTI-11-0302-01-Y3	07/01/2012-06/30/2013		\$397,063	\$397,063	-		100.0%		\$122,528	
Goal Area Subtotal:				\$2,059,860	\$1,831,768	\$1,274,337	\$557,430	69.6%	61.9%	\$92,391	\$237,997
Overall Total:				\$4,616,793	\$4,319,350	\$2,914,538	\$1,404,812	67.5%	63.1%	\$167,302	\$360,411



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School Readiness Indicators
2020 La Paz/Mohave Regional Benchmark Summary

Table with 2 columns: Indicator #7: Number/Percentage of children age 2-4 at a healthy weight (Body Mass Index-BMI); Intent: Increase the number of children who maintain a healthy body weight

Key Definitions: Body mass index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. BMI does not measure body fat directly, but it is a reasonable indicator of body fatness for most children and teens.

A BMI is not usually calculated for children under the age of 2 years. Healthy weight at 2-4 years of age is a standard measure for the WIC program to report to the CDC. A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults because children's body composition varies as they age and varies between boys and girls.

For children and adolescents (aged 2—19 years):

- Underweight is defined as a BMI less than 5th percentile for children at the same age and sex- an underweight child can have many different reasons that include feeding disorders to lack of food resources or being food insecure.
Healthy weight is defined as a BMI at 5th to 85th percentile.
Overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.
Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Benchmark Data Source:

Body Mass Index (BMI) is a measure used to determine childhood overweight and obesity. It is calculated using a child's weight and height. Two primary sources of Body Mass Index (BMI) data were considered for this indicator:

- Arizona Department of Health Services, Women, Infants, and Children (WIC) Nutrition Program data: WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who are at nutritional risk and who are at or below 185 percent of the federal poverty guidelines. Around 62% of newborns in the state are eligible for the WIC program whereas around 25-30% are eligible between the ages of 2-4 years of age. This program measures BMI of all enrolled 2-4 year old participants for all regions of the state. WIC data is available for non-tribal regions and the Navajo Nation Regional Council (with tribal permissions) through the Arizona Department of Health Services (DHS). Data for tribal

1 Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

2 Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics 2007;120 Supplement December 2007:S164—S192.

3 Arizona Women, Infants & Children (WIC) Program: http://azdhs.gov/azwic/

regions is available (pending tribal permissions) through the Intertribal Council of Arizona (ITCA) or tribal authorities. WIC serves a very large number of low-income 2-4 year olds and their families in Arizona; however, it does not measure the BMI of all Arizona children, only those enrolled in the WIC program. Some regions may be better represented by WIC data than others. Specifically, those communities with large percentages of the population at or below 185 percent of the federal poverty guidelines will have better measurement with the WIC data.

- Arizona Health Care Cost Containment System (AHCCCS): The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services. Data is collected through AHCCCS for all participants, but this data is not currently available in a standardized report, and access to the data requires permission from AHCCCS.

Data source selected:

There currently is no data source that measures the BMI of all Arizona children. However, WIC data from DHS and ITCA (pending tribal permissions) were identified as best data sources for this indicator because consistent data are available for all regions and the WIC program serves a large number of Arizona 2-4 year-olds (105,968 in the initial data pull).

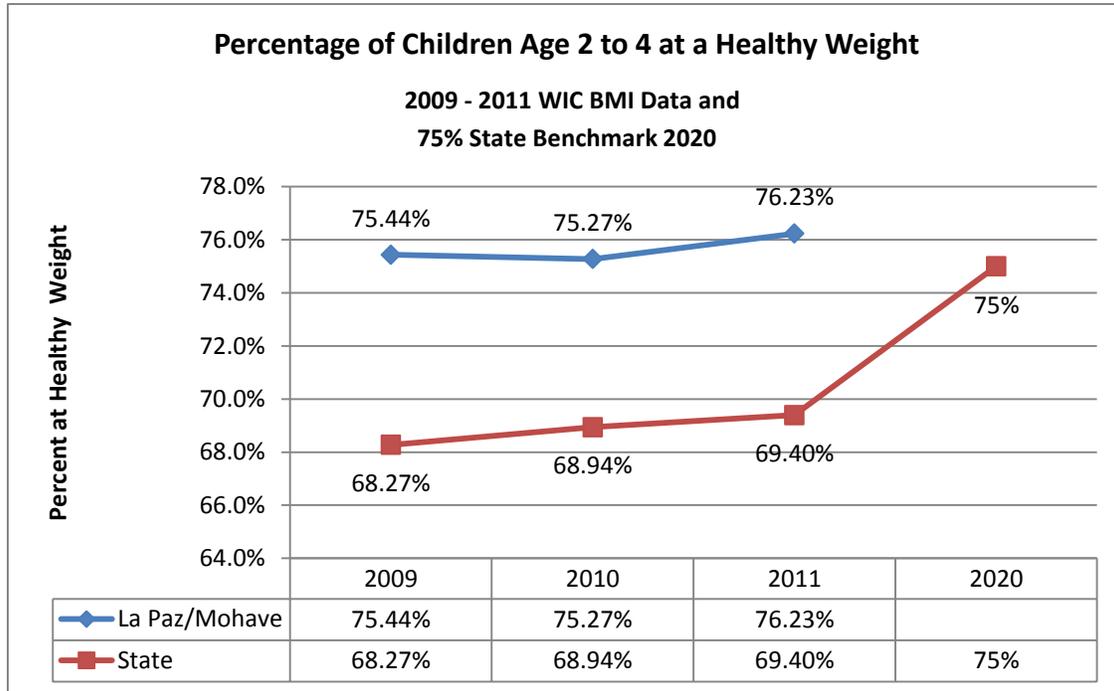
Baseline (Region and State):

