

## Meeting Minutes

### **#1. Call to Order/Welcome**

The Regular Meeting of the First Things First Santa Cruz Regional Partnership Council was held on Monday June 02, 2014 at the San Cayetano Elementary School, 1412 W. Frontage Road, Rio Rico, Arizona 85648. Chair William Kirkpatrick welcomed everyone and called the meeting to order at 3:43 p.m. He welcomed and thanked Senior Director Erin Lyons. He thanked Ms. Berenice Rodriguez, Principal, for the meeting space. He asked each member to introduce themselves, indicating their seat

### **Members Present**

Chair William Kirkpatrick, Vice-Chair Karen Woodford, David Verdugo, Danna Gallardo, Karen Guilmette, and Erika Garcia

### **Members Attending Telephonically**

Dr. Melisa Lunderville, Veronica Santillo, and Anna Lepa

### **Members Absent**

None

### **#2. Approval of the Minutes**

Chair Kirkpatrick directed everyone to the draft of the minutes of May 05, 2014 and asked if there was a motion to approve. Member Gallardo so moved, Vice-Chair Woodford seconded the motion. Motion carried.

### **#3. Call to the Public**

Debbie Curley, Family Resource Center Director, provided updates on the Family Resource Center. They included a change in staff at the Nogales Center, a location change for the Rio Rico Center and a monitoring of the Patagonia/Elgin area to best offer services to that area.

### **#4. Update and Discussion: Chair and Vice Chair Leadership Forum**

Chair Kirkpatrick and Vice Chair Woodford informed the Regional Council of the Leadership Conference they attended in Phoenix in April of this year. They were provided with more in-depth information on the future allocations and the rationale for the declination. They felt the forum provided valuable time to discuss with other regions chairs and vice-chairs the upcoming changes and possible ways to address them. They felt it was a positive meeting.

### **#5 Discussion and Possible Approval: Fiscal Year 2015 Meeting Calendar**

Directing everyone to Attachment 2, Chair Kirkpatrick asked everyone to consider the dates marked for meetings in SFY2015. Member Gallardo made a motion to approve the calendar as presented, continuing meetings to be held the first Monday of the month at 3:30 p.m. The motion was seconded by Member Guilmette. Motion carried.

### **#6. 2014 Regional Needs & Assets Draft Report**

Chair Kirkpatrick requested that Director Padilla lead the Regional Council through the second draft of the 2014 Santa Cruz Needs and Assets Report, submitted by the University of Arizona Norton School of Family & Consumer Sciences. Director Padilla explained that non-census years have less new information available but Norton School was able to provide valuable new data. They were able to update the Region's median incomes, housing data, numbers enrolled in SNAP, Free and Reduced school meals. They added new information on Common Core and Move On when Ready and other educational achievement information. He pointed out that it also revealed the number of licensed childcare providers in the region dropped from 77 to 64. The total capacity of all the region's licensed childcare providers is 1,018. A total of 54 providers are receiving services from the Child Care Health Consultant, another

Santa Cruz region funded strategy. He advised that the final version of the report will be ready for approval at the August Regional Council meeting. He was pleased that now most of the data is region specific rather than county specific. He requested that any questions, comments or requests be submitted to him and he will direct them on the Norton School. There was a short discussion on the community of Beyerville showing on their map but having no data referenced to it. Dierdre Avery, Evaluation Specialist with Norton School, explained that they are using that reference now because when the shift comes from zip codes demographics to census areas, that region will be needed.

#### **#7. Regional Director's Report**

Director Padilla reviewed the attached Expenditure Report explaining the percentage of expenditures to date by each grantee. He advised that even though the fiscal year ends on June 30<sup>th</sup>, grantees still have time to submit expenditures. He hopes that all grantees will be close to 100% by the official close, those final numbers will be available in August. After receiving a question on the effect of carry forward in light of the new reduced allocations; Director Padilla and Sr. Director Lyons clarified that until SFY2016, there is no penalty. Then any carry-forward monies would be absorbed to become part of the total allocation, not an addition to.

He explained that Regional Council member recruitment has been ongoing and recommendations will be going to the State Board on June 9<sup>th</sup>/10<sup>th</sup>. Answering the question on the definition of the Health Services Provider definition, Senior Director Lyons responded that it would be someone supplying oral health, physical/occupational/speech/behavioral therapy to the birth to five population. Also, someone from WIC, a dietician, or pediatrician would qualify. Member Guilmette said that she has spoken to a physical therapist regarding member recruitment.

Director Padilla went on to explain that the Birth to Five Community Coalition was strengthening. They established three goals at their last meeting. The organizing committee will continue to meet and address the goals. The organizing committee consists of Child & Family Resources, University of Arizona Cooperative Extension, Mariposa Community Health Center and First Things First.

#### **#8. Regional Council and Staff Announcements**

Chair Kirkpatrick asked if anyone had announcements, Director Padilla announced that Member Lepa's term was ending at the end of the month and thanked her for her time, a gift and card would be presented to her tomorrow. He also reminded everyone of the annual Summit, August 18-19, held at the Phoenix Convention Center. He reminded council members that the cost to attend is paid for them. It provides the opportunity to share, learn and grow. Senior Director Lyons added that there would likely be a cross-regional meeting held for the entire South East regional members on Sunday afternoon August 17<sup>th</sup>. It will focus on the strategic planning that follows in October. Administrative Assistant Susan Faubion announced that there would be no Friday 5 emailed this week as Director Padilla would be on annual leave. She also requested 6 ounce yogurt cups, with or without lids and one dozen egg cartons for the First Things First Celebrates the Young Child event in February 2015. Member Verdugo thanked Director Padilla for all of the information and thanked the grantees for the work that they do.

#### **#9. Recommended Future Agenda Items**

Chair Kirkpatrick asked each member if there were any topics that they would like to see on a future agenda. There were no requests.

#### **#10. Meeting Reminder/Adjourn**

Chair Kirkpatrick reminded everyone that the next meeting would be held on July 07, 2014 at 3:30 p.m., location to be determined. Director Padilla mentioned that in previous years, the July meeting has been cancelled. He encouraged members to let him know if they wanted to have a July meeting or forgo any business until August. Member Gallardo made a motion to adjourn seconded by Vice-Chair Woodford, motion carried, the time was 4:35 p.m.

Submitted by Susan Faubion

Approved by \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2014

Santa Cruz Regional Partnership Council

2014

Needs and Assets Report

THIRD 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 Santa Cruz Regional Partnership Council

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Letter from the Chair

July 22, 2014

Chair
William Kirkpatrick

Vice Chair
Karen Woodford

Members
Chris Civili
Danna Gallardo
Erika Garcia
Karen Guzmette
Melisa Lunderville
J. Patrick Maîtrejean
Veronica Santillo
David Verdugo

The past two years have been rewarding for the First Things First Santa Cruz Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First Santa Cruz Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Santa Cruz Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Santa Cruz Regional Council would like to thank our Needs and Assets vendor, the Norton School of Family and Consumer Sciences at the University of Arizona, for their knowledge, expertise and analysis of the Santa Cruz Region. The new report will help guide our decisions as we move forward for young children and their families within the Santa Cruz Region.

Going forward, the First Things First Santa Cruz Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

[Handwritten signature of William Kirkpatrick]

William Kirkpatrick, Chair

Santa Cruz Regional Partnership Council

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Report Prepared by:
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Tucson, AZ

Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Santa Cruz Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Santa Cruz Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Santa Cruz Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Santa Cruz Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report.

Finally, the Regional Council specifically acknowledges parents and caregivers, local service providers, members of the public who have attended Regional Council meetings and voiced their opinions, and all of the organizations that are working to transform the vision of the Regional Council into concrete programs and services for children and families in the Santa Cruz region. We are particularly grateful to the following local organizations for their work within our community: Mariposa Community Health Center, Cochise College; University of Arizona Cooperative Extension Santa Cruz; Nogales Unified School District; Santa Cruz Valley Unified School District #35; and the Santa Cruz County Superintendent of Schools.

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fewer children living with two parents in the region and the county have both parents in the labor force (23%) compared to the state (32%).

Due to this higher rate of economic disadvantage, many families in the region may benefit from public assistance programs. The number of young children receiving Nutrition Assistance (SNAP) benefits has increased in the region and county (+5%) between 2010 and 2012, more than across the state in the same period (+2%). Overall, 49 percent of young children in the region were receiving SNAP in 2012. In the beginning of 2012, 51 percent of young children in Santa Cruz County were also participating in WIC, higher than the state rate of 29 percent. In Santa Cruz County in 2012, 36 percent of children under 18 years of age faced food insecurity, the third highest county rate of food insecurity in the state, suggesting the need for additional food supports.

Compared to the rest of the state, the Santa Cruz Region lags behind in the educational attainment of its adults. Over one-quarter of adults in the region (28%) don't have a high school diploma or GED, compared to 15 percent across the state of Arizona overall. In addition, less than half (42%) of births in the region are to mothers with more than a high school degree. These factors may limit employment opportunities for many in the region, and early literacy opportunities for some children.

The need for additional early literacy opportunities in the region can be evidenced in a number of ways. First, Santa Cruz County 3rd graders performed less well than students statewide in both the math and reading AIMS tests, with a slightly lower percentage of students passing in each subject (65% math, 73% reading) than the state (69% math, 75% reading). In addition, only 18 percent of three and four year olds in the region are estimated to be enrolled in an early learning setting, compared to 34 percent across the state. Finally, less than one-quarter of the region's population of children aged birth through five are being served in licensed or certified child care settings. Although the need for early learning opportunities in the region remains large, the Santa Cruz Regional Partnership Council is funding child care scholarships through Quality First to address the barrier of affordability that many families in the region face, and home visitation and Family Resource Centers to promote these early learning opportunities outside of child care settings.

While access to health care can be problematic for the Santa Cruz Region with all of Santa Cruz County designated as a "Federally Medically Underserved Area", and access to specialty medical and mental health services cited as key needs, the region is served by a Federally Qualified Health Center with locations in Nogales, Rio Rico and Patagonia, which may help to make general medical and dental services more accessible for some in the region.

During 2012, there were 668 births in the region, which continued the downward trend from 2009. The percentage of women in the region receiving early prenatal care in 2012 (71%), fell

Executive Summary

The Santa Cruz Regional Partnership Council supports the needs of young children in the Santa Cruz First Things First Region. The Santa Cruz Region has many of the same boundaries as Santa Cruz County, with the exception that the zip code that includes the community of Amado is assigned to the Pima South Region, and two zip codes extending into Pima and Cochise County are assigned the Santa Cruz Region. The majority of the population in the Santa Cruz Region lives in Nogales and Rio Rico.

According to U.S. Census data, the Gila Region had a population of 47,545 in 2010, of whom 4,436 (9%) were children under the age of six. Both the Santa Cruz Region and Santa Cruz County have a greater proportion of households with children birth through five years of age (21%) than the state as a whole (16%). This is primarily due to the high number of households with children under six years of age in the Nogales and Rio Rico zip codes; in the rest of the region, there are relatively few households with young children.

In 2010 in the Santa Cruz Region, 74 percent of children birth to five years of age were living with at least one parent, with 26 percent living in a single-female headed household. The region and county (22%), and all but one of the zip code areas in the region, (Turacacori), had a higher percentage of young children living with grandparents than the state (14%). Three areas had a quarter or more of the young children in their communities living with grandparents; Patagonia (31%), Nogales (25%) and Tubac (25%).

Likely due to proximity to the border, almost half of the young children in the region and county (49%) were living with at least one foreign-born parent, higher than the percentage across the state as a whole (29%). Most of the adult population living in the region (76%) identified as Hispanic and almost all (93%) of the population of children aged birth through four living in the region were identified as Hispanic. In contrast, two areas in the region had roughly three-quarters of children through age four identified as White, not-Hispanic; Sonoita (77%) and Elgin (72%). Rates of linguistic isolation, where all adults in the home speak English less than very well, were higher for the region and county (22% for both) than the state (5%), and higher still in the Nogales area (35%). This supports the need for services and resources to be available in Spanish and English throughout the region.

Many families across the Santa Cruz Region face economic challenges. The percentage of the population of children aged birth through five living in poverty in the Santa Cruz Region and Santa Cruz County (37% for both) is higher than the state as a whole (27%). In two areas in the region where estimates are available, this percentage is even higher, with 61 percent of young children living in poverty in Patagonia and 51 percent in Nogales. Unemployment rates in Santa Cruz County and the city of Nogales are much higher than the state as a whole. In addition,

below the state average (79%) and the Healthy People 2020 target (78%), but showed an increase since 2009. In contrast to this improvement, the percentage of births with fewer than five prenatal care visits increased to 16.5 percent in 2012. While the percent of low birth weight births increased from 2011 (6.9%) to 2012 (7.5%), there has been a decrease overall from 2009 when 10 percent of births in the region were low birth weight births. Births to teen mothers have risen somewhat since 2009, with 16 percent of births in the region to teen mothers in 2012. One area consistently meeting the Healthy People 2020 targets and state rates, are the very low numbers of women reporting smoking during pregnancy, at only one percent in 2012.

The number of children removed from their homes between the ages of birth and five has decreased from 2011 to 2013, in the region (-13%) and county (-11%). 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 Santa Cruz Region is served by a number of parenting education programs, provided in a variety of settings, covering a variety of topics. In addition, families throughout the region can take advantage of home visiting programs and Family Resource Centers, which provide both in-home and community-based parent-education supports. These programs are assets in the region, increasing the availability and accessibility of early literacy supports and programs for families with young children in the region.

While the Santa Cruz Region faces challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population and geographical spread of the region, the Santa Cruz Regional Partnership Council is committed to the ideal that all children in the Santa Cruz Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to family support and early literacy strategies is helping to move the region closer to this goal.

## Who are the families and children living in the Santa Cruz Region?

### The Santa Cruz Region

Santa Cruz County is the smallest county in the state of Arizona. Situated in the Sonoran desert of Southeast Arizona, Santa Cruz County spans numerous colorful vistas, as well as the Santa Rita Mountains. Santa Cruz County and the Santa Cruz Region are home to six communities: Nogales, Patagonia, Rio Rico, Sonoita, Elgin, and Tubac. Nogales is the county seat and is one of the largest ports of entry between Mexico and the United States, with almost 50 percent of the nation's produce passing through Nogales annually. The region contains many tourist attractions, including numerous state and historic parks which highlight the region's natural beauty and rich cultural history, as well as the vineyards of Sonoita and Elgin, which are known as "Arizona's Wine Country", and the art galleries of Tubac, which have attracted national acclaim.

### 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 Santa Cruz Region, which is comprised of the nine zip codes which are primarily located in Santa Cruz County (85611, 85621, 85624, 85637, 85640, 85645, 85648, 85628, and 85662).

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publicly available sources, and data requested from regional agencies specifically for this report. In most of the tables in this report, the top row of data corresponds to the total Santa Cruz Region. The next seven rows present the data for the seven geographical zip code areas in the region. At the bottom of each table will be a row for the Santa Cruz 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 Santa Cruz Region or for the individual zip code areas. In these tables, data for Santa Cruz 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*

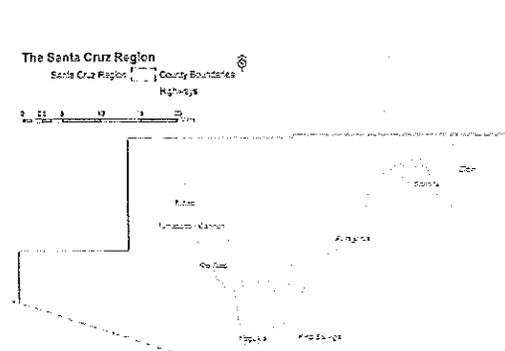
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

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

The Santa Cruz Region is situated on the southern border of the United States, adjacent to Mexico. The green area in the map below (Figure 1) indicates the extent of the Santa Cruz Region. Note that in Santa Cruz County there is one city (Nogales), one town (Patagonia), and eight unincorporated, Census-designated places (Amado, Beyersville, Elgin, Kino Springs, Rio Rico, Sonoita, Tubac, and Tumacacori-Carmen). Incorporated cities and towns have precise boundaries and local municipal governments. Unincorporated places do not have well-defined boundaries or municipal governments. The unincorporated places shown in the map are those determined by the US Census Bureau.

