FIRST THINGS FIRST

Children's Health System Change: Yavapai Region Final Assessment

Submitted to the
Yavapai Regional Partnership Council

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Acknowledgements

We would first like to thank the members of the First Things First (FTF) Yavapai Regional Partnership Council (YRPC) for funding Jeanette Shea and Associates to facilitate an assessment of the region's children's health system and to present opportunities and recommendations for change that are within FTF's purview. We also thank the YRPC and the FTF Yavapai Regional Director for reviewing interim deliverables and providing useful feedback as we took the project through its stages to reach this Final Assessment. With the FTF Yavapai Regional Director, we look forward to reviewing these opportunities and recommendations with the council.

To gather primary local information, we interviewed 36 community stakeholders from organizations, agencies, and health and education systems throughout the region providing child and family services or supports. Their observations, experiences, and ideas were extremely important and helpful to completing this assessment. We are grateful for the time they took and for their work on behalf of young children, families, and communities in the region.

To include the crucial voice and perspectives of families with young children, with recruitment assistance from a cadre of community stakeholders, we conducted in-depth interviews (conversations) with fourteen families living throughout the region. They shared their experiences, insights, and suggestions and each is due special thanks and appreciation for their time and openness with us about their journey learning about, seeking, and using health and family support services.

Project Consultants
Jeanette Shea and Associates

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Executive Summary

Introduction

First Things First (FTF) Yavapai's strategic plan for State Fiscal Years 2019-2022 includes a Children's Health Systems Change strategy to support systemic efforts that improve how providers, community-based organizations, public health groups, and government agencies coordinate and collaborate to address the health and wellness needs of young children and their families living in the region. For State Fiscal Year 2021, the Yavapai Regional Partnership Council funded Jeanette Shea and Associates, LLC to use a social determinants of health framework to assess the strengths and limitations of the current children's health system in the FTF Yavapai Region and to identify opportunities for the Council to support positive change.

The assessment focused on health and family support services, coordination of services, and collaboration among partners to enhance the region's children's health system. The Elements of a Healthy Community wheel (the Vitalyst Health Foundation) provided the framework for a social determinants of health and health equity lens, including the elements of access to health care (health insurance coverage, physical health, mental health, and harmful substance use), economic opportunity, food security, housing, transportation, physical activity, and educational opportunity with a focus on early learning.[1]

Methods

The consultants gathered information for the assessment by conducting: (1) a meta-analysis of existing regional community health assessments, accompanying implementation or improvement plans, and other applicable reports; (2) interviews with community stakeholders working in organizations that exclusively or partially provide services that reach young children and their families in the FTF Yavapai Region (N=36); and (3) in-depth interviews with families with young children living throughout the region (N=14) who were recruited with assistance of community stakeholders. The consultants also obtained supplementary regional data to assess factors that are associated with access to health and family support services and health and well-being outcomes; and conducted a literature review and several key informant interviews to gather information on evidence-based and promising practices for children's health system change in the FTF Yavapai Region.

Findings and Key Opportunities

The full report of the assessment includes sections with considerable quantitative and qualitative findings and associated considerations for a children's health system change strategy. The findings are in the following areas: geographic and demographic characteristics of the FTF Yavapai Region that have implications for children's health system change, existing health services, existing family supports, the status of current coordination of health and family support services in the region, and ways that providers of health and family support services and other stakeholders collaborate to identify and collectively impact enhancements to the children's health system. The considerations for a children's health system change strategy in the FTF Yavapai Region that arise from the findings map to four main opportunity areas —community awareness, inclusiveness, coordination, and collaboration—with associated priorities. These follow, and the red barometer conveys an opportunity or area that is attached to a particularly strong theme in the findings.

Opportunity I: Support ongoing efforts to promote community awareness of the importance of the early years and the value of health and family support services for families with young children.

Identified priority topic areas include:

A. In light of the region's considerable population growth weighted towards elders, keep at the forefront of community conversations the valuable contribution of families with young children (ages 0-5) and the importance of the services they need to be healthy and well.

B. Normalize conversations about mental health and wellness, reduce the association of mental health conditions with stigma and shame, and encourage help-seeking for adults (parents), children, and youth.

C. Communicate affirming messages (e.g., non-judging and non-shaming) in support of prevention, screening, and intervention of prenatal substance exposure and harmful substance use in families with young children.

D. Assist families in recognizing indicators of childhood special needs and next steps for screening.

Opportunity II: Support ongoing efforts that emphasize inclusiveness of young children and their families who could experience barriers to accessing health and family support services because of where they live, or health inequities associated with demographic characteristics, or both.

Identified priority populations include:

A. Young children and their families to the east of Mingus Mountain (Verde Valley/Sedona area) as well as the west (Quad Cities and beyond), and in sparsely populated rural communities as well as population centers.
B. Young children and their families in households in poverty or with low- to moderate-income.
C. Young children and their families who identify as a minority race or as Hispanic or Latino whose norms, values, and languages spoken may differ.

Opportunity III: Offer timely, seamless, comprehensive coordination of health and family support services for families with young children (ages 0-5) living in the region.

Identified priority areas include:

A. Easier mechanisms for families to identify health and family support services that they need to be healthy and well.
B. Readily available entry point(s) offering screening, warm referrals for further assessment, enrollment in programs and services, and assistance with removing service access and utilization barriers. This includes in the following areas:
   - Health insurance coverage, publicly funded or affordable private options.
   - Medical home for physical health care including well child visits.
   - Mental health care for young children and their families.
   - Harmful substance use, including prenatal substance exposure.
   - Children with special needs.
   - Family supports that that are key to child and family health and well-being that help address economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity.

Opportunity IV: Build collaboration among stakeholders (including parents), constituents, and representatives from the general public (including elders) to collectively identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system.

Areas for focus might include:

A. Prioritizing and strategizing opportunities for service coordination, inclusiveness, and awareness.
B. Supporting efforts to recruit and retain pediatric, family medicine, and mental health providers, including bilingual (Spanish-English) providers.
C. Improving economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity in the region.

Recommendations

The recommendations consider the findings and opportunities and draw from the literature review and key informant interviews that explored potential approaches to enhance the children's health system in the FTF Yavapai Region. They also prioritize the FTF Yavapai Regional Council's intent under the FTF Children's Health System Change strategy to support systemic efforts that improve how providers, community-based organizations, public health groups and government agencies coordinate and collaborate to address the health and wellness needs of children and their families. The following presents the six recommendations, with brief explanations considerably summarized from detail in the full report.

Recommendation 1: Define the boundaries of the children's health system in the FTF Yavapai Region.

Boundaries include the geographic boundary where children ages 0-5 live (children and families cross back and forth between regions), the geographic boundary of where health and family support services are located (some families utilize services in regions other than FTF Yavapai, which is particularly relevant to coordination of services), the recipient of health and family support services (children ages 0-5 or their whole family), and the types of health and family support services included in the system.

Recommendation 2: Explore developing a Yavapai Children's Health System Collaborative rooted in a collective impact model.

This recommendation aligns with Opportunity IV, to build collaboration among stakeholders, constituents, and representatives from the general public to collectively identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system.

Collaboration is foundational to early childhood systems, a collective impact model is a very effective approach to achieving a high degree of collaboration on the collaboration continuum, and collective impact approaches to collaboration are increasingly used in communities to support the availability and use of birth to five services for children and families.[2,3,4,5] A collaborative rooted in a collective impact model can bring about transformational change, e.g., visionary, proactive, and innovative change implemented over time representing a fundamental shift in priorities, strategies, and culture.[6] The findings and opportunities (service coordination inclusiveness, and awareness) in this Final Assessment could serve as a springboard for the collaborative to set a vision, mission, values, and goals.

Some potential drawbacks are that the region already has many partnerships addressing health and social issues and participants in these partnerships often represent their

organizations on multiple fronts and their responsibilities are already stretched thin; there would need to be very clear added value to a new collaborative. Also, bringing about meaningful change through a collective impact collaborative requires a considerable investment of people and monetary resources and it usually takes time to see tangible results, which can impact the capacity to maintain buy-in for the effort.

Recommendation 3: Monitor the potential of the Arizona Social Determinants of Health (SDOH) Referral System for assisting providers with coordinating health and family support services in the FTF Yavapai Region.

This recommendation aligns with Opportunity III to offer timely, seamless, comprehensive coordination of health and family support services for families with young children (ages 0-5) living in the region.

The Arizona SDOH Referral System is a partnership of Health Current (Arizona's Health Information Exchange), AHCCCS, 2.1.1 Arizona, the Crisis Response Network, and the selected vendor NowPow.[7] It unites a comprehensive network of health care providers and a wide array of community support programs on one technology platform with no cost to providers or organizations to be in the network. It is intended to benefit all Arizonans and improve health outcomes through whole-person care rooted in a social determinants of health framework. As a closed loop referral system, the requesting provider receives feedback from the service provider on referrals (e.g., when complete), with ongoing communication between the providers and patient/client. Early adopter providers (including in Yavapai County) are presently using the Arizona SDOH Referral System and full statewide implementation is scheduled for Fall 2021. A component of the Arizona SDOH Referral System is a web-based directory of services and supports that is integrated with Arizona 2.1.1 and available to providers and the public in English, Spanish, and other languages. There is potential to tailor the directory for a particular purpose and region, e.g., NowPow tailored a directory for Healthy Babies Chicago (click on Find Resources).

A potential drawback is the unknown timeline for the Arizona SDOH Referral System to achieve its full potential, including to bring health care providers and family support organizations into the network in rural areas such as Yavapai County and to raise community awareness of how this system can support an individual or family's journey seeking and using health and family support services.

Recommendation 4: Consider funding a Young Families Service Coordinator housed in a community-based setting.

Funding a Young Families Service Coordinator (YFSC) aligns with an idea forwarded by the FTF Yavapai Regional Needs and Asset's Workgroup of the Yavapai Regional Partnership Council, and with Opportunity III to offer timely, seamless, comprehensive coordination of

health and family support services for families with young children (ages 0-5) living in the region. The Young Families Service Coordinator would provide a readily available entry point for families to the children's health system to learn about and connect with needed health and family support services as far upstream as possible to avert connecting at a crisis point. The Council can elect to competitively award grantee funding to hire, train, and manage the YFSC and various criteria for the grantee and the YFSC position would help address inclusiveness (Opportunity II) and community awareness (Opportunity I).

Potential drawbacks are that adding a YFSC to the children's health system represents transitional change, i.e., incremental change that is reacting to a need rather than a transformational change whereby change is visionary, proactive, and innovative. Also, the region already has many service coordinators embedded in a wide variety of organizations, so it is important to understand the added value of a YFSC.

Recommendation 5: Continue to value and enhance inclusiveness of all young children and their families through FTF Yavapai's work.

