



2012

NEEDS AND ASSETS REPORT

Santa Cruz Regional Partnership Council



FIRST THINGS FIRST

Ready for School. Set for Life.



FIRST THINGS FIRST

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August 14, 2012

Message from the Chair:

The past four years have been rewarding for the First Things First Santa Cruz Regional Partnership Council as we work towards our mission to build better futures for young children and their families. The Regional Council and our community partners have touched the lives of many young children and their families through enhanced family support and education programs, child care tuition scholarships, professional development opportunities for early childhood educators, and oral health screenings. The opening of three family resource centers has been an essential element in assisting the fulfillment of the mission. The region also held its first community outreach event, "First Things First Celebrates the Young Child," in April 2012. This event brought grantees, community partners, and families together in recognition of the importance of early childhood development and education.

The First Things First Santa Cruz Regional Partnership Council will continue to provide opportunities for families to access information and supports to enhance their role as their child's most important teacher, increase access to high quality learning opportunities throughout the region, and address the oral and physical health needs of children in throughout the community.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Santa Cruz Region in 2008, 2010 and most recently in 2012. 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, and are a critical resource for the community. 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 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 volunteers, community partners, and staff, First Things First is making a tangible difference in the lives of our youngest citizens in the region and throughout the entire state.

Sincerely,

Anna Rosas, Chair

Santa Cruz Regional Partnership Council

Santa Cruz Regional Partnership Council

Introductory Summary and Acknowledgments

First Things First Santa Cruz Regional Partnership Council

The way in which children develop from infancy into 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 for 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 in the Santa Cruz Region include affordable high quality early childhood education and care; comprehensive family education and support services; and access to services that support young children's healthy development.

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. A strong focus throughout the Santa Cruz Region in the past year is providing assistance with child care tuition scholarships, home visitation and parent education services, oral health screenings, and professional development programs for early childhood educators. This report provides basic data points that will aid the council's decisions and funding allocations, while contributing to a comprehensive statewide early childhood system.

Acknowledgments

In addition to the staff of the Norton School at the University of Arizona, the First Things First Santa Cruz Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous conversations and provided information during this year's assessment process. The successes thus far have been due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge, and expertise on behalf of children and families.

To the current and past members of the Santa Cruz Regional Partnership Council, your dedication, commitment, and passion have 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 would also like to acknowledge the Arizona Department of Economic Security and 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 throughout Santa Cruz County; 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 in Santa Cruz County; Nogales Unified School District; Santa Cruz Valley Unified School District #35; and Santa Cruz County Superintendent of Schools.

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Executive Summary

The First Things First Santa Cruz Regional Partnership Council works to focus attention on early childhood development in the Santa Cruz Region. (The region is almost identical to Santa Cruz County; it does not include the Amado community, but it does include parts of southeastern Pima County and western Cochise County.)

According to the 2010 US Census, there were 47,545 people living in the region, of whom 4,436 were children under the age of six. Although 95 percent of the region's children under six live in zip codes 85621 (Nogales) and 85648 (Rio Rico), there are young children living throughout the region. Over the past decade, the number of young children in the county increased by about 10 percent, with most of the growth occurring in the Rio Rico area. Nearly one in four of the region's young children were not living with either parent, but with their grandparents or other relatives.

About 82 percent of the population in the region report Hispanic ethnicity. Spanish is spoken at home in 76 percent of the households in the county. Although many of these households are bilingual, 26 percent of the households report that no adult in the household speaks English well. In the city of Nogales, 95 percent of households speak Spanish at home, and 39 percent report that no adult in the household speaks English well. Lack of English proficiency was seen by key informants as a barrier to employment in the region.

Families in the region face a number of economic challenges. One quarter of the population of Santa Cruz County lives in poverty, which is higher than the statewide average of 15 percent. Likewise, the median annual income in Santa Cruz County (\$40,933) is much less than the median income statewide (\$59,840). In 2011, the average unemployment rate in Santa Cruz County (16%) was nearly double the statewide rate (9%). The early 2012 home foreclosure rate in Rio Rico, the fastest growing community in the region, was about twice the state and county rate.

Many young children in the region are touched by hard economic circumstances. Nearly half of the children under six in the county received Supplemental Nutrition Assistance Program (SNAP) benefits during July of 2011; seventy-five percent of the children under five participated in the WIC program; and many of the county's school-aged children are eligible for free-or-reduced-price lunch.

Although the cost of child care in the region is somewhat lower than in other areas of the state, it remains unaffordable for many families. The majority of regulated childcare sites in the Santa Cruz region are family homes. In addition, there are four Head Start Centers (three in Nogales and one in Rio Rico) and 12 childcare centers.

Health care is available at several sites in the region: Holy Cross Hospital, Mariposa FQHC, Rio Rico Medical and Dental Center, Patagonia Health Center, and Sonoita Family Health. However, transportation difficulties make it difficult for some families, especially those living in more rural areas of the region, to access these services.

During 2010, there were 693 births to mothers who live in Santa Cruz County. The majority of women in the region give birth at Holy Cross Hospital. About two-thirds of these mothers received prenatal care early, during the first trimester, which is substantially lower than the state (77%) and the Healthy People 2020 target of 78 percent. The percent of births to uninsured mothers is much higher in the county (12%) than in the state (4%).

The birth rate for teenage mothers in Santa Cruz County (62 births per thousand teenage girls) is higher than the statewide rate (55 births per thousand). The infant mortality rate in the county (5.5 per thousand) is, however, lower than the statewide rate (6.7 per thousand).

Although there are substantial challenges facing families in the region in these hard economic times, the region has a number of strengths to draw on. Families in the region are supported by a number of agencies that provide home visitation services, which include parenting education, health education, family reunification support, breastfeeding support, and early literacy development. Three Family Resource Centers have been opened in the region in the past two years. These centers, located in Nogales, Rio Rico, and Patagonia, provide a wide variety of services for young children and their families. These resources are assets to the communities in the Santa Cruz region, and may be leveraged by families to address many of the common challenges that they face. In addition, the region has a number of coalitions coming together across agencies to support families. By strengthening this network of collaboration, the region can better coordinate services to families in the region's diverse communities.

Who are the families and children living in the Santa Cruz region?

Overview of 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 is 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, receiving approximately 50 percent of the nation's produce 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, which are known as "Arizona's Wine Country", and the art galleries of Tubac, which have attracted national acclaim.

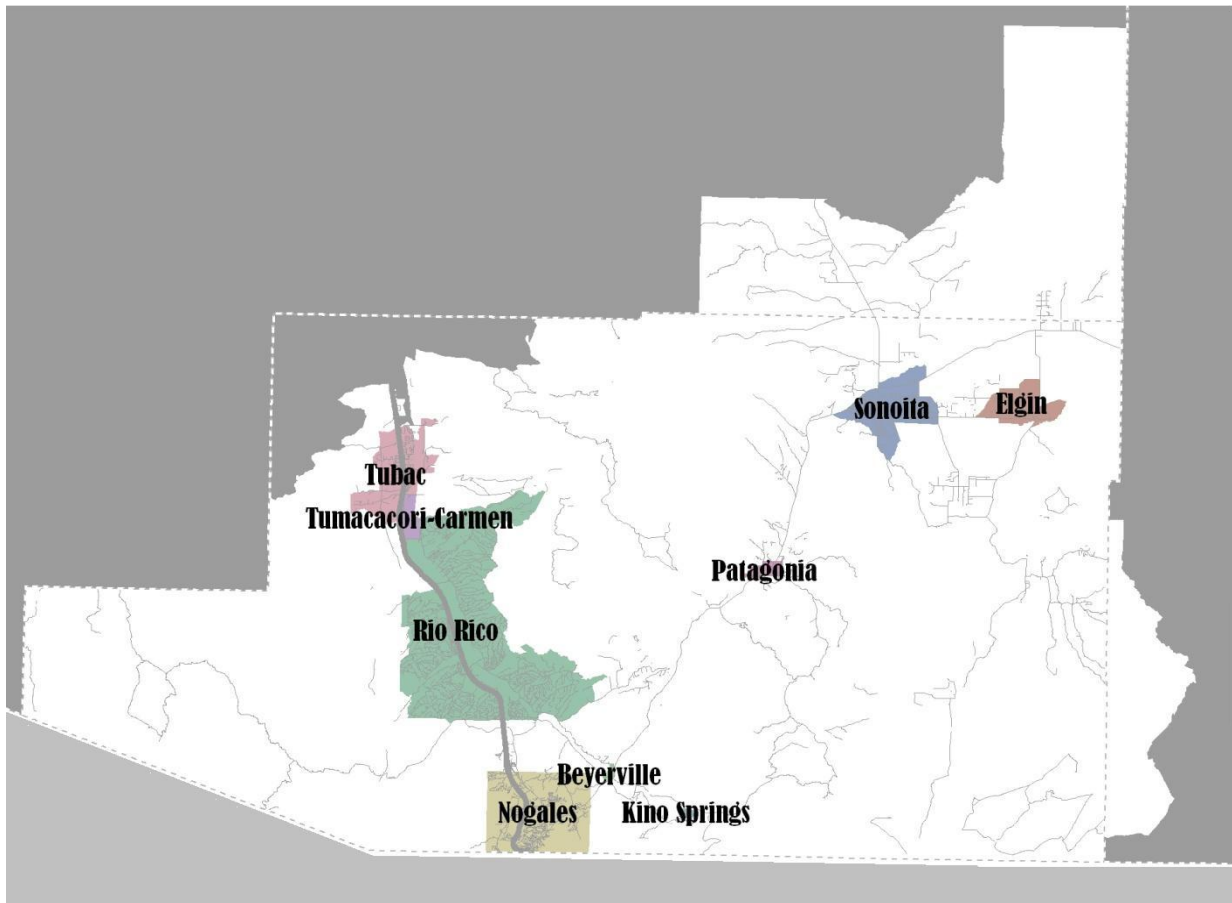
The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, and findings from additional data collection that was conducted specifically for this report. The Santa Cruz Regional Partnership Council expressed a special interest in obtaining additional information about domestic violence in the region and about children living in isolated areas. In order to supplement the available quantitative data related to these topics, key informant interviews were also conducted with representatives from various agencies. Appendices A and B provide more detailed information about these data collection methods and the instruments used.

General Population Trends

The Santa Cruz region is situated on the southern border of the United States, adjacent to Mexico.

The white 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, Beyerville, 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 below are those determined by the US Census Bureau.

Figure 1. The Santa Cruz region



First Things First regional boundaries were 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

Figure 2 shows how the Santa Cruz region is currently defined by First Things First. The nine zip codes which are primarily located in Santa Cruz County (85611, 85621, 85624, 85637, 85640, 85646, 85648, 85628, and 85662) are assigned to the Santa Cruz region. (Two of these zip codes, 85628 and 85662, are non-geographical and do not appear in the map.)

Note that the Santa Cruz region is not quite identical to Santa Cruz County. Regional boundaries are reviewed every two years to determine whether a change would better serve children and families in the regions affected. In 2009, it was determined that the 85645 zip code, which partially lies in Santa Cruz County and includes the community of Amado, would be more appropriately served by the South Pima region, because families in that area would be more likely to access services in the South Pima region. Likewise, it was determined that families in the 85637 and 85611 zip code areas would be most appropriately served by the Santa Cruz region, even though these zip codes reach north into Pima County and east into Cochise County.¹

In this report, we will be careful to distinguish between the *Santa Cruz region* and *Santa Cruz County*. When data are available by zip code, we can sum the data to obtain totals for the region. When data are not available at the zip-code level, however, we will be unable to calculate totals for the region. Instead, we will have to report numbers for Santa Cruz County (even though they include Amado and exclude the Pima County and Cochise County portions of regional zip codes).

¹ Canon, L. & Lester, E. (2009). *First Things First Regional Partnership Council Boundaries Review: Findings and Recommendations*.

Figure 2. The Santa Cruz region, by Zip Code

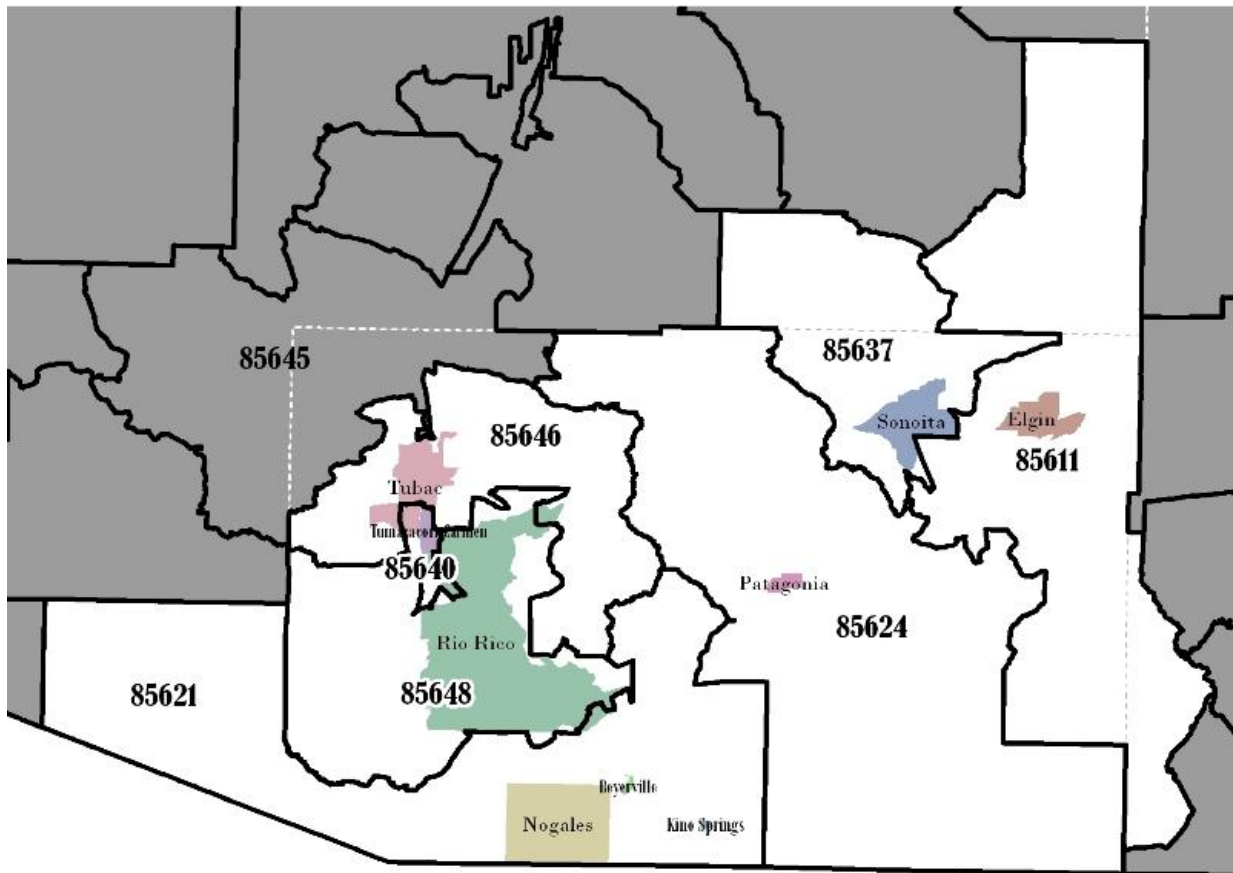
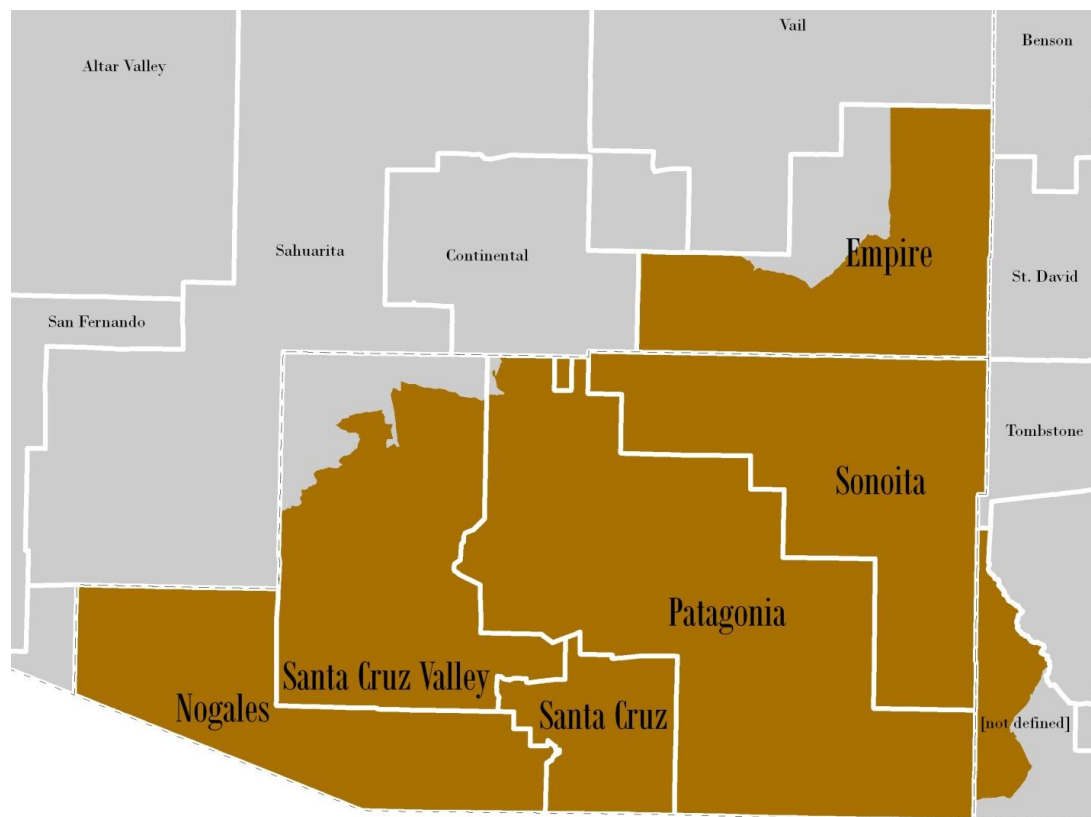


Figure 3 below shows the school districts that fall within the Santa Cruz region. There are five elementary or unified districts in Santa Cruz County: Nogales, Santa Cruz Valley, Santa Cruz, Patagonia, and Sonoita. (In addition, there is the Patagonia Union High School District.)

The portion of the regional zip code 85611 which lies in Cochise County is sparsely populated, and has no defined school district. Portions of the regional zip codes 85637 and 85611 (those in Pima County) lie in the Empire Elementary 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 (Pima County).

Figure 3. School Districts in the Santa Cruz region



According to 2010 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 were children under the age of six. (The totals for the county are very close to those for the region. There were 47,420 people living in the county in 2010, of whom 4,435 were children.) The table below lists the total population and number of households for the state, the county, the region, and each of the Zip Code Tabulation Areas (ZCTA)² in the region.

Table 1. Population and households by area in the Santa Cruz region

GEOGRAPHY	PLACE NAME	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
					Count	Percentage
Arizona		6,392,017	546,609	2,380,990	384,441	16%
Santa Cruz County		47,420	4,435	15,437	3,231	21%
Santa Cruz Region		47,545	4,436	15,484	3,234	21%
85611	Elgin area	965	48	424	35	8%
85621	Nogales area	23,054	2,240	7,297	1,607	22%
85624	Patagonia area	1,426	80	667	58	9%
85637	Sonoita area	1,268	35	582	27	5%
85640	Tumacacori area	441	25	162	12	7%
85646	Tubac area	1,311	32	680	27	4%
85648	Rio Rico area	19,080	1,976	5,672	1,468	26%

Source: US Census 2010, Tables P1, P14 & P20

The Santa Cruz region has a greater proportion of households with children 0 to 5 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 figures above, the majority of children aged 0 to 5 in the Santa Cruz region live in either the Nogales area (85621) or the Rio Rico area (85648).