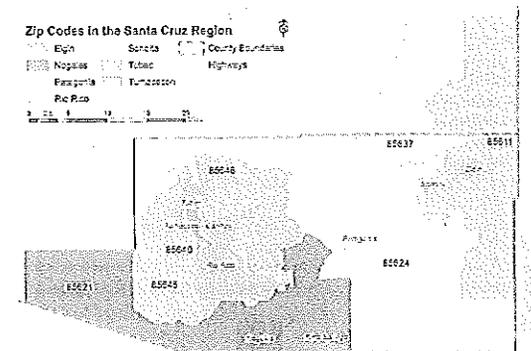
Figure 1: The Santa Cruz Region



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

The Santa Cruz Region is not quite identical to Santa Cruz County. The major difference is that the 85645 zip code, which includes the community of Amado, is assigned to the Pima South Region because families there are more likely to access nearby services in Pima County. Likewise, it was determined that families living in the 85637 and 85611 zip code areas were most appropriately served by the Santa Cruz Region, even though these zip codes reach north into Pima County and east into Cochise County. The map in Figure 2 shows the approximate geographic locations of the zip codes which make up the Santa Cruz Region: 85611, 85621, 85624, 85637, 85640, 85645, and 85648. Two additional zip codes, 85628 and 85662, are non-geographical and do not appear in maps or tables in this report.

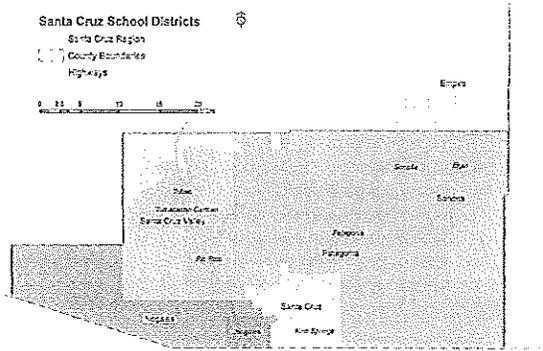
Figure 2: The Santa Cruz Region, by zip code



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

Figure 3 shows the school districts that fall within the Santa Cruz Region. There are five elementary or unified districts in Santa Cruz County: Nogales, Santa Cruz Valley, Santa Cruz, Patagonia, and Sonoita. In addition, the northern parts of the 85611 and 85637 zip codes lie in the Empire School District. The Empire district has no schools of its own, but it pays for children living there to attend elementary schools in neighboring districts, such as Sonoita or Vail.

Figure 3. School districts in the Santa Cruz Region



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

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Santa Cruz Region had a population of 47,545 in 2010, of whom 4,436 (9%) were children under the age of six. As seen below, Table 1 lists the 2010 populations for the region, the county, 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.

Note: Population counts published in the Regional Needs and Assets report may vary from those provided by First Things First. First Things First's population methodology is based on 2010 Census Blocks while this report uses the 2010 Census Zip Code Tabulation Areas (ZCTAs).

Table 2: Population and Households with children ages 0-5

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Santa Cruz Region	47,545	4,436	15,484	3,234	21%
85511 (Elgin)	565	48	424	35	8%
85521 (Nogales)	23,054	2,240	7,297	1,607	22%
85524 (Patagonia)	1,426	60	657	58	9%
85537 (Sonoita)	1,268	35	592	27	5%
85640 (Turacacoen)	441	25	162	12	7%
85645 (Tubac)	1,311	32	680	27	4%
85548 (Rio Rico)	19,080	1,976	5,672	1,458	26%
Santa Cruz County	47,420	4,435	15,437	3,231	21%
Arizona	6,392,017	546,609	2,350,550	381,492	16%

US Census (2010) Tables P1, P14, P20. Retrieved from <http://factfinder.census.gov/servlet/data/arizona>

Both the Santa Cruz Region and Santa Cruz County have a greater proportion of households with children birth through five years of age (21%) than the state as a whole (16%). This is primarily due to the high number of households with children under six years of age in the Nogales and Rio Rico zip codes; in the rest of the region, there are relatively few households with young children. As shown in the table above, the majority of children from birth through age five in the Santa Cruz Region live in either the Nogales area (85621) or the Rio Rico area (85648).

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>4</sup> Table 2 shows changes in population between the 2000 Census and the 2010 Census. The total population of both the Santa Cruz Region and Santa Cruz County has grown by about a quarter over that time period. While the population of children under six in the region only increased 11 percent and the population of young children in the county increased 17 percent, changes in the population of young children in individual communities within the region varied. Nogales saw a decrease of seven percent in the number of children under age six between 2000 and 2010, while Rio Rico's population of children aged birth through five increased substantially (+46%) in the same period.

<sup>4</sup> Community counts for the fact sheets and graphics relying on these data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

Table 2: 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
Santa Cruz Region	38,434	47,545	+24%	4,069	4,436	+11%
85511 (Elgin)	748	565	-23%	38	48	+26%
85521 (Nogales)	22,838	23,054	+1%	2,396	2,240	-7%
85524 (Patagonia)	1,369	1,426	+4%	71	60	-13%
85537 (Sonoita)	1,038	1,268	+22%	68	35	-49%
85640 (Turacacoen)	552	441	-20%	44	25	-43%
85646 (Tubac)	1,107	1,311	+18%	43	32	-26%
85548 (Rio Rico)	10,762	19,080	+77%	1,349	1,976	+46%
Santa Cruz County	38,381	47,420	+24%	3,793	4,435	+17%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

Source: US Census (2010) Tables P1, P14, US Census, 2000, Table C42. Retrieved from <http://factfinder.census.gov/servlet/data/arizona>

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. Projections for Santa Cruz County show a similar trend over the next decade (see Table 3).

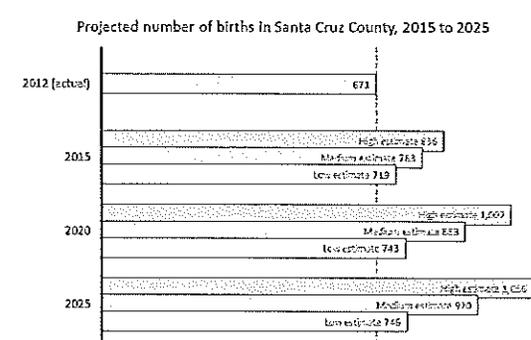
Table 3: Population projections for Santa Cruz County and the state

GEOGRAPHY	2015			2020			2025		
	2010 CENSUS (AGES 0-5)	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	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
Santa Cruz County	4,435	4,413	-0%	5,078	+14%	5,453	+23%		
Arizona	545,609	537,167	-2%	610,422	+12%	672,844	+23%		

Arizona Department of Administration, Office of Employment and Population Statistics (December 2013). "2012-2025 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 4, even the low estimate for birth projection estimates shows an increase in births through 2025 in Santa Cruz County.

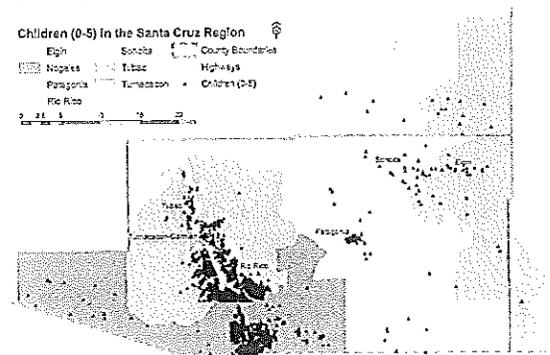
Figure 4: Birth projections for Santa Cruz County



Arizona Department of Administration, Office of Employment and Population Statistics (December 2013). "2012-2025 State and county population projections."

Figure 5 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 majority of the young children in the region can be found along the I-19 corridor, particularly in the communities of Rio Rico and Nogales.

Figure 5. Geographic distribution of children under six according to the 2010 Census (by census block)



US Census (2010) Table P41, and 2010 FRED. Line shapes prepared by the US Census. Retrieved from <http://fred.stlouis.gov/docs/files/2010p41.pdf>

**Additional Population Characteristics**

**Household Composition**

In the Santa Cruz Region, about three-quarters (74%) 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 26 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (1,109 children, 25%). This distribution is different than that of the state as a whole, where more children live with parents (82%) and fewer live with other relatives (16%).

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>4</sup> In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household (see Table 4 below). This percentage is even higher in the Santa Cruz Region (22%) and in some communities in the region including Nogales (25%), Patagonia (31%) and Tubac (25%).

Table 4: 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
		POPULATION	PERCENT		
Santa Cruz Region	4,435	976	22%	15,454	1,501 10%
85611 (Egin)	48	8	17%	424	14 3%
85621 (Nogales)	2,240	568	25%	7,297	838 11%
85624 (Patagonia)	80	25	31%	657	21 3%
85637 (Sonoma)	35	7	20%	562	16 3%
85640 (Tumacacori)	25	3	12%	162	6 4%
85645 (Tubac)	32	8	25%	680	17 3%
85648 (Rio Rico)	1,976	357	18%	5,672	583 10%
Santa Cruz County	4,435	973	22%	15,437	1,500 10%
Arizona	546,609	74,153	14%	2,360,650	115,549 5%

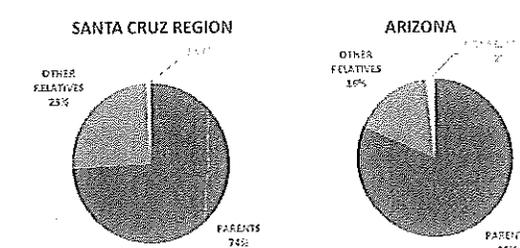
US Census (2010) Table P41, PCT14. Retrieved from <http://fred.stlouis.gov/docs/files/2010p41.pdf>

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>5</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,

<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>

<sup>5</sup> Children's Action Alliance. (2011). Grandparents Fact Sheet. Phoenix, AZ. Retrieved from <http://www.azchildren.org/files/2012/grandparentsfactsheet2011.pdf>

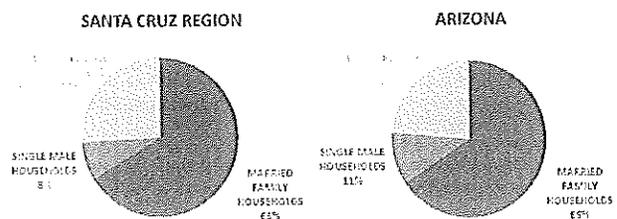
Figure 6. Living arrangements for children



US Census (2010) Table P42. Retrieved from <http://fred.stlouis.gov/docs/files/2010p42.pdf>

Most young children in the region and the state are living in married family households (66%). The Santa Cruz Region has slightly more children aged birth through five residing in single female households (26%) than the state (23%).

Figure 7. Type of household with children (0-5)



US Census (2010) Table P42. Retrieved from <http://fred.stlouis.gov/docs/files/2010p42.pdf>

incarceration, or because of domestic violence or child neglect in the family.<sup>6</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 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>7</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>8</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>9</sup>

In addition to living with grandparents, many young 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 almost half (49%) of young children in the Santa Cruz Region and Santa Cruz County are (see Table 5).

<sup>6</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>

<sup>7</sup> Children's Action Alliance. January 15, 2014 Legislative Update email.

<sup>8</sup> Children's Action Alliance. February 21, 2014 Legislative Update email.

<sup>9</sup> <http://www.azarp.org/content/dam/azarp/relationships/friends-family/grandparents/grandparents-action.pdf>



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>12</sup>

As can be seen in Table 10, the percentage of the population living in poverty in the Santa Cruz Region (27%) and percentage of children aged birth through five living in poverty in the region (37%), are higher than the rates in the state as a whole (17% and 27%). Two communities within the region have childhood poverty rates of more than half, with 51 percent of young children in Nogales and 61 percent of young children in Patagonia living in poverty.

Table 10: Median family annual income and persons living below the U.S. Census poverty threshold level

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY <sup>14</sup>
Santa Cruz Region	-	27%	37%
85611 (Elgin)	\$51,394	11%	-
85621 (Nogales)	\$33,653	35%	51%
85624 (Patagonia)	\$51,629	15%	61%
85637 (Sonoma)	\$74,219	6%	-
85640 (Tumacacori)	\$46,410	9%	-
85646 (Tubac)	\$66,629	7%	-
85648 (Rio Rico)	\$47,353	20%	27%
Santa Cruz County	\$43,174	27%	37%
Arizona	\$59,563	17%	27%

US Census (2013) American Community Survey 5-Year Estimates 2008-2012. Table B17001 and B17020. Retrieved from <http://factfinder2.census.gov/servlet/data/az>

Note: Due to small sample sizes, estimates for some 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

<sup>12</sup> Evans, G.V., & Casella, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Child Psychological Science*. Published online 1 October 2013. <http://dx.doi.org/10.1111/cps.12159>

<sup>14</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 household, 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 household (e.g., foster children), then the child's poverty status cannot be determined.

more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.<sup>14</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 one of their parents affected by this change)<sup>15</sup>. Table 11 shows the median family income in a number of communities within Santa Cruz County.

Table 11: Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME (2010 DOLLARS)		
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE SINGLE FEMALE FAMILIES
Santa Cruz Region	-	-	-
85611 (Elgin)	\$51,394	-	-
85621 (Nogales)	\$33,653	\$43,672	\$10,227
85624 (Patagonia)	\$51,629	-	-
85637 (Sonoma)	\$74,219	-	-
85640 (Tumacacori)	\$46,410	-	-
85646 (Tubac)	\$66,629	-	-
85648 (Rio Rico)	\$47,353	\$65,214	\$69,000
Santa Cruz County	\$43,174	\$56,655	\$10,233
Arizona	\$59,563	\$73,165	\$36,644

US Census (2013) American Community Survey 5-Year Estimates 2008-2012. Table B12126. Retrieved from <http://factfinder2.census.gov/servlet/data/az>

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

Unemployment and Housing

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

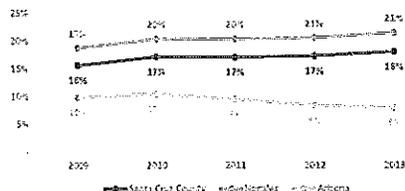
<sup>14</sup> Castellano, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency: An Analysis of Funding for Programs that Assist Low-Income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.women.org/az/wp-content/uploads/2014/08/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.women.org/az/wp-content/uploads/2014/08/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

<sup>15</sup> Raising the Federal Minimum Wage to \$10.10: A Win-Win for Millions and Provides a Modest Economic Boost. Center for Economic Policy Institute, Working Paper #371, December 13, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-10-10>

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>16</sup>

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. Figure 8 shows the annual unemployment rates across years for Santa Cruz County, the city of Nogales and Arizona. Although annual unemployment rates have decreased in Arizona since 2010, these rates have increased slightly in both the county and in Nogales during the period from 2009 through 2013.

Figure 8. Annual unemployment rates in Santa Cruz County and Arizona, 2009-2013



Arizona Department of Administration, Office of Employment and Population Statistics (2013). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www workforce.az.gov/factbooks/unemploymentstatistics.cfm>

Table 12 shows the employment status of parents of young children in the region. Fewer children living with two parents in the region have both parents in the labor force (23%) compared to the state (32%).