This recommendation aligns with Opportunity II to support ongoing efforts that emphasize inclusiveness of young children and their families who could experience barriers to accessing health and family support services because of where they live, or health inequities associated with demographic characteristics, or both. The FTF Yavapai Region can support inclusiveness as a core value and outcome of any of the CHSC recommendations that the Council elects to pursue. For existing regional investments, FTF Yavapai staff and grantee partners may be directed by the Council to review the characteristics of who is reached by current community awareness, health, and family support strategies, and assess the need and capacity to boost inclusion of young children and their families who may be at risk for inequitable access to services because of where they live, or health inequities associated with race, ethnicity, or family income.

Recommendation 6: Continue to support and enhance community awareness of topics that impact the health and well-being of young children and their families.

This recommendation aligns with Opportunity I to support ongoing efforts to promote community awareness of the importance of the early years and the value of health and family support services for families with young children. The FTF Yavapai regional office and grantees already actively increase community awareness of the importance of early childhood development, the strategies the region funds, and other aspects of support for young children and their families. Some options for this recommendation include (1) as applicable and appropriate to FTF community awareness plans and grantee contract terms, explore whether there are opportunities to boost messaging that intersects with the priority topics within the community awareness opportunity; (2) as applicable and appropriate, support community awareness activities facilitated and funded by other

organizations in the region, e.g., Prevent Child Abuse Arizona's Lean On Me AZ initiative; and (3) to model and support diffusion of strength-based language when communicating about child and family adversity and well-being, for which the FrameWorks Institute offers guidance in its recently published report on ways to reframe narrative to enhance the ability to engage partners to bring about positive change.[8]

Next Steps

Following distribution of this Final Assessment, the lead consultant for this project will partner with the FTF Yavapai Regional Director to co-facilitate discussion with the Yavapai Regional Partnership Council on opportunities and recommendations identified in the assessment report. Following the Council's identification of recommendations for implementation, the consultant will work with the FTF Yavapai Regional Director to develop an action plan. Discussion with the Council will take place in October and the action plan for moving forward will be complete before December 31, 2021.

Section 1: Introduction

First Things First Yavapai

One of 28 First Things First (FTF) regions in Arizona, the FTF Yavapai Region includes all of Yavapai County, the part of the city of Sedona that lies in Coconino County, and the Yavapai-Apache Nation. The regional office is staffed by a regional director, community outreach coordinator, and administrative assistant, with a senior director who oversees all regional offices in northeast Arizona. The Yavapai Regional Partnership Council (YRPC), the local governing body comprising volunteers from various sectors in the community, makes data-informed, strategic investments to support the healthy development and learning of the young children in the region. The YRPC's priorities include improving the quality of child care and preschool programs, scholarships for children to access high-quality early learning, and strengthening families through voluntary home visiting, parenting education, and supporting the needs of infants and toddlers in the child welfare system.[9]

FTF Yavapai Children's Health Systems Change Strategy

FTF Yavapai's strategic plan for State Fiscal Years 2019-2022 includes a Children's Health Systems Change strategy to support systemic efforts that improve how providers, community-based organizations, public health groups, and government agencies coordinate and collaborate to address the health and wellness needs of young children and their families living in the region. For State Fiscal Year 2021, the YRPC funded the Arizona-based consulting firm of Jeanette Shea and Associates, LLC to use a social determinants of health framework to assess the strengths and limitations of the current children's health system in the FTF Yavapai Region and to identify opportunities for the YRPC to support positive change. The lead consultant for this work is a resident of Yavapai County.

In keeping with the contract scope of work, the project consultants utilized a social determinants of health framework and employed multiple methods to:

- Assess the status of existing health and family support services for families of children birth to age 5 in the FTF Yavapai Region and associated strengths, gaps, and challenges.
- Assess how families of young children birth to age 5 in the FTF Yavapai Region learn about and connect with health and family support services, including providers' approaches to coordinating referrals and services to ensure a seamless experience for families, and associated system strengths, gaps, and challenges.
- Assess ways in which providers of health and family support services and other community stakeholders collaborate to identify and collectively impact enhancements to the children's health system in the FTF Yavapai Region.

- Research evidence informed opportunities, including technology-mediated practices, that the YRPC could consider for filling service gaps in the FTF Yavapai Region children's health system, enhance coordination of health and family support services, and strengthen collaboration among service providers and other community stakeholders.

The consultants have provided the FTF Yavapai regional director and YRPC with five interim deliverables summarizing findings from various stages of this work: (1) a meta-analysis of existing community assessments and implementation/improvement plans prepared by major health systems in the FTF Yavapai Region, (2) interviews with providers of health and family support services across the region, (3) a preliminary exploration of potential opportunities for enhancing the region's children's health system, (4) interviews with families living in the region, and (5) expanded exploration of potential opportunities for children's health system change. This Final Assessment integrates and expands on the findings from the five interim deliverables and the sections continue as follows:

Section 2: Defining Health Systems Change and Social Determinants of Health
Section 3: Assessment Methods
Section 4: Geographic and Demographic Characteristics: Implications for Children's Health System Change
Section 5: Existing Health Services
Section 6: Existing Family Support Services
Section 7: Coordination and Collaboration
Section 8: Opportunities for Enhancing the Children's Health System in the FTF Yavapai Region
Section 9: Recommendations for Enhancing the Children's Health System in the FTF Yavapai Region

The following are frequently used abbreviations:

Children's Health System Change: CHSC

Arizona Health Care Cost Containment System: AHCCCS

Northern Arizona Healthcare: NAHC

Northern Arizona Council of Governments: NACOG

West Yavapai Guidance Clinic: WYGC (Recently renamed Polara Health)

Yavapai County Community Health Services: YCCHS

Yavapai Regional Medical Center: YRMC (Recently renamed Dignity Health-Yavapai Regional Medical Center)

Section 2: Defining Health System Change and Social Determinants of Health

Health Systems Change

High-functioning health and health care systems—ones that are easy to navigate and work seamlessly together and with other critical systems, such as community and social services—are essential to achieving health equity and building a Culture of Health.

Robert Wood Johnson Foundation[10]

The FTF Children's Health Systems Change Standard of Practice draws from the Centers for Disease Control and Prevention (CDC) to broadly define health systems change as "A change in environmental supports and policies that encourages and channels improvement in systems, community, and individual-level health outcomes."[11,12] The Standard of Practice adds that the children's health system is a complex interaction of programs, funders, and policies; and change activities and tactics include generating awareness among decision-makers to address children's health, capacity building, fostering collaboration among stakeholders, improving policies and procedures, leveraging funding, and conducting analyses.

Whereas health systems change is a broad and complex field, it is helpful to define two dimensions of health systems change—transitional change and transformational change.

Transitional change: Focuses on incremental change or replacement of existing processes; usually reactive in nature to change/improve something in the past; change is controlled, deliberate, and planned.[13]

Transformational change: Focuses on proactive continuous change that is emergent, usually implemented over long periods of time, and involves a fundamental change (shift) in priorities, strategies, and culture with a future-focused vision.[14]

Social Determinants of Health

…Changes in the social and political contexts of children and young families in the United States are generating new challenges to child health. These new challenges are not merely health problems. They are health development problems, which are produced by continuous and developmentally significant interactions between children and the environments where they grow, play, learn, and mature into adults.

Neil Halfon, MD, MPH et al. Commentary-Health Affairs, Children's Health[15]

The YRPC requested a broad view of the children's health system using a social determinants of health (SDOH) approach, which encompasses the conditions in which people are born, grow, live, work, play, and learn that are known to affect a wide range of health and well-being outcomes.[16,17] Notably, these conditions are shaped by factors that contribute to health

inequities, such as age, gender, race, ethnicity, primary language, and distribution of monetary and other resources.[18,19,20,21]

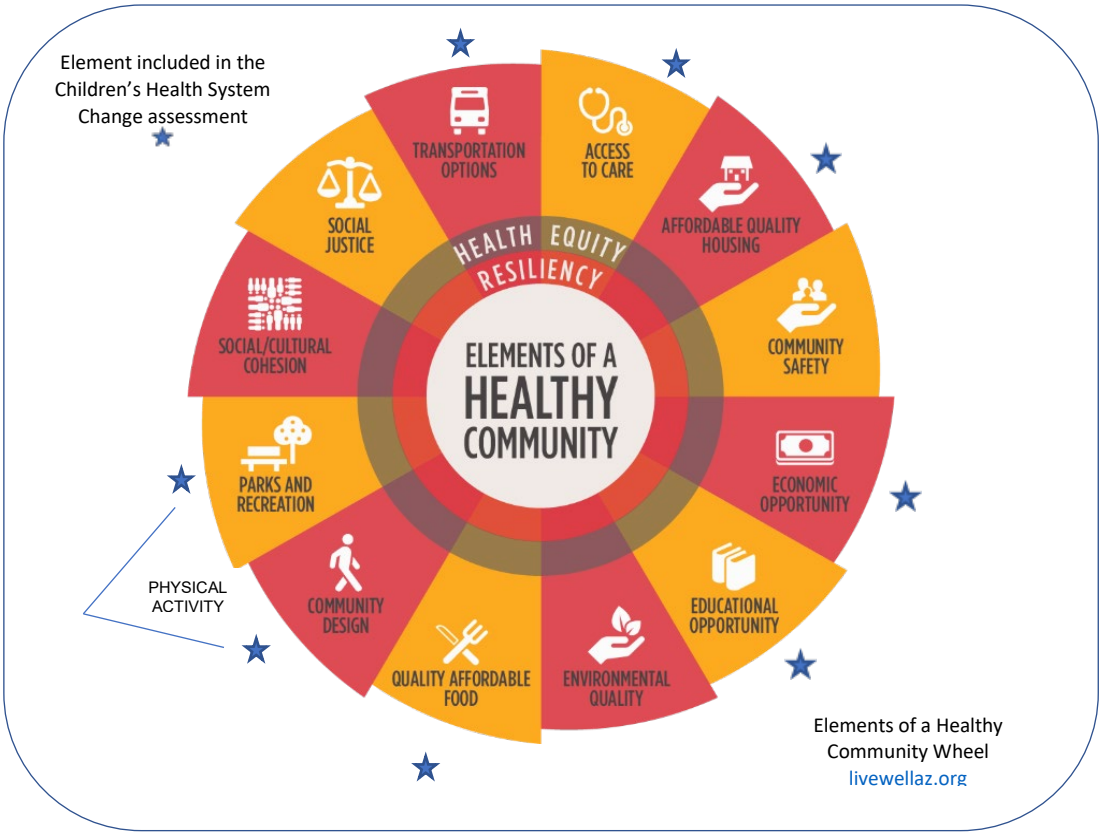
Inspired by the work of the World Health Organization and CDC, the Arizona-based Vitalyst Health Foundation collaborated with community partners to develop the Elements of a Healthy Community, providing a helpful framework for Arizona communities to conceptualize social determinants of health (Figure 1).[22] The wheel presents a comprehensive and interactive set of elements that influence health outcomes, with the key cross-cutting lenses of health equity and resiliency. The Elements of a Healthy Community defines (a) health equity as being achieved when everyone, regardless of race, neighborhood, sexual orientation, or financial status, has the opportunity for health – physical, mental, economic, and social well-being, and (b) resiliency as the ability to bounce back from adverse events (i.e., social and/or environmental trauma) through social coherence and other coping, anticipation, preparation, adaptation, and response mechanisms.