² Zip Code Tabulation Areas (ZCTA) are census approximations to zip codes, which are not technically geographic areas. We will use the phrase zip code as short-hand for ZCTA when discussing census data.

Figure 4 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A dot on the map represents one child. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010.

The map in **Figure 5** zooms in on the I-19 corridor, where the majority of the young children are found.

Figure 4. Geographic distribution of children under six according to the 2010 Census (by census block)

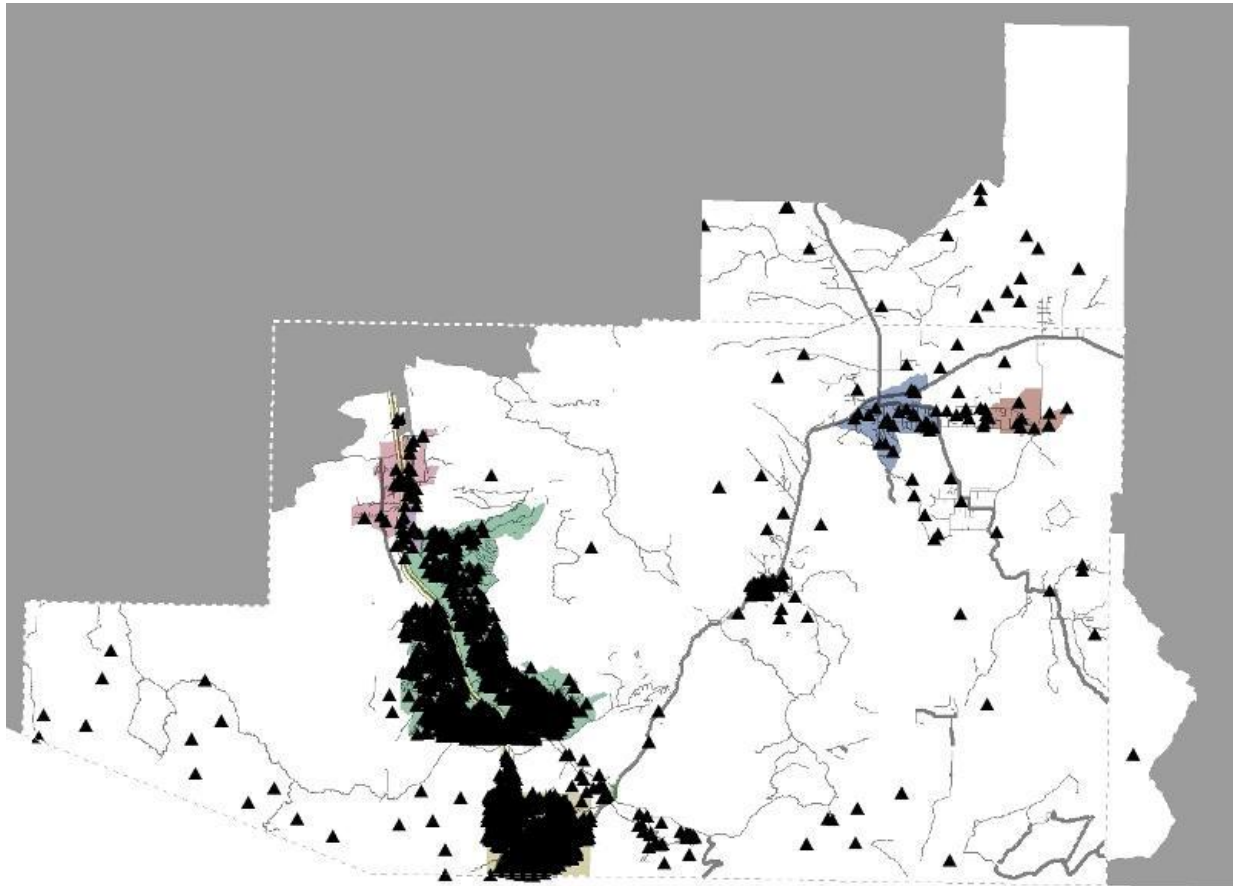


Figure 5. Geographic distribution of children under six according to the 2010 Census (by census block). Close-up view of Tubac, Rio Rico, and Nogales

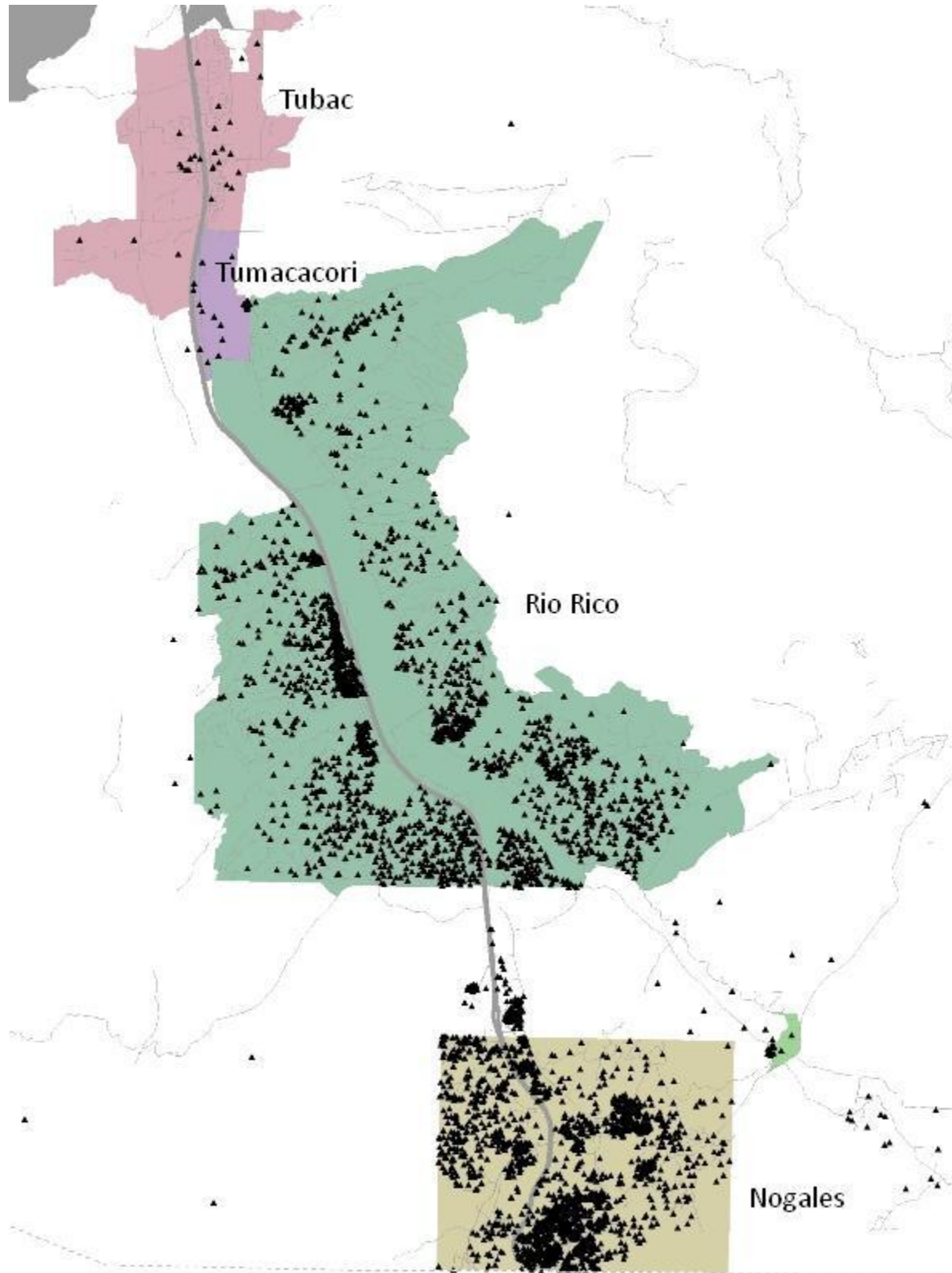


Table 2 shows that, from 2000 to 2010, Santa Cruz County saw a 24 percent increase in its total population. During that decade, however, the number of young children increased by only 10 percent.

Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%
Santa Cruz County	38,381	47,420	+ 24%	4,027	4,435	+ 10%
Nogales city	20,878	20,837	0%	2,223	2,023	-9%
Rio Rico community	10,413	18,962	+ 82%	1,305	1,974	+ 51%
Patagonia town	881	913	+ 4%	55	59	+ 7%
Remainder of Santa Cruz County	6,209	6,708	+ 8%	444	379	-15%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

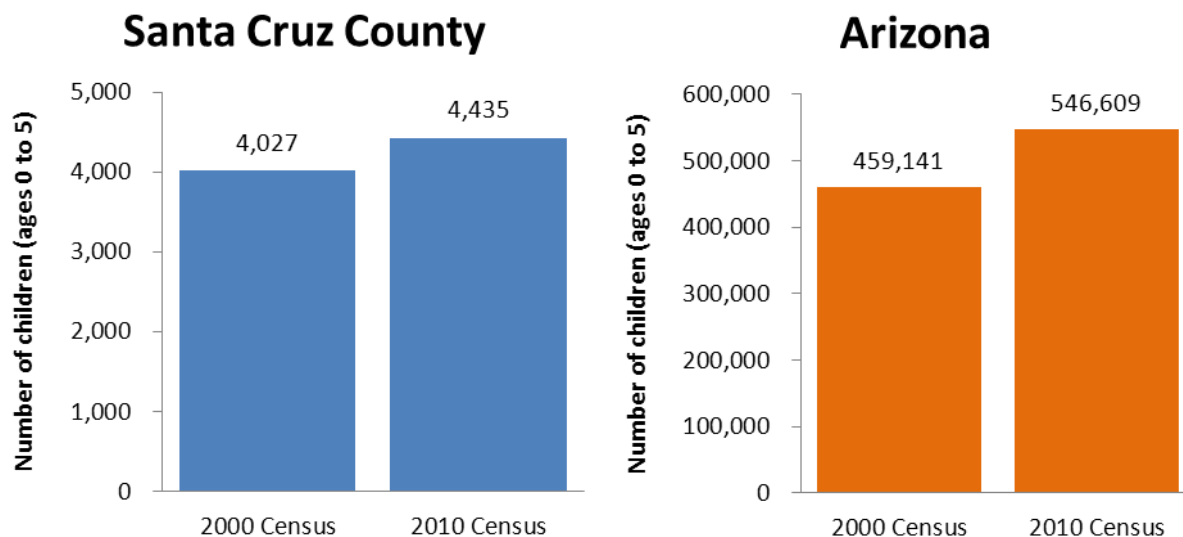
In the city of Nogales, the total population was almost unchanged, but the number of young children decreased by 9 percent. The town of Patagonia experienced a slight increase in both total population (4%) and the population of children aged 0-5 (7%). In the Rio Rico community, the total population grew by 82 percent, and the number of young children grew by 51 percent. Most of the population increase in the county from 2000 to 2010 can be attributed to the growth of the Rio Rico community.

As the population has grown, there are increasing numbers of young children in need of services and developmental opportunities in the Santa Cruz region. This may be particularly true of the Rio Rico community, which the Census shows as growing at a more rapid rate than the rest of the region.³

Figure 6 below shows the population change in children aged 0 to 5 in the Santa Cruz region as compared to the population change in children aged 0 to 5 in Arizona overall.

³ Key informants interviewed for this report indicated that in recent years they have seen a trend of people moving from Nogales to Rio Rico, a community that has seen an exponential growth in the last decade, but that, according to key informants, does not yet have a strong “sense of community”.

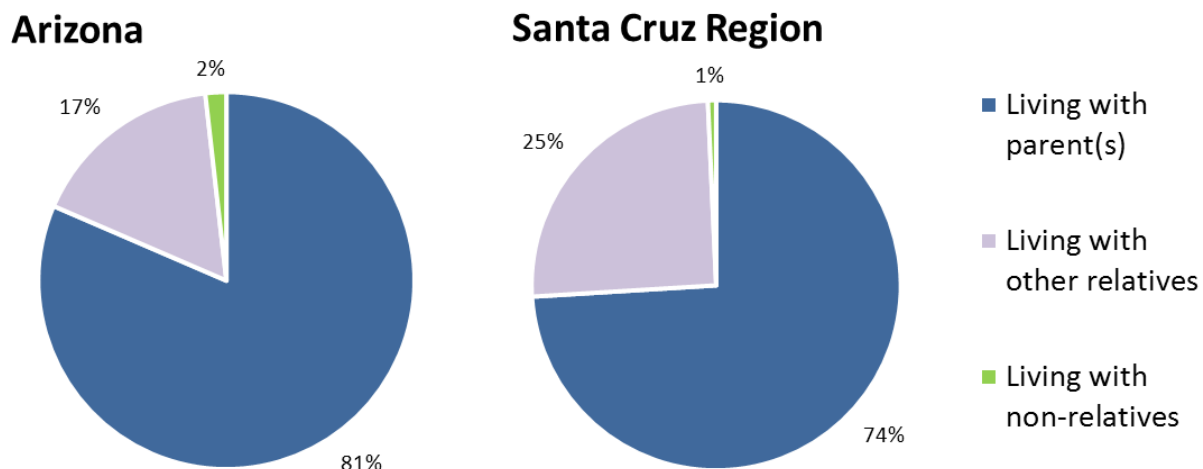
Figure 6. Population Changes from 2000 and 2010 in the number of children aged 0 to 5



Additional Population Characteristics

In the Santa Cruz region, about 74 percent of children are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a lower proportion than the statewide percentage (81%). One in four young children in the region are living with relatives other than their parents (such as grandparents, uncles, or aunts). **Figure 7** below illustrates this distribution.

Figure 7. Living arrangements for children in the state and in the Santa Cruz region



Source: U.S. Census 2010; Tables P41 & PCT14

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent’s household. In Arizona, according to the 2010 Census,

approximately 74,153 children aged 0-5 (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁴

The percentage of grandparents caring for grandchildren varies across Arizona. In the Santa Cruz region, 976 children 0-5 (22%) are living in a grandparent’s household, which is higher than than the statewide rate (14%). However, variance within the region, as shown in **Table 3** below, should be noted. Although 31 percent of children aged 0-5 in Patagonia are living in a grandparent’s household, only 12 percent of children aged 0-5 are living in a grandparent’s household in Tumacacori-Carmen. The proportion of households with three or more generations in the Santa Cruz region (10%) is double the statewide proportion (5%).

Table 3. Number of children living in a grandparent's household by area in the Santa Cruz region

GEOGRAPHY	PLACE NAME	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
			Count	Percentage		Count	Percentage
Arizona		546,609	74,153	14%	2,380,990	115,549	5%
Santa Cruz County		4,435	979	22%	15,437	1,500	10%
Santa Cruz region		4,436	976	22%	15,484	1,501	10%
85611	Elgin area	48	8	17%	424	14	3%
85621	Nogales area	2,240	568	25%	7,297	838	11%
85624	Patagonia area	80	25	31%	667	21	3%
85637	Sonoita area	35	7	20%	582	16	3%
85640	Tumacacori area	25	3	12%	162	6	4%
85646	Tubac area	32	8	25%	680	17	3%
85648	Rio Rico area	1,976	357	18%	5,672	589	10%

Source: U.S. Census 2010; Tables P41 & PCT14

Overall, 82 percent of the people living in the region identified as Hispanic and 16 percent of the people living in the region identified themselves as White, not-Hispanic (Census 2010, Table

⁴ Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

QT-P4). The Hispanic population in the region is significantly higher than the Hispanic population in Arizona overall (30%), and the population of White, non-Hispanic individuals is significantly lower than in Arizona overall (58%).

Table 4. Race and ethnicity in the Santa Cruz region, Santa Cruz County, and Arizona

GEOGRAPHY	PLACE NAME	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
				WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona		6,392,017	30%	58%	4%	4%	3%	2%
Santa Cruz County		47,420	83%	16%	0%	0%	1%	0%
Santa Cruz region		47,545	82%	16%	0%	0%	1%	0%
85611	Elgin area	965	16%	82%	0%	0%	0%	1%
85621	Nogales area	23,054	94%	5%	0%	0%	1%	0%
85624	Patagonia area	1,426	34%	64%	0%	1%	0%	0%
85637	Sonoita area	1,268	14%	82%	0%	1%	1%	1%
85640	Tumacacori area	441	51%	45%	1%	1%	0%	1%
85646	Tubac area	1,311	21%	77%	0%	0%	1%	1%
85648	Rio Rico area	19,080	85%	14%	0%	0%	0%	0%

Source: U.S. Census 2010; Table QT-P4

As shown in the table above, the racial and ethnic breakdown in the Santa Cruz region varies by community. Although nearly all Nogales residents (94%) report being Hispanic, Elgin and Sonoita are both 82 percent White, non-Hispanic, with only 16 percent of individuals (in Elgin) and 14 percent of individuals (in Sonoita) identifying as Hispanic.

Data about English speaking ability provides additional information about the characteristics of the population in the Santa Cruz region. As shown in **Table 5** below, rates of linguistic isolation are substantially higher in the Santa Cruz region than they are in the State. Households are defined by the Census as linguistically isolated if none of the adults (14 and older) in the household speak English “very well.” Linguistic isolation across the region varies widely; in Nogales, nearly 40 percent of all households are linguistically isolated, although the rate of linguistic isolation in Patagonia is only 3 percent.

Table 5. Home language use in the Santa Cruz region

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	5,783,756	73%	21%	2,326,468	27%	6%
Santa Cruz County	42,975	19%	80%	12,078	76%	26%
Nogales city	19,817	8%	92%	5,213	95%	39%
Patagonia town	581	69%	31%	309	21%	3%

Source: American Community Survey, 2006-2010

Nogales is a largely Spanish-speaking community, as 92 percent of all persons five and older speak Spanish at home in this community. This is more than four times the Spanish-speaking rate in the state overall. Use of Spanish at home does not necessarily mean lack of English language ability. The large proportion of households in which a language other than English is spoken is also an indicator of high rates of bilingualism in the region, which can be considered an asset. On the other hand, key informants pointed out that there is a high need for English as a Second Language (ESL) classes in the region as lack of English proficiency constitutes a major barrier for employment (*See Education Indicators section below for more information about this topic*).

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Community Survey, the percentage of people living in poverty in Santa Cruz County (25%) was substantially higher than the state as a whole (15%; **Table 6**). This proportion is even higher in the community of Nogales, where 29 percent of people are living in poverty. A similar pattern can be observed in the population of children under the age of six. In Arizona, 24 percent of children 0-5 are living in poverty, and this proportion is 36 percent for Santa Cruz County and 41 percent for Nogales. Median family income data from the American Community Survey reflect this pattern; the median income in Santa Cruz County is substantially lower than the median income for the state as a whole, and the median income in Nogales is substantially lower than the median income for the county. Median annual incomes for single mothers and single fathers are also substantially lower in Santa Cruz County than they are in the state overall.