<sup>16</sup> Bacco, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/306571-1-unemployment-from-a-childs-perspective.pdf>

Table 12: 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 AND IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Santa Cruz Region	4,438	23%	33%	1%	35%	6%
85611 (Elgin)	43	-	-	-	-	-
85621 (Nogales)	2,240	17%	25%	1%	43%	9%
85624 (Patagonia)	60	35%	23%	0%	33%	0%
85637 (Sonoma)	55	-	-	-	-	-
85640 (Tumacacori)	25	-	-	-	-	-
85646 (Tubac)	32	-	-	-	-	-
85648 (Rio Rico)	1,976	23%	37%	0%	23%	7%
Santa Cruz County	4,435	23%	33%	1%	35%	6%
Arizona	545,609	32%	25%	1%	23%	10%

US Census (2013). Table F14. Retrieved from <http://factfinder2.census.gov/servlet/data/az>; US Census (2013). American Community Survey, 5-Year Estimates 2008-2012. Table B23023. Retrieved from <http://factfinder2.census.gov/servlet/data/az>

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

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

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>17</sup>

In May of 2014, the number of foreclosures across the region and county varied, as can be seen in Table 13 below. The number of foreclosures per 1,000 properties was highest for Rio Rico and Nogales, while overall, the number of foreclosures per 1,000 properties for the region and county was slightly lower than for the state. In two areas of the region, Sonoma and Nogales, there were more homes in foreclosure than there were for sale, as evidenced by the value for the "ratio of foreclosures to homes for sale" being greater than one. An additional indicator, the percent of housing units that are vacant, illustrates the percent of housing units that are "not occupied" for a number of reasons. These include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational, or occasional use. As can be seen in the table below, slightly more housing units in the region and county fell into this "vacant" category than do housing units across the state as a whole.

<sup>17</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/foreclosures/December2013home-matters2013.pdf>

Table 13: Foreclosures in Arizona, Santa Cruz County, and the region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOUSES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Santa Cruz Region	18,185	250	0.607	0.649	23%
85511 (Elgin)	504	5	0.000	0.625	50%
85521 (Nogales)	8,045	53	0.621	1.450	15%
85524 (Patagonia)	592	2	0.000	0.687	41%
85537 (Sonoita)	752	4	0.000	4.000	26%
85540 (Tumacacori)	406	3	0.000		45%
85545 (Tubac)	1,015	10	0.000	0.333	34%
85548 (Rio Rico)	6,416	143	0.935	0.540	20%
Santa Cruz County	17,551	239	0.651	0.666	23%
Arizona	2,641,432	30,205	0.657	0.752	17%

RealTrac (2014). Arizona Real Estate Trends & Market by County. Retrieved from [http://www.realtor.com/researchandstatistics/arizona/US Census \(2012\). American Community Survey 5-year Estimates, 2009-2012. Table B2501, B2502. Retrieved from http://nces.ed.gov/ipeds/data/ipedsfiles/2012ipeds/tables/](http://www.realtor.com/researchandstatistics/arizona/US Census (2012). American Community Survey 5-year Estimates, 2009-2012. Table B2501, B2502. Retrieved from http://nces.ed.gov/ipeds/data/ipedsfiles/2012ipeds/tables/)

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 (76%), are paying more than the recommended 30 percent of their income in rent, which is considered "housing-cost burdened". This is often caused by a shortage of affordable rentals. Eighty percent of very low-income renters in Santa Cruz County are classified as housing-cost burdened renters, comparable to the state as a whole.<sup>15</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 one person per room), or housing units for which housing costs exceed 30 percent 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 percent of income.<sup>16</sup> Almost 40 percent of housing units in the region, county and state are classified as having housing problems (see Table 14). Some communities within the

<sup>15</sup> Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.arizonahousingalliance.org/resources/Documents/home-matters2013.pdf>

<sup>16</sup> US Department of Housing and Urban Development (2011). OHAS Background. Retrieved from [http://www.huduser.org/portal/datasets/ep/OHAS/bg\\_charts.html](http://www.huduser.org/portal/datasets/ep/OHAS/bg_charts.html)

region are less likely to have these problems, such as Tubac (15%) and Tumacacori (18%). Of those units with housing problems, a comparable percentage in the region (21%), county (21%) and state (20%) are further classified as having severe housing problems.

Table 14. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Santa Cruz Region	12,657	35%	21%
85511 (Elgin)	514	25%	15%
85521 (Nogales)	5,820	40%	21%
85524 (Patagonia)	577	26%	16%
85537 (Sonoita)	555	32%	16%
85540 (Tumacacori)	209	18%	10%
85545 (Tubac)	454	15%	9%
85548 (Rio Rico)	4,497	43%	25%
Santa Cruz County	12,076	35%	21%
Arizona	2,326,354	35%	20%

US Department of Housing and Urban Development (2011). OHAS 2009-2010 ACS 9-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/ep/OHAS/bg\\_charts.html](http://www.huduser.org/portal/datasets/ep/OHAS/bg_charts.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

Nutrition 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>17</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, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits,

<sup>17</sup> <http://www.ers.usda.gov/data-products/food-access-researchers/about-the-deserts.aspx#FOODDESERT>

dairy products, and meat, poultry or fish) to continue accepting SNAP.<sup>18</sup> The number of children receiving SNAP has increased slightly in the Santa Cruz Region over the last several years (see Table 15). There is considerable variability across communities in the region in the percentage of children aged birth through five who are receiving SNAP. Fifty-eight percent of young children in Nogales receive SNAP, and this percentage has decreased very slightly between 2010 and 2012. Tumacacori has seen an increase in the number of young children receiving SNAP during the same period, as have Patagonia, Sonoita and Rio Rico, although the number of children receiving SNAP in those communities, with the exception of Rio Rico, is relatively few.

Table 15: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012 <sup>19</sup>
		#	%	#	%	#	%	
Santa Cruz Region	4,425	2,050	46%	2,103	47%	2,157	45%	+5%
85511 (Elgin)	43	<10	0%	<10	0%	<10	0%	0%
85521 (Nogales)	2,249	1,316	59%	1,321	59%	1,304	55%	-1%
85524 (Patagonia)	80	31	35%	28	35%	35	41%	+15%
85537 (Sonoita)	35	<10	0%	<10	0%	14	40%	+75%
85540 (Tumacacori)	25	<10	0%	<10	0%	15	60%	+200%
85545 (Tubac)	32	<10	0%	<10	0%	<10	0%	<0%
85548 (Rio Rico)	1,976	691	35%	750	37%	752	40%	+13%
Santa Cruz County	4,435	2,055	45%	2,109	48%	2,165	45%	+5%
Arizona	145,609	215,637	35%	204,059	37%	219,926	40%	+2%

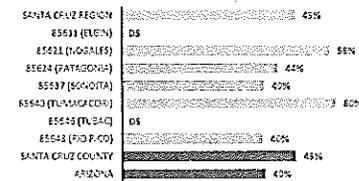
Arizona Department of Economic Security (2014). SNAP data and Unpublished raw data retrieved from the First Things First State Agency Data Request.

As shown in Figure 9, the percentage of children aged birth through five in the Santa Cruz Region that are receiving SNAP is higher than the percentage of children aged birth through five in Arizona as a whole who are.

<sup>18</sup> <http://arizona.waonline.com/2014/02/new-food-stamp-requirements-40-000-vegetarians-convenience-stores/>

<sup>19</sup> Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change = (Number in Year 2 - Number in Year 1) / (Number in Year 1) x 100.

Figure 9. Percentage of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). SNAP data and Unpublished raw data retrieved 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>20</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>21</sup>

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.

<sup>20</sup> Robinson, M. K. (2014). Arizona budget cuts: Acing up to pay more, just in long run. The Arizona Republic Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/education/education/2014/04/17/20140417-arizona-budget-cuts-pay-for-children.html>

<sup>21</sup> The Arizona Children's Action Alliance. Growing up Poor in Arizona: State Policy at a Crossroads. May 2013. [http://firstthingsfirst.org/wp-content/uploads/2013/04/TANF\\_report\\_2013\\_PerWeb.pdf](http://firstthingsfirst.org/wp-content/uploads/2013/04/TANF_report_2013_PerWeb.pdf)



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>33</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>.

**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.

<sup>33</sup> Dixon, M. (2013). *Public Education Finance 2013: Government Division Reports*. Retrieved from <http://www2.ed.gov/ipeds/data/finances/2013/Government/Division/Reports/Retrieval.cfm>

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 39 schools were participating in Move on When Ready. Three of these schools are within the Santa Cruz Region: Rio Rico High School, Catalinas Middle School (Middle School Partner) and Coahimundi Middle School (Middle School Partner).

**Educational Attainment**

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment. <sup>34</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>35</sup>

Adults in Santa Cruz County show lower levels of education than the state of Arizona overall, with 28 percent of adults in the region without a high school diploma or GED (nearly double the statewide rate of 15%) (see Table 20). In addition, fewer than half of births in Santa Cruz County are to women with more than a high school diploma (see Figure 12).

<sup>34</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving Kids a Foundation for Lifetime Success*. Retrieved from <http://www.aecf.org/media/Publications/PDF/FirstEightYears/8EYTRFirstEightYears2013.pdf>

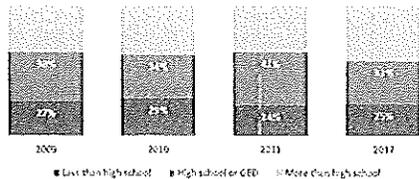
<sup>35</sup> Murry, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *Acta Publica Monograph*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2935053/>

**Table 20: Educational achievement of adults in the Santa Cruz Region**

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Santa Cruz Region	28%	29%	24%	20%
85621 (Elyria)	5%	17%	45%	33%
85621 (Negales)	37%	32%	15%	12%
85624 (Patagonia)	12%	15%	21%	45%
85637 (Sonoma)	5%	16%	30%	49%
85640 (Turacacoen)	27%	23%	25%	25%
85645 (Tulacee)	5%	5%	32%	54%
85648 (Rio Rico)	23%	30%	28%	15%
Santa Cruz County	28%	28%	24%	15%
Arizona	15%	24%	34%	27%

US Census (2010). *American Community Survey 5-year Estimates, 2010-2012, Table B15002*. Retrieved from [http://factfinder2.census.gov/servlet/table?\\_lang=en&\\_ss=1001&\\_ds=1001&\\_tid=1001&\\_cid=1001&\\_all\\_geo\\_types=N](http://factfinder2.census.gov/servlet/table?_lang=en&_ss=1001&_ds=1001&_tid=1001&_cid=1001&_all_geo_types=N)

**Figure 12: Births in the Santa Cruz Region by mother's educational attainment (2009-2012)**



Arizona Department of Health Services (2014). *First Things First Data and Unpublished Data retrieved from the First Things First State Agency Data Report*

**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>36</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 21 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>37</sup>. Two districts in the Santa Cruz Region have a higher percent graduated, and one has a lower percent graduated than the state, although the dropout rates for all three are low.

**Table 21: Graduation and dropout rates by school district**

LOCAL EDUCATION AGENCY (LEA)	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Negales Unified District	83%	2%
Patagonia Union High School District	71%	1%
Santa Cruz Valley Unified District	80%	2%
Arizona	77%	4%

Arizona Department of Education (2014). *2012 Four Year Graduation Rate Data*. Retrieved from <http://www.azed.gov/data-reports/evaluation/production-rates/>; Arizona Department of Education (2014). *2012-2013 Dropout Rates*. Retrieved from <http://www.azed.gov/data-reports/evaluation/production-rates/>

**Early Education and School Readiness**

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>38</sup> Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. 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 children enrolled in preschool.<sup>39</sup> In the Santa Cruz Region, the numbers are even lower; only 18 percent of three and four year olds in the region and in Santa Cruz County are estimated to be enrolled in early education settings (see Table 22).

<sup>36</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/ED518313.pdf>

<sup>37</sup> Arizona Department of Education (2014). *2012 Four Year Graduation Rate Data*. Retrieved from <http://www.azed.gov/data-reports/evaluation/production-rates/>

<sup>38</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving Kids a Foundation for Lifetime Success*. Retrieved from <http://www.aecf.org/media/Publications/PDF/FirstEightYears/8EYTRFirstEightYears2013.pdf>

<sup>39</sup> Children's Action Alliance. Retrieved from <http://firstthingsfirst.org/wp-content/uploads/2014/01/2013-NEEP-First-Steps-one-side-division.pdf>

Table 22: Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	2010 CENSUS	ESTIMATED PERCENT OF CHILDREN (AGES
	PRESCHOOL-AGE CHILDREN (AGES 3-4)	3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Santa Cruz Region	1,452	16%
85511 (Elgin)	16	-
85521 (Nogales)	750	16%
85524 (Patagonia)	28	-
85537 (Sonoita)	13	-
85540 (Tumacacori)	8	-
85546 (Tubac)	8	-
85548 (Rio Rico)	659	15%
Santa Cruz County	1,450	16%
Arizona	185,195	24%

US Census (2010). Table F14. Retrieved from [http://factfinder.census.gov/servlet/table?\\_lang=en&\\_ss=US&\\_ds=1&\\_tid=3001&\\_cid=0001&\\_h=001&\\_b=001&\\_g=001&\\_p=001](http://factfinder.census.gov/servlet/table?_lang=en&_ss=US&_ds=1&_tid=3001&_cid=0001&_h=001&_b=001&_g=001&_p=001)

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 Santa Cruz Region can be found in the *Early Childhood System* section of this report.

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>

<sup>43</sup> The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/2014/01/16/updates/Documents/ArizonaProfileFinal.pdf>

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

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>

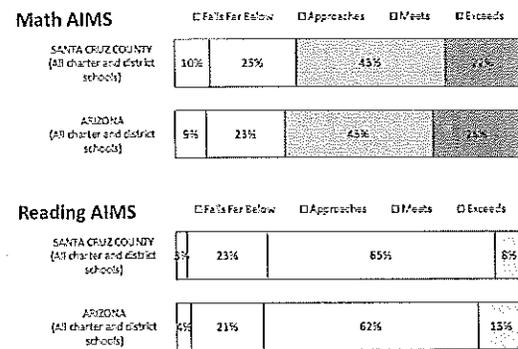
As Figure 13 shows, overall, Santa Cruz County 3rd graders performed similarly to students statewide in both math and reading, with a slightly lower percentage of students passing in each subject (indicated by a combination of the percentages for "meets" and "exceeds").

<sup>45</sup> For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.azed.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 Starts in Early Language and Literacy*. Retrieved from [http://www.afti.gov/WhatWeDo/Board/Documents/Policy\\_Brief\\_Q1-2012\\_p.#\(April, 2012\)](http://www.afti.gov/WhatWeDo/Board/Documents/Policy_Brief_Q1-2012_p.#(April, 2012))

Figure 13. Results of the Arizona Instrument to Measure Standards (AIMS) Test



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

Table 23 and Table 24 show a breakdown of AIMS scores by school district in the Santa Cruz Region. Although AIMS performance in the region overall is very similar to overall AIMS performance for the state, the percentage of students passing both the math and reading tests varies by school district. Patagonia Elementary District is the best performing school for AIMS math tests (83% passing). This shows marked improvement from scores reported in the 2012 Needs & Assets report where only 40 percent of 3rd graders in the Patagonia Elementary District were passing the Math AIMS test. For the reading test, 89 percent of Sonoita Elementary District, 88 percent of Santa Cruz Elementary District and 83 percent of Patagonia Elementary District 3rd graders were passing. On aggregate, Santa Cruz County Charter schools show a need for improvement, with only 52 percent of students passing the reading AIMS test.

Table 23: Math 3rd grade AIMS results

Local Education Agency (LEA) Name	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Nogales Unified District	11%	25%	43%	21%	63%
Patagonia Elementary District	0%	17%	67%	17%	83%
Santa Cruz Elementary District	4%	17%	46%	33%	79%
Santa Cruz Valley Unified District	9%	25%	42%	25%	66%
Sonoita Elementary District	0%	33%	67%	0%	67%
All Santa Cruz County Charter Schools	6%	20%	44%	30%	74%
Santa Cruz County (All charter and district schools)	10%	25%	43%	22%	65%
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-and-evaluation/aims-assessment-results/>

Table 24: Reading 3rd grade AIMS results

Local Education Agency (LEA) Name	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Nogales Unified District	4%	23%	65%	8%	73%
Patagonia Elementary District	6%	6%	83%	0%	89%
Santa Cruz Elementary District	4%	8%	79%	6%	89%
Santa Cruz Valley Unified District	2%	21%	65%	11%	78%
Sonoita Elementary District	0%	11%	89%	0%	89%
All Santa Cruz County Charter Schools	0%	48%	52%	0%	52%
Santa Cruz County (All charter and district schools)	3%	23%	65%	6%	74%
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-and-evaluation/aims-assessment-results/>

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E. Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above

proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.<sup>45</sup>

Strong disparities exist based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency, compared to 57 percent of fourth graders from high income households.