Although all the elements are important to health and well-being, the children's health system assessment for FTF Yavapai concentrates on a sub-set of the elements that are particularly relevant to social determinants of health for young children and their families living in the FTF Yavapai Region:

- Access to health care (health insurance coverage, physical health, mental health, and harmful substance use)
- Economic opportunity
- Food security
- Housing
- Transportation
- Physical activity
- Educational opportunity (focus on early learning)

Of note, the Elements of a Healthy Community wheel is cited in the community conversations facilitated by the FTF Yavapai Regional Director in 2018 when discussing the region's children's health system. The wheel is also utilized by Yavapai County Community Health Services in the Quad Cities and Verde Valley Community Health Improvement Plans, 2018 – 2022 and by the Southwest Health Equity Research Collaborative, Northern Arizona University, in the Regional Health Equity Survey Report.[23,24]

Figure 1: Elements of a Healthy Community



Section 3: Assessment Methods

Overview

The three methods used to gather regional data and information for the FTF Yavapai Children's Health System Change (CHSC) assessment included a meta-analysis of regional health assessments, implementation/improvement plans, and other supporting reports; community stakeholder interviews; and family interviews. The consultants also conducted a literature review and several key informant interviews to gather information on evidence-based and promising practices for children's health system change in the FTF Yavapai Region.

Although interim deliverables were attached to each method, the consultants collected and updated data and information through June 2021 to ensure that this Final Assessment is as complete and current as possible. In addition to adding reports to the meta-analysis and conducting additional interviews, the consultants also updated substantiating population data. When population data for the FTF Yavapai Region were not readily available, data for Yavapai County were substituted. Data differences are small between the two geographic areas; the FTF Yavapai Region includes several zip codes with small populations just over the border of Yavapai County.[25]

Across methods, the following Elements of a Healthy Community were explored and used to organize the thematic analysis of findings.

- Access to care (health insurance coverage, physical health, mental health, and harmful substance use)
- Economic opportunity
- Housing
- Transportation
- Food security
- Physical activity
- Educational opportunity (focus on early learning)

The remainder of this section summarizes each method; additional detail can be obtained on request to the FTF Yavapai Regional Director.

Meta-Analysis

The meta-analysis was the first step for documenting community health and family support strengths, challenges, and priorities through a thorough review of existing documents in the public domain. These included regional community health assessments, accompanying implementation or improvement plans, and other applicable reports issued by health care

delivery systems, government agencies (including FTF Yavapai), and other organizations in the FTF Yavapai Region (see list in Appendix 1). With some variation in the topics and breadth of these documents, together they provided plentiful detailed information that could be synthesized and organized using the Elements of a Healthy Community listed on page 9. *Findings from review of these documents are collectively referred to as meta-analysis findings, with specific documents named as applicable*.

Community Stakeholder Interviews

To build on and refine the meta-analysis findings, additional information was gathered from community stakeholders working in organizations that exclusively or partially provide services that reach young children and their families in the FTF Yavapai Region. Community stakeholders were intentionally selected for interview to include representation of a broad variety of programs and service types that align with the Elements of a Healthy Community framework, and to represent various geographic areas of the region. In addition, the consultants aimed to include one or more representatives for each organization that had a community health assessment, plan, or other report reviewed for the meta-analysis.

An invitation for interview was extended to 42 community stakeholders, with a positive response resulting in participation of 36 individuals in telephone, Zoom, or in-person interviews conducted by the lead consultant from November 2020 to June 2021. The questions in the interview guide were crafted to gather information on: 1) strengths, gaps, challenges, and priorities for addressing health and family support services for young children and their families residing in the FTF Yavapai Region, 2) factors that facilitate or impede families learning about and accessing health and family support services, 3) existing and potential opportunities for improving coordination of health and family support services, and 4) existing and potential opportunities for stakeholder collaboration to enhance the children's health system in the FTF Yavapai Region. Prompts were included to ensure coverage of the Elements of a Healthy Community listed on page 9. Appendix 2 lists the community stakeholders who were interviewed and their organizational affiliation. *This interview group is referred to as community stakeholder respondents.*

Family Interviews

To ensure inclusion of experiences and perspectives of families themselves, the consultants developed a detailed plan to interview families with young children living in the FTF Yavapai Region. Several community stakeholders assisted with outreach to purposely recruit families potentially at high risk for social, economic, health and other conditions that could challenge child and family health and well-being. Sixteen families were recruited, with a

positive response resulting in 14 in-depth qualitative interviews conducted by the lead consultant by telephone, Zoom, or in-person from February to June 2021. *This interview group is referred to as family respondents.*

The lead consultant reviewed the purpose of the interview with each family respondent when scheduling the interview, and again when completing a user-friendly informed consent with the family respondent. The interview was conducted using an empathy interview approach to encourage each respondent in sharing their experience seeking and using health and family support services while avoiding prompts or probes that might trigger difficult or traumatic memories. The open-response interview questions drew from community stakeholders' suggestions on what they would like to learn from families, as well as findings from the meta-analysis. Areas of inquiry included:

- Family experiences with and needs for health services and family supports, including how they identified child and family needs, learned about available programs/services/ resources, and garnered assistance with service coordination.
- Suggested improvements to health and family support services.
- The impact on the family of the COVID-19 pandemic.
- Hopes for the family going forward, over the next few years.
- Family socio-demographic characteristics.

Prompts were included with each question area to ensure coverage of the Elements of a Healthy Community listed on page 9. Each family respondent received a $20.00 gift card (donated by a community member) either in person or by postal mailed to thank the family respondent for their time.

Of note, all 14 family respondents identified as mothers. Twelve had at least one child birth to age 5, one had a 6-year-old, and one had a 7-year-old. As intended, the family respondents varied in characteristics such as community where they live (cities, towns, and rural places), who they live with, age, racial and ethnic identity, education, and employment status. The family respondents shared considerable information and experiences with strong and consistent themes. These interviews contribute important qualitative findings to the assessment and allow for alignment with perceptions shared by community stakeholders on strengths, gaps, and challenges associated with health and family support services.

Review of Evidence-informed and Promising Practices for Children's Health Systems Change

Keeping in mind the themes emerging from the meta-analysis and interviews, and the Elements of a Healthy Community of interest (page 9), the consultants conducted a comprehensive review of in-state and out-of-state program and service models for enhancing the health and well-being of young children, particularly for raising awareness of health and family support services in the community, coordinating services, and engaging communities in collaborative collective action to enhance the children's health system. The consultants drew from known sources of information, searched peer-reviewed journals using applicable search terms, and scanned websites of child and family-focused foundations and other organizations. In addition, the lead consultant interviewed key informants from five organizations who provided additional supporting information, particularly for coordination and collaboration (see Appendix 2). As well as citing selected findings in this report, a comprehensive list of all of the information sources will be provided the FTF Yavapai Regional Director.

Section 4: Geographic and Demographic Characteristics of the Yavapai Region: Implications for Children's Health System Change

Introduction

Section 4 describes geographic and demographic characteristics of the FTF Yavapai Region that have implications for children's health system change, particularly how these characteristics intersect with delivery and receipt of health and family support services and potentially impact health equity. This section flows as follows for each main domain:

Key Theme: Summarizes the consultants' interpretation of findings across sources of data (meta-analysis, community stakeholder interviews, and family interviews) that point to an issue of major concern.

The barometer symbol denotes a theme that emerged as particularly strong.

Detail findings: Provide quantitative and qualitative findings that support the theme.

Consideration: Presents a guiding question crafted by the consultants as to what FTF Yavapai might address through a children's health systems change strategy. (These guiding questions later inform opportunities and recommendations for the FTF YRPC.) Each of these considerations is also labelled with one or more of four umbrella categories that emerged during information analysis: *awareness, inclusiveness, coordination, and collaboration*.

Geographic Characteristics

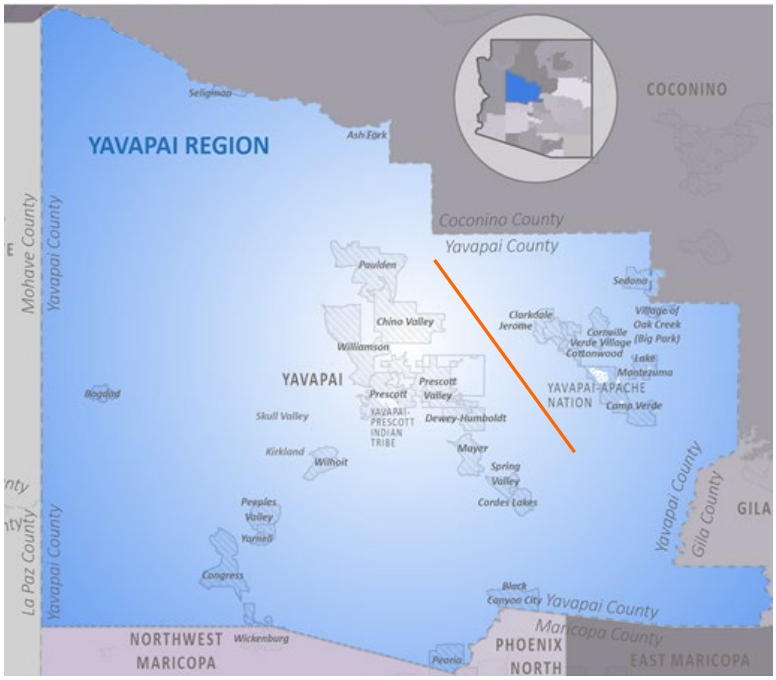
Theme: The size, geographical features, and dispersion of rural and populated places in the region challenges provision of and access to health and human services and other supports.