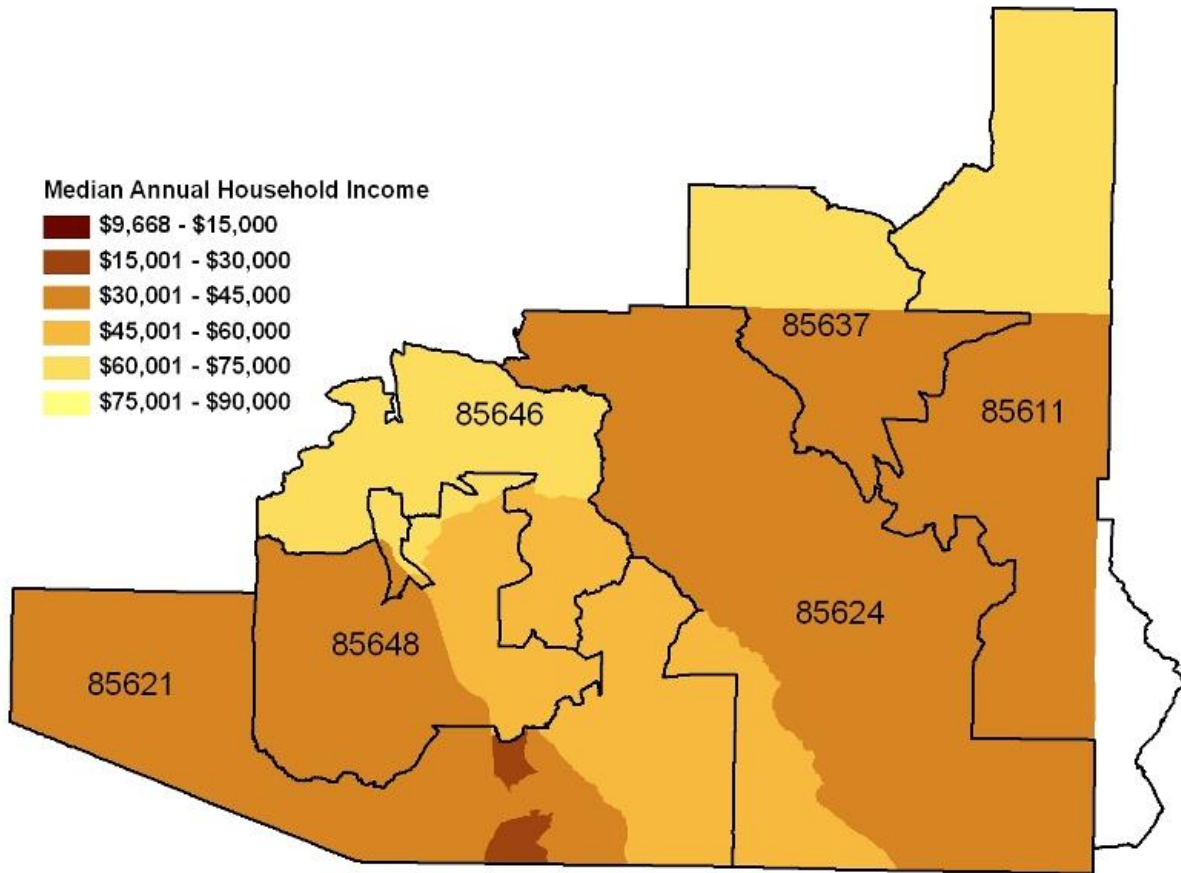
Table 6. Median Family Annual Income and Persons Living Below the U.S. Census Poverty Threshold Level

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	MEDIAN ANNUAL INCOME OF SINGLE FATHERS WITH OWN CHILDREN (2010 DOLLARS)	MEDIAN ANNUAL INCOME OF SINGLE MOTHERS WITH OWN CHILDREN (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	\$38,509	\$26,377	15%	24%
Santa Cruz County	\$40,933	\$22,254	\$18,066	25%	36%
Nogales city	\$32,760	xx	xx	29%	41%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

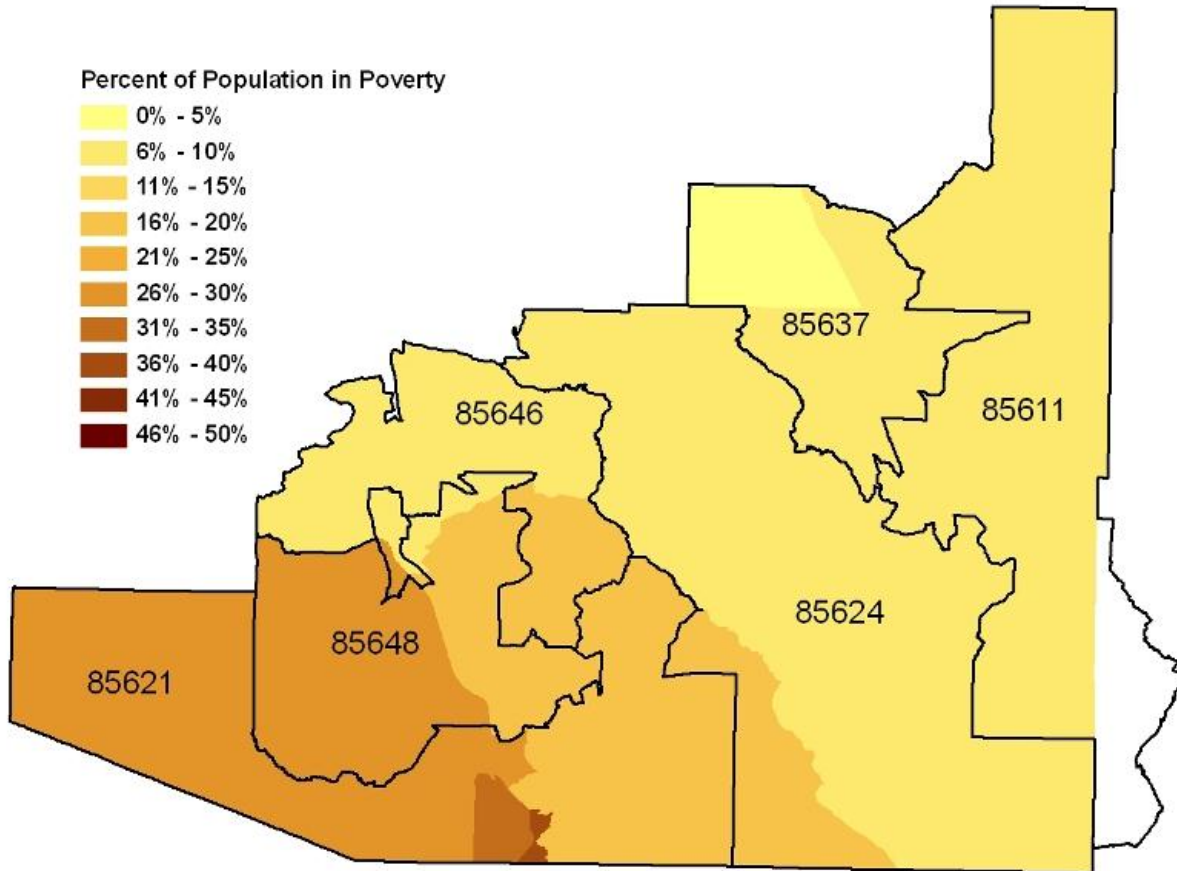
Although average income numbers provided by the Census provide general income information about the community, averages cannot capture variances in income distribution or poverty rates. The American Community Survey provides five-year estimates of both household income and poverty rate, which are mapped in **Figure 8** and **Figure 9** below.

Figure 8. Median Annual Household Income in the Santa Cruz region



In each census tract, half of the households have less than the median income, and half have more than the median, approximately.

Figure 9. Percent of Residents (all ages) Living in Poverty in the Santa Cruz region



The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly. In 2010, the bottom 60 percent of Arizonans (as measured by median household income) earned only 28 percent of the state’s income, although the top 20 percent earned 49 percent.⁵ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country, with over 1 in 4 children living at the poverty level.

Poverty estimates from school districts provide childhood poverty information at a smaller community level. **Table 7** contains poverty estimates for each of the school districts in the region.

⁵ The Arizona Children’s Action Alliance *Income Disparity in Arizona*. Newsletter received October 26th, 2011. <http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

Table 7. Children (ages 5 to 17) in Poverty by School District

DISTRICT NAME	ESTIMATED TOTAL POPULATION	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Empire Elementary District ⁶	449	71	10	14%
Nogales Unified District	22,203	5,281	2,318	44%
Patagonia Elementary District	1,534	139	54	39%
Santa Cruz Elementary District	1,755	466	173	37%
Santa Cruz Valley Unified District	20,107	4,752	1,578	33%
Sonoita Elementary District	1,851	133	32	24%

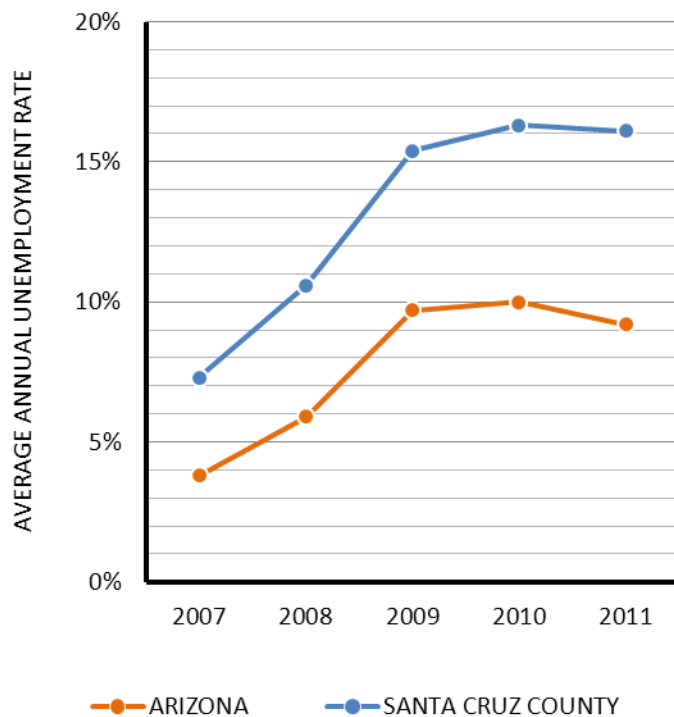
Source: Arizona Department of Education, 2011

Nogales Unified District has the highest percentage of children in poverty (44%), followed by Patagonia Elementary District, which has a poverty rate of 39 percent.

Annual unemployment rates are another important indicator of regional economic vitality. As shown in **Figure 10**, the average unemployment rate in Santa Cruz County in 2011 was 16.3 percent, nearly double the statewide average of 9.2 percent.

⁶ Note: it is important to remember that portions of the regional zip codes 85637 and 85611 (those in Pima County) lie in the Empire Elementary 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 (in Pima County). See Figure 3 for a map that shows the geographic area covered by the Empire Elementary School District.

Figure 10. Annual Unemployment Rates in Santa Cruz County and Arizona



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Key informants indicated that one of the biggest challenges for families in the region is the lack of employment. The produce business employs a large segment of the population (there are 175 warehouses in the area). However, this type of work is often seasonal, leaving families in a precarious situation for long periods of time.

The foreclosure rate in Santa Cruz County (1 in every 309) is very similar to the rate in the state overall (1 in every 312). The foreclosure rate is very low (above 1 in every 700) in many communities in the Santa Cruz region, but is nearly double both the county and state rate in Rio Rico (1 in every 160) as **Table 8** below illustrates.

Table 8. Foreclosures in Arizona, Santa Cruz County, and the Santa Cruz region

Place	February 2012 Foreclosure Rate
Arizona	1 in every 312
Santa Cruz County	1 in every 309
Nogales	1 in every 733
Sonoita	1 in every 719
Patagonia	Insufficient Data
Elgin	Insufficient Data
Tubac	1 in every 380
Rio Rico	1 in every 160

Source: RealtyTrac, Inc. Retrieved from <http://www.realtytrac.com/trendcenter>.

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. In 2009, nearly 28 percent of Santa Cruz County residents’ income came from government benefits, which was about average for Arizona.⁷ Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly known as “food stamps”), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In both Santa Cruz County and the Santa Cruz region the numbers of children on SNAP increased by 16 percent between June 2009 and July 2011. As shown in **Figure 11**, the percentage of children aged 0-5 in the Santa Cruz region that are on SNAP is higher than the percentage of children aged 0-5 in Arizona as a whole that are on SNAP.

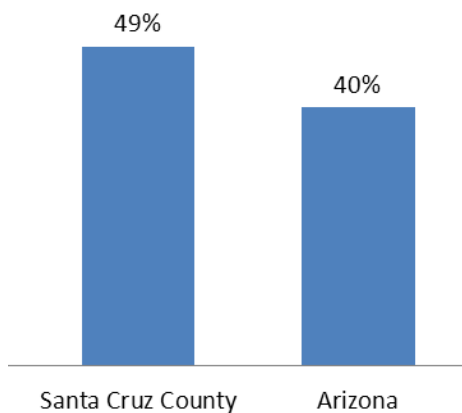
⁷ White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). *The Geography of Government Benefits*. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

Table 9. Children 0-5 Receiving SNAP (Supplemental Nutritional Assistance Program)

	Jan-07	Jun-07	Jan-09	Jun-09	Jan-10	Jul-10	Jan-11	Jul-11
Santa Cruz region	1,294	1,318	1,699	1,878	2,060	1,996	2,103	2,179
Santa Cruz County	1,289	1,319	1,696	1,882	2,056	2,004	2,109	2,183
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398

Source: Arizona Department of Economic Security, 2011

Figure 11. Percentage of Children 0-5 Receiving SNAP in July 2011



Source: Arizona Department of Economic Security, 2011

The number of recipients of emergency food in Arizona rose by 85 percent between 2006 and 2009, and in 2009, nearly half of those recipients were under the age of 18. In 2009, 888,100 unduplicated individuals in Arizona were recipients of emergency food, and the Hunger in America 2010 report estimates that over 10 percent of all Arizona food bank clients have a child between the ages of 0 and 5 in their household. Eighty-four percent of all Arizona food bank recipients were not receiving TANF or other government welfare services.⁸

In contrast to SNAP, the number of children receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been annually enforced by state lawmakers for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years,

⁸ Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

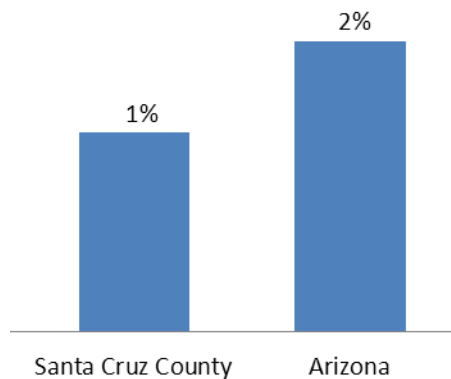
and are estimated to adversely affect 3,500 families across Arizona, including 6,500 children.⁹ Between June 2009 and July 2011, Arizona child TANF recipients decreased by 46 percent, Santa Cruz County child TANF recipients decreased by 60 percent, and Santa Cruz region child TANF recipients decreased by 60 percent (see **Table 10**). As shown in **Figure 12**, the percentage of children in the Santa Cruz region receiving TANF aid is lower than the county and statewide rates.

Table 10. Children 0-5 Receiving TANF (Temporary Assistance for Needy Families)

	Jan-07	Jun-07	Jan-09	Jun-09	Jan-10	Jul-10	Jan-11	Jul-11
Santa Cruz Region	128	115	147	127	120	85	70	61
Santa Cruz County	129	115	145	127	119	84	69	61
Arizona	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837

Source: Arizona Department of Economic Security, 2011

Figure 12. Percentage of Children Receiving TANF in July 2011

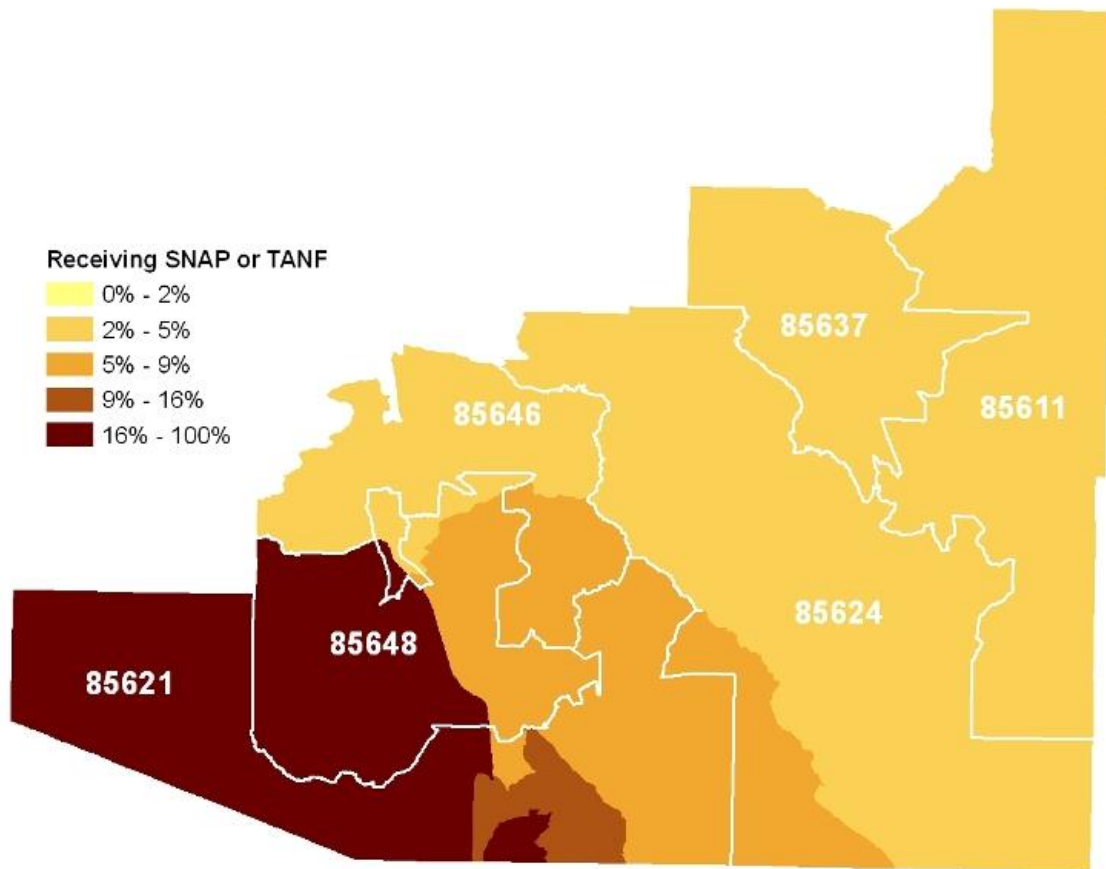


Source: Arizona Department of Economic Security, 2011

The American Community Survey provides small-area estimates of the number of recipients of SNAP or TANF, as shown in **Figure 13** below.

⁹ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

Figure 13. Percent of Households Receiving SNAP or TANF in the Santa Cruz region



According to key informants, transportation is a major challenge in the entire region that impacts the ability of community members to access services and to enroll in public assistance programs. Often, families in the region must travel to Nogales to complete their application process. By gradually becoming ‘hubs’ of access to various services, Family Resource Centers in the region serve as a convenient one-stop location for service enrollment (e.g in Rio Rico, families receive assistance with completing their applications for programs such as AHCCCS (Arizona Health Care Cost Containment System, Arizona’s Medicaid), SNAP or TANF).

Key informants also pointed out that the immigration status of family members in the region has an impact on access to services: mixed-status families (those where some family members are undocumented while others are U.S. citizens or residents) often do not apply for services for those members that would qualify for them out of fear or concern that the undocumented status of the others may be brought to attention and jeopardize the entire family.

