# 2022 NEEDS AND ASSETS SUPPLEMENTAL REPORT
# FAMILY SUPPORT COMMUNITY NEEDS ASSESSMENT

Santa Cruz Region

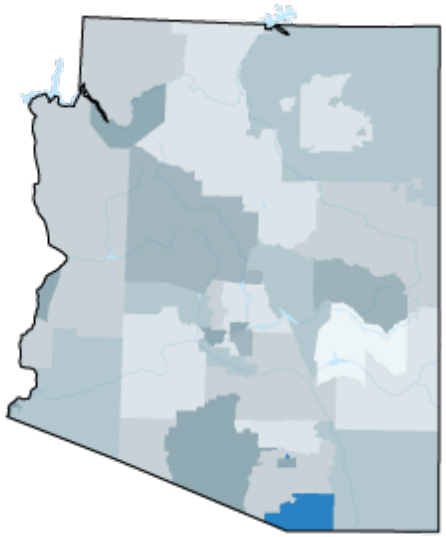
FIRST THINGS FIRST

## Project Background

Research has shown that the community a child lives in can have a critical impact on that child's development and long-term outcomes.[1] Research also tells us that having services and supports in place can help to reduce the risk for adverse childhood experiences (ACEs) such as abuse, neglect, or mental illness. Family support programs, like evidence-based home visiting, are proven ways to support a child's positive trajectory and help prevent or mitigate ACEs.[2]

Under the direction of First Things First, the Arizona State University Morrison Institute conducted a regional analysis of key indicators in five domains that contribute to a greater overall risk for poor child outcomes: low socio-economic status, adverse perinatal outcomes, substance use, other community stressors (e.g., crime, mental health disorders, and child maltreatment), and education challenges (e.g., below proficient 3rd grade reading level). Home visitation programs have been shown to positively impact these same domains.[3]

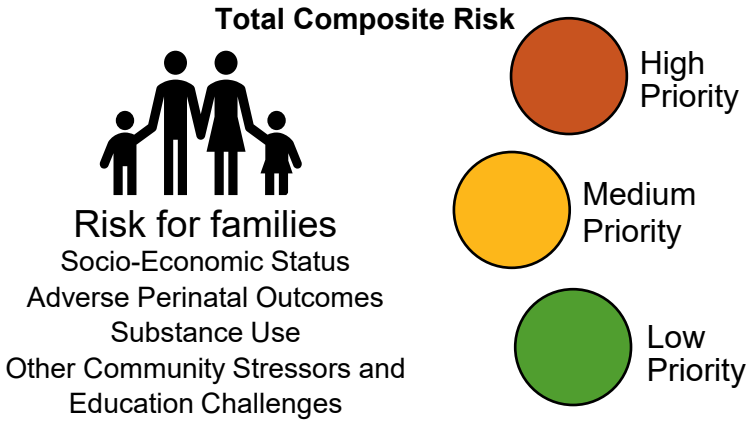
The information gleaned from the analysis supports strategic planning efforts to identify and prioritize communities that would benefit most from family support services like home visiting. The analysis also provides insights into whether or not services could be increased or maintained based on current service levels relative to the potential beneficiaries living in the community.



## Project Approach

To assist in prioritizing where continued or increased services may be needed, a three-tiered system — high, medium, and low priority — is used in this assessment to inform community need based on scoring of key indicators in the five domains.

The domain priority levels were obtained by averaveraging data across all indicators in the specific domain for each sub-region. Within each domain, the top third of sub-regions with the highest scores in the domain in the region were assigned a high priority level, the middle third assigned a medium priority level, and the bottom third assigned a low priority level. The total composite risk priority level was obtained by averaging data across all domains for the sub-region. Then the top third of sub-regions with the highest scores for the total composite risk in the region were assigned a high priority level, the middle third assigned a medium priority level, and the lowest third were assigned a low priority level.



## Sub-Region Risk by Domain and Overall Composite Risk Level

| | Socio-Economic Status | Adverse Perinatal Outcomes | Substance Use | Additional Community Stressors | Education | Total Composite Risk |
|---|---|---|---|---|---|---|
| Nogales | High | High | High | High | Low | **High** |
| Patagonia | Medium | Medium | High | Medium | Medium | **High** |
| Rio Rico | High | High | High | High | High | **High** |
| Tumacacori | High | Low | Low | High | NA | **Medium** |
| Tubac | Medium | Medium | Low | Medium | Low | **Medium** |
| Elgin | Low | High | Low | Low | High | **Low** |
| Sonoita | Low | Low | Low | Low | NA | **Low** |

Based on the observed level of need, the following sub-regions are the highest priority for home visiting supports within the Santa Cruz Region. Data that are not available for a sub-region are represented as 'NA' in the table.