Detail findings: The FTF Yavapai Region covers more than 8,000 square miles in central Arizona with elevations ranging from 1,900 to nearly 8,000 feet. For Yavapai County specifically, less than one-half percent of the area is reservation land of indigenous peoples (the Yavapai-Apache Nation and the Yavapai-Prescott Indian Tribe), just 25 percent of land is privately owned by individuals and corporations, and about 75 percent is owned by the U.S. Forest Service, U.S. Bureau of Land Management, and the state of Arizona.[26,27] With a number of official wilderness areas, the region is known for its beauty that in contemporary times draws tourists, as well as retirees and others to live in the region. Features of the region also have attracted industries such as mining, quarrying, farming, and ranching. Of note, only 4% of farmland in Yavapai County is dedicated to food production for human consumption.[28]

In addition to three incorporated cities (Cottonwood, Prescott, and Sedona) and six incorporated towns (Camp Verde, Chino Valley, Clarkdale, Dewey-Humboldt, Jerome, and Prescott Valley), the region has more than twenty sparsely populated places in rural and

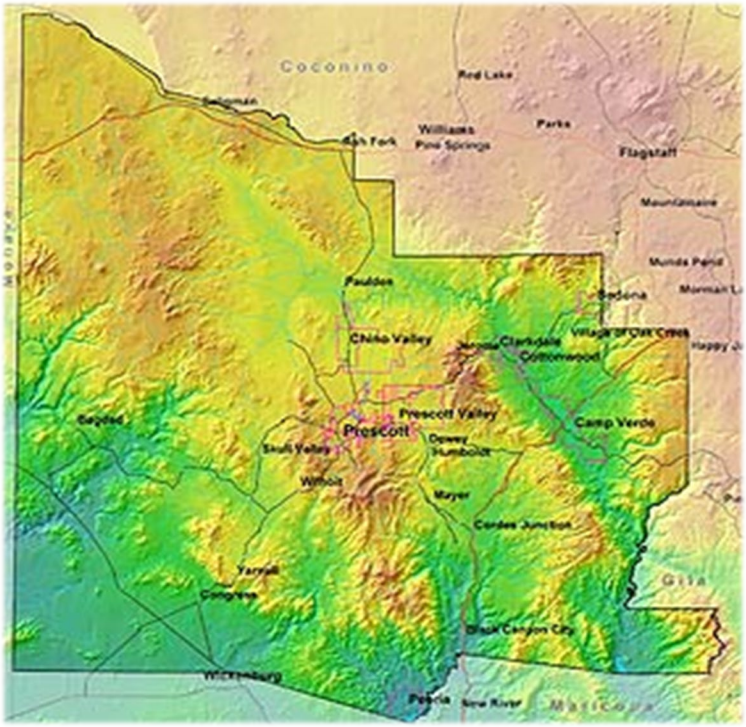
remote areas. The maps in Figures 2 and 3 help to visualize how the region's communities are dispersed. Figure 2 is the FTF Yavapai Regional map and Figure 3 is a Yavapai County physical map accentuating the landscape.

Figure 2: First Things First Yavapai Region Map



Source: FTF Yavapai Region map, 2020 Needs & Assets Report, YRPC, p22 (custom map by the Community Research, Evaluation, & Development Team, University of Arizona.
Orange line added to show the east/west division formed by the Black Hills of Yavapai County.

Figure 3: Yavapai County Physical Map



Source: Yavapai County, Yavapai County Government.
https://www.yavapai.us/about-us
Shades of orange/brown represent mountain areas.

A notable land feature in the region is the Black Hills mountain range of Yavapai County delineated by an orange line in Figure 2. This range is most known for Mingus Mountain at an elevation of 7,815 feet. The range forms a distinct separation of two areas, each of which contains a high proportion of the region's population: the Verde Valley/Sedona area on the east-side and the Quad Cities area on the west-side (Chino Valley, Dewey-Humboldt, Prescott, and Prescott Valley). Travel between Verde Valley/Sedona and the Quad Cities (and beyond) is time-consuming—the most direct travel route includes a 12-mile stretch of road with more than 120 hair-pin turns; the highway route adds distance and time. Table 1 approximates where young children live in the region.

Table 1: Number of children living in geographic areas of the FTF Yavapai Region (2010)

Geographic Area	Children Ages 0-5 (N=12,661)
Campe Verde, Clarkdale, Cottonwood, Cornville, Jerome, Rimrock (Verde Valley)	3,483
Sedona and Village of Oak Creek	565
Total east of Mingus Mountain (32%)	*4,048*
Ashfork/Seligman (north)	113
Bagdad/Hillside (west)	243
Mayer, Cordes Lakes, Spring Valley (Cordes Junction)	299
Black Canyon City, Congress, Crown King, Kirkland, Peeples Valley, Wilhoit, Skull Valley, Yarnell (south)	346
Prescott	1,514
Chino Valley, Paulden, Williamson	2,094
Prescott Valley, Dewey Humboldt	4.004
Total west of Mingus Mountain (62%)	*8,613*

Source: Aggregated using U.S. Census Bureau 2010 Decennial Census zip code tabulation areas in the FTF Yavapai Region (YRPC 2020 Needs and Assets Report, Table 84) corresponded to named places.

CHSC assessment findings:

- Community stakeholder and family respondents indicated that people living in the Quad Cities area, or the Verde Valley/Sedona area, try to avoid travelling from one area to the other for employment reasons and health and family support services. They discussed essentially two systems of health and human services in each area, which is also found in the meta-analysis, e.g., YCCHS has both a Quad Cities and a Verde Valley Community Health Improvement Plan (2018-2022), YRMC's Implementation Plan (2019-2022) focuses on western Yavapai County noting the population concentration in the Quad Cities, and NAHC's Community Health Needs Assessment and Implementation Strategy (2019) focus on the zip codes served by the Verde Valley Medical Center (and Flagstaff Medical Center).

- Community stakeholder and family respondents noted that residents who live in the region's small geographically isolated communities often travel long distances to meet key needs such as employment, groceries, child care, and health services; for those living near the region's border, this can mean travelling to a population center in another region, such as Wickenburg, Phoenix, and Flagstaff.
- Community stakeholder and family respondents emphasized the need for inclusion in and access to health and family support services for all young children and their families, regardless of where they live in the region.

Consideration 1: How could a FTF Yavapai children's health system change strategy enhance inclusion of young children and their families throughout the region, to the east and west of Mingus Mountain, and in sparsely populated rural communities as well as population centers? *Inclusiveness*

Demographic Characteristics

Population growth and age distribution

Data are for Yavapai County unless otherwise noted.

Theme: Yavapai County's population is growing rapidly, particularly for ages 65 years and over; this growth can stress infrastructure—including affordable housing, transportation, and health and human services—to meet the needs of people across the lifespan.

Detail findings: Yavapai County's total population is projected to increase by nearly 90,000 from 2000 to 2030, rising at a similar rate to Arizona overall (Table 2). The county's growth is highest in Prescott Valley, Prescott, and Chino Valley in contrast to other cities and towns. (Table 3)

Table 2: Population growth Yavapai County and Arizona

	Yavapai County			Arizona		
Year	Population	Change	Percent change	Population	Change	Percent change
2000	167,517	NA	NA	5,130,632	NA	NA
2010	211,033	43,516	26%	6,392,017	1,261,385	25%
2020*	234,438	23,405	11%	7,286,148	894,131	14%
2030*	256,446	22,008	9%	8,284,861	998,713	14%

Sources: U.S. Census Bureau. 2000 & 2010 Decennial Census, Summary File 1
Arizona Office of Economic Opportunity. Population Projections: 2018 to 2055, Medium Series, Table 1, Arizona and Yavapai County *Projected

Table 3: Estimated population growth in Yavapai County's cities and towns

Location		Population 2010	Population 2019	Estimated Growth	Percent Change
Prescott Valley	Town	38,822	46,515	7,693	19.8%
Prescott	City	39,843	44,299	4,456	11.2%
Chino Valley	Town	10,817	12,375	1,558	14.4%
Cottonwood	City	11,265	12,253	988	8.8%
Clarkdale	Town	4,097	4,391	294	7.2%
Camp Verde	Town	10,873	11,187	314	2.9%
Dewey- Humboldt	Town	3,894	4,137	243	6.2%
Sedona	City	10,031	10,339	308	3.1%
Jerome	Town	444	455	11	2.5%

Source: U.S. Census Bureau (2020). Annual Estimates of the Resident Population for Incorporated Places in Arizona: 2010-2019

Yavapai County's population growth is notable for elders; as shown in Table 4 there are modest changes from 2010 to projected 2030 for children ages 0-5; nevertheless, for the same period, there is considerable growth in the population 65 years and over both in number and as a percentage of the overall population. Of note, in 2020, Yavapai County had the second highest percentage of population 65 years and over contrasted to other Arizona counties, and almost double the percentage as the state overall (17%).

Table 4: Yavapai County population change: young children (ages 0-5) and elders (ages 65 and over)

	Yavapai County				
	Total	Ages 0-5		Ages 65 and over	
Year	Population	Population	Change	Population	Change
2010	211,033	12,583 (6%)	NA	50,767 (24%)	NA
2020*	234,438	11,561 (5%)	(1,022)	71,379 (30%)	20,612
2030*	256,446	13,196 (5%)	1,635	84,203 (33%)	12,824

Sources: U.S. Census Bureau. Decennial Census 2010, Summary File 1 (0-5) & Summary Population & Housing Characteristics, Table 2, Yavapai County, Arizona (≥65); Arizona Office of Economic Opportunity. Population Projections: 2018 to 2055, Medium Series, Tables 3 & 4 Yavapai County *Projected

CHSC assessment findings:

- In the meta-analysis, three community assessments (NACOG, YCCHS, YRMC) note the population growth in Yavapai County, particularly the increasing number of elders.
- A number of community stakeholders remarked on the region's population growth, some sensing that the number of households with young children is decreasing. (This can be verified upon release Decennial Census 2020 data at the county-level.)

Consideration 2: How could a FTF Yavapai children's health system change strategy keep at the forefront awareness of the importance of the early years and the value of health and family support services for families with young children, particularly with the region's considerable growth weighted towards elders? *Awareness*

Race and ethnicity

Theme: A child (and family) health system must be responsive to the racial and ethnic identities of people within the communities it serves, regardless of representation in the general population.

Detail findings: Table 5 shows 2020 projections for the percentage of Yavapai County's total population by race and Hispanic or Latino origin compared to Arizona, showing a lower level of diversity for the county. In aggregate, less than 5 percent of the county's population identifies as Asian, Black, Native American, or another race other than White (not Hispanic or Latino). Sixteen percent of the Yavapai County's total population are Hispanic or Latino (any race), and 31 percent of children ages 0-4 Hispanic or Latino.[29] Specific to language spoken at home, according to 2019 estimates, 8 percent of Yavapai County's population 5 years and over speak Spanish at home and 3 percent another language other than English.[30] Of the population 5 years and over that speak Spanish at home (18,222), about one-third speak English less than very well.

Table 5: Race and ethnicity total population

Race/Ethnicity	Yavapai County 2020 (N=234,438*)	Arizona 2020 (N=7,286,148*)
Not Hispanic or Latino	84.0%	67.1%
Asian	1.0%	3.5%
Black	0.5%	3.9%
Native American	1.3%	4.0%
White	79.3%	53.7%
Other race(s)	1.8%	2.0%
Hispanic or Latino all races	16.0%	32.9%

Source: Arizona Office of Economic Opportunity. Population Projections: 2018 to 2055, Medium Series, Table 5, Arizona and Yavapai County *Projected

CHSC assessment findings:

- Community stakeholder respondents, and family respondents identifying as Hispanic or Latino, noted the importance of bilingual (English-Spanish) providers of health and family support services to ensure equitable access to services.

Consideration 3: How could a FTF Yavapai health system change strategy be attentive to varying norms, values, and language spoken to enhance inclusion of families with young children who may be vulnerable to health inequities because of race and ethnicity?

Inclusiveness

Income and poverty

Theme: Families with young children and others face challenges with obtaining and sustaining an income commensurate to the region's cost of living.