Arizona’s WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who

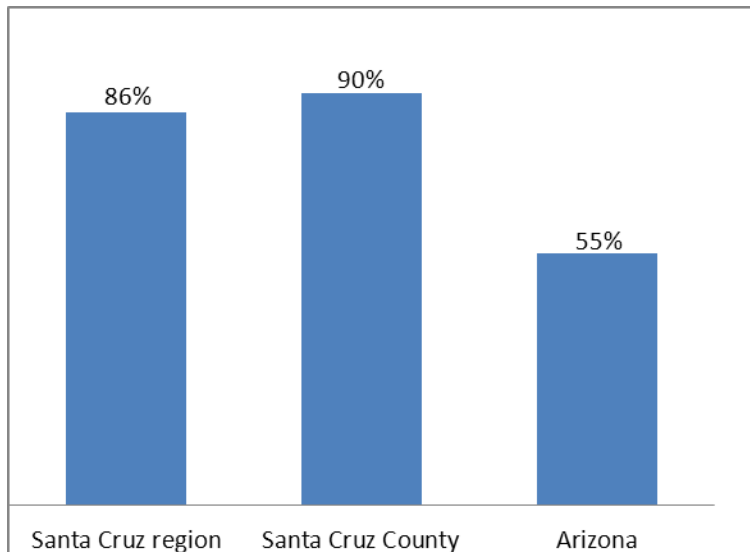
are eligible for the program. Between 2010 and 2011, Arizona, Santa Cruz County, and the Santa Cruz region all experienced slight decreases in WIC recipients. As shown in **Figure 14**, rates of WIC participation in the Santa Cruz region and in Santa Cruz County are higher than in the state of Arizona overall.

Table 11. WIC Participation in Arizona, Santa Cruz County, and the Santa Cruz region

	WIC Participants, 2010			WIC Participants, 2011		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Santa Cruz region	1088	3,295	90%	1079	3,156	86%
Santa Cruz County	1,123	3,417	93%	1,125	3,325	90%
Arizona	91,322	262,805	58%	88,512	251,531	55%

Source: Arizona Department of Economic Security, 2012

Figure 14. 2011 WIC Participation in Arizona, Santa Cruz County, and the Santa Cruz region



Source: Arizona Department of Economic Security, 2012

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. For school year 2011-2012, income criteria were as follows:

Table 12. Free and Reduced Lunch Eligibility Requirements for 2011-2012 School Year

FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR			
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

Source: The United States Department of Agriculture, 2011¹⁰

Free and Reduced Lunch eligibility rates vary by school district in the Santa Cruz region, as shown in **Table 13**. Sonoita Elementary District has the lowest Free and Reduced Lunch eligibility rate in the region at about 29 percent. All other school districts for which free and reduced lunch eligibility data are available have eligibility rates above 70 percent. The highest eligibility rates in the region are in Nogales Unified District (81%) and Patagonia Union High School District (81%).

¹⁰ For more information about Free and Reduced Lunch Eligibility from the U.S. Department of Agriculture, please visit: <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>

Table 13. Free and Reduced Lunch Eligibility in the Santa Cruz region

Free and Reduced Lunch Eligibility, March 2011					
School District Name	Free Eligible	Reduced Eligible	Paid Eligible	Total Eligible	F/R Percent
Nogales Unified District	4265	523	1135	5923	81%
Patagonia Elementary District	**	**	**	**	**
Patagonia Union High School District	113	16	30	159	81%
Santa Cruz Elementary District	127	29	58	214	73%
Santa Cruz Valley Unified District	2397	415	841	3653	77%
Sonoita Elementary District	30	3	81	114	29%

Source: Arizona Department of Education, Health & Nutrition Services, March 2011

Educational Indicators

A national report released in early 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s education attainment. This report noted that low levels of adult education are correlated with low levels of overall child well-being.¹¹ Less than 26 percent of Arizonan adults ages 25 and older hold a Bachelor’s degree or higher level of education.¹²

Adult education levels are known to influence children’s school achievement, and so adult educational achievement is important contextual information for understanding the educational outcomes of younger children in the region. Adults in Santa Cruz County show lower levels of education than the state of Arizona overall, with almost 30 percent of adults in the region without a high school diploma or GED (nearly double the statewide rate of 15%). Only 6 percent of births in Santa Cruz County are to women with a bachelor’s degree or higher level of education.

¹¹ Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O’Hare, W., Mather, M., & Dupuis, G.

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

Table 14. Educational Achievement of Adults in Santa Cruz County

	Santa Cruz County	Arizona
Adults (ages 25+) without high school or GED	29%	15%
Percent of births to women with less than a high-school education, 2010	29%	22%
Adults (ages 25+) with bachelor’s degree or more	17%	26%
Percent of births to women with a bachelor’s degree or more, 2010	6%	10%

Source: American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010

Lack of English proficiency and of a high school diploma or GED, as reflected in the large percent of “linguistically isolated households” and low educational attainment among adults, represent major barriers for employment in the area. Key informants emphasized that there is a big need for adult education opportunities in the region. English as a Second Language (ESL), GED and computer literacy classes are always sought after with long waiting lists, especially for ESL classes. Key informants also pointed out that low English proficiency is a barrier to attracting companies into the area because of a small pool of potential employees who can speak English well.

Santa Cruz County Continuing Education and Literacy Volunteers of Santa Cruz County are the programs certified to provide adult education (ESL and GED) throughout Santa Cruz County. In the school year 2010-2011, 280 adults enrolled in Adult Education classes. A total of 93 Arizona High School Equivalency Diplomas were issued; 30 percent of those who sought a high school equivalency credential passed the GED® Test and earned a diploma.¹³

In June of 2011 the County’s Workforce Investment Act’s One-Stop Center partnered with McDonald’s to provide English classes to McDonald’s employees through the “English Under the Arches” Program. As part of this agreement, McDonald’s offered an in-kind donation that served as a match for the county to access federal funds for adult education and English acquisition.¹⁴

¹³ <http://www.azed.gov/adult-ed-ged/files/2011/06/santa-cruz2011.pdf>

¹⁴ The “English Under the Arches” program provides each student with a laptop so they can follow the lessons and do the work at their own pace. The program has three components: 1) a basic eight-week course; 2) a twenty-two week course of conversation and 3) a writing course.

<http://www.borderecho.com/echoes/2011/08/04/mcdonald%E2%80%99s-serves-up-education/>

http://www.nogalesinternational.com/news/mcdonald-s-employees-learning-english-under-the-arches/article_6656f752-6376-562d-8877-e0cbdd675168.html

The three Family Resource Centers that recently opened in the area (in Nogales, Rio Rico and Patagonia) with funding from First Things First offer adult educational opportunities much needed in these communities¹⁵ as well as practical assistance with tasks such as completion of job applications. Moreover, the Family Resource Centers are the only agencies offering adult education classes that provide childcare and early learning opportunities while parents are in class. This unique set up removes a major access barrier that often keeps parents from taking advantage of this kind of opportunities due to lack of childcare (See *Supporting Families* section for more information on the Family Resource Centers).

Key informants pointed out that unemployment is a major challenge for families in the region, and consequently improved educational opportunities for parents are considered critical. When parents' resources are consumed by the basic necessities of life such as food and shelter, early childhood education for their children often falls to the bottom of their list of concerns. As one key informant noted: "having successful parents helps a family move ahead."

The in-school performance of current students in the public elementary schools in the region is primarily measured by the Arizona Institute to Measure Standards (AIMS).¹⁶ The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute¹⁷ 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. 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 to prepare them to succeed on later tests such as the AIMS.¹⁸ Students must also pass the grade 10 AIMS exams in order to graduate from high school.

¹⁵ Key informants pointed out that the ESL classes at the Nogales Family Resource Center are not funded by First Things First. Volunteers teach the classes, which raises a concern about the sustainability of this important resource.

¹⁶ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

¹⁷ A.R.S. §15-701

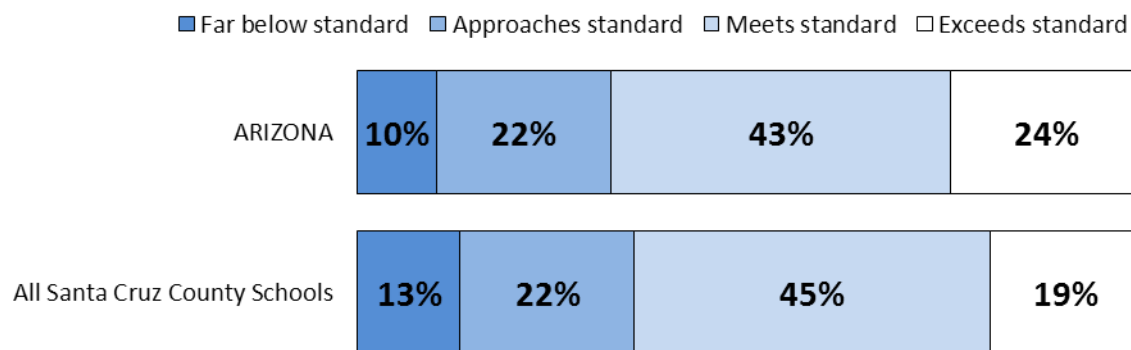
¹⁸ First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Arizona fourth-graders also take the National Assessment of Educational Progress (NAEP), a nationally administered measure of academic achievement that allows for comparisons to national benchmarks.¹⁹

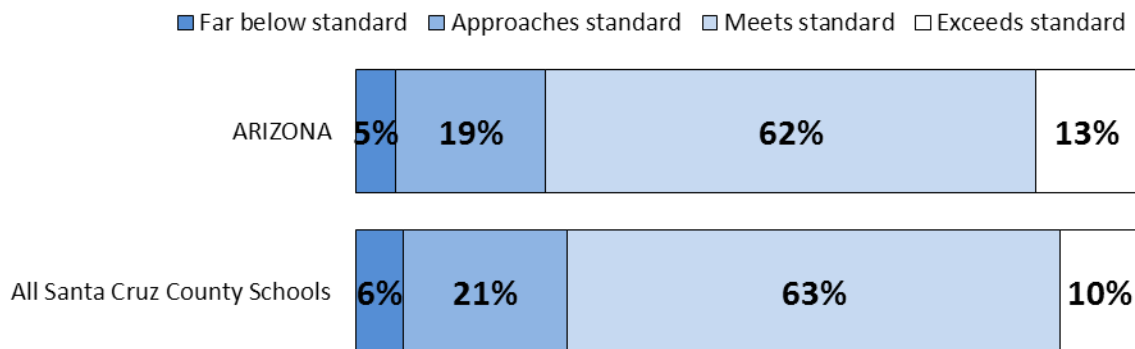
As shown in **Figure 15**, overall, Santa Cruz County 3rd graders performed similarly to students statewide in both math and reading, with a slightly lower percentage of students passing in each subject.

Figure 15. 2011 Results of the Arizona Instrument to Measure Standards (AIMS) Test

Math 3rd-Grade AIMS Results, 2011



Reading 3rd-Grade AIMS Results, 2011



Source: Arizona Department of Education, 2011

¹⁹ The NAEP test is a product of U.S. Department of Education. For more information, visit: <http://nces.ed.gov/nationsreportcard/about/>

Tables 15 and 16 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 varies substantially by school district. Sonoita Elementary District is the best performing school across AIMS subject tests. Although 79 percent of 3rd graders in Sonoita Elementary District are passing the AIMS math test, in Patagonia Elementary District, only 40 percent of 3rd graders are passing. For the reading test, 93 percent of Sonoita Elementary District 3rd graders are passing, although 70 percent or fewer students are passing the reading test in the other school districts in the region. The high proportion of children falling far below the standards in the Patagonia district puts them at risk of high rates of 3rd graders retentions in upcoming years.

Table 15. Math 3rd grade AIMS results, 2011

School District Name	Math % Falls Far Below	Math % Approaches	Math % Meets	Math % Exceeds	Math % Passing
Nogales Unified District	10%	26%	45%	19%	64%
Patagonia Elementary District	30%	30%	40%	0%	40%
Santa Cruz Elementary District	9%	26%	57%	9%	65%
Santa Cruz Valley Unified District	17%	29%	46%	8%	54%
Sonoita Elementary District	7%	14%	36%	43%	79%

Source: Arizona Department of Education, 2011

Table 16. Reading 3rd grade AIMS Results, 2011

School District Name	Reading % Falls Far Below	Reading % Approaches	Reading % Meets	Reading % Exceeds	Reading % Passing
Nogales Unified District	6	25	60	9	69
Patagonia Elementary District	30	20	50	0	50
Santa Cruz Elementary District	4	26	65	4	70
Santa Cruz Valley Unified District	6	23	64	6	70
Sonoita Elementary District	0	7	64	29	93

Source: Arizona Department of Education, 2011

Although 67 percent of fourth graders in Arizona “meet or exceed standards” on the AIMS (Arizona Instrument to Measure Standards) reading test, only 26 percent of Arizonan fourth graders scored “at or above proficient” on the NAEP (National Assessment of Education Progress) reading test.²⁰ Arizona fourth graders made no significant gains in performance on the NAEP reading test between 2009 and 2011, and although gains were made on the NAEP mathematics test, Arizonan fourth graders still fall below national average.²¹

²⁰ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

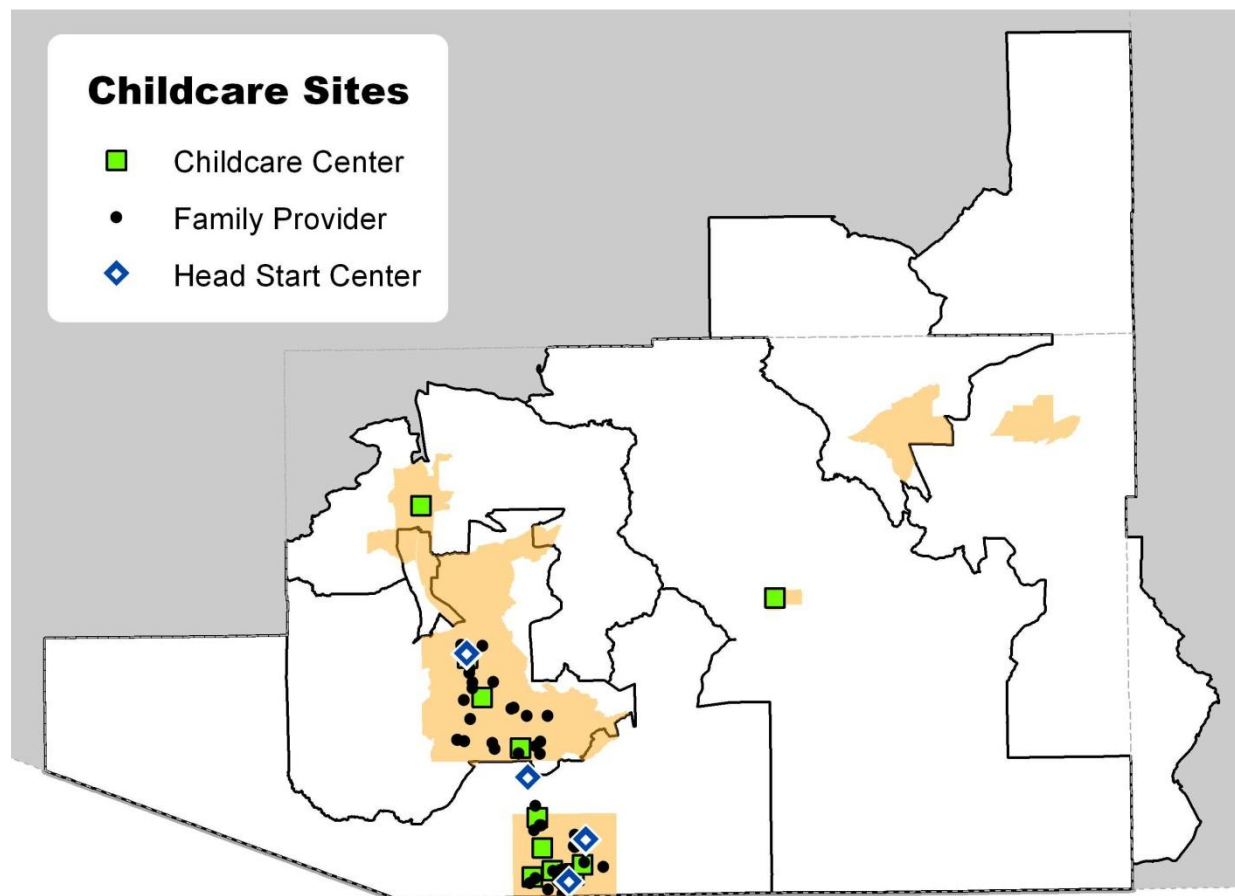
²¹ U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading Assessments.

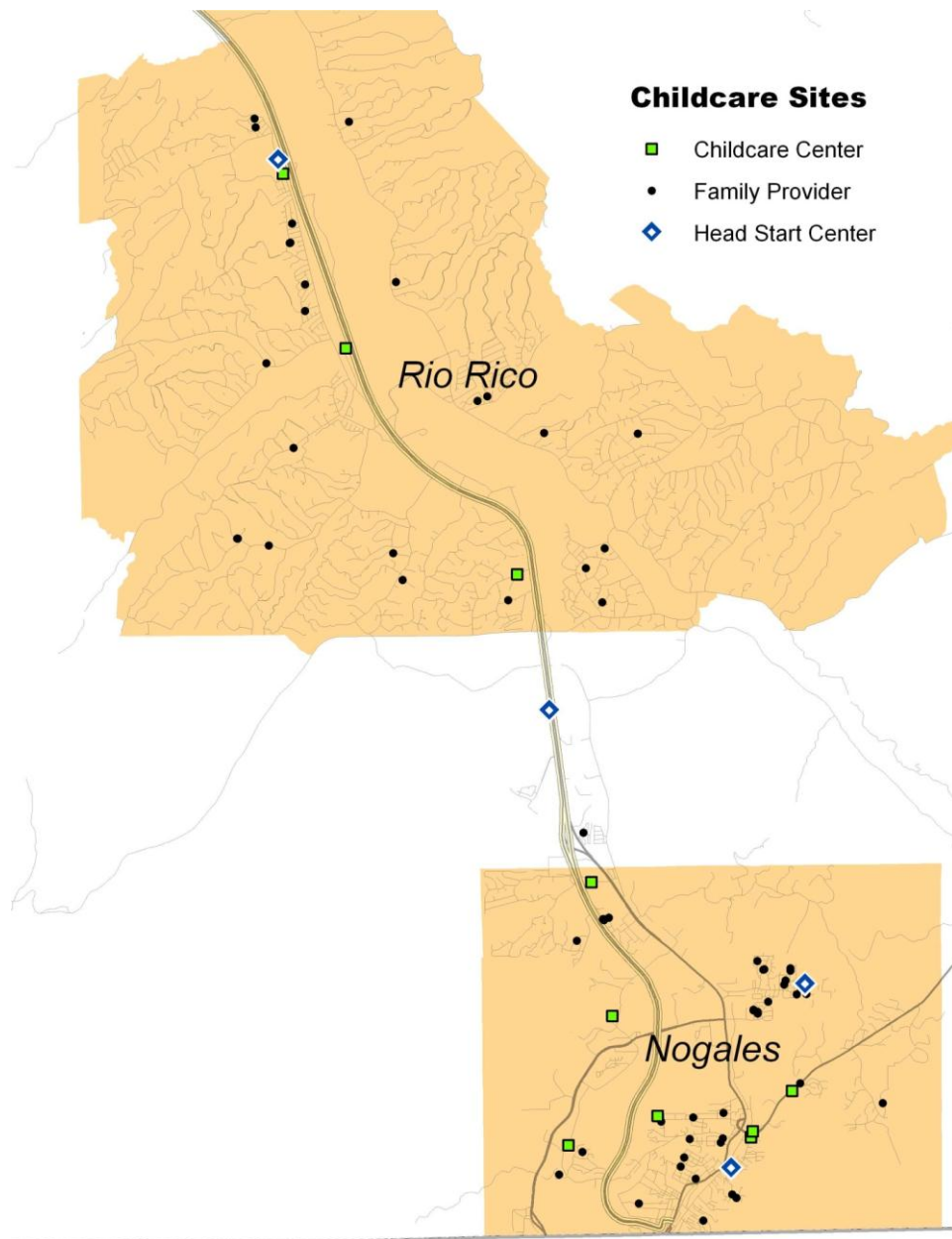
The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

In the Santa Cruz region, there are 77 regulated childcare providers, according to the Arizona Child Care Resource and Referral (CCR&R) report of December 2011. Of these regulated providers, 16 are DHS licensed centers, 1 is a DHS certified group home, and the remaining 60 are DES certified homes. As of March 2012, the total licensed capacity for the region was 1,076 children. However, it should be noted that not all providers have the actual capacity to care for as many children as their license allows, and that some of these slots represent care for children over five. Detailed data on each provider are found in **Appendix F**. The maps on **Figure 16** show the childcare providers in the region.