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.<sup>46</sup>

These data reflects not only the need to enhance language development among Arizona's children, but also the need for increased early intervention among the state's poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.<sup>47</sup> The need for strengthening the early childhood system is clear.

<sup>45</sup> Annie E. Casey Foundation. (2014). *Early Reading Proficiency in the United States*. January 2014. Retrieved from <http://www.aecf.org/files/Pubs/Initiatives/RODS%20CON/IE/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

<sup>46</sup> Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News [http://news.stanford.edu/news/2013/september/child\\_language\\_gap-091213.html](http://news.stanford.edu/news/2013/september/child_language_gap-091213.html)

<sup>47</sup> Children's Action Alliance. *Arizona's Investment in Early Education Has Fallen Substantially*. Retrieved from [http://children.org/wp-content/uploads/2014/01/chart-for-NAP\\_eaa-statement.pdf](http://children.org/wp-content/uploads/2014/01/chart-for-NAP_eaa-statement.pdf)

## 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 Santa Cruz Region there are 64 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). Table 25 shows all but Head Start Centers (n=4) which are discussed in a subsequent section of the report. The majority of these providers (n=47) are DES certified homes (family child care), 12 are ADHS licensed centers and one is an ADHS certified group home. At the end of 2011 there were 77 regulated child care providers in the region, showing that the number of licensed child care providers in the region has dropped in two years. The total licensed capacity for these providers in the beginning of 2014, including Head Start, was 1,018, a small drop from the total licensed capacity in spring 2012 of 1,076. The current licensed capacity of child care providers in the region reflects that less than one-quarter (23%) of the children aged birth through five in the region (4,436) are being served in these settings. While not all families in the region will choose licensed care for their children, that over three-quarters of young children in the region do not have this as an option, may be seen as a challenge in the region.

<sup>48</sup> Lynch, R. (2007). *Enriching Outcomes, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from [http://www.epi.org/content/cfo\\_book\\_enriching](http://www.epi.org/content/cfo_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/files/Pubs/Initiatives/RODS%20CON/IE/FirstEightYears/1stEightYears%20Final%2013.pdf>

<sup>50</sup> Catalano, 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 these Programs*. Report prepared for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womenfirst.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womenfirst.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

Table 25: Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	
Santa Cruz Region	12	543	48	158	741
85511 (Elgin)	-	-	-	-	-
85521 (Nogales)	7	310	29	122	452
85524 (Patagonia)	1	65	-	-	65
85537 (Sonoita)	-	-	-	-	-
85540 (Tumacacori)	-	-	-	-	-
85545 (Tubac)	1	25	-	-	25
85548 (Rio Rico)	3	113	19	76	189
Santa Cruz County	12	543	48	158	741
Arizona	1,507	113,468	574	3,007	116,583

Arizona Department of Economic Security (2014). *Child Care Resources and Referral Guide*. Updated data was retrieved from the First Things First Data 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 26 describes the rating scale as defined by First Things First.

<sup>51</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.aecf.org/files/Pubs/Initiatives/RODS%20CON/IE/Quality%20First\\_Q1%20Part%201.pdf](http://www.aecf.org/files/Pubs/Initiatives/RODS%20CON/IE/Quality%20First_Q1%20Part%201.pdf)

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

Table 26: Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
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.

According to region's 2015 funding plan, as of fiscal year 2014, three centers and four home based providers participated in Quality First; there were 31 scholarship slots funded for children aged birth through five in the region; and nine center-based providers and 45 home-based providers 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> As of June 20, 2014 there were a total of 134 children (not including children with special needs)

<sup>53</sup> Santa Cruz County FTF Regional Partnership Council. (2014). *SPN 2013 Regional Funding Plan*. Retrieved from <http://www.aecf.org/files/Pubs/Initiatives/RODS%20CON/IE/SPN2013RegionalFundingPlan.pdf>





Holy Cross Hospital is a 25-bed Critical Access Hospital located in Nogales and is Santa Cruz County's only inpatient medical center. Health care services offered include general medical and surgical services, 24-hour emergency care, rehabilitation, mammography, ultrasound, CT and MRI imaging, chemotherapy, hospice, home health and long-term care, GI procedures, laboratory and birthing.

Mariposa Community Health Center is a Federally Qualified Health Center that offers the following services: adult/internal medicine, pediatrics, obstetrics and gynecology, dentistry, behavioral health and a full-service pharmacy. Community outreach and education services are provided through the Health and Wellness Department (formerly Platicamos Salud), which includes a recently opened building designated solely to WIC. Mariposa Community Health Center also has two satellite clinics: Rio Rico Medical and Dental Center and Patagonia Health Center (providing services to Patagonia, Sonoita and Elgin.)

The Rio Rico Medical and Dental Center is staffed by a full-time internal medicine physician and a full-time pediatrician. In 2011 a new dental clinic was added to this facility offering general dentistry services by a full-time dentist and complete dental support staff.

The Patagonia Health Center is staffed by a full-time Family Nurse Practitioner and a part-time Family Physician. Daily deliveries of prescriptions from the Health Center's full-service pharmacy in Nogales are available to patients in this location. Although no pediatrician is available at this clinic, the Family Nurse Practitioner provides services to children.

Northwest Allied Physicians at Tubac is open four days a week and offers healthcare services from a Family Nurse Practitioner and a physician certified in family medicine and pediatrics in the city of Tubac.

Sonoita Family Health which served Sonoita and surrounding areas, closed in September, 2013.

Despite these healthcare options, many residents in the region must still travel to Tucson for many aspects of specialty care. Findings from two 2013 community health assessments of Santa Cruz County showed that access to adequate healthcare was a key concern for the residents.<sup>71</sup> <sup>72</sup> Both these assessments found a shortage of both primary care providers and specialists, resulting in long wait times for appointments with available providers, or travel to Mexico or Tucson for care. The cost of care, in particular co-pays for those who did have insurance, were

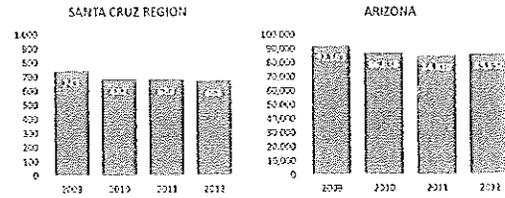
<sup>71</sup> Arizona Department of Health Services (2013). Santa Cruz County Community Health Assessment January 2013.  
<sup>72</sup> Gonzalez et al. Holy Cross Hospital. (2013). Community Health Needs Assessment, Santa Cruz County, Arizona. Retrieved from <http://ch.azdhs.gov/sites/default/files/2013/06/2013CommunityHealthAssessment2013-2014-2015.pdf>

also found to be a large barrier to care. Another key concern was the lack of adequate mental health support, with no psychiatrist practicing in the county.

**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>73</sup> As can be seen in Figure 16, as the annual number of births increased slightly in the state in 2012, the Santa Cruz Region continued to see a decrease.

Figure 16. Number of births per calendar year in the Santa Cruz Region (2009-2012)



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

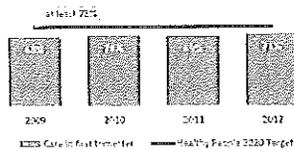
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits 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>74</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

<sup>73</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/sites/default/files/2013/06/2013CommunityHealthAssessment2013-2014.pdf>  
<sup>74</sup> Kelly, 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/InfantsandPub/DatasAction/spot/show8.pdf>

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. The table below illustrates the need to address the percent of births with early prenatal care in the region, which fall below the Healthy People 2020 target across multiple years. The latest year for which data are available, 2012, did show the closest percentage to the Healthy People 2020 target, 71 percent.

Figure 17. Average percent of births with prenatal care begun first trimester by year in the Santa Cruz Region (2009-2012)

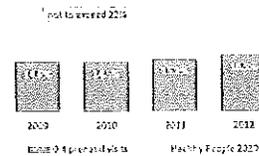


Arizona Department of Health Services (2014). [Data Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request.

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>75</sup> The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Santa Cruz Region has met these targets from 2009-2012, however there has been a slight increase in the percentage of women receiving four or fewer prenatal visits from 2010 to 2012 (see Figure 18).

<sup>75</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, IL: American Academy of Pediatrics, and Washington, DC: American College of Obstetricians and Gynecologists, 2002.

Figure 18. Average percent of births with fewer than five prenatal care visits by year in the Santa Cruz Region (2009-2012)



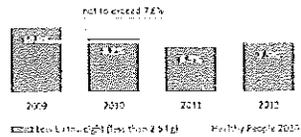
Arizona Department of Health Services (2014). [Data Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request.

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>76</sup>, as well as air pollution<sup>77</sup>. The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 19 below, the region has improved in this area since 2009, now meeting the Healthy People 2020 target.

<sup>76</sup> Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from <http://www.azdhs.gov/sites/default/files/PretermBirthandLowBirthWeights-06060501.pdf>

<sup>77</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)70329-9

Figure 19. Average percent of births with low birth weight (5 lbs. 8oz. or less) births by year in the Santa Cruz 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.

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>76</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>77</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>78</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.

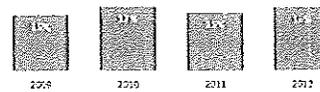
In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Santa Cruz Region, 16 percent of births were to teen mothers (see Figure 20).

<sup>76</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/Document/HTML/Volume1/09family.htm>

<sup>77</sup> Centers for Disease Control and Prevention. Teen Pregnancy: About Teen Pregnancy. Retrieved from: <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

<sup>78</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. <http://thecampaign.org/data/compara/1701>

Figure 20. Percent of Births to Teen Mothers by year in the Santa Cruz 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.

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29 percent decline.<sup>79</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>80</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>81</sup>

Although teen pregnancy is often linked with preterm births<sup>82</sup>, the percent of preterm births in the region falls below the Healthy People 2020 target, and in 2012 was the same as the state with nine percent of births being preterm births.

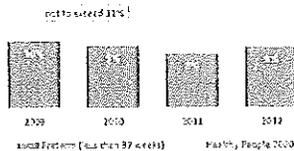
<sup>79</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/doh/excellence/documents/az-state-health-assessment.pdf>

<sup>80</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://thecampaign.org/sites/default/files/measure-primary-education/teen-childbearing-costs.pdf>

<sup>81</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/doh/child/childhealthblockgrantnarratives2014.pdf>

<sup>82</sup> Chen, X.K, Wen, S.W, Fleming, N, Damstra, K, Franks, G.C & Walker, M. (2007). International Journal of Epidemiology 36:368-373. Retrieved from: <http://ca.oxfordjournals.org/abstract/doi/10.1093/ije/dyl341>

Figure 21. Percent of preterm births (under 37 weeks) in the Santa Cruz 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.

More than half of the births (52%) in the Santa Cruz Region were to unmarried mothers in 2012, up slightly from 2009. This is also slightly higher than the state of Arizona, where 45 percent of births in 2012 were to unmarried mothers.

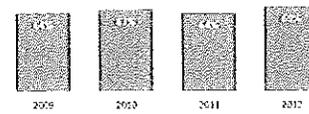
Figure 22. Births to unmarried mothers in the Santa Cruz Region by year (2009-2012)



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 in the region in recent years, with almost 70 percent of births in the region having AHCCCS or IHS as the payee for birth expenses. This is considerably higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

Figure 23. Births covered by AHCCCS or IHS in the Santa Cruz 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.

Very few women in the Santa Cruz Region report using tobacco during pregnancy, meeting the Health People 2020 target. The percent of women smoking during pregnancy in the region (1%) is much lower than for women statewide (4%).

Figure 24. Tobacco use during pregnancy in the Santa Cruz 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 percent of the state's children (those under 18 years of age) uninsured.<sup>83</sup>

<sup>83</sup> Mandel, T., & Aker, 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://cd.georgetown.edu/wp-content/uploads/2013/11/Child-environmental-health-coverage-on-the-eve-of-the-Affordable-Care-Act.pdf>



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 providers in Santa Cruz County are Child and Family Resources and the Easter Seals Blake Foundation.<sup>55</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>57</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>58</sup> However, in an effort to help reduce the financial burden for services on families, AZEIP has recently proposed to 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>59</sup>

Regional AZEIP data were 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 34, 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 34: 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.

<sup>55</sup> [https://www.azdhs.gov/topics/developmental-disabilities/Arizona\\_Early\\_Intervention\\_Program/azeip\\_referral\\_context\\_list.pdf](https://www.azdhs.gov/topics/developmental-disabilities/Arizona_Early_Intervention_Program/azeip_referral_context_list.pdf)

<sup>57</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>58</sup> Arizona Department of Economic Security (2012). Arizona Early Intervention Program Family Cost Participation First Sheet. Retrieved July 25th 2012 from [https://www.azdhs.gov/topics/developmental-disabilities/Arizona\\_Early\\_Intervention\\_Program/first\\_sheet\\_eng\\_11\\_10\\_12\\_10.pdf](https://www.azdhs.gov/topics/developmental-disabilities/Arizona_Early_Intervention_Program/first_sheet_eng_11_10_12_10.pdf)

<sup>59</sup> <https://www.azdhs.gov/topics/developmental-disabilities/Family-Cost-Participation/>

**DDD Services**

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit 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, communication, learning, mobility, independent living, or earning potential. Children aged birth through 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 the 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>120</sup>

The number of children receiving services from DDD in the Santa Cruz Region are too small to report due to data suppression guidelines. However, in the region, the number of children from birth to 2.9 years of age receiving services has increased by 40 percent from 2010 to 2012, while the number of children between the ages of three and 5.9 years receiving services has decreased by 33 percent during the same time. The number of visits made by DDD to provide services has however increased continually from 2010 to 2012 from a low of 1,254 visits in 2010 to a high of 1,704 visits in 2012.<sup>121</sup>

**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. Because of the small number of students in some schools in the region, data suppression guidelines only allowed viewing of data for two districts in the region. As can be seen in Table 35, the percentage of students enrolled in special education is nine percent in the Nogales Unified and Sonoita Elementary Districts. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

<sup>120</sup> Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

<sup>121</sup> First Things First (2014). DDD Data. Unpublished raw data received through the First Things First State Agency Data Request.

Table 35. 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	
Nogales Unified District	16	3,003	281	9%
Patagonia Elementary District	2	64	<25	D5
Santa Cruz Elementary District	2	129	<25	D5
Santa Cruz Valley Unified District	10	1,771	165	9%
Sonoita Elementary District	2	83	<25	D5
All Santa Cruz County Charter Schools	3	197	<25	D5
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2012). Preschool and Elementary Needs Data and Unpublished raw data received from the First Things First State Agency Data Request.

**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>122</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 percent in 2003 to 3.9 percent for the 2012-2013 school year.<sup>123</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>124</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 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.

<sup>122</sup> Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/imz/downloads/ready-to-use/child.html>

<sup>123</sup> Einbaum, M. S., Jacobs, E. T., Robinson-King, J. & Ervat, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from [http://www.azdhs.gov/topics/immunization/documents/statistics-reports/personal-belief-exemption-study\\_correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf](http://www.azdhs.gov/topics/immunization/documents/statistics-reports/personal-belief-exemption-study_correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf)

<sup>124</sup> Einbaum, M. S., Jacobs, E. T., Robinson-King, J. & Ervat, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from [http://www.azdhs.gov/topics/immunization/documents/statistics-reports/personal-belief-exemption-study\\_correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf](http://www.azdhs.gov/topics/immunization/documents/statistics-reports/personal-belief-exemption-study_correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf)

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.<sup>125</sup> This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemption forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies has begun and rates of exemptions will be tracked over time to gauge the success of these strategies.

Santa Cruz County is 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 (see Table 36), and are only slightly higher in kindergarten settings (see Table 37).