- 2010: In La Paz/Mohave, **75%** (2,621) of children age 2-4 were at a healthy body weight
- 2010: In Arizona, **69%** (72,521)⁴ of children age 2-4 were at a healthy body weight

⁴ Statewide baseline presented here (69%) is based on data from the Arizona Department of Health WIC program; no data from tribal WIC programs are included. The regional benchmarking statewide baseline data vary from those utilized in statewide benchmarking. Statewide benchmarking was informed by WIC data from the Centers for Disease Control which included tribal data and duplicated child counts. It was calculated with a slightly different methodology from that employed in Arizona. FTF is working with data partners to identify the best approach to methodology and will present any variations to baseline statewide number to the FTF Board and Councils for review.

Trend Line (Region and State):

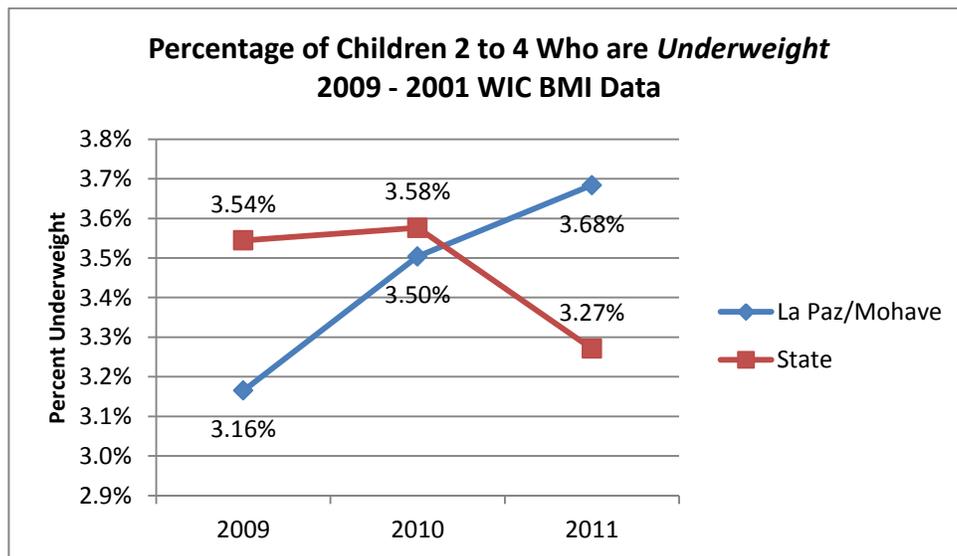
Graph 1: Percentage of children age 2 to 4 who are at a healthy weight (based on body mass index- BMI). Data displayed is presented for both the region (identified with diamonds) and state (identified with blocks) for years 2009 through 2011. The state benchmark for 2020 (75%) is also presented in this graph.



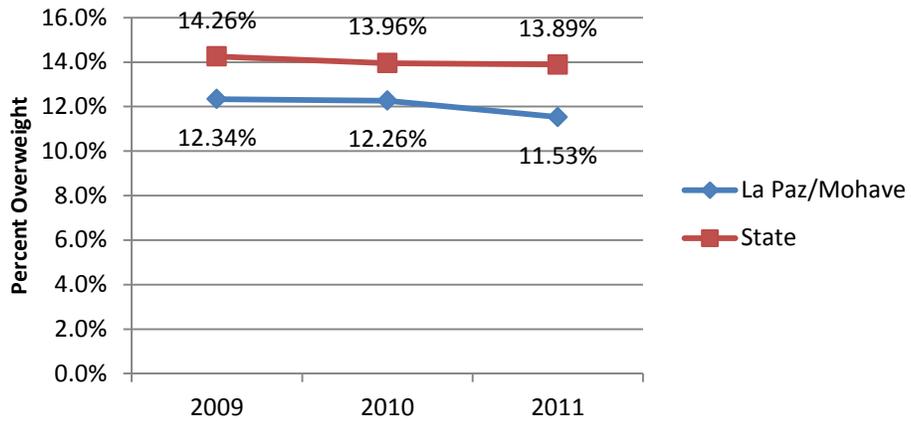
Benchmark (Region and State):