Figure 16. Childcare providers in the Santa Cruz region





Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center-based or home-based provider 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.

Quality First also provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, scholarships for teachers and aides, child care health consultation, and financial incentives to assist in making improvements. In the Santa Cruz region, 2 centers and 4 homes were enrolled in the Quality First program as of October 2011.

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria.²² Arizona residents not meeting these criteria may still be eligible for Head Start if: their income status is low or very low, they are under-employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age.²³

Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. There are four Head Start centers in the Santa Cruz region –three in Nogales and one in Rio Rico. All of them offer half-day sessions.

Early Head Start is a similar program targeted at families with children aged 0 to 3. Each Early Head Start program determines its own eligibility criteria, although children and families who receive TANF, Social Security, are homeless or in foster care are eligible for services. Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged 0 to 3. The goal of the program is to aid young mothers in being better teachers

²² As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; having a pre-tax household income of \$10,830 for a one-person household, of \$18,310 for a two-person household, \$22,050 for four-person household, of \$25,790 for a five-person household, of \$29,530 for a six-person household, of \$33,270 for a seven-person household, of \$37,010 for an eight-person household, and of \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households.

²³ Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care is provided by the Early Head Start Program. There are two Early Head Start Centers in the region, both located in the city of Nogales.

All Head Start and Early Head Start centers in the region are operated by Child-Parent Centers Inc., which provides Head Start services to five counties in southeastern Arizona. Data provided by Child-Parent Centers for the region show that the four Head Start and two Early Head Start Centers enrolled a total of 351 children ages 0 to 5 in year 2011-2012. The majority of children enrolled (220 or 60%) were 4 years old (Child-Parent Centers, July 2012).

The table below shows the average estimated cost of child care center by percent of median family income in the region. It should be noted that data about median income is available at the community level, but average cost of child care data are available at the state and district levels only. The Child Care Market Rate Survey includes Santa Cruz County in District 6, which also includes Cochise, Graham, and Greenlee counties.²⁴ The calculations in the table below were therefore made with community-level median income data and district-level data about the average cost of childcare.

Table 17. Cost of Full Time Child Care in a Child Care Center by Percent of Median Family Income

GEOGRAPHY	Children Under 1	Children 1 - 2 years old	Children 3 -5 years old
Arizona	16%	15%	13%
Santa Cruz County	18%	15%	15%
City of Nogales, Arizona	22%	19%	18%

Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

As **Table 17** shows, infant care is most costly to families, and subsumes 18 percent of median family income in Santa Cruz County, and 22 percent of median family income Nogales City. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. However, to secure regulated center-based child

²⁴ District 6 is one of six DES-designated sub-state areas, or districts representing a county or group of counties. DES utilizes these districts for planning, service delivery and field operations. Each district is an area with unique needs based upon geographic proximity or other common characteristics.

<https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2010.pdf>

care, more than half the families²⁵ in Santa Cruz region would need to exceed this recommendation for all age groups.

It is important to note that the percentages above are reflective of families with only one young child in need of full-time child care. Families with more than one child under age five requiring child care would exceed the Department of Health and Human Services recommendation by a substantially higher percentage. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a substantially lower median income (see **Table 6**), resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families. The tables below show the cost of child care by percent of median income for both single fathers with own children and single mothers with own children in Santa Cruz County.

Table 18. Cost of Full Time Child Care in a Child Care Center by Percent of Median Family Income, Single Fathers with Own Children

GEOGRAPHY	Children Under 1	Children 1 - 2 years old	Children 3 -5 years old
Arizona	25%	23%	19%
Santa Cruz County	33%	28%	27%

Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

Table 19. Cost of Full Time Child Care in a Child Care Center by Percent of Median Family Income, Single Mothers with Own Children

GEOGRAPHY	Children Under 1	Children 1 - 2 years old	Children 3 -5 years old
Arizona	37%	33%	28%
Santa Cruz County	41%	35%	33%

Source: American Community Survey 2006-2010; Child Care Market Rate Survey 2010

²⁵ Those at the median income level and below

Single parents in the Santa Cruz Region would need to spend more than double the Department of Health and Human Services recommendation for regulated full-time child care in a child care center, and the average single mother would need to spend up to four times this amount.

Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children's Action Alliance, 2008). Results from the 2007 survey (the most recent year for which survey data are available) show that across the state of Arizona, 27 percent of employers required at least some college for teachers and 12 percent required the same for assistant teachers. The percentage of employers across the state requiring this level of education from teachers had decreased over the previous 10 years, from a high of 39 percent in 2009. In 2007 the median salary for assistant teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour. These wages for early care and education workers across the state increased little over a 10 year period.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential. A Bachelor's Degree model of the TEACH program is also currently being developed. According to region's 2013 funding plan, as of fiscal year 2012, there were 8 child care professionals in the Santa Cruz region who had received TEACH scholarships to take coursework leading to an associate's degree.

In addition to the TEACH scholarships, a "Recruitment into Field" professional development program is available in the Santa Cruz region funded by the First Things First Regional Partnership Council in partnership with the local community college. This initiative recruits community members over 18 years old who hold a high school diploma or General Education Development (GED) diploma and provides them with scholarships for college coursework. The scholarships cover tuition and registration for courses in Early Childhood Education. Because these individuals are not working in the early childhood education field at the time of recruitment, they are not eligible for TEACH scholarships. However, the Santa Cruz Regional Partnership Council considers this a "funneling program" that will eventually lead these

individuals to work in early childhood care and education. In FY2011, 20 scholars participated in this program.²⁶

There is one participating TEACH college in the region, Cochise College, which offers an AAS in Early Childhood Education and an AA in Early Childhood Education. Rio Salado College, located in Tempe, additionally offers online degrees in Early Childhood Education and Elementary Education available to residents of the Santa Cruz region. Eastern Arizona College, Pima Community College and Yavapai Community Colleges also offer Early Childhood Education courses and programs in the region.

Health

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas as geographically based areas in which most residents seek primary medical care within the same places. The labels for the Primary Care Areas are drawn from the major population centers for those areas. (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

There are three Primary Care Areas within the region: Nogales (which includes Rio Rico Northwest and Rio Rico Southwest), Patagonia, and Tubac (which includes Rio Rico Northeast and Rio Rico Southeast). The full list of communities included within each area of the region are listed in Appendix C.

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage Area (HPSA). Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). We have included findings for rural areas to allow for comparison of the Primary Care Areas in the region to other sparsely populated portions of the state.

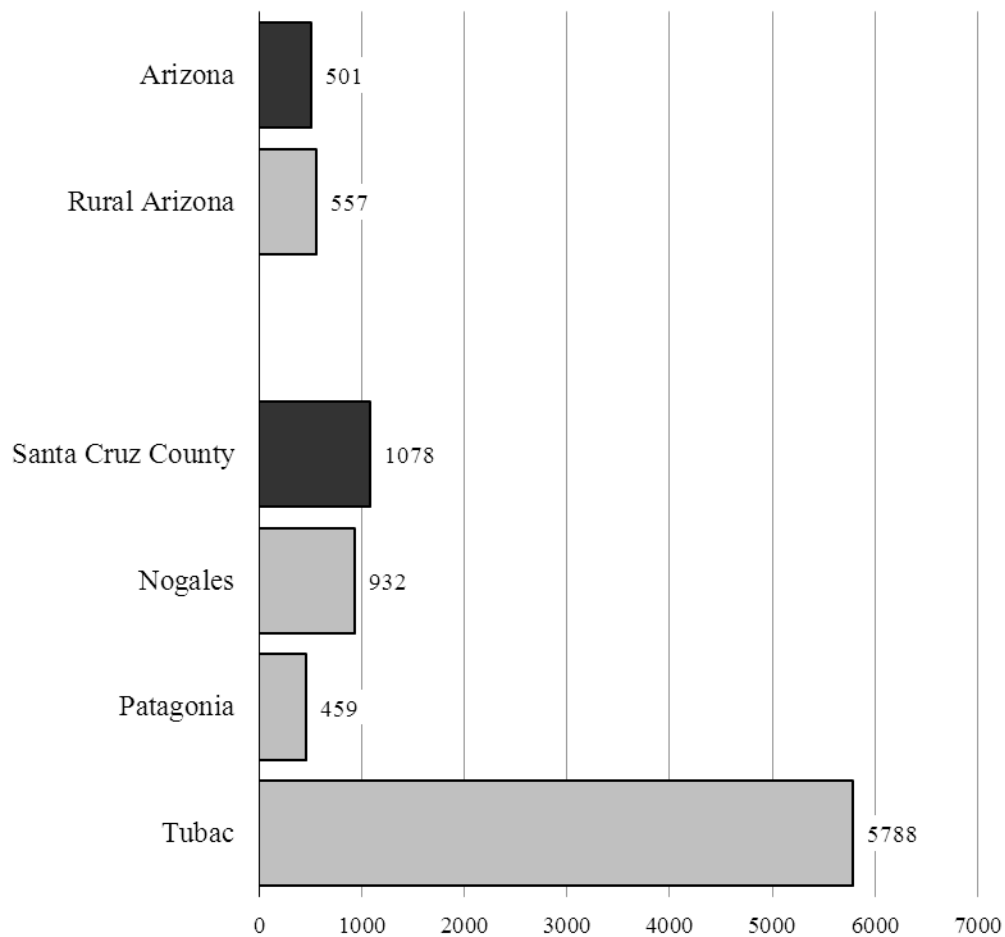
Although none of the three Santa Cruz Primary Care Areas are designated as AzMUAs or HPSAs, Santa Cruz County as a whole is designated as a Federal Medically Underserved Area (MUA).

²⁶ http://www.azftf.gov/RPCCouncilPublicationsCenter/Santa_Cruz_Regional_Funding_Plan_sfy13.pdf

Key informants consulted for this report noted that access to healthcare is often a challenge, particularly for families living far away from services or lacking reliable transportation.

Data about the ratio of population to primary care providers in the various Primary Care Areas is an indicator of the healthcare infrastructure within the region. As shown in **Figure 17**, Santa Cruz County overall has a higher population to provider rate than Arizona overall. Most of the communities in the region for which these data are available have a population to provider rate that is approximately equal to that of the state, with the exception of Tubac, which has a substantially higher rate than the state, county, and other areas in the region, suggesting that access to primary care may be particularly challenging for families in this portion of the region.

Figure 17. Ratio of Population to Primary Care Providers (2010)



Source: Arizona Department of Health Services, January 2012

There are several health care facilities available to community members in the region, although they are mostly centralized in Nogales – two major facilities, Holy Cross Hospital and the headquarters of the Mariposa Community Health Center, are located there.

Holy Cross Hospital is a 72-bed facility that offers general medical and surgical services, 24-hour emergency care, rehabilitation, mammography, ultrasound, and home health services and it is Santa Cruz County's only inpatient medical facility. Providers of specialty care such as orthopedics, dermatology, Ear/Nose/Throat and cardiology visit the hospital weekly.

Mariposa Community Health Center is a Federally Qualified Health Center that offers the following services: adult medicine; obstetrics and gynecology; pediatrics; behavioral health; dental; lab, x-ray, mammography and ultrasound; and pharmacy. Health education services are provided through "Platicamos Salud," its health promotion and disease prevention department. "Platicamos Salud" offers language and culture-appropriate health education, outreach and referral services utilizing a group of community health workers or "promotoras." "Platicamos Salud" provides Women Infants and Children (WIC), nutrition, immunizations and maternal and child health services under contract with the Santa Cruz County Health Department.

Mariposa Community Health Center 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 staffed by a full-time dentist. The Rio Rico Family Resource Center is conveniently located adjacent to this satellite clinic, a big advantage to families who struggle with transportation in the area.

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.

Sonoita Family Health is another health care facility that serves the Sonoita and surrounding areas. Well Child checks, immunizations and state/sport/school physicals are available at this clinic.

A family medicine provider offers services in Tubac.

Despite these options, community members in the region must still travel to Tucson for many aspects of specialty care. Key informants also indicated that many community members seek regular care, dental and specialty health services across the border in the Mexican city of Nogales, Sonora. Services in Nogales, Sonora are often more affordable than those available in Arizona, even for people with health insurance coverage. These services also represent an alternative for low-income, uninsured residents who are able to travel across the border.

Pregnancies and Births

Pregnant women in the region give birth at Holy Cross Hospital, with high risk deliveries taking

place in Tucson. Obstetric services are only available in Nogales, so women in the region must travel there for prenatal care.

According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2011, there were a total of 85,190 live births in Arizona; 694 births occurred in Santa Cruz County.

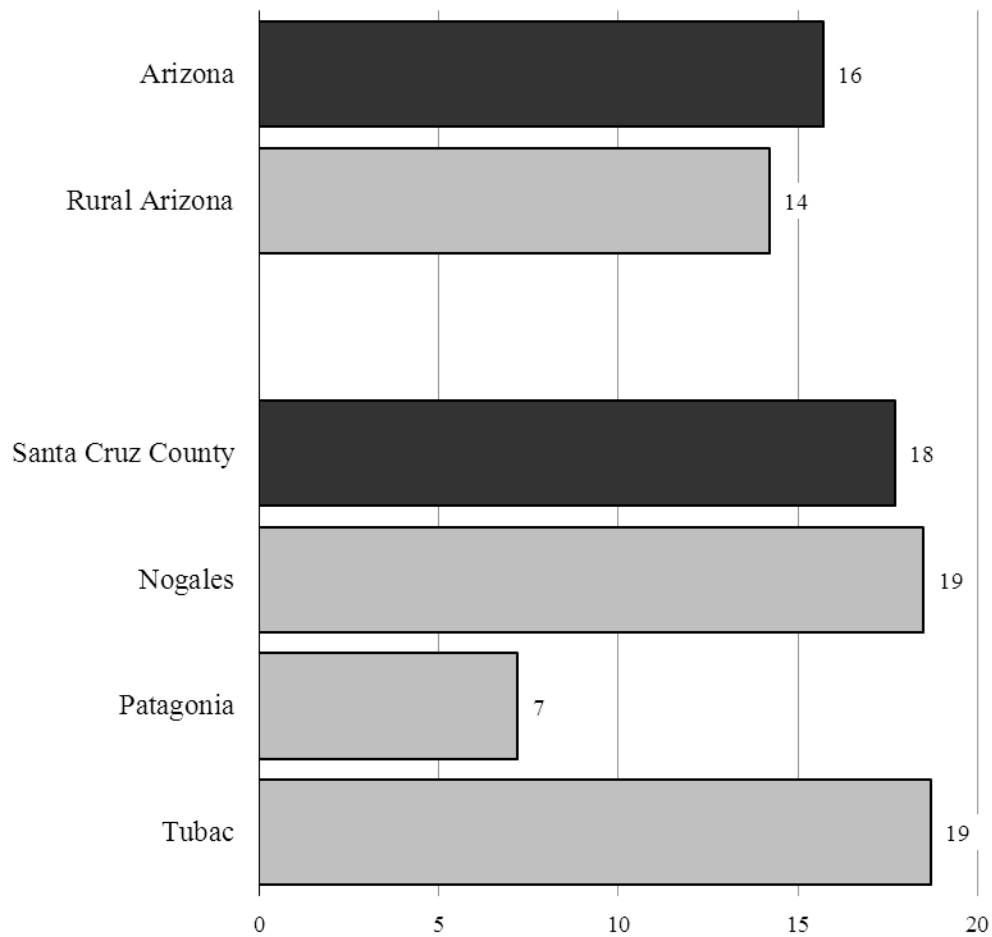
Table 20 below shows the number and location of births to women who reside in Santa Cruz County in 2010. The majority take place in the Santa Cruz County itself (484 or 70%); however, nearly one in three takes place in Pima County (203 or 29%).

Table 20. Births to Women Residing in Santa Cruz County

COUNTY WHERE BIRTH OCCURRED	BIRTHS IN 2010 TO MOTHERS RESIDING IN SANTA CRUZ COUNTY
Santa Cruz County	484
Pima County	203
Cochise County	3
Maricopa County	2
Births outside Arizona	1
TOTAL	693

As shown in **Figure 18** below, Santa Cruz County has a slightly higher birth rate than the state overall, though birth rates are variable between communities in the Santa Cruz region, ranging from 7 per 1,000 (Patagonia area) to 19 per 1,000 (Nogales and Tubac areas).

Figure 18. Birth Rate per 1,000 Residents, 2000-2009

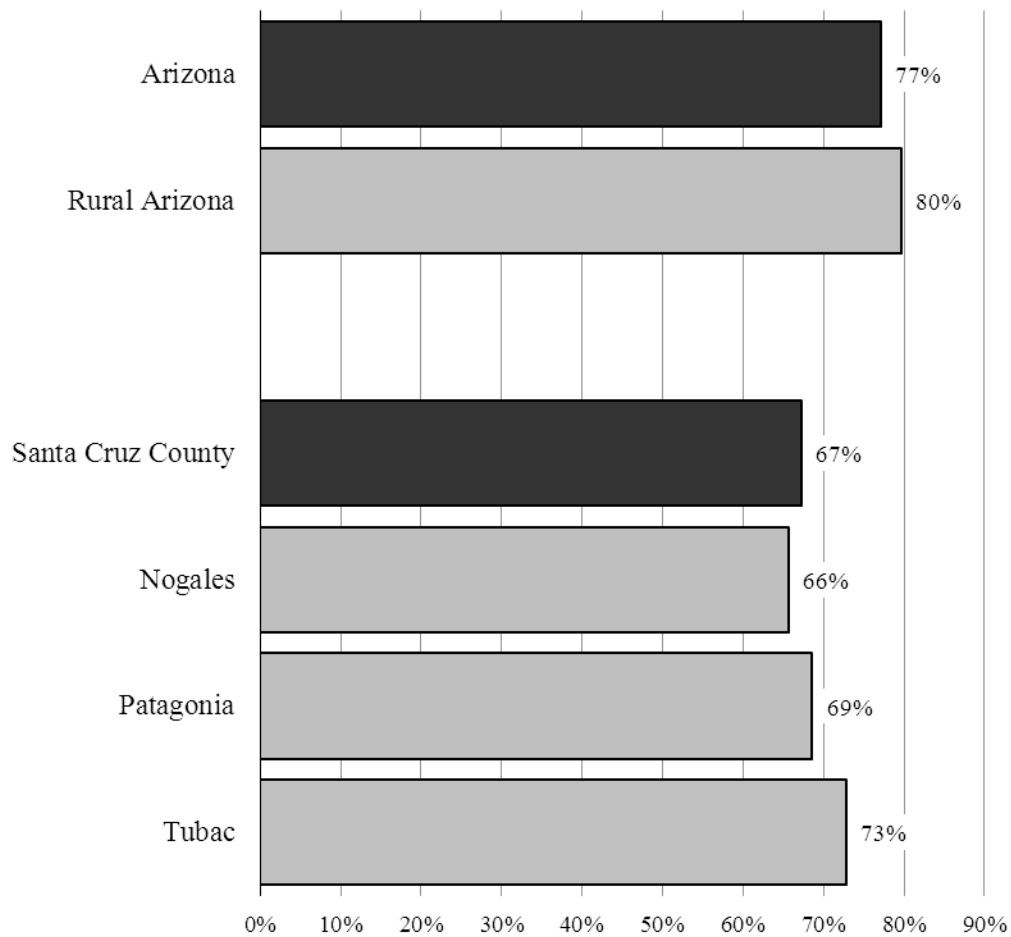


Source: Arizona Department of Health Services, January 2012

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.²⁷ Care should ideally begin in the first trimester, and 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 (ACOG, 2002).