Detail findings: The following provides a selection of indicators of income and poverty in Yavapai County:

- Overall, about 17 percent of Yavapai County's children ages 0-17 live in poverty, relatively low compared to many other counties in Arizona and similar to the state as a whole (19%).[31]
- Approximately one in three children ages 0-5 live below 130 percent of poverty (<$23,169 for a family of two and <$35,245 for a family of four annually in 2021).[32,33]
- Nearly one in four children ages 0-5 live in a household with a single female head. The median income for families with children (ages 0-17) with a single female head is $26,931 compared to $58,446 for all families.[34]
- An estimated living wage in Yavapai County (2020) for a family with one working adult is nearly $60,000 before taxes, that is the amount they need to meet basic needs such as food, housing, transportation, etc.[35]

Community stakeholder respondents shared their observation that families in the region are susceptible to inadequate income to meet their basic needs, noting pockets of poverty in in certain zip codes. Most of the family respondents had concerns about economic stability for their household, e.g.:

- Being in a good place financially feels fragile; some families transition back and forth between good and difficult times with their financial security, which can result in a variety of family and household disruptions.

- Job stability is tenuous, particularly so at the height of the COVID-19 pandemic, and coping with furloughs, layoffs, and exhausted unemployment benefits is stressful.
- When there is a lead or sole wage earner in the household, it is worrisome that they could become ill and lose their earning ability, a concern that was accentuated at the height of the COVID-19 pandemic.

Consideration 4: How could a FTF Yavapai children's health system change strategy enhance inclusion of families with young children who may be vulnerable to health inequities because of income and poverty? *Inclusiveness*

Section 5: Existing Health Services

Introduction

Section 5 focuses on access to health care in the Elements of a Healthy Community framework (p.6), using a synthesis of findings from population data, the meta-analysis, community stakeholder interviews, and family interviews to describe existing services in five areas:

- Health insurance coverage
- Physical health
- Mental health
- Harmful substance use
- Children with special needs

For each area, the flow is as follows:

Key Theme: Summarizes the consultants' interpretation of findings across sources of data (meta-analysis, community stakeholder interviews, and family interviews) that point to an issue of substantial concern.

The barometer symbol denotes a theme that emerged as particularly strong.

Detail findings: Provides quantitative and qualitative findings that support the theme.

Example community strengths: Provides examples of positive community efforts/assets.

Consideration: Presents a guiding question crafted by the consultants on what FTF Yavapai might address through a children's health system change strategy. (These guiding questions later inform opportunities and recommendations for the FTF YRPC.) Each consideration is also labelled with one or more of four umbrella categories that emerged during information analysis: *awareness, inclusiveness, coordination, and collaboration*.

This section also references access to health care priorities in the community health implementation or improvement plans reviewed for the meta-analysis. Drawing from these plans, Table 6 notes the access to health care priorities by organization, listing the associated priority number and goal. Appendix 1 provides additional details on these priorities, goals, and associated strategies.

Table 6: Community health care priorities by organizational plan

Access to Health Care
NAHC Implementation Plan FY2019-2022 (focus on Verde Valley)
Priority 1: Access to health services Goal: Improve access to primary and urgent care.
Priority 3: Mental health and mental disorders Goal: Reduce the burden of mental health issues in the service area.
WYGC Implementation Strategy 2020-2022
Priority 1: Increased integration between primary care and mental health services Goal: Improved collaboration and ensure providers are aware of health needs and connect clients to primary care.
Priority 2: Coordination with other systems of care, e.g., schools Goal: Improve transition from inpatient services and partner with schools to improve behavioral and mental health needs in the community.
Priority 3: Substance abuse Goal: Reduce barriers to access to care and expand treatment services.
YCCHS Community Health Improvement Plan – Quad Cities and Verde Valley 2018-2022
Priority 1: Mental health Goal: Improve residents mental well-being through prevention, intervention, and access to comprehensive and competent care. (Quad Cities) Goal: Improve physical and mental well-being through prevention, education, access, and comprehensive and competent care. (Verde Valley)
Priority 2: Substance use disorders Goal: Improve access and treatment for individuals with substance use disorders to protect and promote a meaningful quality of life for all. (Quad Cities) Goal: Reduce substance abuse to improve the health, safety, and quality of life for all in the Verde Valley region. (Verde Valley)
Priority 3: Access to care Goal: increase access to comprehensive, competent, and compassionate health care for the whole person (physical, mental, and spiritual). (Quad Cities) Goal: Increase access to, and availability of, equitable and integrated health care services. (Verde Valley)
YRMC Joint Campus Implementation Plan 2019-2022
Priority 2: Lack of primary care physicians (goal unspecified)
Priority 5: Lack of mental health providers (goal unspecified)

Health Insurance Coverage

Theme: Having access to adequate and stable health insurance coverage is a key driver of access to health care, yet there is a perception that uninsured families with young children in the region do not know about health insurance options, or that families do not enroll in health insurance until there is an emergent need.

Detail findings: The following provides 2019 estimated rates of the percentage of individuals in Yavapai County without health insurance, either private or public/ government, with differences by population groups.[36] Of note, the estimated percentage

of uninsured decreased across groups over the past five years; for the total population it decreased from 14.7 percent in 2014 to 9.8 percent in 2019.[37]

- 9.8 percent of Yavapai County's total population are uninsured, similar to Arizona (10.4%), whereas 9.6 percent of Yavapai County's children ages 0-5 are uninsured (an estimated 1,088 children), somewhat higher than Arizona (6.7%).
- 16.6 to 18.5 percent of Yavapai County's adults ages 19-44 are uninsured (an estimated 9,267 adults), the age group likely to be parenting a young child or children.
- More than double the percentage of Yavapai County's Hispanic or Latino population are uninsured (18.7%), compared to the population who are White and non-Hispanic or Latino (7.9%). There is a high uninsured rate for all minority race populations.
- Corresponding to income differences, uninsured rates vary by zip code, e.g., 5.5 percent in Prescott's 86301 zip code, contrasted to 10.9 percent in Prescott Valley's 86314 zip code.

Approximately one-quarter of Yavapai County's population are enrolled in Medicaid/ AHCCCS, which is slightly lower than Arizona overall; there was a 12 percent increase in the number of Yavapai County enrollees from June 2020 to June 2021.[38] Almost two-thirds of births (61%) in the FTF Yavapai Region were covered by AHCCCS in 2017, a higher percentage than the state (53%).[39]

CHSC assessment findings:

- Meta-analysis: Three community needs assessments (NACOG, YCCHS, YRMC) listed health insurance themes as key barriers to addressing health care needs identified in community surveys, including lack of health insurance, lack of physicians accepting AHCCCS, and out-of-pocket expenses for health care costs.
- Community stakeholder respondents stressed identifying income eligible young children and enrolling them in AHCCCS or Kids Care to ensure health insurance coverage and assisting parents with health insurance so they also can stay healthy and well.
- Family respondents' concerns included losing private insurance due to job loss or losing AHCCCS or Kids Care for eligibility reasons but being unable to afford private insurance. Losing health insurance coverage was a particular concern for families with a child with special needs requiring costly medications and services.

Example community strengths:

- ✓ Health insurance enrollment is a strategy in the access to care priority in the YCCHS-Verde Valley Community health improvement plan.
- ✓ Health care and family support service providers screen families for health insurance coverage and provide or refer for enrollment assistance in AHCCCS and Kids Care.

Consideration 5: How could a FTF Yavapai children's health system change strategy contribute to timely identification and enrollment of children and their families who might be eligible for publicly funded or other affordable health insurance options?

Coordination

Physical Health Care

Theme: Overall, the region has a shortage of primary health care providers, and health care providers are concentrated in Prescott, Prescott Valley, and Cottonwood.

Detail findings: The ratio of the Yavapai County's population to primary care physicians is 1,690:1, in contrast to 1,520:1 for Arizona,[40] and 75 percent of Yavapai County's population live in a Health Professional Shortage Area compared to 50 percent in Arizona.[41]

CHSC assessment findings:

- Meta-analysis: Three community needs assessments (NACOG, YCCHS, YRMC) listed health care provider themes as key barriers to addressing health care needs in community survey findings, including inability to find a doctor accepting new patients and lack of appointment availability.
- Community stakeholder respondents recognized the importance of physical health care as a core component of a child and family health, with several noting that young children are not always on schedule for wellness and immunization visits. A few also noted the importance of obstetrical, pediatric, and family medicine practices as partners in screening for mental health concerns and substance use disorders, and potentially other family support needs as well, and referring children and their families out for services as needed.
- Family respondents did not indicate difficulty establishing visits with a regular or obstetrical provider; nevertheless, detailed information was not collected on the trimester when prenatal care began, or the frequency of prenatal care visits. Families also did not mention any difficulty establishing with a pediatrician, often getting recommendations from family and friends, or being connected with a pediatrician

when delivering their child. Family respondents tended to prioritize their children's health care needs; a few described postponing seeking care for themselves for non-urgent health conditions because of focus on their child's needs. Overall, travel time and expense were the main barriers to seeking routine health care for themselves and their children (as was also mentioned by community stakeholder respondents); of note, this included travel from Prescott Valley to Prescott or Camp Verde to Cottonwood.

- Both community stakeholder and family respondents noted that there are relatively few pediatric practices in the region, concentrated in Prescott, Prescott Valley, and Cottonwood, and as such, choice is limited, especially if a Spanish-speaking health care provider is needed. Urgent care centers and the Community Health Center of Yavapai (with locations in the Quad Cities and Verde Valley) serve as an alternative. Families living in outlying areas near the Yavapai County border use providers in Flagstaff or Wickenburg or the Phoenix-area.

Example community strengths:

- ✓ Improving access to health care and increasing the supply of primary care providers are priorities in four implementation/improvement plans (NAHC, YCCHS-Quad Cities and Verde Valley, and YRMC). Attracting primary care providers to the west-side of Yavapai County was recently announced in local media as a priority for Dignity Health-YRMC and other area provider groups.[42]
- ✓ Specific to families and children, YRMC's joint campus implementation plan indicates continued provision of free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program.

Consideration 6: How could a FTF Yavapai children's health system change strategy (a) enhance child and family access to physical health care and (b) support efforts to recruit and retain pediatric and family medicine providers, including bilingual (Spanish-English) providers? *Coordination, Collaboration*

Mental Health

Theme: Mental health screening, assessment, and treatment for children, youth, and adults, needs to increase and needs more mental health providers to address current and future demand for mental health services.

Detail findings: The mental health statistic that commands attention in Yavapai County is the suicide rate, which was 42.2 per 100,000 in 2019, more than twice the

Arizona rate of 19.6 per 100,000 and consistently the highest rate among the 15 counties in the state.[43] Behind this statistic are an uncounted number of suicide attempts, including children and teens, which reportedly rose during the COVID-19 pandemic.[44] While most people with mental health concerns will not attempt or complete suicide, depression, anxiety, and other mental health disorders are risk factors.[45] Although Yavapai County has the second-best population to mental health provider ratio of the 15 Arizona counties (520:1, tied with Pima County), Arizona and its counties have a poorer population to mental health provider ratio than the national ratio of 380:1.[46]

CHSC assessment findings:

- Meta-analysis: Mental health ranked among the top three health issues for Yavapai County in the YCCHS health needs assessment community survey, and was a key concern identified in focus groups and key informant interviews. Several other assessments noted barriers to obtaining mental health care, e.g., stigma (WYGC), lack of access to behavioral health providers including bilingual providers and providers for older adults and youth (YCCHS, YRMC, WYGC), and lack of funding for mental health services and prevention programs and cost of medication (WYGC). Increased integration of primary care and mental health services was a noted need (WYGC), and community conversations facilitated by FTF Yavapai's regional director (2018) indicated that although AHCCCS requires integrated primary care and mental health services for members, a sense of siloed physical and mental health care continues.
- Many community stakeholder respondents noted mental health as a key regional concern, particularly depression and anxiety, whether as stand-alone conditions or cooccurring with a substance use disorder. Several observed a sense of hopelessness in some families. Factors contributing to lack of mental well-being included current life stressors and events (e.g., employment insecurity, dysfunctional relationships, and social isolation, with the COVID-19 pandemic exacerbating these stressors) cross-generational family trauma and associated adverse childhood experiences (ACES), and historical trauma for the region's indigenous peoples and other minority populations.