Table 36. Immunization rates for children enrolled in child care (2012-2013)<sup>126</sup>

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ Hib	3+ Hep B	1+ VACCINELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Santa Cruz County	689	55%	100%	100%	55%	100%	100%	0%	0.0%
Arizona	84,244	94%	93%	95%	94%	94%	93%	4%	0.5%

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

Table 37. Immunization rates for children enrolled in kindergarten (2012-2013)<sup>127</sup>

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ Hib	1+ VACCINELLA OR HISTORY	PERSONAL BELIEF EXEMPTION	MEDICAL EXEMPTION
Santa Cruz County	820	53%	53%	53%	53%	93%	1%	0.2%
Arizona	87,509	53%	53%	53%	53%	97%	4%	0.3%

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

<sup>125</sup> Arizona Department of Health Services. Action Plan to Address Increasing Vaccine Exemptions. 10/1/2013. Retrieved from <http://azdhs.gov/topics/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

<sup>126</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 receipt of the disease.

<sup>127</sup> Note: The immunization requirements for kindergartens 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 receipt 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>128</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>129</sup> When young children experience stress and trauma they have limited responses available to react to those experiences. 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>130</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>131</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>132</sup>

<sup>128</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://www.fredsonline.org/documents/Infant\\_Mental\\_Health.pdf](http://www.fredsonline.org/documents/Infant_Mental_Health.pdf)

<sup>129</sup> Zero to Three Infant Mental Health Task Force Steering Committee, 2001

<sup>130</sup> Zero to Three Policy Center, Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from <http://mha.azdhs.gov/sites/Default.aspx?PageID=2031&AddContent=1144>

<sup>131</sup> Zeanah P, Stafford B, Nagle G, Fox E. 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 2006. Building State Early Childhood Comprehensive Systems Series, No. 12

<sup>132</sup> Zero to Three Policy Center, Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from <http://mha.azdhs.gov/sites/Default.aspx?PageID=2031&AddContent=1144>

Mental health support and services have been cited as an area of high need in Santa Cruz County.<sup>133,134</sup> The need for programs and services specifically for young children are likely even more scarce in the region.

**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 served by various RBHAs<sup>135</sup>; Centric Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 25,1E6 enrollees in CBHS, representing 8.5 percent of those enrolled in Arizona RBHAs.<sup>136</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.

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>137</sup> in 2012, compared to four percent in 2011<sup>138</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 is 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

<sup>133</sup> Arizona Department of Health Services. (2013). Santa Cruz County Community Health Assessment January 2013. <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

<sup>134</sup> Carondelet Holy Cross Hospital. (2013). Community Health Assessment, Santa Cruz County, Arizona. Retrieved from <http://ah.azdhs.gov/sites/azdhs.gov/files/2013/06/2013CommunityHealthAssessment20130620201306.pdf>

<sup>135</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

<sup>136</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/dhs/documents/Introduction-to-the-Public-Health-System-Intro-2013.pdf>

<sup>137</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/dhs/documents/Introduction-to-the-Public-Health-System-Intro-2013.pdf>

<sup>138</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). An Introduction to Arizona's Public Behavioral Health System. Phoenix, Arizona.

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. 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>139</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>140</sup>

**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>141</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>142</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>143</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

<sup>139</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

<sup>140</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/default.asp?fullpath=/as/ncj/2012/ncj201206.pdf>

<sup>141</sup> <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

<sup>142</sup> Office of Oral Health, Arizona Department of Health Services. (2009). Arizona Oral Health Survey of Preschool Children.

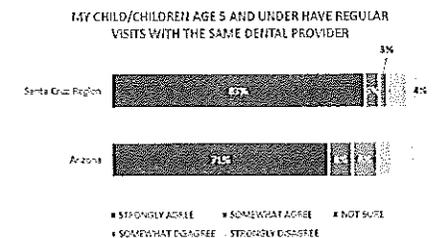
<sup>143</sup> Arizona Department of Health Services, Office of Oral Health <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

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>144</sup>

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; all of Santa Cruz County 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>145</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 25, families in the Santa Cruz Region (88%) are 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%). This finding may indicate the impact of the new dental clinic at the Rio Rico Medical and Dental Center.

Figure 25: Family & Community Survey 2012: Regular dental care



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

<sup>144</sup> Arizona Department of Health Services, Office of Oral Health <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

<sup>145</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services <http://www.azdhs.gov/dhs/excel/excel/Document/az-state-health-assessment.pdf>

**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>127</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 about 14 percent to about 8 percent.<sup>127</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, about four percent of white children were obese, compared to 11 percent of black children and 17 percent of Hispanic children. This is in spite of fairly similar obesity rates for children under two years old. And while 18 other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.<sup>128</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>129</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>130</sup>

In Santa Cruz County in 2011, 14 percent of children aged birth through five years of age were obese. For children aged two to five years of age in Santa Cruz County in the same year, 17 percent were overweight, and 16 percent were obese. These figures are slightly higher than

<sup>127</sup> Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Prevalence of Childhood Obesity in the United States. *The New England Journal of Medicine*, 370(3), 403-411.  
<sup>128</sup> Ogden, C. L., Carroll, M. D., Kis, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014; 311(3) 805-814. <http://jama.jamanetwork.com/article.aspx?articleid=1322542>  
<sup>129</sup> CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children—United States, 2008–2011. *MMWR*, August 9, 2013 / 62(31):623-634  
<sup>130</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/files/azdhs/documents/focal\\_agencies/reports/wic\\_needs\\_assessment-02-22-13.pdf](http://www.azdhs.gov/files/azdhs/documents/focal_agencies/reports/wic_needs_assessment-02-22-13.pdf)  
<sup>131</sup> Centers for Disease Control. Childhood Overweight and Obesity: Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

those for the state as a whole. In 2011, 13 percent of children in the state aged birth through five years were obese, and 16 percent of children aged two through five were overweight, and 14 were classified as obese.<sup>131</sup>

**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>132</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 (61, 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.

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 (55) 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 has increased in Santa Cruz County between 2007 and 2012, with six deaths reported in 2007, six again in 2008, seven in 2009, nine in 2010, only four in 2011 and nine again in 2012.<sup>133</sup>

<sup>132</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/files/azdhs/documents/focal\\_agencies/reports/wic\\_needs\\_assessment-02-22-13.pdf](http://www.azdhs.gov/files/azdhs/documents/focal_agencies/reports/wic_needs_assessment-02-22-13.pdf)  
<sup>133</sup> Arizona Child Fatality Review Program. 2013 <http://www.azdhs.gov/files/azdhs/documents/2013-annual-child-fatality-review-report-nov-2013.pdf>  
<sup>134</sup> Arizona Child Fatality Review Program. 2013 <http://www.azdhs.gov/files/azdhs/documents/2013-annual-child-fatality-review-report-nov-2013.pdf>

**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>134</sup>

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Santa Cruz County was slightly lower at 11.6/100,000, the third lowest county rate in the state.<sup>135</sup> In Arizona in 2012, the age-adjusted mortality rate for drug-induced deaths was 16.3/100,000. This rate was again lower in Santa Cruz County at 8.5/100,000, and again the third lowest county rate 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 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 for 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>136</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

<sup>134</sup> United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2004). The effects of childhood stress on health across the lifespan. Retrieved from [http://www.cdc.gov/ncepi/ohrt/ohrt/childhood\\_stress.pdf](http://www.cdc.gov/ncepi/ohrt/ohrt/childhood_stress.pdf)  
<sup>135</sup> <http://www.azdhs.gov/files/azdhs/documents/2012/2012-11-table-16-11>  
<sup>136</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2012). *Opening the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

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>137</sup>

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels affect children is becoming more clearly understood.<sup>138</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>139</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.

**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

<sup>137</sup> Straker, K., & McArthur, R. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-41.  
<sup>138</sup> Harvard University, Center on the Developing Child. (2013). *Infant: The science of neglect*. Retrieved from [http://developingchild.harvard.edu/resources/infant/infant\\_center/infant\\_neglect/](http://developingchild.harvard.edu/resources/infant/infant_center/infant_neglect/)  
<sup>139</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013

the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.<sup>142</sup> CPS is now known as the Department of Child Safety.<sup>141</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 38 shows these numbers for the Santa Cruz 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 (-13%) and county (-11%). 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.

Table 38: Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Santa Cruz Region	4,436	<10	14	<10	-13%
85511 (Elgin)	48	0	0	0	-
85521 (Nogales)	2,240	<10	<10	<10	-60%
85524 (Patagonia)	50	0	0	0	-
85537 (Sonoita)	35	0	0	0	-
85640 (Tumacacori)	25	<10	<10	0	DS
85646 (Tubac)	32	0	0	0	-
85648 (Rio Rico)	1,976	<10	<10	<10	+100%
Santa Cruz County	4,435	<10	14	<10	-11%
Arizona	545,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). 2014 Welfare data and. Retrieved from <http://des.az.gov/foia/communications/statistics-reports.htm>

**Juvenile Justice Involvement by County**

The Attorney General's National Task Force on Children Exposed to Violence<sup>142</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

<sup>140</sup> [http://governor.gov/foia/foia/MA\\_01314\\_CPS%20Form%20Request.pdf](http://governor.gov/foia/foia/MA_01314_CPS%20Form%20Request.pdf)

<sup>141</sup> [http://www.azdes.gov/foia/foia/01314\\_CPS%20Form%20Request.pdf](http://www.azdes.gov/foia/foia/01314_CPS%20Form%20Request.pdf)

<sup>142</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/defendantchildhood/ncrpt501.pdf>

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>143</sup>, during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Santa Cruz County 425 juveniles were referred, representing 1.3 percent of statewide referrals. In the county there were 138 juveniles detained in fiscal year 2012, about 2 percent of the number of juveniles detained across the state. Overall, the number of juvenile referrals and detentions has dropped in Arizona between 2010 and 2012, with an 18 percent drop in referrals and a 20 percent drop in detentions. In Santa Cruz County, the reduction in juvenile referrals was even greater, declining 30 percent between 2010 and 2012, while the reduction in juvenile detentions was the same as the state at 20 percent.<sup>144</sup>

**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>145</sup>

A 2012 study<sup>146</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
- 2) Provide more practical AND emotional support to foster parents

<sup>143</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/foia/foia/USD%20%20Division%20Reports/Juvenile%20Proceedings/Arizona\\_Juvenile\\_Court\\_Counts\\_FY2012.pdf](http://www.azcourts.gov/foia/foia/USD%20%20Division%20Reports/Juvenile%20Proceedings/Arizona_Juvenile_Court_Counts_FY2012.pdf)

<sup>144</sup> Arizona Judicial Branch, Administrative Office of the Courts, Juvenile Justice Services Division (2013). Arizona's Juvenile Court Counts: Statewide Statistical Information FY2012, FY2011, FY2010. Retrieved from <http://www.azcourts.gov/foia/Publications/Reports.aspx>

<sup>145</sup> [http://www.azdes.gov/foia/foia/Children\\_Youth\\_and\\_Families/Child\\_Protective\\_Services\\_NZCPS%20CPS\\_Oversight\\_MW\\_FosterHomes.pdf](http://www.azdes.gov/foia/foia/Children_Youth_and_Families/Child_Protective_Services_NZCPS%20CPS_Oversight_MW_FosterHomes.pdf)

<sup>146</sup> Geiger, J.M., Hayes, M.J., & Lieta, C.A. (2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

- 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>147</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>148</sup>

In Santa Cruz County, approximately two percent of youth indicated that they currently had an incarcerated parent, and 11 percent indicated that they had a parent who had previously been incarcerated. This is slightly lower than the state percentages reported above.

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>149</sup>. In recent studies, even when caregivers have indicated that children were coping well with a 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>150</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>151</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>152</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between incarcerated parents and children, as long as interactions are safe.<sup>153</sup> Research suggests that strong relationships with other adults are 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>154</sup> Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.<sup>155</sup>

Regional and even state-wide 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 as 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>156</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 resources may be downloaded for free in English or Spanish at <http://fenetwork.org/resources/library/children-of-prisoners-library>.

<sup>147</sup> Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://naa.edu/ISS/CC/Children-Incarcerated-Parents/>

<sup>148</sup> Adalist-Estrin, A., & Mullen, L. (2003). Children of Prisoners Library: About Prisoners and Their Children. Retrieved from <http://www.fenetwork.org/foia/CIP311-impact/ncrpt501.html>

<sup>149</sup> Adalist-Estrin, A. (1995). Children of Prisoners Library: Visiting Mom and Dad. Retrieved from <http://www.fenetwork.org/foia/CIPUS-VS-VisitingMomAndDad>

<sup>150</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>151</sup> La Vigne, N. G., Davies, E. & Ezzamel, D. (2001). Broken bonds: Understanding and addressing the needs of children with incarcerated parents. Washington, DC: The Urban Institute Justice Policy Center.

<sup>152</sup> Estroff, 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), 77-95.

<sup>153</sup> This booklet can be accessed at: [http://naa.edu/foia/foia/Arizona%20Academic%20ISS/CC/Children-Incarcerated\\_Parents\\_Form%20%20Booklet%20Dec2012.pdf](http://naa.edu/foia/foia/Arizona%20Academic%20ISS/CC/Children-Incarcerated_Parents_Form%20%20Booklet%20Dec2012.pdf)

**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>127</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>128</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>129</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 is one domestic violence shelter in the region, which served 28 adults and 22 children in 2013.

**Table 39: Domestic violence shelters and services provided (2013)**

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 and I&R Calls
Nuestra Casa (Our House)	50	22	28	4,659	93	446

Arizona Department of Economic Security (2013). Domestic Violence Shelter Fund Annual Report for FY 2013. Retrieved from [http://www.azdes.gov/interaffairs/Reports/2013/2013\\_DV\\_SF\\_Report.pdf](http://www.azdes.gov/interaffairs/Reports/2013/2013_DV_SF_Report.pdf)

<sup>127</sup> Davies, Corrie A.; Evans, Sarah E.; and Dulitz, David K. "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2003). Faculty Publications, Department of Psychology. Paper 311. <http://egs.commons.unc.edu/cgi/viewcontent.cgi?article=1311>

<sup>128</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/children/childhood/veevrpt04.pdf>

<sup>129</sup> United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ojp.usdoj.gov/oa/vaw/vawrpt.pdf>

**Food Security**

Food insecurity is defined as a "household-level economic and social condition of limited or uncertain access to adequate food".<sup>130</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>131</sup> Participating in Nutritional Assistance (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>132</sup>

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.<sup>133</sup> In Santa Cruz County, 19 percent of all residents, and 36 percent of children under 18 years of age faced food insecurity. This is the third highest county rate of child food insecurity in the state of Arizona. That more than one-third of children in the county are food-insecure would suggest that expansion of available school-based free breakfast and lunch programs such as use of the "community eligibility" provision<sup>134</sup> would be advised, particularly since nearly 80 percent of children in Santa Cruz County would likely be eligible for these programs.<sup>135</sup>

**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>136</sup> Children are defined as homeless if they lack a fixed,

<sup>130</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#FOODSECDEF>

<sup>131</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/SNAP\\_FoodSec.pdf](http://www.fns.usda.gov/sites/default/files/SNAP_FoodSec.pdf)

<sup>132</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.mathematicspolicy.com/pubs/MathematicalPolicy/2013/05/MeasuringSNAP\\_Food\\_Security\\_ES.pdf](http://www.mathematicspolicy.com/pubs/MathematicalPolicy/2013/05/MeasuringSNAP_Food_Security_ES.pdf)

<sup>133</sup> Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap>

<sup>134</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://files.eric.gov/fulltext/Community\\_Eligibility\\_Report\\_2013.pdf](http://files.eric.gov/fulltext/Community_Eligibility_Report_2013.pdf)

<sup>135</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/Final%20Meal-Gap-2012/2012\\_MG\\_CountyCH\\_2012.xlsx](http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/Final%20Meal-Gap-2012/2012_MG_CountyCH_2012.xlsx)

<sup>136</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/interaffairs/Reports/2013/annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/interaffairs/Reports/2013/annual_homeless_report_2013.pdf)

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>137</sup>

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage include children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. As can be seen in Table 40, the number of homeless students in school districts in the region is low, and lower than the state percentage.