²⁷ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

Figure 19. Average Percent of Births with Prenatal Care Begun First Trimester (2000-2009)

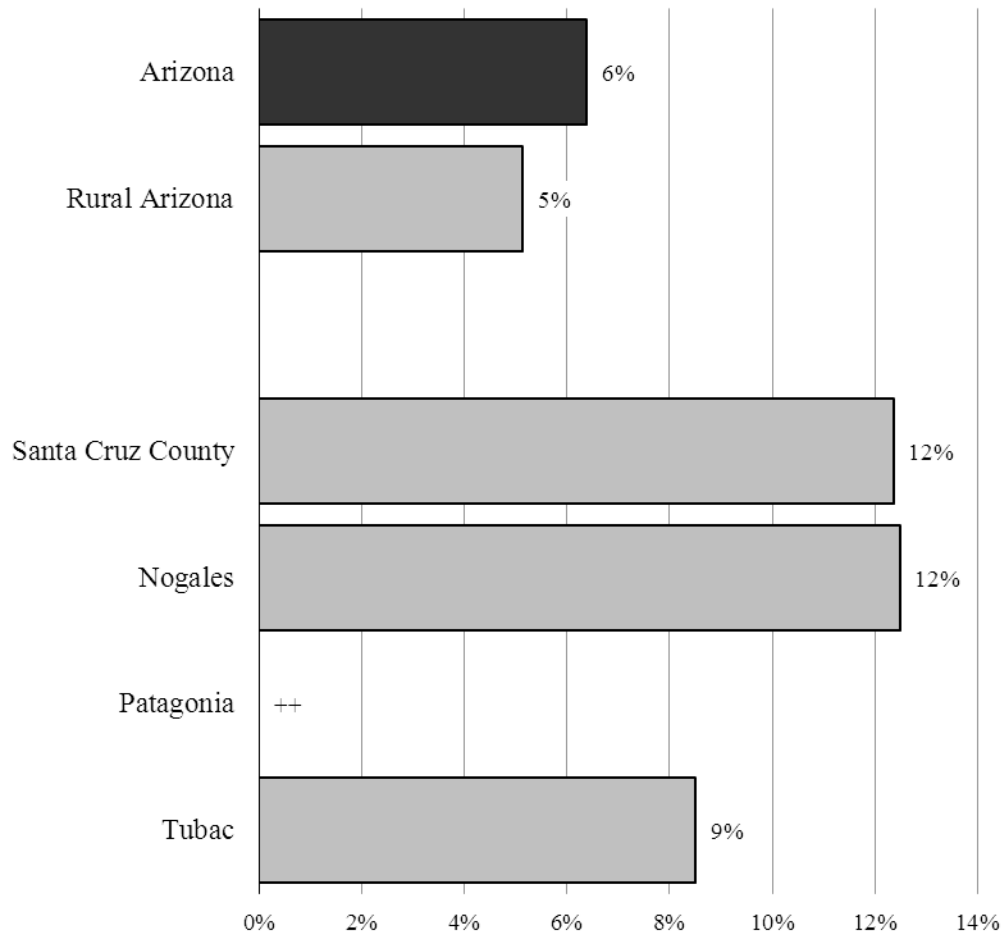


Source: Arizona Department of Health Services, January 2012

The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent. Healthy People 2020 targets are produced by HealthyPeople.gov, a science-based initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement.

Santa Cruz County falls below the Healthy People 2020 target, as do each of the communities in the Santa Cruz region. The percentage of women beginning prenatal care in the first trimester is lowest in Nogales, at 66 percent. Santa Cruz County has a lower rate of first trimester prenatal care than the State overall, although fewer than 3 percent of women in the region receive no prenatal care at all, according to the Arizona Department of Health Services Vital Statistics. However, as shown in **Figure 20**, the average proportion of births with fewer than five prenatal care visits is higher in Santa Cruz County than it is in the State overall, and this statistic appears to be driven by the Nogales community, in which about 12 percent births receive fewer than five prenatal care visits, twice the average for the State.

Figure 20. Average Percent of Births with Fewer than Five Prenatal Care Visits (200-2009)

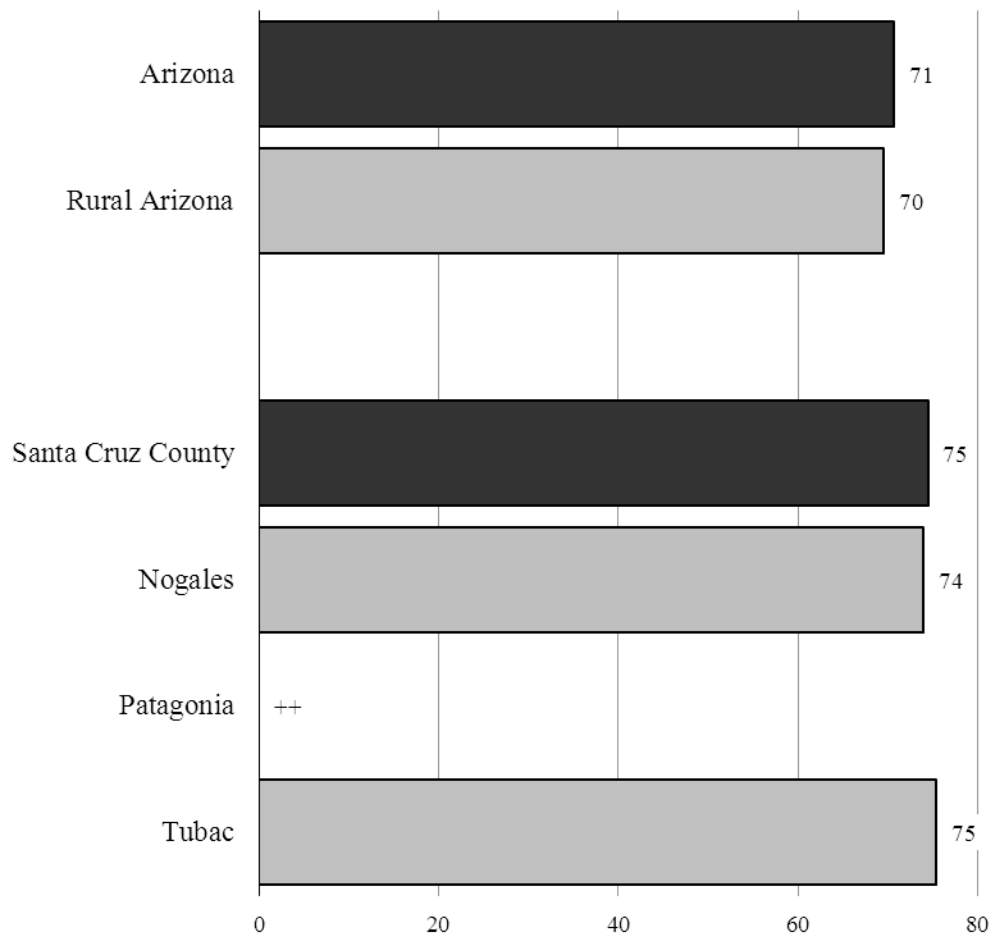


Source: Arizona Department of Health Services, January 2012

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. The Healthy People 2020 target for reducing low birth weight is no more than 78 births per thousand.

As shown in **Figure 21**, Santa Cruz County, and both areas for which these data are available, have a higher proportion of low birth weight births than Arizona overall, though the rates still meet the Healthy People 2020 target.

Figure 21. Average Low Birth Weight (5 lbs, 8 oz or less) Births per 1,000 (2000-2009)



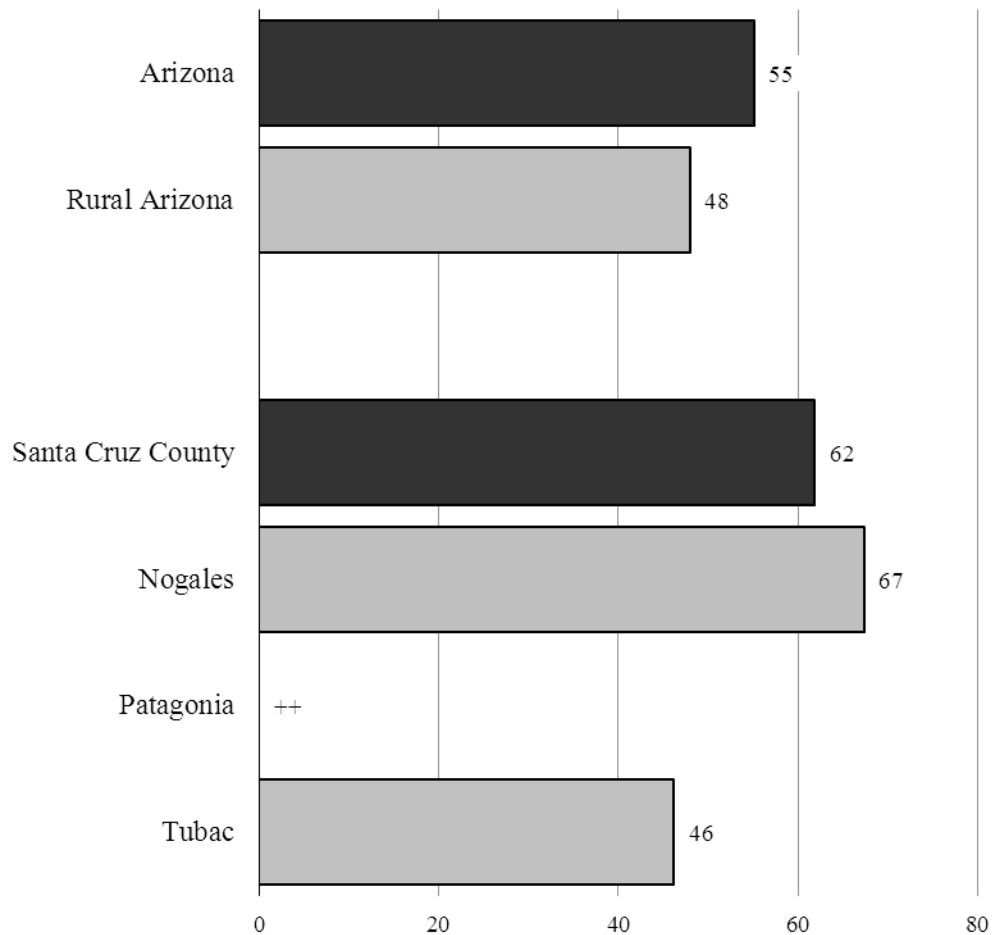
Source: Arizona Department of Health Services, January 2012

Another factor related to low birth weight is birth to a teenage mother, particularly for teenage mothers under 18 years of age. Teenage parenthood is associated with a number of other negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, 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.

Teen pregnancy and birth continues to be a statewide issue in Arizona, which ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the sixth highest

teen birth rate nationally.²⁸ As shown in **Figure 22** below, the rate of births per thousand girls 14-19 in Santa Cruz County is higher than in Arizona overall. According to the Arizona Department of Health Services Vital Statistics, in 2011, nearly 10 percent of all births in Arizona were to mothers under the age of 19; in Santa Cruz County, nearly 16 percent of births were to teen mothers.

Figure 22. Average Number of Teen Births per 1,000 Females 14-19 Years Old (2000-2009)



Source: Arizona Department of Health Services, January 2012

Because teen parenthood has so many far-reaching consequences for mother and baby alike, services for teen parents may be important strategies to consider in order to improve the well-being of young children in the region. This is particularly true in Nogales, where rates of teen pregnancy are even higher than in the county overall.

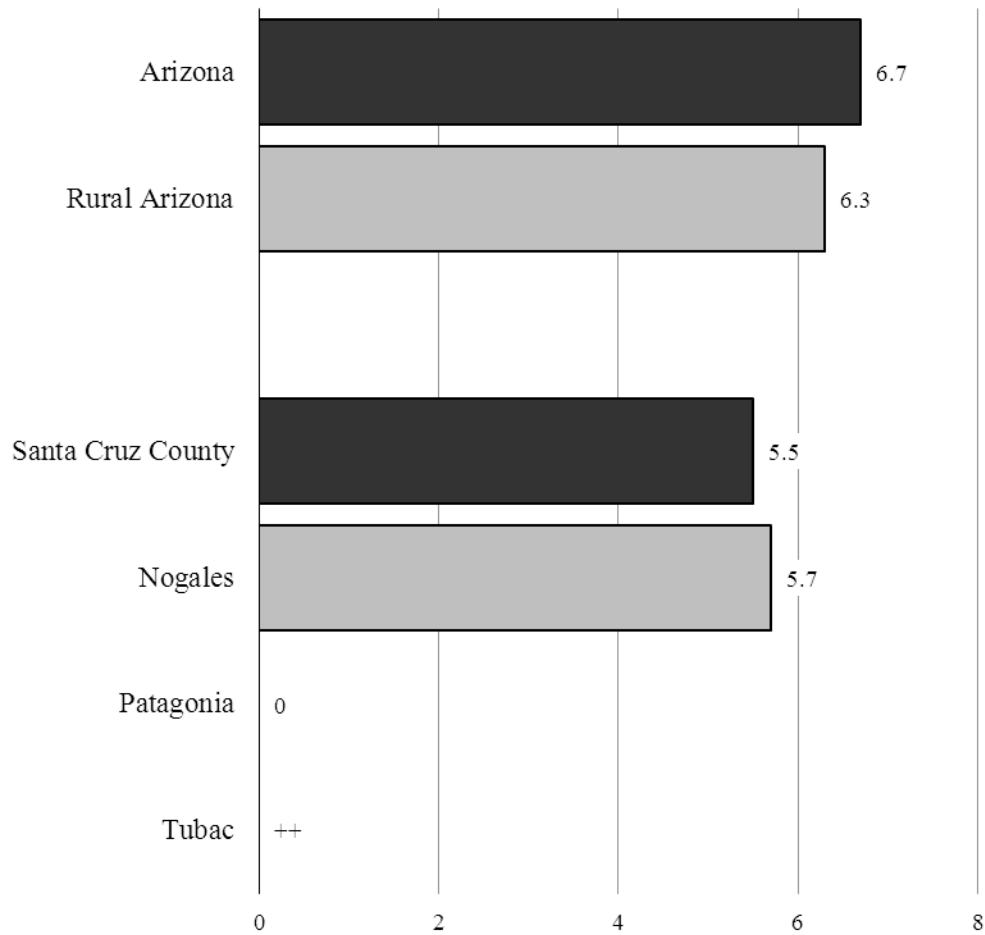
²⁸ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Key informants in the region indicated that supporting teen parents represents a big area of opportunity. Some services for teen parents are currently available (e.g. in Rio Rico, information packets are provided to teen parents which include resources for child care if they do not qualify for free-of-cost preschool; promotores from Mariposa Community Health Center's *Platicamos Salud* program regularly visit Pierson Vocational High School, an alternative school in Nogales that serves teen parents). However, there is a sense that more work could be done in this area. Key informants pointed out that in both Rio Rico and Nogales young mothers would want to take advantage of services available at the Family Resource Centers but lack of transportation to and from the centers is a big impediment.²⁹

One of the consequences that have been linked to high teen birth rates, among other factors, is high infant mortality. However, the infant mortality rate in Santa Cruz County is lower than in Arizona overall, as shown in **Figure 23** below. The Healthy People 2020 target for all infant deaths is no more than 6.0 infant deaths per 1,000 live births. Santa Cruz County currently meets this target.

²⁹ One particularly telling example of this is the fact that, behind the Nogales Family Resource Center there is an alternative school attended by teen parents. Several of them would like to utilize the Family Resource Center after school hours but they are unable to do it because if they miss their school bus they have no means of getting back home afterwards.

Figure 23. Average Infant Mortality Rate per 1,000 Live Births (2000-2009)

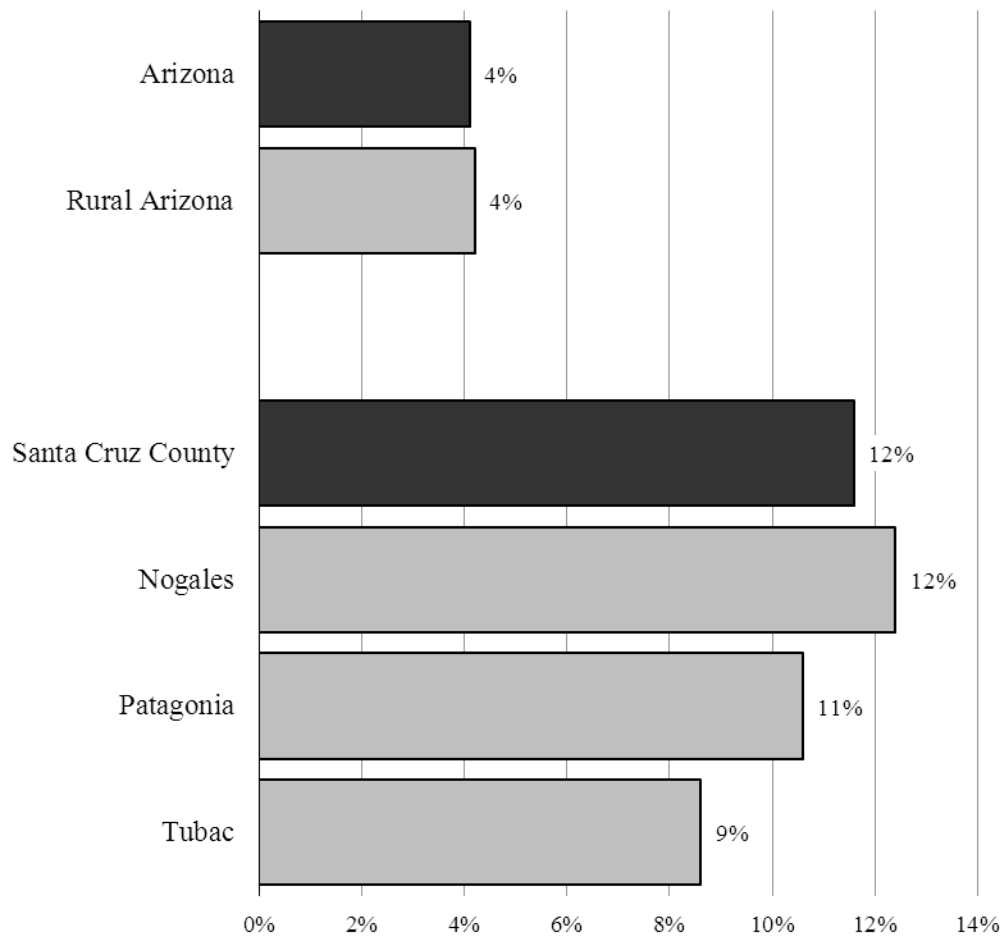


Source: Arizona Department of Health Services, January 2012

Statewide, about 55 percent of mothers used AHCCCS or IHS to pay birth expenses in 2009. In the Santa Cruz region, this number is higher, at 64 percent (Arizona Department of Health Services, Community Vital Statistics, 2009).