- Nogales
- Patagonia
- Rio Rico

# PRIORITY FAMILIES AND SATURATION TABLE EXPLAINED

"Potential beneficiaries" are shown in the table on the next page using vital statistics data maintained by the Arizona Department of Health Services. The potential beneficiary count represents all mothers in an area who have a child under 6.[4]

Although many families could benefit from home visiting, limited resources often restrict the number of families that can be served. The following five criteria, informed by the National Home Visiting Resource Center, were used to prioritize families that could benefit the most from receiving home visiting services:

- Presence of an infant less than 12 months old
- Low income, defined as qualifying to receive Medicaid/Arizona Health Care Cost Containment System (AHCCCS)
- Young mothers who are 21 years old or younger
- Single mothers
- Mothers with less than a high school diploma

The Priority Families section of the table shows the number and percent of the potential beneficiaries who meet the specific priority criteria. The High Priority Families section of the table shows the number and percent of the potential beneficiaries who meet one or more, or two or more of the five priority criteria listed above.

# USING THE DATA

The **Priority Families and Saturation** table on the next page provides insight as to the number and percentage of families with characteristics that can place them at a higher risk for adverse outcomes, and the estimated number and percentage of families who are currently receiving home visiting services. When using the information on priority families in combination with the information on priority communities obtained from the **Sub-Region Risk by Domain and Overall Composite Risk Level** table, the families and communities where home visiting may benefit most are more readily identifiable.

The information from the two tables can also provide potential insights for targeting limited resources and services. For example, a community that is assigned a high priority level, has many high priority families, but also has a low percentage of families receiving home visiting services, may be identified as a community that would benefit from additional home visiting resources to meet the need.

Alternatively, a community may be considered high priority, but already has a high rate of saturation of home visiting services, or fewer potential beneficiaries. In these cases, a decision to not further invest in home visiting services, or to decrease home visiting services in the community may be deemed appropriate.

Lastly, with a focus on the five domains within the risk composite, domains observed as high priority may inform additional services or resources that would benefit the community, or specific program models within home visitation that have a focus on improving outcomes within the domain. For example, communities with a high priority score in the domain of adverse perinatal outcomes may benefit from more health-focused home visiting program models or services to meet the community's needs.

# PRIORITY FAMILIES AND SATURATION

| | | | PRIORITY FAMILIES | | | | | | | | | | HIGH PRIORITY FAMILIES | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Area** | Composite Priority Level | Potential Beneficiaries (Mothers with children under 6) | Mothers with infants under 12 months | | Mothers on AHCCCS | | Mothers 21 and younger | | Single mothers | | Mothers with less than high school education | | 1 or more of the 5 priority criteria | | 2 or more of the 5 priority criteria | | Families served by home visiting and saturation[+] | |
| | | | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| **Nogales** | | 1,313 | 170 | 13% | 1,043 | 79% | 274 | 21% | 732 | 56% | 392 | 30% | 1,166 | 89% | 848 | 65% | 263 | 20% |
| **Rio Rico** | | 1,058 | 144 | 14% | 696 | 66% | 151 | 14% | 527 | 50% | 177 | 17% | 861 | 81% | 548 | 52% | 176 | 17% |
| **Patagonia** | | 35 | * | * | 23 | 66% | * | * | 17 | 49% | * | * | 27 | 77% | 17 | 49% | * | * |
| **Tubac** | | 22 | * | * | * | * | 0 | 0% | 7 | 32% | * | * | 8 | 36% | * | * | * | * |
| **Tumacacori** | | 9 | * | * | 8 | 89% | * | * | * | * | * | * | 9 | 100% | * | * | * | * |
| **Sonoita** | | 20 | * | * | 8 | 40% | * | * | * | * | 0 | 0% | 12 | 60% | * | * | 0 | 0% |
| **Elgin** | | 14 | * | * | * | * | * | * | * | * | * | * | 7 | 50% | * | * | * | * |
| **Santa Cruz Region[++]** | | 2,471 | 324 | 13% | 1,787 | 72% | 435 | 18% | 1,293 | 52% | 578 | 23% | 2,090 | 85% | 1,430 | 58% | 444 | 18% |

[+] Saturation percent is calculated as the number of families served by home visiting programs divided by the number of potential beneficiaries in the sub-region.

[++] The priority families and “1 or more criteria” and “2 or more criteria” columns do not add up to the regional total because mothers could be counted multiple times across the priority groups depending on if the mother was experiencing multiple stressors. Where regions contain nested tribes participating in the analysis, data regarding potential beneficiaries, priority and high priority families are included in the region totals. Tribes participating in the analysis also have additional data in a separate handout specific to the tribe.