  Community stakeholder respondents also had concern that those receiving mental health services are likely only a small portion of those in need, and further may represent clients who are identified because their needs became urgent. They echoed the need for more mental health care providers in the region, for children, adolescents, and adults, citing relatively low pay and a high area cost of living as a key recruitment and retention issue across Arizona.

- A few family respondents explicitly talked about having a mental health condition. They had received or were currently receiving services and the challenges mentioned were finding child care during appointment times, transportation to appointments, and finding a mental health professional that they liked. Others, however, described circumstances during their children's early years that can be associated with lesser mental well-being, such as feeling run-down, struggling, needing a break, feeling lonely or isolated (accentuated by the COVID-19 pandemic), having relationship problems, and having financial worries. Some also shared current or recent emotional and/or physical abuse by a spouse or partner, which they described as distressful for themselves and their children; none were without formal or informal support for the situation. Most family respondents had regular sources of informal and formal support, such as spouse/partner and other family, co-workers, place of worship, home visitors, program coordinators, and parent groups that they retained during the COVID-19 pandemic through telephone and Zoom and Facetime. Other ways a few family respondents attended to their mental well-being were daily walks with their children and giving back to the community through their own service.

Example community strengths:

- ✓ Five implementation/improvement plans list mental health and access to mental health providers as a priority (NAHC, WYGC, YCCHS-Quad Cities and Verde Valley, and YRMC). WYGC's plan includes a priority of increased integration between primary care and mental health services and priority to coordinate with other systems, such as schools.
- ✓ The YCCHS plan for the Quad Cities includes a strategy to collaborate with FTF Yavapai Region to identify and reduce barriers for families to increase their utilization of existing mental health resources. YCCHS plan for the Verde Valley includes a strategy to increase school-based mental health interventions, develop a youth focused risk prevention coalition, and increase parental awareness of existing mental health resources in collaboration with the FTF Yavapai Region.
- ✓ The Community Health Center of Yavapai offers integrated behavioral health and physical health care at its sites in Prescott, Prescott Valley, and Cottonwood.
- ✓ The region has several large mental health provider systems, including WYGC, Spectrum (providing physical and mental health care), and Southwest Behavioral and Health Services.

- ✓ The region has coalitions that focus on mental health, including the Yavapai Suicide Prevention Coalition and the Yavapai County Justice and Mental Health Coalition.
- ✓ The region has programs and services that support children (and adults) in building resiliency to counterbalance adverse events, such as by providing social-support and learning opportunities in safe and caring community spaces, and providing inspiring opportunities to build self-esteem, social-emotional skills, and a positive vision for the future.

Consideration 7: How could a FTF Yavapai children's health system change strategy (a) support efforts to normalize conversations about mental health (including to address stigma and shame) and encourage help-seeking, (b) support expansion of mental health screening, assessment, and treatment of young children and their families, and (c) support efforts to recruit and retain mental health providers? *Awareness, Coordination, Collaboration*

Harmful Substance Use

In this section, harmful substance use refers to use of any harmful or hazardous substances including alcohol, illicit drugs, and nonmedical use of prescription drugs. Although tobacco use is not included, its harm is noted for infant, child, and family health.

Theme: Harmful substance use is a key regional concern, directly or indirectly impacting many including families with young children.

Detail findings: Mental health conditions and harmful substance use are often linked; about half of people who experience a mental illness will also experience a substance use disorder at some point in their lives and vice versa.[47] The Arizona Statewide Prevention Needs Assessment (Substance Abuse Block Grant) found that an increasing number of Arizonans of all ages and in all regions experience untreated mental health concerns that lead to substance misuse.[48]

- According to the Yavapai County Overdose Fatality Review Board Annual Report for 2021: [49]
  - Overdose deaths rose from 68 deaths in 2019 to 82 deaths in 2020, a 22% increase; 37 (45%) were 21 to 40 years old, an age range that includes parents with young children.
  - Fentanyl or methamphetamine was a contributing factor in a majority of deaths; of five teen overdose deaths in 2020, all were counterfeit pills laced with fentanyl.

- Of 76 overdose case reviews conducted from 2016-2020, 46 (60%) had a reported mental illness.

- Yavapai County ranked 4th highest among 15 Arizona counties for hospital discharge rate for drug dependence, abuse, or misuse as the first listed diagnoses; 4th highest for drug induced death rate; and 3rd highest for opioid prescribing rate.[50]
- Yavapai County ranked 7th highest among 15 Arizona counties for emergency department discharge rate for alcohol abuse and 6th highest for hospital discharge rate for alcohol abuse as the first listed diagnosis.[51]
- In Yavapai County in 2016 and 2017, 25 babies were born with neonatal abstinence syndrome 6.8 per 1000 live births, slightly lower than for Arizona at 7.4 per 1000 live births but of concern.[52]

CHSC assessment findings:

- Meta-analysis: In the YCCHS community health needs assessment, results from resident surveys and focus groups found drug addiction to be the top ranked health issue; it was also the most frequently cited health concern cited by key informant community leaders.
- Community stakeholder respondents noted increased availability of addictive and dangerous substances such as fentanyl and methamphetamines and were concerned about combatting a degree of community acceptance of substance use. Several indicated that harmful substance use is often a factor in reports to DCS of suspected child abuse and neglect, child removal and foster care placement, and parental incarceration.
- A few family respondents explicitly talked about having a substance use disorder and receiving services. Their challenges included staying substance free when living in a town or household where substance use is commonplace and accepted, and limited choices for peer support other than Alcoholics or Narcotics Anonymous meetings.

Example community strengths:

- ✓ Three implementation or improvement plans list substance abuse or substance misuse disorder as a priority (YCCHS-Quad Cities and Verde Valley, WYGC).
- ✓ The region has multiple provider systems and organizations that address substance use disorders.
- ✓ MATFORCE works with many community partners to reduce regional substance abuse.

- ✓ SHIFT (Safe Healthy Infant Families Thrive) is an initiative in Yavapai County facilitated by Prevent Child Abuse Arizona that aims to increase coordination among health care providers to identify women with or at risk for substance use disorders during the prenatal period to provide them support and service referrals to improve maternal well-being and birth outcomes. Participants include a range of health and family support providers in Yavapai County; having already introduced SHIFT in Maricopa County, state level participants include DCS, the Governor's Office of Youth, Faith and Family, and Children's Family Services.
- ✓ The U.S. Drug Enforcement Agency, Phoenix Field Division, recently selected Yavapai County as an Operation Engage community, with the intent of working with multiple county organizations and government entities on a comprehensive approach to drug law enforcement, prevention, and community outreach.

Consideration 8: How could a FTF Yavapai children's health system change strategy (a) help raise awareness of the negative impact of prenatal substance exposure and harmful substance use in families with young children, and (b) contribute to screening family members for harmful substance use, and referral for assessment, intervention, and treatment?

Awareness, Coordination

Children with Special Needs

A child with special health care needs is defined as the child having a chronic physical, developmental, behavioral, or emotional condition requiring health and related services beyond that required by children generally.[53]

Theme: Families are often determined advocates for their child with special needs and relieved to finally have a diagnosis for their child when sensing something is amiss; nevertheless, understanding the care delivery system and organizing their child's appointments and care needs can be challenging and exhausting.

Detail findings: Most of the findings on children with special needs in the CHCS assessment are from family respondents, and several community stakeholder respondents in organizations with specific responsibilities to provide services for children with special needs and their families. While the information family respondents provided is helpful to the CHSC assessment, particularly for service coordination, it may also provide contextual information for the broader, structured exploration of children with special needs that FTF Yavapai is planning.

CHSC assessment findings:

- Nine of the 14 family respondents have at least one young child with one or more special need. This high proportion results from purposeful outreach to recruit for interview families at potential high risk for conditions that can adversely impact child and family health/well-being. The children's conditions described by family respondents included speech, physical development, cognitive delays, behavioral health concerns, vision, feeding difficulties, sensory processing difficulties, and pulmonary, cardiac, and renal diseases.
- For the children requiring speech therapy, physical therapy, or occupational therapy the need for intervention was detected through screening by a pediatrician or home visitor or child care provider and then referred for further assessment and intervention. Depending on the child's age, further assessment, referrals, and services occurred through the Arizona Early Intervention Program (AzEIP), school district preschool programs for children with disabilities, Little Learners (First Things First Yavapai funded), or other child development providers.
- Respondents discussed their personal challenges with learning about and understanding the developmental disability system and immediate and future options for their child. Community stakeholder respondents affirmed that some parents do find the developmental disability system challenging, and assist families with understanding identifying, and connecting with resources. Also, some providers of health and family support services are themselves uncertain where to refer children and their families when a concern emerges.
- For children with behavioral health concerns, there was variation in how the concern was identified, but included through DCS involvement, preschool observation, or growing parental concerns over time. All these children had or were receiving services, and the respondents described that they had or were learning techniques to respond to and guide their child's behavior, such as from therapists or counselors, by participating in facilitated parent learning and discussion sessions, and reading. Finding children's behavioral health providers did not emerge as an issue for this small group, although community stakeholder respondents indicated that child-focused behavioral health providers are in short supply in the region. Community stakeholder respondents also noted that challenging child behaviors can be a function of situations at home, and that family counseling can be helpful in addition to services for the child.
- Among children with other types of special health care needs, failure to thrive or persistent child illness generally led to a medical diagnosis and specialty care.

- Family respondents with a child or children with special needs described how several conditions often emerged at once, or one led to another, and that family life and schedules often became complicated to adapt to the child's appointments and care needs. They described determination to help their child improve and feel better, and most referenced the need to become a consistent and often persistent advocate for their child, which could be tiring.
- Several talked of frustrating, exhausting, isolating, and protracted experiences with obtaining a diagnosis and care for their child, sometimes over several years. Frustrations included knowing something was amiss with their child's health and/or development but a health care provider did not identify a need or share the parent's concerns, or the child had repeated visits to the emergency department or various specialists before a definitive diagnosis was made. The parents generally expressed considerable relief once their child's condition was identified and interventions began, regardless of the severity of the condition or the complexity of care. Several family respondents have a child needing specialty services in Phoenix, which is reported as time and resource intensive for the family. None of the family respondents discussed reluctance or fear or stigma as barriers to seeking assistance.