**Table 40: Economic disadvantage and homelessness by school district**

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	HOMELESS STUDENTS
Nogales Unified District	9	3,008	26 1%
Patagonia Elementary District	1	64	0 0%
Santa Cruz Elementary District	1	129	0 0%
Santa Cruz Valley Unified District	7	1,771	24 1%
Sonoita Elementary District	1	83	0 0%
All Santa Cruz County Schools	22	5,257	54 1%
All Arizona Schools	1888	610,079	10,600 2%

Arizona Department of Education (2014). Unpublished data received from the First Things First Santa Cruz Agency Data Request

**Parental Involvement**

Parental involvement has been identified as a key factor in the positive growth and development of children<sup>138</sup>, and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

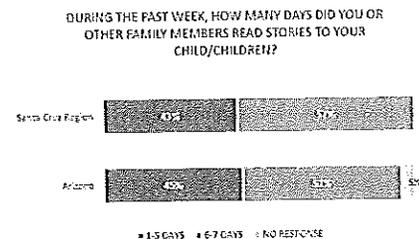
First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Responses to two of the three

<sup>137</sup> Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from [https://www.azdes.gov/interaffairs/Reports/2013/annual\\_homeless\\_report\\_2013.pdf](https://www.azdes.gov/interaffairs/Reports/2013/annual_homeless_report_2013.pdf)

<sup>138</sup> Bruner, C. & Tremblé, S. N. (2011). The Healthy Development of Arizona's Youngest Children. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

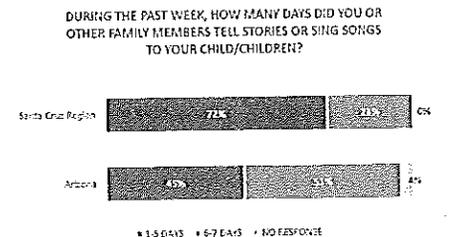
items, reading stories and scribbling and drawing with your child, were similar to the state. However, just over one-quarter (26%) of caregivers in the Santa Cruz Region reported telling stories or singing songs with their child six or seven days a week, compared to 51 percent in the state as a whole (see Figure 27).

**Figure 26: Family & Community Survey 2012: Days reading to child**



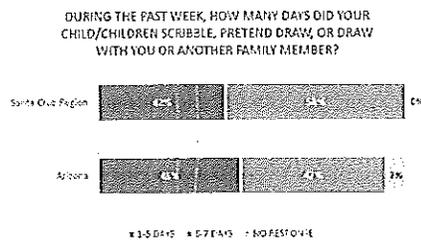
First Things First (2014). (2012 Family and Community Survey data). Unpublished data received from First Things First

**Figure 27: Family & Community Survey 2012: Days telling stories to child**



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

Figure 28: Family & Community Survey 2012: Days drawing with child

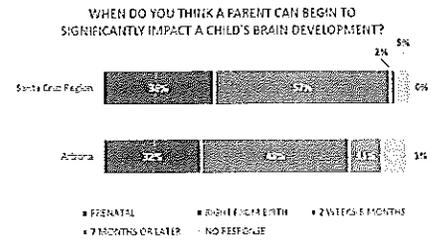


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

**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. More respondents in the Santa Cruz Region showed an understanding that brain development can be impacted from very early on (97% prenatally or right from birth) than respondents across the state as a whole (86% prenatally or right from birth).

Figure 29: 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 to families in the Santa Cruz Region.

The University of Arizona's Cooperative Extension offers a number of parenting resources in the region:

- Brain Builders for Life<sup>129</sup>, a 16 hour training that educates parents about typical child development and brain development for children from birth to age three;
- Brain Waves<sup>130</sup>, a class targeted to parents, grandparents, foster parents, professionals, and other caregivers, helps to show the impact that caregivers have on their children by discussing basic knowledge and research about brain development in early childhood;
- Partners in Parenting Education (PIPE)<sup>131</sup>, a 20 session, 1 1/2 hour program for parents and their children ages 11 to 19 months. Parents learn about supportive parenting behavior and how to reduce parental stress. They learn about reading the cues that their children give them, and the sessions give an opportunity for parents to engage in positive play with their children alongside other parents;
- Early Childhood Nutrition<sup>132</sup>, which offers healthy nutrition education and breastfeeding support for families with children under five years of age; and

<sup>129</sup> <http://extension.arizona.edu/santa-cruz-brain-builders-life>

<sup>130</sup> <http://extension.arizona.edu/santa-cruz-brain-waves>

<sup>131</sup> <http://extension.arizona.edu/santa-cruz-partners-parenting-education>

<sup>132</sup> <http://extension.arizona.edu/early-childhood-nutrition>

- Strengthening Families<sup>133</sup>, a 14 week family strengthening program for high-risk and regular families with children ages three to five years. This program is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.

In addition to the resources listed above, Pilot Parents of Southern Arizona<sup>134</sup>, serving Santa Cruz County, provides support to parents of children with special needs through peer-to-peer support, parent education, sibling support groups, and a newsletter.

**Teen Parenting**

Preventing teen pregnancy is a key concern for many living within Santa Cruz County as evidenced by two recent community assessments<sup>135 136</sup>. However, because of the large number of women giving births in their teen years in the Santa Cruz Region, programs to support teen mothers and fathers as well as their young children are likely needed. In addition to the parenting education resources just discussed, 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 Early Head Start.

**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, 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 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>137</sup>

Several home visiting resources are available in the Santa Cruz Region. These include:

- Healthy Start<sup>138</sup>, a program offered through the Mariposa Community Health Center in Nogales, provides education and connects pregnant mothers and mothers with children under the age of two with community organizations and resources;
- Healthy Families<sup>139</sup>, 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;
- High Risk Perinatal/Newborn Intensive Care Program<sup>140</sup> which is a program for families with infants that have been in the NICU for more than 120 hours or needing to be transported more than 50 miles from NICU to home, and offers maternal and neonatal transport, hospital services, and in-home community nursing services; and
- Early Head Start<sup>141</sup>, through Child-Parent Centers Inc., offers home based services for pregnant women and children under the age of three with weekly home visits and bi-weekly groups to socialize children and prepare them for classroom environment.

According to the region's 2015 funding plan, as of fiscal year 2014, there were 75 families in the Santa Cruz region served as part of the region's Home Visitation Strategy.<sup>142</sup>

**Family Resource Centers**

A major asset in the Santa Cruz Region are three Family Resource Centers in Nogales, Rio Rico and Patagonia. The Nogales and Rio Rico sites opened in August of 2010 and the Center in Patagonia opened in October of 2011. The Family Resource Centers are funded by the Santa Cruz First Things Regional Partnership Council. The University of Arizona, Cooperative Extension Santa Cruz County operates these Family Resource Centers in partnership with Nogales Unified

<sup>137</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>138</sup> <http://strongfamilies.com/program/arizona-healthy-start>

<sup>139</sup> <http://strongfamilies.com/contact-us/contact-healthy-families-arizona/>

<sup>140</sup> <http://strongfamilies.com/program/high-risk-perinatal-program-arizona-intensive-care-program>

<sup>141</sup> <http://www.childparentcenters.org/about-services/early-head-start>

<sup>142</sup> Santa Cruz County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.scrf.gov/FTFCCouncilPublicationsCenter/Funding2015/2015%20Regional%20FundingPlan2015.pdf>

School District No. 1 (Nogales Center), Santa Cruz Valley Unified School District No. 35 (Rio Rico Center), and Patagonia Elementary School District No. 6 (Patagonia Center).

The Family Resource Centers provide a variety of programs and services to the families and caregivers of young children in the region, including early learning opportunities, access to information and education on a number of child development and health topics, parent/child playgroups and referrals to other relevant services. In addition to offering parenting education the Centers also provide adult education opportunities (ESL and computer classes). The unique set up of the Family Resource Centers allows parents to access this critical resource while removing a major barrier they face when trying to advance in their education; the lack of childcare while attending classes.

According to the region's 2015 funding plan, as of fiscal year 2014, there were 250 families in the Santa Cruz Region served through the Family Resource Centers Strategy.<sup>153</sup> The structure of the Family Resource Center in Patagonia changed in July, 2014. Rather than having a Center housed at the Patagonia Elementary School, a Family Resource educator will provide one educational class per week, potentially in different locations within Patagonia, Sonota and Elgin.

An evaluation study<sup>154</sup>, aimed in part, at assessing how well the home visitation and family resource center strategies work together to achieve intended outcomes in the Santa Cruz Region, rated these programs as "established". This rating means that the home visitation and family resource center programs are well-designed, have high capacity to provide accessible, high-quality family support services, are adequately implemented, play an important role in improving the lives of children and families in the region, are beginning to contribute to the early childhood system in the region, and are also beginning to optimize available resources to meet the needs of young children and their families.

### Public Information and Awareness and System Coordination

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).

<sup>153</sup> Santa Cruz County FTF Regional Partnership Council (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.aazf.gov/FTF/Content/Publications/Center/Funding/2015-Plan/2015-14-19-100Grant2015FY15.pdf>

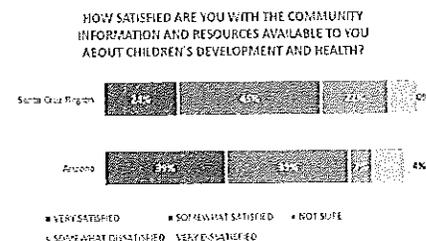
<sup>154</sup> First Things First. January 2013. Evaluation study of family support and literacy strategies in five First Things First Regions. Provided through personal correspondence.

### Data from Family and Community Survey, 2012

The overall results of the 2012 First Things First Family and Community Survey demonstrated lower levels of satisfaction with available information and resources in the region and higher levels of dissatisfaction with coordination and communication among providers in the region, compared to the state. For example:

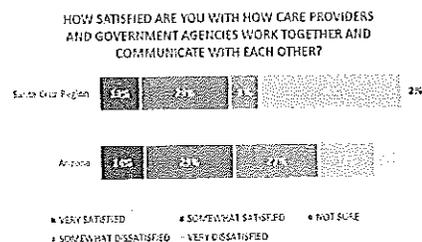
- 24 percent of Santa Cruz Region respondents indicated they were "very satisfied" with the community information and resources available to them about their children's development and health, compared to 39 percent across the state;
- 48 percent of respondents in the Santa Cruz Region indicated they were "somewhat" or "very dissatisfied" with how care providers and government agencies work together and communicate with each other, compared to 29 percent for the state as a whole.

Figure 30: 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 31: 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

An effort active in the Santa Cruz Region illustrating system collaboration is Read On Arizona. Read On Arizona is a statewide, public/private partnership of agencies, philanthropic organizations, and communities working to create an effective continuum of services to improve language and literacy outcomes for Arizona's young children.<sup>155</sup> The Santa Cruz Region is now a member of the Read On Arizona Network. Read On Santa Cruz will receive technical assistance, access to research and data, and effective literacy support from Read On Arizona. Read On Santa Cruz has gathered numerous collaborative partners, including the City of Nogales, school districts, the county school superintendent, charter schools, social service clubs, County Board of Supervisors, Chamber of Commerce, University of Arizona South and First Things First.<sup>155</sup>

### First Things First Capacity Building Initiative

In August 2012, First Things First 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 First Things First monies, 2) develop relevant, culturally appropriate, and best-practice strategies for enhancing capacities within and among those agencies, and 3) increase the number of nonprofits with the capacity to apply for, receive and implement First Things First grants.

<sup>155</sup> <http://readonarizona.org/>

<sup>156</sup> <http://readonarizona.org/read-on-network/santa-cruz-county/>

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 First Things First; 2) explore the potential pathways for participating in the First Things First system; and 3) identify and increase the capacities necessary for successful partnership with First Things First 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 was slated to continue through June 2014.

**Summary and Conclusion**

This needs and assets report is the fourth biennial assessment of early education, health, and family support in the Santa Cruz Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it.

It is clear that the region has substantial strengths. These strengths include: high participation in WIC and SNAP, quality parenting education resources, home visitation programs and Family Resource Centers to support early literacy opportunities and optimal child development, increasing rates of early prenatal care among pregnant women in the region, an overall decreasing percentage of low birth weight births, and very low rates of smoking during pregnancy. A table containing a full summary of these and other regional assets can be found in Appendix 1.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the population centers of Nogales and Rio Rico are more likely to have resources and opportunities for young children and their families, there are continuing needs across all areas of the Santa Cruz Region. These areas run the risk of being overlooked for services if only regional or county-level “averages” are examined. A table containing a full summary of identified regional challenges can be found in Appendix 2. Many of these have been recognized as ongoing issues by the Santa Cruz Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region.

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, and the number of Head Start and Early Head Start slots compared to the number of young children living in poverty, point to a shortage of affordable and accessible early care and learning opportunities in the region. Quality First Scholarships will continue to be funded in order to address the need for affordable early childhood education, as will Quality First Coaching & Incentives to continue to improve the quality of early care and education in the region.
- **The need for additional health resources for children**–The region being designated as a medically underserved area, and community health assessments citing access to health services as a key concern, point to the need for additional health resources for children. The Santa Cruz Regional Partnership Council has recognized this need and is investing in the Oral Health strategy, to support the dental health of young children in the region, and the Child Care Health Consultation strategy, to provide health and safety information to child care providers who are caring for the region’s young children.

- **A need for additional early literacy activities in the region** –AIMS passing rates in the region are below those in the state as a whole, and few three and four year olds are enrolled in early learning settings in the region. Providing greater opportunities for early literacy in the region will help ensure that children do not lag behind by the time they reach 3rd grade. Early literacy activities supported by the Santa Cruz Regional Partnership Council include funding through the Family Resource Centers and Home Visitation strategies, which are helping to address this need by providing parenting education that supports child development, child health and safety, early language and literacy development, and social emotional development of the children throughout the region.

A table of Santa Cruz Regional Partnership Council funded strategies for fiscal year 2015 is provided in Appendix 3.

This report also highlighted some additional areas of need that could be considered as targets by stakeholders in the region.

- **The high numbers of young children living with grandparents** – In all but one of the region’s zip code areas presented in this report, there were a higher percentage of young children living with grandparents than across the state as a whole. The Home Visitation and Family Resource Center strategies of the Santa Cruz Regional Partnership Council can help to address the needs of these grandparents, in part. In addition, expansion of grandparent resources in the region, coupled with efforts to increase awareness of these resources, as well as available online resources, may add to the pool of support services available to these grandparents.
- **The need for added supports for kith and kin providers** – Due to the small number of young children in the region being served through licensed child care, there is a likelihood that many young children are receiving care through kith and kin providers. While it is hoped that Family Resource Center resources and home visitation programs would be utilized by these kith and kin providers to improve the quality of care and early learning opportunities they provide, an examination of the services and resources these providers may benefit from might be a worthwhile endeavor.
- **The high number of births to teen mothers** – In 2012, 16 percent of births in the region were to teen mothers. Parenting education and support services are available to all parents in the region, but parenthood services specifically targeting teen parents may be important to consider.
- **The need for additional mental health resources for children and families** – Mental health support and services being identified as a key regional need in community health assessments, and the lack of a psychiatrist in Santa Cruz County, may reflect the need for additional resources for children with mental and behavioral health care needs. Issues of abuse, domestic violence and substance use can impact the welfare of young children and

their families dealing with these issues. The reported lack of educated and certified mental health professionals skilled in trauma-based therapy working with young children in rural areas in the state supports the need for additional mental health and behavioral resources for children in the Santa Cruz Region.

- **Low educational attainment in adults** – Low levels of adult education in the region may limit employment opportunities for many in the region, and early literacy opportunities for some children. The Family Resource Centers in the region discontinued classes that supported individuals receiving their high-school equivalency credential (GED), so alternative supports for families of young children who wish to pursue additional education might be needed.

Successfully addressing the needs outlined in this report will require the continued concentrated effort and collaboration among First Things First and other state agencies, the Santa Cruz Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Santa Cruz Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued family support and early literacy and efforts, and leveraging of regional assets, have the long-term potential to make these opportunities available to more families across the Santa Cruz Region.