Number and percent are suppressed in the table when count is fewer than six, excluding counts of zero. Suppressed data are represented by an asterisk (*).

There are an additional estimated 99 families served by Early Head Start (EHS) providers in the larger Santa Cruz Region. The number of families served by EHS is not known by sub-region.

# PROJECT INDICATORS AND SOURCES

| Community Risk/Needs Index | | |
|---|---|---|
| **Domain** | **Indicator** | **Source** |
| Socio-Economic Status | Poverty: Children 5 and under living below the federal poverty level | 2015-2019 American Community Survey: Table B17001 |
| | Unemployment: Families with unemployed parent and children under 18 | 2015-2019 American Community Survey: Table B23007 |
| | Educational attainment of adult population | 2015-2019 American Community Survey: Table S1501 |
| | Single-parent households with children under 6 | 2015-2019 American Community Survey: Table B09002 |
| Adverse Perinatal Outcomes | Preterm Birth: Percent live births before 37 weeks gestation | 2015-2020 AZ Department of Health Services, Vital Statistics |
| | Low Birthweight: Percent live births with baby weight less than 2,500 grams | 2015-2020 AZ Department of Health Services, Vital Statistics |
| | Infant Mortality: Infant death rate per 100 live births | 2015-2020 AZ Department of Health Services, Vital Statistics |
| | No Prenatal Care: Percent of AHCCCS live births with no prenatal care | 2015-2020 AZ Department of Health Services, Vital Statistics |
| Substance Use | Alcohol: Number of alcohol-related treatment encounters AHCCCS | 2016-2019 AZ Health Care Cost Containment System |
| | Marijuana: Number of marijuana-related treatment encounters AHCCCS | 2016-2019 AZ Health Care Cost Containment System |
| | Other drugs: Number of other drug-related treatment encounters for mothers that gave birth on AHCCCS | 2016-2019 AZ Health Care Cost Containment System |
| | Number of opioid-related treatment encounters for mothers that gave birth on AHCCCS | 2016-2019 AZ Health Care Cost Containment System |
| Additional Community Stressors | Crime: Crime index (ESRI) | 2019 Applied Geographic Solutions Crime Risk Data from ESRI |
| | Child maltreatment: Number of unique child removals per 100 children aged 0 to 5 | 2018-2020 AZ Department of Child Safety, unique removals |
| | Mental Health: Treatment encounters for all caregivers of children receiving AHCCCS coverage | 2016-2019 AZ Health Care Cost Containment System |
| Education | Children with IEPs (Individualized Education Plans) going into first grade | 2018-2019 AZ Department of Education |
| | 3rd grade reading level - AzMERIT | 2018-2019 AZ Department of Education |

| Potential Beneficiaries and Target Population | | Home Visitation Service Data 2020 | |
|---|---|---|---|
| Mothers with children under 6 | 2015-2020 AZ Department of Health Services, Vital Statistics | Healthy Families | AZ ETO |
| Mothers with infants under 12 months | | Nurse-Family Partnership | AZ ETO |
| Mothers meeting qualifications to receive Medicaid | | Parents as Teachers | PATNC, Penelope, Tribal Departments |
| Mothers 21 and younger | | Family Spirit | AZ ETO |
| Single mothers | | Family Check-up | ASU |
| Mothers with less than high school education | | Health Start | AZ ETO |
| | | Early Head Start | HSES |

# ENDNOTES

[1] Chetty, R., University, S., Nber, N., Hendren, H., University, N., Abraham, S., Bell, A., Bergeron, A., Droste, M., Flamang, N., Fogel, J., Fluegge, R., Hildebrand, N., Olssen, A., Richmond, J., & Scuderi, B. (2017). *The Impacts of Neighborhoods on Intergenerational Mobility I: Childhood Exposure Effects* *. https://opportunityinsights.org/wp-content/uploads/2018/03/movers_paper1.pdf

[2] Centers for Disease Control and Prevention. *Prevention Strategies*. (n.d.). https://www.cdc.gov/violenceprevention/aces/prevention.html

[3] Administration for Children & Families. *Home Visiting Evidence of Effectiveness: Outcomes*. (n.d.). https://homvee.acf.hhs.gov/outcomes

[4] Data for 2015-2020 were obtained from the Arizona Department of Health Services Vital Statistics. This data source only captures births within Arizona that are reported to the Arizona Department of Health Services and does not reflect families that may have moved to Arizona from different states during this time period.