Example community strengths:

- ✓ The region has many programs and services to help families identify when their child may have a special need and to refer them for additional assessment, as well as to provide certain therapies for the child and support and coaching for adult family members. These include but are not limited to school districts (including Child Find), home visiting programs (including Parents as Teachers, Healthy Families Arizona, and Health Start), Yavapai County Education Service Agency, High Country Early Intervention (including Little Learners), and First Things First mental health consultants working in partnership with preschools and child care centers. Also, YCCHS has developed a web-based Yavapai Special Needs Support Network for parents and professional.

Consideration 9: How could a FTF Yavapai children's health system change strategy (a) help increase parents and other caregivers' awareness of indicators of childhood special needs, (b) contribute to special needs screening of young children, and referral for further assessment and treatment? *Awareness, Coordination*

Section 6: Existing Family Supports

Introduction

Section 6 uses the Elements of a Healthy Community framework (pp. 9-10) and a synthesis of findings from population data, the meta-analysis, community stakeholder interviews, and family interviews to describe existing family supports in six areas: economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity (focused on young children).

The section begins with an overarching **key theme** across the six areas that summarizes the consultants' interpretation of findings across sources of data (meta-analysis, community stakeholder interviews, and family interviews) that point to an issue of substantial concern. The barometer symbol denotes that the theme emerged as particularly strong.

The theme is followed by **detail findings** (quantitative and qualitative findings that support the theme) and **example community strengths** in each of the six areas. The section closes with an overarching **consideration** that presents a guiding question crafted by the consultants as to what FTF Yavapai might address through a children's health systems change strategy. (The guiding questions later inform opportunities and recommendations for the FTF YRPC.) The consideration is also labelled with one or more of four umbrella categories that emerged during information analysis: *awareness, inclusiveness, coordination, and collaboration.*

This section also references priorities in the community health implementation or improvement plans reviewed for the meta-analysis specific to the six areas (economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity). Drawing from these plans, Table 7 notes priorities by organization, listing the associated priority number and goal. Appendix 1 provides additional details on these priorities, goals, and associated strategies.

Table 7: Community well-being priorities by organizational plan

Other supports for well-being	Economic Opportunity	Housing	Transportation	Quality/Affordable Food	Physical Activity	Educational Opportunity
YCCHS Community Health Improvement Plan – Quad Cities and Verde Valley 2018-2022						
Priority 4: Access to quality affordable food (goals and objectives also referenced by Cornucopia Community Advocates) Goal: Improve and increase accessibility, affordability, and availability of nutritious foods and beverages for the Quad Cities/Verde Valley region.				√		
YCCHS & Central Yavapai Metropolitan Planning Organization - Yavapai County Mobility Health Impact Assessment (2019)						
Set of nine recommendations for action on transportation in central Yavapai County			√			
YRMC Joint Campus Implementation Plan 2019-2022						
Priority 4: Physical inactivity (no specified goal)					√	

Overarching theme

Theme: Access to economic opportunity, affordable housing, transportation, quality affordable food, physical activity, and educational opportunity are intrinsically linked. Without economic opportunity and stability, a family is less likely to have consistent and adequate housing, transportation, food security, recreation, child care and preschool for their young children, and educational opportunity for themselves.

Economic Opportunity

Detail findings: The U.S. Bureau of Labor and Statistics provides comprehensive employment and wage data for selected metropolitan areas, including for the Prescott Metropolitan Area which includes Yavapai County.[54] The Massachusetts Institute of Technology provides a Living Wage Calculator that estimates the approximate pretax hourly wage each working adult in a household must earn to support his or herself and their family, working fulltime (40 hours/week and 52 weeks/year or 2080 hours); the calculator can be queried by state and by county and lists the assumptions for expenses for food, child care, medical, housing, transportation, etc.[55] When using these two tools together, they support community stakeholder and family respondents' prevalent comments that there is an imbalance between cost of living and wages in the region, as shown in Table 8 and 9. Of note, the U.S. Bureau of Labor and Statistics report for May

2020 stated that the $22.47 mean hourly wage for all occupations in the Prescott metropolitan area as significantly lower than the U.S. mean hourly wage of $27.07.

Table 8: Estimated living wage for Yavapai County to support self and family (pretax)

Family composition	Living wage per hour	Annual living wage
One adult employed fulltime: one child	$29.49	$61,339
One adult employed fulltime: two children	$36.20	$75,296
Two adults employed fulltime: one child	$16.23 per adult	$67,517
Two adults employed fulltime: two children	$20.05 per adult	$83,408

Source: Massachusetts Institute of Technology Living Wage Calculator (2020 values)

Table 9: Mean hourly wage in the Prescott metropolitan area (Yavapai County)

Employment group (All and top 3 groups)	Percent total employment	Mean hourly wage (pretax)	Annual fulltime salary*
All occupations	100%	$22.47	$46,738
Office and administrative support	13.7%	$18.01	$37,461
Food preparation and serving related	11.6%	$15.47	$32,177
Sales and related	11.0%	$18.68	$38,854

Source: U.S. Bureau of Labor and Statistics, Occupational Employment and Wages in Prescot (May 2020).
*Annual fulltime salary is the mean hourly multiplied by 2080 hours.

CHSC assessment findings:

- Community stakeholder and family respondents emphasized that household income drives the ability to afford all other basic needs, noting that finding any employment is challenging when living in a small town with very few job opportunities, and travelling from small towns to population centers requires a reliable vehicle and the ability to afford the cost of gas and vehicle wear and tear.
- When asked to consider their biggest wish for themselves and their family in the next few years, most family respondents said sufficient and stable financial opportunity to support family needs.
- Of note, several community stakeholder respondents feel that some financial pressure may have been, or will be, lifted from families with children through federal stimulus checks and changes being implemented in the American Rescue Plan such as the Child Tax Credit. Nevertheless, these options can be challenging for some families to understand their eligibility and the steps they may need to take to benefit.

Example community strengths:

- ✓ Yavapai College: The Regional Economic Development Center provides a range of resources to businesses and workers regarding employment and business

development opportunities and provides additional COVID-19 related resources and assistance, and Yavapai College offers affordable degree and certification programs.

- ✓ Yavapai At Work (NACOG-Yavapai County Workforce Development Board) serves job seekers of all backgrounds, skill levels, and ages.
- ✓ The region's large cities and towns have economic development plans that aim to increase and diversify employment options for residents.

Affordable Housing

Detail findings: The cost of housing in the region has risen steadily, placing financial stress on many families with young children, leaving some experiencing transitional or episodic homelessness or choosing to leave the area.

- According to 2019 estimates for Yavapai County residents, 49 percent of those who rent their home pay more than 30 percent of their household income for monthly rental costs; 36 percent of those living in a home with a mortgage pay more than 30 percent of household income for monthly owner costs.[56]
- According to the Yavapai County Assessor, the median sales price of homes in the county increased from $380,000 in 2020 to $425,000 for the first 6 months of 2021 (12% increase).[57]
- Yavapai County has a low inventory of rental units, with one-bedroom apartments listing from $825 to $1,525 per month.[58]
- Statewide, housing/shelter is the lead reason for calls to Arizona 2.1.1 (33% of all calls).[59]

CHSC assessment findings:

- Many community stakeholder respondents listed lack of affordable housing in the region as a major and growing hurdle for individuals and families, particularly finding safe quality housing. The issue of affordable housing—and preventing transitional, episodic, and permanent loss of shelter—has garnered considerable community attention.
- Among family respondents, concerns about the cost of housing were prevalent. Several respondents and their children currently live or recently lived with their parents to save on housing costs, and others had experienced homelessness during recent years or had lived or are living in sheltered housing. Several respondents with their own house or apartment described a sense of living near the edge because of the cost.

Example community strengths:

- ✓ The Collective Impact Partnership, facilitated by United Way of Yavapai County, brings a broad variety of organizations and agencies together to help address shelter needs and to identify housing solutions. (Many community stakeholders who were interviewed for the CHSC assessment participate in this partnership.)
- ✓ Providers of temporary housing/shelter and other supports, such as Prescott Area Shelter Services, Coalition for Compassion and Justice, Agape House of Prescott, Verde Valley Homeless Coalition, and Stepping Stones Agencies and Verde Valley Sanctuary for individuals and families affected by domestic violence or sexual assault.
- ✓ The McKinney-Vento Homeless Education Assistance Program has coordinators in each of the county's public school district providing students and families supports during periods of partial or complete homelessness; several districts have family resource centers.

Transportation

Detail findings: Public transportation in Yavapai County is presently limited to Yavapai Regional Transit, mainly operating in Chino Valley, the Verde Shuttle connecting Cottonwood and Sedona, and Cottonwood Area Transit within Cottonwood and connecting Cottonwood and Clarkdale. All other journeys must take place by walking, bicycling, or driving a personal vehicle.

CHSC assessment findings:

- Community stakeholder respondents frequently spoke to the challenge for families to get to where they need to be, including affording a personal vehicle, lack of public transit options, and low levels of walkability in many of the region's communities. Transportation was also referenced as a key bridge to employment, health care, shopping, getting children to child care and preschool, and going to parks and recreation centers for physical activity.
- Most family respondents had their own vehicle, and a few used a parent or spouse's vehicle when needed. Worries about vehicle breakdowns, gas prices, and general affordability were commonplace. Respondents with children with special needs particularly viewed reliable transportation as a central and crucial need.

Example community strengths:

- ✓ Central Yavapai Metropolitan Planning Organization, a partnership of Chino Valley, City of Prescott, Dewey-Humboldt, Prescott Valley, Yavapai County, and the Arizona

Department of Transportation, involves public participation in its transportation planning, and worked directly with Yavapai County Community Health Services on the 2019 Yavapai County Mobility Health Impact Assessment. CYMPO has detailed plans for public transit within the Quad Cities, including a micro-transit plan to be piloted in Prescott Valley to provide flexible "on demand" shared ride service.

- ✓ Existing public transit systems: Yavapai Regional Transit with weekday service within Chino Valley, connecting Chino Valley and Prescott four days a week, and connecting Chino Valley, Prescott, and Prescott Valley once a week; the Verde Shuttle with daily service connecting Cottonwood and Sedona; and the Cottonwood Area Transit fixed route with weekday service within Cottonwood and connecting Cottonwood and Clarkdale; and the Cottonwood Area Transit paratransit destination travel for people with disabilities.