Overall, Santa Cruz County has a higher percentage of uninsured births (defined as self-pay or “unknown” payee in the Vital Statistics birth record) than the State overall. There was variation across communities in the region in the number of uninsured births, as shown in **Figure 24**. The highest percentage of uninsured births in the region was in Nogales.

Figure 24. Average Percent of Uninsured Births (2000-2009)



Source: Arizona Department of Health Services, January 2012

AHCCCS Insurance Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100%-200% of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program has been frozen since January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare and the family is willing to

pay the monthly premium required by the program, the application is referred to the KidsCare Office to be added to a waiting list. This waiting list was started because the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it is only open to children in households with incomes from 100% to 175% of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.³⁰ At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.³¹

As shown in **Table 21**, the percent of children in the Santa Cruz region enrolled in AHCCCS (35%) is higher than the State as a whole (22%).

³⁰ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

³¹ For more information, please visit: <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

Table 21. Enrollment in AHCCCS, including KidsCare

	AHCCCS Enrollment December 2010	AHCCCS Enrollment December 2011	Population (all ages)	Percent of population enrolled in AHCCCS	Population in poverty (all ages)	Percent of population in poverty
ARIZONA	1,347,614	1,336,141	6,110,304	22%	933,113	15%
Santa Cruz County	16,438	15,912	45,750	35%	11,519	25%

Source: AHCCCS (2012) and American Community Survey (2006-2010)

Arizona’s state Children’s Health Insurance Program (SCHIP) is called KidsCare. It offers free or affordable health insurance for children 18 years of age or younger who do not qualify for employer-based health coverage or for Medicaid through Title XIX.

Table 22 shows the enrollment in KidsCare by county and for the state as a whole. From 2009-2011, the enrollment of kids in the KidsCare Program decreased by 67 percent, which is similar to the overall decrease in the state as a whole (70%).

Table 22. Enrollment in Arizona's KidsCare Program

	Nov 2009	Nov 2010	Nov 2011	Decrease from Nov. 2009 to Nov. 2011	Population of children (0-17)	Percent of children (0-17) enrolled in KidsCare	Number of children (0-17) in poverty	Percent of children (0-17) in poverty
ARIZONA	46,750	25,086	14,225	-70%	1,586,990	0.9%	342,607	22%
Santa Cruz County	639	363	212	-67%	14297	1.5%	5255	37%

Source: AHCCCS (2012) and ACS (2006-2010)

The American Community Survey creates three-year estimates for the number of uninsured individuals in each of the counties and large communities in Arizona. As shown in **Table 23**, though the percentage of uninsured individuals of all ages is slightly higher in Santa Cruz County than in the State, the percentage of uninsured children aged 0 to 5 is lower in Santa Cruz County than in Arizona overall.

Table 23. Percent of Population Uninsured

Geography	POPULATION (ALL AGES)	PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	PERCENT OF POPULATION UNINSURED (0-5)
Arizona	6,240,052	17%	556,781	11%
Santa Cruz County	46,731	18%	4,549	7%
Nogales	20,807	22%	1,725	6%

Source: American Community Survey, 2006-2010

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

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events.

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

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The primary AzEIP provider for the Santa Cruz region is the Easter Seals Blake Foundation, a non-profit organization which offers support in the areas of child development and disabilities.

Behavioral health, early education, and family support services are offered.³² In 2009-2010, 41 children in the Santa Cruz region received AzEIP services, a nearly 22 percent increase from the previous year, in which 32 children in the region received services.

The Arizona Department of Economic Security's Division of Developmental Disabilities (DDD) also provides services and supports for families with children who have developmental disabilities. In 2010, 19 children from birth to 2.9 years of age were receiving services from DDD, and 11 children between the ages of 3 to 5.9 were receiving services. This represents no change in the number of children receiving services in the birth to 2.9 age group from 2009, but a slight increase in the 3 to 5.9 age group from 2009, during which only 8 children were receiving services.

Immunizations

In the Santa Cruz region, 61 percent of children (306) aged 12 to 24 months completed the recommended vaccine series. This is lower than the statewide rate of 70 percent. Only 33 percent of children (274) aged 19 to 35 months completed the recommended vaccination series in the Santa Cruz region, a lower percentage than the statewide rate of 41 percent.

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.³³ 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."³⁴ 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.³⁵ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities.³⁵ Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of

³² For more information about the Easter Seals Blake Foundation, please visit:
<http://blakefoundation.easterseals.com>

³³ *Research Synthesis: Infant Mental Health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012:
http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

³⁴ Zero to Three Infant Mental Health Task force Steering Committee, 2001

³⁵ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

emotion expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.³⁶

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use, or children with physical health problems); and 3) providing intensive services with mental health professionals for infants, toddlers and their families who face very challenging situations and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress.³⁵

In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees³⁷, or approximately 8,000 young children statewide. With about 546,600 children birth to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system³⁸. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood, particularly in more rural areas, has been noted is a barrier to meeting the full continuum of service needs for young children. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.³⁹

As shown in **Table 24** below, the public behavioral health services provider for the Santa Cruz region is Cenpatico Behavioral Health System, which also provides services to La Paz, Yuma, Cochise, Gila, Graham, Greenlee, and Pinal counties. Just over 11 percent of clients enrolled in the public behavioral system statewide are in Cenpatico Behavioral Health System. Behavioral

³⁶ Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

³⁷ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

³⁸ Woodworth, R. (1994,). Grandparent-headed households and their grandchildren: A special report. Washington, DC: AARP Grandparent Information Center.

³⁹ U.S. Department of Health and Human Services. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Author.

health services in the region are also provided by Corazon de Maria and SEABHS (Southeastern Arizona Behavioral Health Services).

Table 24. Enrollment in Public Behavioral Health System

Counties	Regional Behavioral Health Authority / Tribal Regional Behavioral Health Authority	Number Enrolled	Percent of Clients Enrolled Statewide
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13.20%
La Paz, Yuma, Cochise, Gila, Graham, Greenlee, Santa Cruz, Pinal	Cenpatico Behavioral Health System (CBHS)	22,980	11.20%
Pima	Community Partnership of Southern Arizona (CPSA)	44,223	21.50%
Maricopa	Magellan of Arizona	106,008	51.60%
Tribal Authority	Navajo Nation	1,937	0.90%
Tribal Authority	Gila River Indian Community	1,519	0.70%
Tribal Authority	Pascua Yaqui	1,158	0.60%
Tribal Authority	White Mountain Apache	295	0.10%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

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 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS 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.⁴⁰ A statewide screening of preschool aged children found that about 30 percent of children aged 2-4 had untreated decay, compared to about 16 percent

⁴⁰ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children.*

nationally; this rate was over three times the Healthy People 2010 target of 9 percent.⁴¹

Although regional data are not available, the screening found that children from families where the parents had lower educational attainment were much more likely to have untreated decay and urgent treatment needs. In addition, 34 percent of Hispanic children (compared to 29% of non-Hispanic White children) were found to have untreated decay. Data from Head Start Centers in the region found that 37 percent of the children enrolled in screen were in need of dental treatment (see *Additional Health Information*, below). This suggests that oral health is likely to be an issue in the region.

In the First Things First 2009 Family and Community Survey, about 77 percent of parents in the Santa Cruz region indicated that they “strongly agree” or “somewhat agree” with the statement, “My child/children age 5 and under have regular visits with the same dental provider.” Approximately 33 percent of parents indicated that they disagreed with that statement, or were not sure. Although 48 percent of parents indicated that they had access to pediatric dental services within 10 miles of their home, 23 percent indicated that they had to travel between 10 and 20 miles for pediatric dental care, and 24 percent indicated that they had to travel more than 20 miles for pediatric dental care, suggesting that transportation and the location of providers may be barriers to service access in the region. Five percent of parents said that no pediatric dental services were available in their area.⁴²

Additional Health Information

The Head Start and Early Head Start programs serving the region collect information about the health of the children they serve, and provided this information for inclusion in this report (Child-Parent Centers, July 2012). Of children enrolled in the region’s Head Start and Early Head Start programs, the majority (91%) had health insurance in the 2011-2012 school year. Most insured children had health insurance via Medicaid/SCHIP (95%). Immunization rates were relatively high in the Head Start and Early Head Start programs; upon enrollment, 88 percent of children had already completed the recommended immunization series in the 2011-2012 year, and by the end of enrollment this percentage increased to 99 percent. Children enrolled in Head Start or Early Head Start also had documented access to preschool dental services; 68 percent of all children enrolled had seen a dentist in the last year, and all those identified as needing dental treatment (131 children or 37% of all children enrolled) received it. Of children documented by Head Start and Early Head Start as needing medical treatment, vision problems were the most common problem recorded (41 children or 12% of all children enrolled). Asthma followed, affecting 12 children or 3 percent of all children enrolled.

⁴¹ http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

⁴² It is important to consider that this survey was conducted in 2009. As was indicated above, a new dental facility was added to the Rio Rico Medical and Dental Center, a satellite clinic of the Mariposa Community Health Center.

Family Support

Home Visitation Programs

Several home visitation programs are available to families in the region. **Table 25** provides a summary of the programs, the responsible agency, and qualifying populations.

Table 25. Home Visitation Programs in Santa Cruz County

Program and funding agency	Agency managing the program	Eligibility	Scope of work
Health Start (Arizona Department of Health Services)	Mariposa Community Health Center	Pregnant women Birth through 2 years Anyone living in Santa Cruz County	Health education Ages and Stages Questionnaire Screenings home assessments referral
Healthy Start (Health Resources and Services Administration)	Mariposa Community Health Center	Pregnant women Birth through 2 years Anyone living in Santa Cruz County	Health education Case Management Ages and Stages Questionnaire Screenings Home assessments referrals
Healthy Families (Arizona Department of Health Services)	Child and Family Resources	Pregnant women Birth to 5 years Nogales, Rio Rico, and Patagonia zip codes only Enrollment is limited to pregnancy and within the first 3 months postpartum	Parenting education Ages and Stages Questionnaire Referrals
In-Home Program (Department of Economic Security)	Child and Family Resources	CPS and behavioral health referral Anyone living in Santa Cruz County	Parenting education Reunification
Artisan Program	Child and Family Resources	CPS and behavioral health referral Anyone living in Santa Cruz County	Parenting education
Arizona Children’s Association (Department of Economic Security)	Cenpatico	CPS and behavioral health referral Anyone living in Santa Cruz County	Parenting education
Santa Cruz County Promotora Partnership for	Mariposa Community Health Center	Birth through 5 years Anyone living in Santa Cruz	Early literacy programs

Early Childhood Visitation (First Things First)	Santa Cruz County Superintendent of Schools	County	Referral
Early Head Start (U.S. Department of Health and Human Services)	Child-Parent Centers	Pregnant women Birth through 2 years Anyone living in Santa Cruz County	Prenatal health Education Early child development Case management
Breastfeeding	Mariposa Community Health Center WIC program	Pregnant women Any breastfeeding woman Anyone living in Santa Cruz County	Breastfeeding Education Latching issues Breastfeeding issues

Source: Mariposa Community Health Center - Platicamos Salud. Maternal and Child Health Program, November 2011.

In addition to the eligibility criteria included in the table, some programs may establish exclusion from participation if the potential client is enrolled in another home visitation program. For instance, women who participate in Health Start cannot participate in Healthy Start or Healthy Families at the same time. However, women may participate in Health Start, Healthy Start, or Healthy Families and also participate in the First Things First Partnership for Early Childhood Visitation Program.

In addition to the programs below, the Home Instruction for Parents of Preschool Youngsters (HIPPY) program is also available to families in the region. HIPPY is an evidenced-based parent involvement and school readiness program that helps parents prepare their children (3 to 5) for a successfully school experience. The HIPPY model utilizes a developmentally appropriate curriculum that uses role play as the method of teaching delivered through both home visits and group meetings.⁴³ The HIPPY program in the region is based in Nogales and it is the only one in the state of Arizona.

Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children,⁴⁴ and educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus. The table below contains survey data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, as described by the Arizona Health Survey. The Arizona Health Survey parses survey data into 5 different regions. The Santa

⁴³ http://www.hippyusa.org/the_hippy_model.php

⁴⁴ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Cruz region falls into region 3, which also includes Graham, Greenlee, Cochise, Pinal, and Gila counties.

Table 26. Parental Involvement in Child's Growth and Development

	READ OR TELL STORIES PER WEEK			PLAY MUSIC OR SING PER WEEK		
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less
State Totals	66%	24%	10%	71%	19%	10%
Region 3 (Graham, Greenlee, Cochise, Santa Cruz, Pinal, Gila)	61%	29%	10%	72%	17%	11%

	GO TO PARK PER MONTH			GO TO THE LIBRARY PER MONTH		
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less
State Totals	19.4%	24.9%	55.7%	57.5%	20.1%	22.4%
Region 3 (Graham, Greenlee, Cochise, Santa Cruz, Pinal, Gila)	17.8%	32.4%	49.8%	67%	17.7%	15.3%

Source: Arizona Health Survey, 2010

Based on these survey results, parental involvement in this region is similar to parental involvement at the state level, with somewhat more frequent library use. In the Arizona Health Survey, poverty status and educational status emerged as important factors influencing parental involvement in this survey. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis.

The Head Start and Early Head Start programs in the Santa Cruz region collect parent education data about the parents of the children enrolled, and provided this information for inclusion in this report (Child-Parent Centers, July 2012). Of children enrolled in the 2011-2012 school year, 35 percent of parents had less than a high school education, 29 percent of parents had a high

school education or GED, 31 percent of parents had some college or an Associate's degree, and 5 percent of parents had received an advanced education degree.

Child Abuse and Neglect

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 to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.⁴⁵

The Arizona Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse 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.

Data on the number of children removed from their homes by CPS is available by zip code (Arizona Department of Economic Security, Division of Children, Youth and Families, 2011). The table below shows the number of removals by each zip code in the region from 2007 to 2010.

⁴⁵ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

Table 27. Number of Children Removed

	Zip code	Number of children (all ages) removed		
		Calendar Year 2007	Calendar Year 2009	Calendar Year 2010
ARIZONA		7,418	7,532	7,872
Santa Cruz region				
Nogales area	85621	15	5	9
Patagonia area	85624	1		
Rio Rico area	85648	7	3	1

Source: Arizona Department of Economic Security, Division of Children, Youth and Families, 2011

Child welfare numbers are difficult to interpret across years because they are influenced by numerous factors, including the availability of trained staff to investigate allegations of abuse and neglect, the services available to maintain children safely in their home, and the availability of out-of-home placements. The 2011 semi-annual report on child welfare in Arizona acknowledged that the Division of Children, Youth and Families has been impacted by vacancies in specialist positions, economic factors creating increasingly complex family situations, and a reduction in behavioral health services for both adults and children. The report also notes challenges in substantiating many allegations of abuse and neglect due to omissions in current state laws about many situations related to child sexual abuse or neglect.

Incarcerated Parents

In Arizona, 3 percent of youth under 18 are estimated to have one or more incarcerated parents. 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. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families 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.⁴⁶

⁴⁶ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

The emotional risk to very young children (0-5) 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.⁴⁷ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so⁴⁸ and the Arizona Department of Corrections states that it endeavors to support interactions between children and incarcerated parents, as long as interactions are safe.⁴⁹

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. KARE, an Arizona Children's Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. 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://fcnetwork.org/resources/library/children-of-prisoners-library>.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

The Nogales Police Department keeps an annual record of reports related to domestic violence, as shown in **Table 28**. In 2011, 60 percent of all domestic violence calls resulted in arrest, and nearly 40 percent of all calls involved children on the scene.

⁴⁷ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

⁴⁸ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

⁴⁹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

Table 28. Domestic Violence Incidents in Nogales, 2011

	Totals	Percent
Number of Calls	95	
Number of Arrests Made	57	60%
Male Perpetrators	52	55%
Female Perpetrators	21	22%
Both	22	23%
Social Service Referrals Made	0	0%
Medical Service Referrals Made	0	0%
Alcohol Related	15	16%
Drug Related	2	2%
Both	0	0%
Males Arrested	37	39%
Females Arrested	12	13%
Both Arrested	8	8%
Weapons used	23	24%
Children on Scene	37	39%

Source: Nogales Police Department, 2011

A recent article about efforts to crack down on domestic violence in Nogales quoted a police officer as saying that new laws have made it easier for police to make domestic violence arrests and bring women and children involved to safety.⁵⁰

The Santa Cruz Regional Partnership Council expressed an interest in obtaining more detailed information on domestic violence in the region and how this may be affecting young children. To this end, key informant interviews were conducted with representatives from agencies that provide services to victims of domestic violence in the Santa Cruz region.

Several resources are available to victims of domestic violence in the Santa Cruz region. Advocacy services are available through *Libre de Violencia* (Free of Violence) a program of the

⁵⁰ Clark, J. (October 7 2011). *Community rallies against domestic violence*. Nogales International. Retrieved from: http://www.nogalesinternational.com/news/community-rallies-against-domestic-violence/article_6ff6cc48-f0f7-11e0-95e4-001cc4c03286.html

SouthEastern Arizona Behavioral Health Services (SEABHS).⁵¹ *Libre de Violencia* serves the entire county, although the majority of victims that seek out its services are from Nogales, with a few also from Rio Rico, Tubac and Patagonia. Domestic violence advocates with the program accompany victims to court appointments, provide awareness and education around domestic violence and refer victims to other services available in their communities. A support group for survivors is available on a weekly basis. The program also offers services to help victims become financially independent. GED classes had been offered at the program and exam fees have been covered by a Walmart donation to the program. The *Libre de Violencia* program provides services to all victims, whether they file a report with the police department or not and whether they are legal residents of the U.S. or not (about half of the victims they serve are undocumented immigrants).

Another domestic violence advocacy program has also been in existence for four years at the Mariposa Community Health Center. This program handles internal referrals from health care providers and other health educators and also provides domestic violence awareness education to CPS referrals. This program sees 100-150 clients per year (between walk-ins, referrals from CPS and referrals from clinic providers).

Santa Cruz County Attorney's Office Victims Services Program is another service available in the region to victims of domestic violence who have filed a report with the police department. Financial compensation is available to qualifying victims for psychological or medical care. Key informants pointed out that this is a good resource but it is limited in that only victims who file a report can access it, and it is estimated that only about 20 percent of victims decides to file a report.

The Arizona Children's Association's Su Voz Vale (Your Voice Counts) program provides training and education around domestic violence. The program recently started small neighborhood meetings ("El Cafecito") that provide community education presentations. In addition, the Battered Immigrant Women's Project Task force in Santa Cruz County is also run by Su Voz Vale staff. The program works in collaboration with Catholic Community Services Legal Aid to provide legal services to victims of domestic violence who are immigrants and may qualify for assistance through the Violence Against Women Act (VAWA).

The Mexican Consulate in Nogales also provides assistance to victims of domestic violence who are Mexican Nationals. Funds are available for utilities and health-related expenses.

⁵¹ It must be noted, though, that the *Libre de Violencia* program lost its funds at the end of January 2012. Staff with the program indicated that SEABHS has applied for other grants to continue their work. As of April 2012 no further funding had been made available to the program. A volunteer who had previously been a paid staff with the program was offering limited services on a part-time base.

“Circles of Peace” is another court-appointed service available to perpetrators who have been arrested for domestic violence charges, which may be removed upon completion of the program.

In addition to the services described above, there is one domestic violence shelter in the region, Nuestra Casa/Our Home, run by Catholic Charities. The shelter has a capacity for 8 adults and 15 children and victims can stay there for 45 days, although this period may be extended. When the shelter runs out of space, victims may be referred to Green Valley or Tucson, depending on the victim’s preference. Key informants noted this is a very good resource available in the community.