**Appendix 1. Table of Regional Assets**

*First Things First Santa Cruz Regional Assets*

- The region is comprised of many close-knit, supportive communities.
- Over half of the young children in Santa Cruz County are benefiting from WIC participation, and 49 percent are benefiting from SNAP benefits.
- The region funds child care scholarships to help address the issue of affordability that many families face.
- The region is served by a Federally Qualified Health Center with locations in Nogales, Rio Rico and Patagonia, which may help to make general medical and dental services more accessible for some in the region.
- The percentage of women receiving early prenatal care has increased since 2009.
- The percentage of low birth weight births has decreased overall from 2009.
- The region has very low rates of women smoking during pregnancy.
- The Santa Cruz Region is served by a number of parenting education programs.
- Family Resource Center resources are available in Nogales, Rio Rico, Patagonia and surrounding communities to promote early literacy and provide parenting support and early learning opportunities outside of licensed child care settings.
- Quality home visitation programs are available in the region to support families and children’s optimal development.
- Funding to support recruitment and retention of a skilled and well-prepared early childhood development workforce.
- There has been a decrease in the number of young children removed from their homes in the region between the years 2011 and 2013.

Appendix 2. Table of Regional Challenges

**First Things First Santa Cruz Regional Challenges**

Above average unemployment and poverty rates mean families are more likely to be stressed and in need of affordable (or free) services for young children.

The projected increase in births in Santa Cruz County over the next decade will likely lead to an increased demand for services and resources for young children and their families in the coming years.

A high percentage of young children living with their grandparents, with a quarter or more of young children living with grandparents in Patagonia, Nogales and Tubac.

A high percentage of young children in the region are living in poverty, with over half of children aged birth through five years in Nogales and Patagonia living in poverty.

More than one-quarter of adults in the region do not have a high school diploma or GED. Only 18 percent of three and four year olds in the region are estimated to be enrolled in nursery school, preschool or kindergarten.

There is low availability of Head Start and Early Head Start slots in comparison to the percentage of young children living in poverty in the region.

Long wait times or travel are often associated with accessing health care services in the region.

There are lower levels of satisfaction with available information and resources, and higher levels of dissatisfaction with coordination and communication among providers, in the region, compared to the state.

Appendix 3. Table of Regional Strategies, FY 2015

Santa Cruz Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching, program assessment, financial resources, teacher education scholarships, and consultants specializing in health and safety practices.
	Quality First Scholarship	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
Professional Development	Recruitment into the Field	Recruit new early care and education professionals by offering scholarships for higher education. Improves the quality of early child care and education by expanding access to training and offering career counseling to potential early education workers.
	Scholarship TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
Family Support	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. Conducts developmental, hearing, and vision screenings.

**Santa Cruz Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015**

Goal Area	Strategy	Strategy Description
Health / Mental Health	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the Ready4Kids.com website.

Appendix 4. Santa Cruz Region Primary Care Areas

**Nogales Primary Care Area**

Other Places In Area: Austerlitz, Benedict, Brickwoods Ranch, Buena Vista Ranch, Corral Nuevo, Calabasas, Campo Lecco, Cass Piedra, Chief Mine, Duquesne, Guadalupe Cruz, Humboldt Mine, Juan Encinas, Kino Springs, Lows Ranch, Morales House, Nogales, Old Glory, Oro Blanco, Partridge, Pecks, Pena Blanca Lake, Rio Rico Northwest, Rio Rico Southwest, Ruby, Trench Camp, Tubac, Worlds Fair Mine

**Patagonia Primary Care Area**

Other Places In Area: Ashburn, Bell Mare Mining Camp, Canelo, Cass Blanca, Chapo Ranch, Elgin, Fort Buchanan, Fort Crittenden, Hacienda Los Encinos, Harshaw, Larimore, Lochiel, Lowells, Mansunita, Patagonia, Rain Valley Ranch, Rancho Costa Plente, San Rafael, Santa Rita, Sheehys, Sonoita, Titus, Tumens Ranch, Wadsworths, Washington Camp

**Tubac Primary Care Area**

Other Places In Area: Amado, Agua Fria, Agua Linda, Beyerville, Carmen, Castro, Chaves, Farallon, Finleys, Gotos Crossing, Guevavi Mission, Hacienda Del Santa Rita, Marshalls, Otero, Pina Sopori Ranch, Rancho Santa Cruz, Rio Rico Northeast, Rio Rico Southeast, San Cayetano De Tamacacori, Silva, Tumacacori, Wards

**Appendix 5. Data Sources**

First Things First  
Santa Cruz Regional Partnership Council

Governance Policy Manual

P R E F A C E

This document, initially adopted by the Santa Cruz Regional Partnership Council on May 29, 2008, and updated periodically thereafter, constitutes the complete and official body of policies for the governance and operation of the Santa Cruz 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.AZFTF.GOV](http://www.azftf.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.

Contact: Francisco Padilla, at 602-769-5957 or email [fpadilla@azftf.gov](mailto:fpadilla@azftf.gov)

Contact Us:

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Santa Cruz Regional Partnership Council  
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Nogales, AZ 85621

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## 1-101 Organization, Authority and Location

The Santa Cruz 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 Santa Cruz Regional Office is located in Nogales, Arizona. The office is maintained by the Regional Staff.

Adopted May 29, 2008

## 1-102 Departure from Council Policy

Persons desiring to depart from the policies adopted by the Council shall submit a request in writing to the Chairperson of the Council

No departure from Council policy shall be permitted without the approval of the Council

Adopted May 29, 2008

## 1-103 Meetings of the Council

The Council shall adopt a calendar of regular meetings of the Council prior to the beginning of each fiscal 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. In addition, written notice shall be provided to each member of the Council. All notices required by this policy shall at least specify the time, date and place of the meeting.

Written notice of any regular meeting of the Council, plus the agenda and all material relating to agenda items, shall be transmitted to each member of the Council at each member's last known place of residence or other designated address by the quickest and most reliable method 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. Special meetings may be held by teleconference and/or videoconference. 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 March 4, 2013

## 1-103 Attendance Adopted January 7, 2009

"This policy is intended to support the full contribution of all Council members. A council attendance problem shall be defined as:

-A member having two un-notified absences in a row (un-notified means that the member did not call or email the Council chair or Director prior to the meeting.)

-A member has three notified absences in a row.

-A member who misses more than three meetings without excuse in a twelve-month period.

In the event of a Council attendance problem, the Vice-Chair (or Council designee) will contact the member to discuss the problem. The member's response will be shared by the Vice-Chair (or Council designee) with the entire Council at the next Council meeting. At that meeting, the Council will decide what action to take regarding the member's future membership.

This policy is effective January 1, 2009.

## 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:

Call to order

Call to the public

Approval of minutes of prior regular or special meetings if not included on consent agenda

Adoption of all consent agenda items

Matters presented by the chairs of standing committees of the Council

Reports, if any, from ad hoc or special committees appointed by the Council

Matters presented by the First Things First Regional Director

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 29, 2008

## 1-105 Call to the Public Procedure

During each Council meeting, the Council conducts 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":

Matters scheduled on the same meeting's agenda.

Other matters; presenters who haven't address the Council in the previous two months.

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*.

If speakers have comments that are too long for the time allowed, or if members of the public would like materials distributed to the Council, written materials may be provided to the Regional Director. All written materials are distributed to and given consideration by the Council.

Because of the diversity of issues presented during "Call to the Public," Council members generally do not respond to speakers during this comment period. The speaker's concerns are recorded and may be referred to the appropriate staff for follow-up. The Council is informed of the outcomes of the staff efforts to respond to the speaker's concerns.

Adopted May 29, 2008

## 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 "Santa Cruz 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 Nogales, 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 29, 2008

## 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 either apart from regular meetings of the Council and provide a report to the Council of business conducted, or may meet as a committee of the whole during the course of a regular Council meeting. 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 may, but need not, include members 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 of 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 29, 2008

## 1-108 Council Officers and Their Duties

At the first regular meeting of the Council following July 1 of each fiscal year beginning in 2013, 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 March 4, 2013

## 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 29, 2008

## 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 29, 2008

## 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.

Furthermore, in accordance with A.R.S. Section 8-1191(C)(5), Council members are specifically prohibited from having a substantial interest in the provision of early childhood education services 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 First Things First 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. In addition, the Regional Director will prepare a summary report of the Conflict of Interest Statements filed each year for Council review.

The Conflict of Interest Statement prepared annually by the Regional Director will be reviewed by the Council.

Adopted May 29, 2008

## 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 ten 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 29, 2008

## Instructions for interpreting data report fields:

### \*Quarterly Data Submission Status

Quarterly Data Submission Status is not a strategy-specific data field. This is a FTF designated field in a report that indicates within a quarter the number of months of data that were submitted for a single contract out of the three mandatory months for the quarter.

0 = 0 months out of 3 months of data for this quarter were submitted.

**Note:**

No strategy-specific data fields will be displayed for a contract with a "0" Quarterly Data Submission Status

1 = 1 month out of 3 months of data for this quarter were submitted

2 = 2 months out of 3 months of data for this quarter were submitted

3 = 3 months out of 3 months of data for this quarter were submitted

**Note:**

A Quarterly Data Submission Status of "0" may be assigned in the following scenarios:

- (a) The grantee did not set their PGMS data submission status to "complete" or did not submit data via other acceptable file transfer protocols
- (b) The grantee signed their contract only one month prior to the end of the quarter and data submission is not applicable until the following quarter
- (c) The contract's strategy-specific data reporting requirements may not be available and/or no training on data submission has taken place

### \*\*Contracted Service Units

Contracted Service Units only appear for a contract's lead strategy

## Instructions for reading null and zero as data field values:

Blank data field = A null data field appears if the grantee selected "NA (Not Applicable)" when given a YES/NA option on their data reporting template indicating the specific data field(s) are not a part of their contract

0 = Grantee selected "No" in a YES/NO option on their data reporting template indicating the specific data field(s) were not collected for the quarter

0 = Grantee reported "0" on their data reporting template indicating the specific data field(s) were not collected for the quarter

## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Family Resource Centers

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-RC020-13-0387-01-Y2 / The University of Arizona Santa Cruz Cooperative Extension	Quarterly Data Submission Status*		3	3	3		
	Number of families with children (0-5 years) receiving resource & referral information		622	734	592		
	Number of service providers housed at the family resource center		32	36	42		
	Number of families (0-5 yrs) referred to services offered at the Family Resource Center		561	273	132		
	Number of families with children (0-5 yrs) receiving referrals to agencies outside of the family resource center		78	161	68		
	<b>Number of families served</b>	<b>250</b>	<b>639</b>	<b>434</b>	<b>200</b>		<b>1273</b>
	Number of books distributed						
	Number of other resources distributed						



# Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

## Parent Education Community-Based Training

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-RC020-13-0387-01-Y2 / The University of Arizona Santa Cruz Cooperative Extension	Quarterly Data Submission Status*		3	3	3		
..... • Parent Education • Community-Based • Training is part of the • Family Resource Centers • grant, which is also • administered by the • University of Arizona • Santa Cruz Cooperative • Extension. .....	Number of trainings conducted		357	518	356		
	Number of adults attended		1165	1787	1246		
	Average attendance per training session		3.3	3.5	3.5		

## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Home Visitation

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-RC020-13-0391-01-Y2 / Child and Family Resources Inc.	Quarterly Data Submission Status*		3	3	3		
	Number of families newly enrolled during the quarter		13	9	9		
	<b>Number of families served</b>	<b>75</b>	<b>70</b>	<b>79</b>	<b>88</b>		<b>88</b>
	Number of families at the end of the quarter (subtracting disenrolled)		59	65	66		
	Number of families continuing to receive services who have moved out of the region during the quarter		0	0	0		
	Number of families disenrolled during the quarter		11	3	8		
	Number of full time equivalent (FTE) home visitors at the end of the quarter		3.0	3.0	3.0		
	Home visitor caseload for the quarter		19.7	21.7	22.0		
	Staff turnover for the quarter		0	0	0		
	Family turnover for the quarter		0	0	0		
	Families disenrolled due to moving		18.2%	0	37.5%		
	Families disenrolled due to unable to locate		18.2%	33.3%	12.5%		
	Number of children newly enrolled during the quarter		10	7	9		
	Number of children served		97	104	113		
	Number of families who received community based referrals		152	156	273		



# Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

## Developmental and Sensory Screening

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-RC020-13-0391-01-Y2 / Child and Family Resources Inc.	Quarterly Data Submission Status*			3	3		
<p>.....</p> <p>• Developmental and Sensory Screening is part of the Home Visitation strategy, which is also administered by Child &amp; Family Resources, Inc. The home visitors conduct vision, hearing, and developmental screenings.</p> <p>.....</p>	Number of hearing screenings conducted			0	0		
	Number of hearing results forwarded to medical home			0	0		
	Number of families referred and having received an additional evaluation			0	0		
	Number of children received hearing screening			0	0		
	Number of vision screenings conducted			0	0		
	Number of vision results forwarded to medical home (physician of record) for evaluation and services			0	0		
	Number of families that report being referred and having received an additional evaluation			0	0		
	Number of children received vision screening			0	0		
	Number of developmental screenings conducted			45	31		
	Number of developmental screening results forwarded to AZEIP, Part B or a medical home			1	4		
	Number of children referred for developmental delay follow-up			0	4		
	Number of children received developmental screening			45	31		
	Number of children receiving screening (children may have received 1-3 types of screenings)			45	31		

## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Oral Health

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-RC020-13-0367-01-Y2 / Mariposa Community Health Center	Quarterly Data Submission Status*		3	3	3		
	<b>Number of oral health screenings given to expectant mothers</b>	<b>200</b>	<b>46</b>	<b>21</b>	<b>22</b>		<b>89</b>
	<b>Number of oral health screenings given to children (0-5yrs)</b>	<b>2000</b>	<b>634</b>	<b>550</b>	<b>677</b>		<b>1861</b>
	<b>Number of fluoride varnish applied to children (0-5yrs)</b>	<b>2000</b>	<b>634</b>	<b>550</b>	<b>677</b>		<b>1861</b>
	Number of expectant mothers receiving oral health kits		0	0	0		
	Number of children (0-5 yrs) receiving oral health kits		0	0	0		
	Number of trainings conducted		19	11	612		
	Number of adults attended	0	649	391	612		1652
	Number of children attended		634	431	0		
	Number of expectant mothers referred to treatment providers		4	0	1		
	Number of expectant mothers receiving services		0	0	0		
	Number of children (0-5yrs) referred to treatment providers		28	59	44		
	Number of children (0-5yrs) receiving services		0	0	0		

## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Recruitment into Field

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
GRA-RC020-13-0530-01-Y2 / Cochise College	Quarterly Data Submission Status*		3	3	3		
	Number of high school students newly recruited		0	0	0		
	Number of volunteers newly recruited		0	0	0		
	Number of parents newly recruited		0	0	0		
	Number of home-based child care providers newly recruited		0	0	0		
	Number of other participants newly recruited		18	0	3		
	Number of participants newly recruited this quarter		18	0	3		
	<b>Number of participants recruited</b>	<b>18</b>	<b>64</b>	<b>64</b>	<b>67</b>		<b>67</b>
	Number of participants at the end of the quarter		64	64	60		
	Number of participants applying for financial aid this quarter		4	0	3		
	Number of individuals with an early education career plan/pathway		18	0	3		
	Number of participants volunteering		0	0	1		



## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Quality First Coaching & Incentives - Regional Funding

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
	Number of Centers	3	1	2	3	0	
	Number of Homes	4	4	4	4	0	
	Number of Rating Only Centers	0	0	0	0	0	

## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

### Quality First Scholarships

Contract Number/ Grantee Name	Data Field	Contracted Service Units**	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)	Fiscal YTD Total
FTF-STATE-14-0440-01 / Valley of the Sun United Way	Quarterly Data Submission Status*		3	3	3		
	Number of center based providers served		1	1	2		
	Number of center based providers at the end of the quarter (subtracting disenrolled)		1	1	2		
	Number of home based providers served		4	4	4		
	Number of home based providers at the end of the quarter (subtracting disenrolled)		4	4	4		
	<b>Number of children receiving scholarships</b>		<b>31</b>	<b>34</b>	<b>40</b>		
	Center based providers: Number of infants receiving scholarships		0	0	0		
	Center based providers: Number of infants receiving scholarships at the end of the quarter (subtracting disenrolled)		0	0	0		
	Home based providers: Number of infants receiving scholarships		1	1	1		
	Home based providers: Number of infants receiving scholarships at the end of the quarter (subtracting disenrolled)		1	1	0		
	Center based providers: Number of toddlers receiving scholarships		0	0	2		
	Center based providers: Number of toddlers receiving scholarships at the end of the quarter (subtracting disenrolled)		0	0	1		
	Home based providers: Number of toddlers receiving scholarships		10	12	16		
	Home based providers: Number of toddlers receiving scholarships at the end of the quarter (subtracting disenrolled)		8	7	5		



## Data Reports by Regional Partnership Council

Council: Santa Cruz

Fiscal Year: 2014

Center based providers: Number of preschool aged children receiving scholarships		17	21	25		
Center based providers: Number of preschool aged children receiving scholarships at the end of the quarter (subtracting disenrolled)		14	18	21		
Home based providers: Number of preschool aged children receiving scholarships		10	12	16		
Home based providers: Number of preschool aged children receiving scholarships at the end of the quarter (subtracting disenrolled)		6	8	8		
Center based providers: Number of children with special needs receiving scholarships		0	0	0		
Center based providers: Number of children with special needs receiving scholarships at the end of the quarter (subtracting disenrolled)		0	0	0		
Home based providers: Number of children with special needs receiving scholarships		1	1	1		
Home based providers: Number of children with special needs receiving scholarships at the end of the quarter (subtracting disenrolled)		0	0	0		
Number of Infant (0-12 months) slots filled end of the quarter		1.0	1.0	0.0		
Number of toddler (13-35 months) slots filled end of the quarter		9.0	8.0	8.0		
Number of preschooler (36 months - 5 yrs) slots filled end of the quarter		14.5	20.0	25.0		
<b>Number of slots filled with children (0-5 yrs) end of the quarter</b>	<b>31</b>	<b>24.5</b>	<b>29.0</b>	<b>33.0</b>		<b>33.0</b>
Number of FTF slots vacant for children (0-5 yrs)		0	0	0		



## ***Regional Director's Report*** ***October 7, 2013***

### ***Regional Updates***

#### **Expenditure Report (See attachment)**

- ❖ As of September 27<sup>th</sup>, our grantees had expensed their Fiscal Year 2014 awarded funds at 9.2%, which you can see circled at the bottom of the expenditure report.

#### **Cross Regional Grantee Meeting**

- ❖ On Thursday, September 26<sup>th</sup>, the Southeast Regional Team held a cross-regional grant partner coordination meeting at the Westside Police Service Center in Tucson.
- ❖ The topics discussed at during the meeting were:
  - Communications Plan/Messaging Updates
  - System Building, School Readiness Indicators, and the Benchmarking Process
  - Quality Assurance
  - Regional Boundaries
  - Regional Partnership Council Timeline
  - Community-Based Parent Education and Training Data Reporting
  - Affordable Care Act Resources
  - Highlights from the 2013 Early Childhood Summit
- ❖ The meeting was very well attended and some good discussion was had.

#### **2014 Need & Assets Report**

- ❖ The University of Arizona Norton School continues their work on our 2014 Needs & Assets Report.
- ❖ They're next contract deliverable, which is their monthly status report is due the second week of October.

#### **Community Outreach Update**

- ❖ On Saturday, September 21<sup>st</sup>, First Things First participated in the Special Education Conference at Cochise College, Santa Cruz Center in Nogales put on by Raising Special Kids and the Santa Cruz Parent Love Connection.
  - The conference was put on as an opportunity for parents of children with special needs to learn more about Interpreting, IEP Basics, and positive Behavior Support.
  - We had a table at the event where we handed out Born Learning materials and books.
- ❖ We continue to work on preparations for the 3<sup>rd</sup> Annual First Things First Celebrates the Young Child community event that will take place on February 8<sup>th</sup>, 2014 at the Americana Hotel in Nogales.
  - We've added several new activities for next year's event and continue to look for new learning opportunities.
  - We are working on finalizing the contract with the venue and hope to have it finalized by the end of the month.

### ***Statewide Updates***

#### **Quality Assurance Site Visits**

- ❖ The First Things First Quality Assurance team continues to conduct their site visits across the state.
- ❖ First Things First developed its process for comprehensively measuring the success of First Things First funded programs for children ages 0-5 and their families in Arizona.
- ❖ The First Things First quality assurance system aims to effectively and efficiently measure performance and programmatic implementation.
- ❖ Quality assurance visits started this month to grantees across the state. The quality assurance system is strength-based and collaborative and their main goal is to learn more about the work that our grantees are doing in the community.
- ❖ They have two scheduled visits during the month of November. The two scheduled visits are with:
  - Oral Health Grantee: Mariposa Community Health Center

- Recruitment Into the Field Grantee: Cochise College

### **Discretionary Funding Committee**

- ❖ The Discretionary Funding Committee had its first meeting and Southeast is represented by Tony Bruno (SPMA) and Shanna Tautolo (PYT).
- ❖ The vast majority if the committee members recommend that there not be any changes to the formula in the near future. Tony and Shanna will likely present on the work of the committee during the December Board meeting in Tucson.

### **KDI Update**

- ❖ Progress continues toward developing and implementing an Arizona Kindergarten Developmental Inventory (KDI) tool.
- ❖ The Task Force convened by the Piper Charitable Trust completed their work in July, and a report of that work will be available in September.
- ❖ The U.S. Department of Education has awarded more than \$15.1 million in Enhanced Assessment Grants (EAGs) to three state education agencies—North Carolina, Maryland and Texas—to develop or enhance their Kindergarten Entry Assessments.
- ❖ North Carolina's award amounts to more than \$6.1 million.
- ❖ Arizona is part of the 11-state consortium led by North Carolina.
- ❖ In addition to Arizona, other states in the NC consortium include Delaware, Iowa, Maine, North Dakota, Oregon, Rhode Island, Washington DC and South Carolina as a collaborating state.

### **Race to the Top Application Update**

- ❖ The latest round of the federal Race to the Top – Early Learning Challenge grant was released several weeks ago.
- ❖ Arizona is eligible for up to \$52.5 million over four years (about \$20 million less than in 2011).
- ❖ Much like the round in 2011, the deadline for applications faces an extremely tight turnaround – October 16th.
- ❖ The governor designated First Things First as the lead agency for the 2011 grant. As such, we have taken the lead in coordinating the conversations and work for a possible 2013 Arizona application.
- ❖ We have met with the governor's policy team already and have another meeting scheduled for this September 26<sup>th</sup>.
- ❖ Additionally, we convened a broader stakeholder meeting last week to solicit feedback on a potential 2013 application.
- ❖ The stakeholder meeting and the conversations with the governor's office will ultimately help us finalize the goal areas for a 2013 application.
- ❖ Of course, the final call on whether or not we apply in 2013 rests with the governor's office.

### ***Upcoming Events***

- ❖ **October 10<sup>th</sup>: Chairs & Vice Chairs Meeting in Phoenix**

	Grantee Name	Allotment		YTD Expense	Expense Variance	Award Expended % of Award Expended	Allotment Expended % of Allotment	Reimbursement Activity	
		Total Allotment	Awarded					Pending	Paid (Last 30 Days)
<b>Community</b>	<b>Community Awareness Strategy</b>	\$20,000	\$18,600	\$15,470	\$3,130	83.2%	77.4%		
	First Things First (FTF-Directed)		\$18,600	\$15,470	\$3,130	83.2%			
	<b>Media Strategy</b>	\$25,000	\$25,000	\$24,401	\$599	97.6%	97.6%		
	First Things First (FTF-Directed)		\$25,000	\$24,401	\$599	97.6%			
	<b>Goal Area Subtotal:</b>	<b>\$45,000</b>	<b>\$43,600</b>	<b>\$39,927</b>	<b>\$3,673</b>	<b>91.6%</b>	<b>88.7%</b>		
<b>Evaluation</b>	<b>Regional Family Support Strategies</b>	\$25,000	\$25,000	\$25,000	-	100.0%	100.0%		
	First Things First (FTF-Directed)		\$25,000	\$25,000	-	100.0%			
	<b>Statewide Evaluation Strategy</b>	\$64,943	\$64,943	\$64,943	-	100.0%	100.0%		
	First Things First (FTF-Directed)		\$64,943	\$64,943	-	100.0%			
	<b>Goal Area Subtotal:</b>	<b>\$89,943</b>	<b>\$89,943</b>	<b>\$89,943</b>	<b>-</b>	<b>100.0%</b>	<b>100.0%</b>		
<b>Family Support</b>	<b>Family Resource Centers Strategy</b>	\$555,000	\$555,000	\$417,556	\$137,444	75.2%	75.2%		\$103,873
	The University of Arizona Santa Cruz		\$555,000	\$417,556	\$137,444	75.2%			\$103,873
	<b>Home Visitation Strategy</b>	\$300,000	\$300,000	\$215,331	\$84,669	71.8%	71.8%		
	Arizona Department of Economic Security		\$12,073	\$9,198	\$2,875	76.2%			
	Child and Family Resources Inc.		\$287,927	\$206,133	\$81,794	71.6%			
	<b>Goal Area Subtotal:</b>	<b>\$855,000</b>	<b>\$855,000</b>	<b>\$632,887</b>	<b>\$222,113</b>	<b>74.0%</b>	<b>74.0%</b>		<b>\$103,873</b>
<b>Health</b>	<b>Child Care Health Consultation</b>	\$133,491	\$133,490	\$101,306	\$32,184	75.9%	75.9%		\$676
	First Things First (FTF-Directed)		\$8,197	\$8,197	-	100.0%			
	Maricopa County Department of Public Health		\$2,811	\$562	\$2,249	20.0%			\$44
	Pima County Health Department		\$5,110	\$4,734	\$376	92.6%			\$632
	The University of Arizona Santa Cruz		\$117,373	\$87,814	\$29,559	74.8%			
	<b>Oral Health Strategy</b>	\$74,800	\$74,800	\$65,815	\$8,985	88.0%	88.0%		\$8,247
	Mariposa Community Health Center		\$74,800	\$65,815	\$8,985	88.0%			\$8,247
	<b>Goal Area Subtotal:</b>	<b>\$208,291</b>	<b>\$208,290</b>	<b>\$167,122</b>	<b>\$41,169</b>	<b>80.2%</b>	<b>80.2%</b>		<b>\$8,923</b>
<b>Professional</b>	<b>Recruitment into Field Strategy</b>	\$42,000	\$42,000	\$36,758	\$5,242	87.5%	87.5%		
	Cochise College		\$42,000	\$36,758	\$5,242	87.5%			
	<b>Goal Area Subtotal:</b>	<b>\$42,000</b>	<b>\$42,000</b>	<b>\$36,758</b>	<b>\$5,242</b>	<b>87.5%</b>	<b>87.5%</b>		
<b>Quality and Access</b>	<b>Quality First Academy Strategy</b>	\$4,964	\$4,124	\$2,714	\$1,410	65.8%	54.7%		\$200
	Southwest Human Development		\$4,124	\$2,714	\$1,410	65.8%			\$200
	<b>Quality First Child Care Health</b>	\$2,555	\$2,555	\$1,621	\$934	63.4%	63.4%		\$390
	University of Arizona Cooperative Extension		\$2,555	\$1,621	\$934	63.4%			\$390
	<b>Quality First Coaching &amp; Incentives</b>	\$74,200	\$74,200	\$56,108	\$18,092	75.6%	75.6%		\$888
	Valley of the Sun United Way		\$74,200	\$56,108	\$18,092	75.6%			\$888
	<b>Quality First Inclusion Warmline</b>	\$1,104	\$1,104	\$705	\$399	63.8%	63.8%		\$61
	Southwest Human Development		\$1,104	\$705	\$399	63.8%			\$61
	<b>Quality First Mental Health</b>	\$1,136	\$1,136	\$993	\$142	87.5%	87.5%		\$80
	Southwest Human Development		\$1,136	\$993	\$142	87.5%			\$80
	<b>Quality First Scholarships Strategy</b>	\$145,245	\$145,245	\$145,245	-	100.0%	100.0%		-
	Valley of the Sun United Way		\$145,245	\$145,245	-	100.0%			-
	<b>Quality First Warmline Triage</b>	\$442	\$442	\$404	\$37	91.6%	91.6%		\$38
	Southwest Human Development		\$442	\$404	\$37	91.6%			\$38
	<b>Goal Area Subtotal:</b>	<b>\$229,646</b>	<b>\$228,806</b>	<b>\$207,790</b>	<b>\$21,016</b>	<b>90.8%</b>	<b>90.5%</b>		<b>\$1,657</b>
	<b>Overall Total:</b>	<b>\$1,469,880</b>	<b>\$1,467,639</b>	<b>\$1,174,615</b>	<b>\$293,024</b>	<b>80.0%</b>	<b>79.9%</b>		<b>\$114,453</b>

## ***Regional Director's Report*** ***August 4, 2014***

### ***Regional Updates***

#### **Expenditure Report (See attachment)**

- ❖ As of July 18<sup>th</sup>, our grantees had expensed their Fiscal Year 2014 awarded funds at 80%, which you can see circled at the bottom of the expenditure report.

#### **Birth to 5 Community Forum**

- ❖ The Birth to 5 Community Forum organizing committee is planning on scheduling the next meeting for late August or early September.
- ❖ Debbie Curley of the University of Arizona Cooperative Extension Santa Cruz tallied participant feedback from the first meeting, and we found that most of what people wanted from early childhood capacity building fell into three categories:
  - Improved communication to avoid duplication of services;
  - Filling service gaps; and
  - Shared professional development opportunities
- ❖ As a result, we will be organizing quarterly meetings in which we will highlight a topic area for early childhood services. The first topic area will be BEHAVIORAL HEALTH. We will highlight:
  - The need for behavioral health services in Santa Cruz County
  - Presentations from various service providers that inform others on what they do
  - Possible service gaps within Behavioral Health as it relates to children birth to 5.

#### **Back to School Events**

- ❖ On July 19<sup>th</sup>, we participated in the NUSD Jump Back to School event where we handed out Born Learning information to parents of young children, grade level Scholastic books and some school supplies.
- ❖ On July 26<sup>th</sup>, we participated in the SCVUSD Back to School Blitz where we handed out Born Learning information to parents of young children, grade level Scholastic books and some school supplies.

### ***Statewide Updates***

#### **FTF Public Awareness Campaign**

- ❖ One of First Things First's chief responsibilities, by law, is to increase public information on the importance of early childhood development and health. This information is key for parents, caregivers and other adults to do their part in getting Arizona's kids ready for school and set for life. In order to remain visible and relevant among the wave of advertising parents and caregivers are exposed to every day, First Things First varies the content of its advertising every 18 months or so.
- ❖ The upcoming ads are testimonial in nature and feature three community volunteer spokespeople: Nicole Teyechea McNeil, an early educator from Phoenix; Dr. Lyndy Jones, a Tempe pediatrician; and, the Honorable Richard Weiss, a Juvenile Court Presiding Judge in Mojave County. The content of the ads are straight-forward messages about early childhood including:
  - Teachers Know: School Success Begins at Birth;
  - 90% of a Child's Brain Develops by Age 5; and,
  - Strong Families Build Strong Communities.

Each ad concludes with the call to action, "First Things First, Arizona!" and our web address.

- ❖ Our new creative will launch at the beginning of July and includes television, radio, online, cinema, newspaper, magazine and (in areas where limited advertising space is available) grocery. We look forward to helping more Arizonans understand the critical importance of the early years and what they can do to help our youngest children succeed in school and in life.

#### **Upcoming Events**

- ❖ August 18<sup>th</sup> and 19<sup>th</sup>: FTF Early Childhood Summit at the Phoenix Convention Center.