- 2020: In La Paz/Mohave, **XX** % of children age 2-4 at a healthy weight (BMI)
- 2020: In Arizona, 75% of children age 2-4 at a healthy weight (BMI)

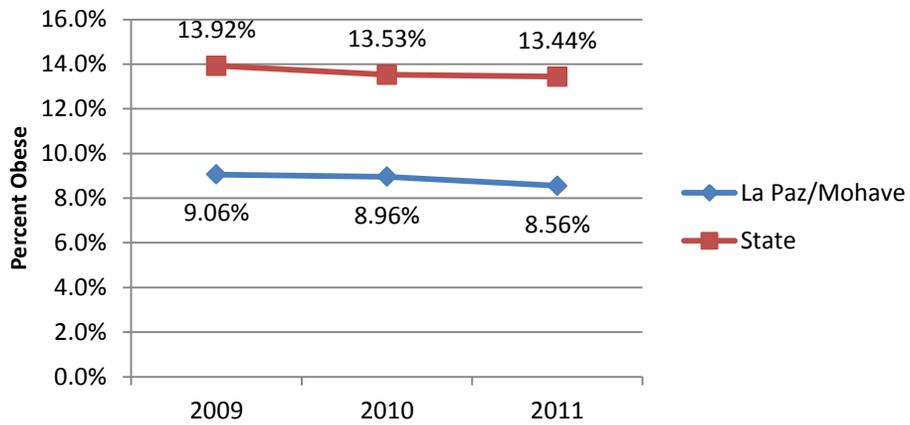
Graphs 2 - 4: Percentage of children age 2 to 4 who are Underweight, Overweight or Obese (based on body mass index- BMI). Data displayed is presented for both the region and state for years 2009 through 2011.



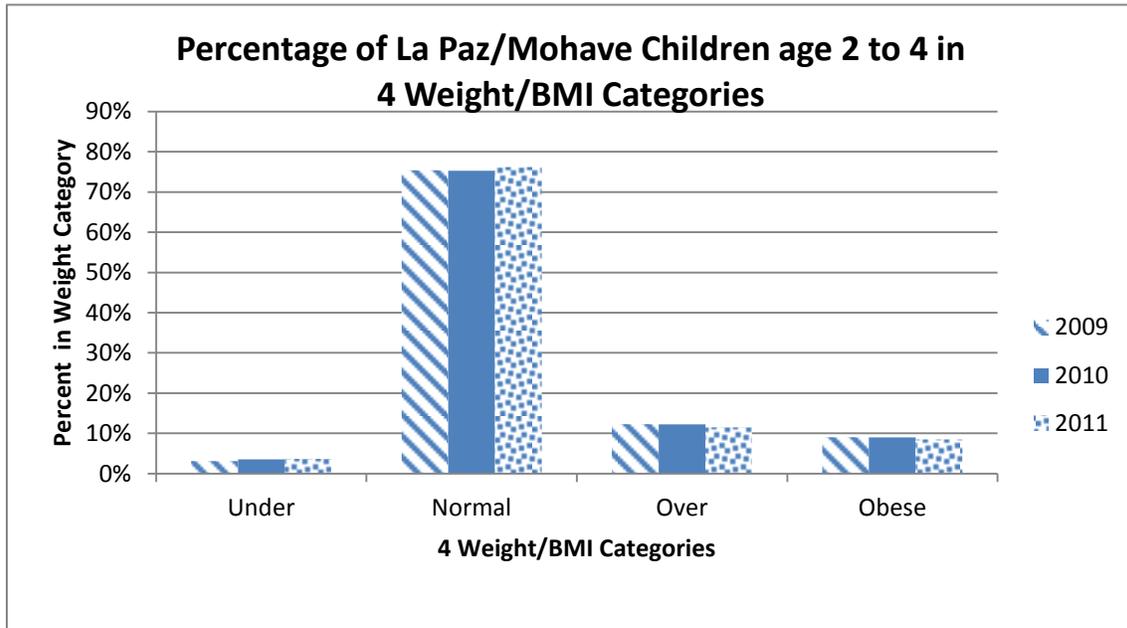
Percentage of Children who are *Overweight*
2009 - 2011 WIC BMI Data



Percentage of Children 2 to 4 Who Are *Obese*
2009 - 2011 WIC BMI Data



Graph 5: La Paz/Mohave children age 2 to 4 presented in four weight categories (based on body mass index-BMI). Data displayed compares percentages for years 2009 through 2011.



La Paz/Mohave: Percent and number of children in each weight category for years 2009-2011				
Year	<i>Under</i>	<i>Normal</i>	<i>Over</i>	<i>Obese</i>
2009	3.16% (N=109)	75.44% (N=2598)	12.34% (N=425)	9.06% (N=312)
2010	3.50% (N=122)	75.27% (N=2621)	12.26% (N=427)	8.96% (N=312)
2011	3.68% (N=124)	76.23% (N=2566)	11.53% (N=388)	8.56% (N=288)