Another important asset in the area of domestic violence in the region is the Coordinated Community Response Team (CCRT) Task Force, a group that meets once a month and includes a wide variety of agencies and service providers such as:

- Law enforcement- Sheriff’s office, Nogales Police Department, Border Patrol
- United Way
- Child and Family Resources
- Mexican Consulate
- Representatives of faith-based community
- Fire Department
- Behavioral health providers
- Nuestra Casa Shelter
- Court Appointed Special Advocates (CASA)
- Santa Cruz County Attorney’s Office CPS

Members of the CCRT provide updates on services available, organize events around domestic violence such as the annual conference. Key informants noted that CCRT meetings are well attended, particularly in recent years.

Key informants also indicated that there is good collaboration among the different agencies that provide services to victims of domestic violence and that law enforcement representatives are important advocate against domestic violence. There is a perception that the CCRT Task Force members are a ‘good team’ committed to reducing the incidence of domestic violence in the region.

Key informants also noted that one of the challenges they sometimes face in their collaborative efforts is the potential of “competition” for clients. The need to show strong service numbers to funding agencies may result in reduced communication among agencies out of fear of “losing” clients.

Staff with SEABHS indicated that in 2010 *Libre de Violencia* served 395 victims of domestic violence (this number includes both existing and new clients). Based on the numbers of victims they served, they estimate that in the same year 1,185 children were impacted by domestic violence.⁵² Although specific numbers for 2011 were not available, SEABHS staff indicated that there was a slight increase in the number of cases in that year. Other key informants also pointed out that they have seen an increase in the number of cases they serve and thought that this would probably be related to the economic recession and the stress that it has imposed on families. Other key informants pointed out that it is not clear whether the increase in cases reflects an increase in actual incidence of domestic violence or in the willingness on the side of victims to seek help. Key informants suggested that there has been an increase in awareness around domestic violence in the community due to the different activities organized by agencies that work in the area (e.g. annual domestic violence conference, candle light vigil, radio public service announcements).

Homelessness

In Arizona in 2011, 10,504 people were documented as homeless, designating a homelessness rate of 16 per 10,000. Of these people, 4,101 (39%) were part of families. Data collected by the Rural Arizona Homeless Management Information System provide information on homeless families by five regions in Arizona. For purposes of reporting, Santa Cruz County is included in a region that also includes Cochise, Graham, and Greenlee Counties. From July 2010-June 2011, 61 children aged 0-5, were reported homeless in that broader region.⁵³

School districts collect data on the number of economically disadvantaged and homeless students in their schools. Of the school districts in the Santa Cruz region, three have economic disadvantage rates of higher than 70 percent. The only school district in the Santa Cruz region for which homeless student data are available is Nogales Unified District, which has a homelessness rate of 2 percent (48 students).

⁵² SEABHS does not offer direct services to children but they do refer them to the appropriate agencies depending on what their needs may be.

⁵³ Arizona Department of Housing, accessed at <http://www.symmetricolutions.com/ruralazhmis/Program%20Demographics%20Report%20-%20Region%205.pdf>

Table 29. Economic Disadvantage and Homelessness by School District

School District	Number of Schools	Number of Students	Economic Disadvantage Students		Homeless Students	
Nogales Unified District	8	3,061	2,563	84%	48	2%
Patagonia Elementary District	1	59	46	78%	-	
Santa Cruz Elementary District	1	169	24	14%	-	
Santa Cruz Valley Unified District	5	1,882	1,396	74%	-	
Sonoita Elementary District	1	84	28	33%	-	

Source: ADE Preschool & Head Start Needs, 2011

Key informants indicated that local schools often encounter cases of children who become homeless after their undocumented parents are deported.

Family Resource Centers

During the last two years, a major asset has been added to the Santa Cruz region in the form of three Family Resource Centers. The Nogales and Rio Rico sites opened in August of 2010 and another Center in Patagonia was inaugurated in October of 2011. The Family Resource Centers are funded by the Santa Cruz First Things Regional Partnership Council. Although contracted through the University of Arizona’s Cooperative Extension, the Centers are operated by the Mariposa Community Health Center (Nogales and Patagonia) and the Santa Cruz Valley Unified School District (Rio Rico).

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 –which, as noted by key informants, is much needed in the area--the Centers also provide adult education opportunities (ESL , GED 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: lack of childcare while attending classes. Staff from the Centers indicated that the adult education courses are well attended.

The Family Resource Centers in Nogales and Rio Rico opened in August 2010, and are reported by key informants to be extremely important to the community. The centers serve as a hub for coordination with other strategies in the region, such as home visitation, oral health services, and community awareness activities. Community partners implementing these and other programs look to the centers as a centralized location to reach families and disseminate essential information about early childhood and available resources. This is particularly useful

because transportation is major challenge in the entire region. In Nogales, grocery and retail stores have shuttles that transport patrons from store to store, and these are used to get close to other services. However, with no public transportation available, community members are limited in their ability to access services as they must either walk long distances or rely on getting rides.

Key informants also report that the Family Resources Centers provide opportunities to teach about the importance of healthy relationships for the development of young children, and that some women have subsequently sought out domestic violence services for themselves or those they know. The Family Resources Centers also offer a “safe haven” for women in domestic violence situations to seek information and to meet with advocates and with attorneys while taking their children to the center or attending other child-related classes.

Service uptake at the Family Resource Centers has been reported to be good. The center in Rio Rico is already looking for additional space, and outreach to the eastern part of the region will be increased with the additional funding granted for 2012.

Public Awareness and System Coordination

The primary quantitative data source for public awareness of the importance of early childhood development in the region is the First Things First Family and Community survey (FCS) (First Things First, 2009). Parents who participated in the survey were asked a general question concerning their understanding of early childhood.

Table 30. Impact of Frequent Changes in Childcare Providers
How do frequent changes in childcare providers impact an infant’s development?

		Estimate
Santa Cruz	Frequent changes are positive	13%
	Frequent changes are negative	74.5%
	Frequent changes have no impact	5.1%
	Not sure	7.4%
	Total	100%

Source: First Things First, 2009. Results of Family and Community Survey, Unpublished Data

The majority of parents (74.5%) felt that frequent changes in childcare providers are negative to an infant’s development, although over 20 percent either indicated that they were unsure or felt that frequent changes are positive.

As noted above, there is considerable system coordination around domestic violence issues through the multi-agency Coordinated Community Response Team (CCRT) Task Force (see *Family Support: Domestic Violence*, above).

The Family Resource Centers also represent cross-agency collaboration; the University of Arizona's Cooperative Extension is the lead partner and works with Mariposa Community Health Center in Nogales and the Santa Cruz Valley Unified School District in Rio Rico. The strength of these partnerships allows for leveraging of resources as well as expertise and outreach into the communities.

In addition, Home Visiting Promotoras and Recruitment into the Field scholars are working together with the Family Resource Centers to ensure that parents are aware of services within the region. Recruitment into the Field scholars currently volunteer on a bi-weekly or monthly basis at each of the Family Resource Centers. The scholars volunteer their time and apply early childhood skills that are learned in the classroom.

Summary and Conclusion

This Needs and Assets Report is the third biennial assessment of early education, family support and health services in the Santa Cruz region. Through assembly of quantitative data, and through analysis of qualitative data collected from providers in the region and other knowledgeable community members, it is clear that the region has substantial strengths. These include the region's Head Start and Early Head Start program; a local hospital, health clinics, and non-profit organizations which provide health care across the region; family resource centers that offer numerous services for families including parent education and ESL classes; accessible pediatric oral health services; and cross-agency coordination around domestic violence issues. A table containing a full summary of identified regional assets can be found in **Appendix D**.

There do, however, continue to be substantial challenges to fully serving the needs of families with young children throughout the region. A table containing a full summary of identified regional challenges can be found in **Appendix E**. Many of these have been recognized as ongoing issues by the Santa Cruz Regional Partnership Council and are being addressed by current FTF-supported strategies in the region. Some of these needs, and the strategies that are proposed to address them, are highlighted below.

- **Low English proficiency in the region** – Key informants noted that a lack of English proficiency is a barrier to employment in the region. The Santa Cruz region's family resource center strategy offers English Language Learner classes for parents, with the goal of promoting family stability. Additionally, non-English speaking families have been identified as a target for family resource center services, and family resource center programming is made accessible to families who do not speak English well. At least one resource center is located in each core community of the region: Nogales, Rio Rico, and Patagonia.
- **Lack of affordable, high quality child care** – Although the cost of child care in the region is somewhat lower than in other areas of the state, it remains unaffordable for many families. In fiscal year 2013, the Santa Cruz region will service 7 center-based providers and 45 home-based providers through the Quality First program, with the goal of increasing the quality and affordability of child care in the region. Quality First Scholarships will also be funded in order to address the need for affordable early childhood education. In addition, recruitment-into-the-field scholarships will be made available to attempt to strengthen the early childhood development workforce.
- **High usage of "kith and kin" care throughout the region** –The lack of accessible quality child care means that many young children are cared for in unregulated situations, or by family and friends. The Santa Cruz Regional Partnership Council will continue to fund a home visitation strategy designed to educate parents about child development, literacy

and health, and empower parents to support early learning by becoming their child's first teacher. The target population for this strategy is families classified as moderate to high risk, which is likely to include families who lack the resources (financial, transportation, or other) to utilize regulated child care centers. This in-home parent education is designed to increase the quality of early learning opportunities for children who do not attend a regulated home or child care center.

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

- **Lack of transportation** – A lack of transportation among families has been identified as one of the primary local barriers in the region to accessing health, social and other services. Highlighting this issue among collaborating service agencies may help identify additional services that could be referred to or developed to meet these needs of families without access to reliable transportation.
- **Low educational attainment in adults** – Data from this report suggest that the low educational attainment of adults in the region is a contributing factor to the high level of unemployment seen in the region. Key informants noted a continuing need for programs that support parents in attaining a high-school equivalency credential and further education. The Family Resource Centers are currently the only agencies offering adult education classes that provide childcare and early learning opportunities while parents are in class.
- **Additional supports for teen parents** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child, programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed. Programs that involve and educate teen fathers would also help strengthen and stabilize young families.
- **Low immunization rates in young children**—Young children in the region are immunized at low rates, though those in Early Head Start and Head Start have substantially higher rates. Finding ways to assure that more young children, especially the large proportion who are not in an early education setting, are immunized can help protect the health of the entire community.
- **Children living with other relatives**—One in four young children in the region are living with relatives other than their parents, many of those with grandparents. Additional supports may be needed for grandparents who often face unique physical, emotional, legal and financial challenges in raising young children.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of 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. Although families in the Santa Cruz region face challenges of the economic times, there are numerous strengths in the region that can be leveraged to support families and help young children enter kindergarten healthy and ready to learn.

Appendix A. Qualitative Data Collection Methods

The information included in this report was obtained from publicly available sources, from data provided by various state agencies via First Things First, and from regional data provided by local agencies. In addition, qualitative data collection was conducted specifically for this report. Qualitative data consisted of both face-to-face and phone key informant interviews with knowledgeable individuals who were, in most cases, representatives of agencies serving the region. The purpose of the interviews was to gather knowledgeable community members' perspectives on the assets and needs of young children in the region. Often, descriptions of the services provided by local agencies were also gathered through key informant interviews.

Data collection Instruments

The Norton School Team developed an overarching interview guide with questions relevant to the different sections of this report (e.g., Health, Child Welfare, Special Needs) as well as general questions about perceived assets and needs of young children and their families in the region. This interview guide was then modified and tailored to each specific key informant who was interviewed, depending on his/her area of expertise (see Appendix E for a copy of the overarching interview guide).

Interviews

A total of 10 key informants from the following agencies/programs were interviewed for this report:

- Arizona Children's Association – Su Voz Vale
- Mariposa Community Health Center – Platicamos Salud
- Nogales Family Resource Center
- Nogales Neighborhood Head Start Center
- Rio Rico Family Resource Center
- Southeastern Arizona Behavioral Health Services – Libre de Violencia
- University of Arizona Santa Cruz County Cooperative Extension

Except for one phone interview, all these interviews were conducted in person. Additional agencies provided data for the report but did not participate in key informant interviews.

Appendix B. Key Informant Interview

Key Informant Interview– Santa Cruz Regional Partnership Council

Interviewee Name:

Interviewee Organization and location:

What communities does your organization serve?

Interview location:

Interviewer: _____ **Interview date:**

INTERVIEWER’S COMMENTS ABOUT INTERVIEW (Respondent’s willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

1. What are the things that work well in your community for kids aged 0-5? What opportunities do you think are available for families with children 0-5?
2. Based on your work with families, what do you think are the biggest challenges that parents of children 0-5 in your community are facing? What do you think are the biggest needs?
3. Do think that there are sufficient services for children aged 0-5 in your community? Why or why not?
4. For child care/day care/early education: What types of childcare are available in your community? (*e.g., family/friends, day care centers, home-based day care*) Which of these types of childcare is used most often?
 - a. How would you rate the quality of these programs?
 - b. Please discuss the costs of these programs. Do you think they are affordable? Are some types of care more affordable than others? Does this impact quality?
 - c. Are these programs easily accessible to families with children 0-5? If not, what are the barriers to access?

- d. To what extent do these programs integrate early learning opportunities?
-
5. For children's health: Where do kids 0-5 receive health care in your community? What type of care is available in your community? (pediatric/dental/vision/emergency/special needs)
 - a. What are the **strengths** of the health care system in your community for kids aged 0-5 and their families?
 - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
 - c. What are some **challenges** to meeting the needs of kids 0-5 in the health care system?
 - d. Are there health care services that are not available in your community that you think are needed?
 6. For Special Needs: Are there sufficient services for children aged 0-5 with special needs in your community?
 - a. For children aged 0-5 with special physical needs?
 - b. For children aged 0-5 with special developmental needs?
 - c. For children aged 0-5 with special mental health needs?
 - d. Are the services available reaching those who need them? If not, what are the barriers that prevent their use? How much of an issue is cost? How could these be overcome?
 - e. Is there public awareness of these services?

Appendix C. 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 Loco, Casa 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, Casa Blanca, Chapo Ranch, Elgin, Fort Buchanan, Fort Crittenden, Hacienda Los Encino, Harshaw, Larimore, Lochiel, Lowells, Mansunita, Patagonia, Rain Valley Ranch, Rancho Costa Plente, San Rafael, Santa Rita, Sheehys, Sonoita, Titus, Tumers 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 D. Table of Regional Assets

First Things First Santa Cruz Regional Assets

Family resource centers that offer numerous services for families, including parent education classes and ESL classes

Local hospital, health clinics, and non-profit organizations which provide health services throughout the region

Head Start and Early Head Start programs

Accessible pediatric oral health services

Cross-agency co-ordination around domestic violence issues

Home visitation programs

Appendix E. Table of Regional Challenges

First Things First Santa Cruz Regional Challenges

High unemployment rates, in part related to low adult educational attainment and low English proficiency in the region

Lack of affordable, high quality child care; high usage of “kith and kin” care throughout the region

Lack of transportation

Low immunization rates

Low levels of early prenatal care

High teenage birth rate

Appendix F. Child Care Resource and Referral (CCR&R) Registered Providers, March 2012

Provider Name	Zip
ABC's Child Care	85621
Allen Family Child Care	85648
Ana Family Child Care	85648
Ana's Family Child Care	85621
Armenta Family Child Care	85621
Barba's Family Child Care	85621
Bojorquez Family Child Care	85621
Bojorquez Family Child Care	85621
Brau Family Child Care	85621
Bustamante Family Child Care	85648
Bustamante Family Child Care	85621
Busy B'z Child Care	85648
Carrillo Family Child Care	85648
Child Care Is My Business, Lupita	85648
De La Cruz Family Child Care	85621
Denogean Family Child Care	85621
Dinobones Preschool & Day Care	85648
Early Reading First Preschool	85648
Esparza Family Child Care	85621
Espinoza Family Child Care	85648
Espinoza Family Child Care	85621
Esquer Family Child Care	85648
Fernandez Family Child Care	85621
Garcia Family Child Care	85621
Garcia Family Child Care	85621

Guarderia Chiquetienes In-Home Provider	85621
Gurrola Family Child Care	85621
Gutierrez Family Child Care	85621
Head Start- Challenger	85621
Head Start- Nogales Neighborhood	85621
Head Start- Rio Rico	85648
Hernandez Family Child Care	85621
Hernandez Family Child Care	85648
Karla's Day Care	85621
Kiriamy Child Care	85621
La Casa Del Amor Child Care	85621
Lopez Family Child Care	85648
Lopez Family Child Care	85621
Lopez Family Child Care	85648
Lourdes Catholic Elementary School	85621
Luz Arcoiris Child Care	85621
Martinez Family Child Care	85621
Medina Family Child Care	85621
Melva's Child Care	85621
Mini's Provider Child Care	85648
Montessori Daycare Learning Center	85621
Montessori de Santa Cruz	85646
Oros Family Child Care	85648
Oros Family Child Care	85648
Orrantia Family Child Care	85648
Pacheco Family Child Care	85648
Padilla Family Child Care	85621
Padilla Family Child Care	85648

Padilla Family Child Care	85648
Paredes Family Child Care	85648
Patagonia Montessori School	85624
Pequeno Angel Child Care	85648
Phinas Child Care	85648
Rainforest Montessori Preschool & Daycare Center, Inc.	85621
Ramos Family Child Care	85621
Rangel Family Child Care	85621
Reynolds Family Child Care	85648
Rivero Family Child Care	85621
Romo Family Child Care	85621
San Cayetano Preschool	85648
Sandoval Family Child Care	85648
Seeger Family Child Care	85621
Small Steps Child Care	85621
Smart Kids Preschool	85621
Sonshine Christian School	85621
St Andrew's Preschool & Child Care Center	85621
Sunshine Preschool	85621
Suzette's Child Care	85621
Tia Mali Family Child Care	85621
Valenzuela Family Child Care	85621
Western Head Start	85621
Yesenia 's Family Child Care	85621
Zazueta Family Child Care	85648

Appendix G. Santa Cruz Region Funded Strategies for Fiscal Year 2013

Santa Cruz Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2013

Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and Consultations specializing in health and safety practices.
	Quality First Child Care Scholarships (addition to Quality First package)	Even with some of the lowest child care rates in the state, many families with low incomes are unable to afford quality child care. Often relatives, including school age siblings, or neighbors are left to care for the children five and younger. These are often untrained individuals and therefore are likely not to be providing the supports and environment for optimum development and school readiness. Provide scholarships to children at child care homes and centers, both those participating in Quality First and those on the Quality First waiting list.
	Child Care Health Consultation Strategy (addition to Quality First package)	Early childhood Child Care Health Consultation builds the capacity of early care and education providers to nurture the social-emotional development of young children, as well as to prevent, identify, and reduce the impact of health problems among children from birth to age 5 and their families. Child Care Health Consultation requires a collaborative relationship between a professional consultant who has health expertise and an early care and education professional. In program-focused health consultation the intent is to improve the overall quality of the classroom environment as well as to provide strategies to build early care and education staff capacity to address health issues or organizational problems

		within the setting that may be affecting one or more of the children, families, or staff.
Professional Development	Recruitment into the Field Scholarships	Recruit and retain a skilled and well-prepared early childhood development workforce, which will increase the quality of early care and education standards, curriculum and assessment.
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.
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.
	Home Visitation	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. An evidence based home visitation program connects families to resources to support their child's health and early learning.
Community Awareness	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 ReadyAZKids.com web site.
	Statewide Evaluation	Statewide Evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples include: the baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood

system.

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