Food Security

Detail findings: According to Cornucopia Community Advocates, nearly one-third of Yavapai County's population is at risk of being food insecure, with variation across zip codes from 23 to 61 percent of the population; many food insecure adults are employed but their earnings are insufficient to afford food.[60] More than one third (35%) of the Yavapai County's population live in a census tract designated as having low food access, i.e., a food desert,[61] especially outlying communities such as Peeples Valley, Yarnell, Skull Valley, Ashfork, and Seligman. Specific to children in the FTF Yavapai Region, 54 percent of children ages 0-4 were enrolled in WIC (2015), 37 percent of children ages 0-5 participated in SNAP (2018), and 53 percent of students (all grades) were eligible for free or reduced-price lunch (2018-2019).[62]

CHSC assessment findings:

- Community stakeholder respondents noted food insecurity as a common challenge for families that increased during the height of the COVID-19 pandemic; mentioning that some programs did adapt to help support families' food needs, e.g., the National School Lunch Program allowed schools considerable flexibility to offer meals to all children, the Yavapai County WIC Program maximized virtual follow up appointments, and emergency food distribution sites adapted food package pick-up. Community stakeholders noted the importance of families' access to quality affordable food, especially for the growth and development needs of young children, access which is challenged by affordability at grocery stores and availability at emergency food sites. Also mentioned was the need for transportation to get to grocery stores, WIC sites, and emergency food sites was noted.

- About half of family respondents indicated they currently receive SNAP benefits, and although the amount of the benefit increased somewhat due to COVID-19 changes, the family's food supply usually needs to be supplemented with other donated sources and purchases.

Example community strengths:

- ✓ YCCHS Quad Cities and Verde Valley improvement plans include access to quality affordable foods as a priority.
- ✓ Yavapai County's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—a program of YCCHS—offers WIC in a Click whereby parents can download a free app for electronic devices and contact their WIC site to participate in virtual follow-up appointments, including online nutrition education.[63] This program aims to increase retention of eligible families in the program by reducing access barriers, such as transportation to appointments.[64]
- ✓ University of Arizona, Cooperative Extension manages the Yavapai County SNAP-Ed program, has mapped food sites to show food deserts, and engages partners in food security collaborative efforts.
- ✓ Prescott Farmers Market, in response to the COVID-19 pandemic, launched the Feed Your Neighbors program whereby donations helped purchase local fresh foods from the market's vendors, volunteers helped package boxes, and boxes were distributed to neighbors in need, including through several Head Start programs. Also, children are routinely offered a healthy free snack when they visit the market through the Carrots for Kids program.
- ✓ Cornucopia Community Advocates addresses food insecurity and access to healthy foods in the region and facilitates the Verde Valley Food Council.
- ✓ Manzanita Outreach collects healthy foods and distributes to underserved communities in the region and has a directory of emergency food sites.
- ✓ The Yavapai County Food Bank and emergency food sites across the county.

Physical Activity

Detail findings: The following draw from the CHSC assessment findings.

- Meta-analysis: In the YCCHS community health needs assessment, nearly two-thirds (64%) of community survey respondents with children indicated lack of play or physical activity was a challenge faced by children in Yavapai County, this group's top concern. The CYMPO-YCCHS Yavapai County Mobility Health Impact Assessment noted transportation to get to safe walkable areas as a community need.

- Community stakeholder respondents referenced transportation as a necessity for going to parks and recreation centers for physical activity; a few remarked that more densely populated cities and towns tend to have more planned outdoor activities for families.
- Several family respondents commented on the importance of taking walks with their child or visiting playgrounds with their child and friends.

Example community strengths:

- ✓ YRMC lists addressing physical inactivity as one of its priorities in its Joint Campus implementation plan, indicating plans to collaborate with local schools to include program ideas for brief physical activity within the classroom throughout the day.
- ✓ There are many outdoor parks and recreation areas throughout the region, and Prescott, Prescott Valley, and Sedona have seasonal splash parks. (Yavapai County was recently ranked in the top 500 U.S. healthiest counties [#478], with a particularly high score in the environment category.[65])

Educational Opportunity-Focus on Early Learning

Detail findings: Table 10 summarizes selected early care and education data for FTF Yavapai Region compared with Arizona.

Table 10: Early care and education

Early care and education	FTF Yavapai Region	Arizona
Population of children ages 3-4 (2018)	3,692	182,970
Enrolled in preschool	47%	38%
First Things First Quality First (2019)		
Number child care providers served by Quality First	38	1,119
Number child care providers with a public 3-to-5-stars rating	30 (79%)	821 (73%)
Children enrolled at a Quality First provider site	1,597	62,215
Children in a quality-level setting (public 3-5 stars)	1,322 (83%)	42,278 (73%)
Children served with a Quality First Scholarship	324	9,179

Source: 2020 Needs and Assets Report, FTF YRPC, Table 39 (p. 67), Table 48 (p. 71), and Table 49 (p. 72)

The 3rd grade AZ Merit test scores are often cited indicators of achievement:[66]

- English Language Arts: 37 percent of Yavapai County 3rd graders were minimally proficient (Level 1, the lowest score range) comparable to the state (40%).
- Mathematics: 23 percent of Yavapai County 3rd graders were minimally proficient (Level 1, the lowest score range), the same as the state.

CHSC assessment findings:

- While noting the importance of quality child care and preschools for early childhood development and learning, as well as appreciation for FTF Yavapai Quality First

Scholarships, quite a few community stakeholder respondents referenced limited options for lower-income families—particularly in finding affordable, quality, trustworthy care—and very limited options in the region's small towns and places. They also mentioned supportive early learning environments with intentional programs for developing children's social-emotional skills as particularly helpful for children whose other environments may not be optimal for developing these skills, and an important underpinning for success in kindergarten and beyond. Child care sites and preschools did emerge as potential hubs for coordinating child and family support needs, which already occurs for families with children enrolled in Head Start. Some community stakeholders shared their observation that local investment in children's early learning and education – and in resources for children in general – could benefit from being more highly valued and prioritized by the general Yavapai community.

- Family respondents' comments on early learning and child care were associated with centers being closed because of COVID-19, with children losing ground in their social relationships and learning, and parents needing to patch together child care arrangements when working, sometimes at a higher cost than they were used to paying. A few remarked that it had felt more challenging to navigate preschool options in the region contrasted to other parts of the country where they had lived.

Example community strengths:

- ✓ Public school district preschools, NACOG Head Start programs and centers, and Quality First stars-rated child care and preschool providers.
- ✓ Yavapai Quality First Collaborative, comprising Quality First coaches, child care health consultants, early childhood mental health consultants, and the Arizona Professional Development Workforce Registry to identify ways to maximize the impact of support services they provide to Quality First providers.
- ✓ Yavapai Community College Early Childhood Education program and the Del E. Webb Family Enrichment Center, a laboratory school for students in the Early Childhood Education program.

Consideration 10: How could a FTF Yavapai children's health system change strategy (a) help screen and refer for family supports that address the interwoven elements of a healthy community—economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity—that are key to child and family health and well-being, and (b) support community efforts to improve economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity in the region? *Coordination, Collaboration*

Section 7: Coordination and Collaboration

Introduction

Section 7 focuses on (a) the status of current coordination of health and family support services to assist families in learning about and connecting with health and family support services, including providers' approaches to coordinating referrals and services to facilitate a seamless experience for families, and (b) ways in which providers of health and family support services and other community stakeholders collaborate to identify and collectively impact enhancements to the children's health system in the FTF Yavapai Region.

For each of the two areas, a **key theme** is presented, followed by **detail findings** from the CHSC assessment, closing with a **consideration** for a FTF Yavapai children's system change strategy, presenting a guiding question crafted by the consultants on what FTF Yavapai might address through a children's health system change strategy. The umbrella theme categories are coordination and collaboration.

Coordination of Health and Family Support Services

Theme: Key challenges for families with young children are knowing what health and family support services are available in the region, and when more than routine services are needed, having services braided together in a coordinated way.

Detail findings

CHSC assessment:

The lead suggestions for improvement in child and family services by family respondents were:

- More ways to learn about services that are available in the region, while keeping in mind that some families do not have smart phones, internet service, or computers to be able to complete online searches.
- More ways to learn how the health and family support system works overall and how services work together, especially when a child has a special need.
- Having assistance with "putting it all together" when services are needed in multiple areas at once, e.g., behavioral health services, housing, transportation, and food.

Community stakeholder respondents noted that there are many programs and services in the region that assist families in identifying needs and coordinating services. Nevertheless, they also recognized that some of these programs and services with coordination are only available when a family's situation has become critical, such as homelessness, intimate partner violence, or DCS involvement. For programs and services that help identify needs and coordinate service for a broader population of families with young children—such as

home visiting programs—families who might benefit do not always surface, or they do not live in the service area, or they avoid service participation. Reasons cited for avoiding service participation include:

- Frustrations with wait times due to inadequate provider capacity, or provider turn-over that interferes with building trusting relationships and continuity of care.
- Affordability, including when income is too high to qualify for Medicaid or Kids Care and the family is uninsured or has high deductibles and co-pays.
- Lack of transportation to get to programs and services.
- Preconceived negative ideas based on prior experiences, including feeling judged or shamed and lack of responsiveness to cultural needs.
- Stigma associated with mental health conditions, help-seeking, and participating in government programs, as well as fear and mistrust.

Family respondents who had received support with coordinating services, however, indicated the services were crucial to them, and they wished coordination of services—having someone "to walk with you" during challenging times—was available for more families and under more circumstances, describing important characteristics of the coordination as non-judging and non-critical.

Current mechanisms for learning about services in the region:

A lead way that families and others learn about health and family support services is word-of-mouth from friends and family, as found in family respondent interviews for the CHSC assessment and other regional community surveys. The internet is another avenue, and there are many on-line resource directories for health and family support services in the FTF Yavapai Region. Appendix III lists examples of these directories by organization and thereby also demonstrates the wide array of organizations providing health and family support services in the region.

The Arizona Community Foundation of Yavapai County has a web-based Little Kids Directory containing a wide array of information on programs, services, and other resources for families with children from birth through age five. The largest comprehensive source of social service resources is 2.1.1, with a searchable web-based resource directory and the opportunity to text, phone, or chat with a specialist 24 hours a day, 7 days a week. Arizona 2.1.1 is a partner in the development of statewide resource and referral system with Health Current and AHCCCS, which will be discussed in more detail under current mechanisms for coordination of health services and family supports.

A major challenge with web-based service directories is keeping information current. Other drawbacks to seeking resources on the Web are:

- Assumes access to the internet – although almost universal, there are internet access disparities by income, age, and rural versus urban/suburban access.[67]
- Assumes literacy and computer skills to conduct searches, and fluency in reading English (very few resource guides are translated, even to Spanish).
- Navigation can be challenging, usually requiring multiple searches to locate resources of interest and knowledge of the applicable search terms.
- On locating a directory/guide, web-links may be outdated or broken, with resources centered on major population areas.

Current mechanisms for coordination of health and family support services in the region:

At this time, the FTF Yavapai Region does not have a cross-system integrated mechanism that assists providers and supports families with coordinating health and family support services. There are, however, a number of examples of situation focused coordination, including but not limited to:

Best for Babies Court Team, Prevent Child Abuse Arizona (FTF Yavapai grantee): Implements the Zero to Three Safe Babies Court Teams model, including child-family teams to ensure young children and their parents receive expedited, comprehensive services and supports that promote reunification, prevent child removal, and strengthen families.

CASA-Yavapai County: In addition to protecting the rights and advocating for the best interests of children 0 – 17 years in out-of-home placement (foster care), volunteer court appointed special advocates (CASAs) help connect parents to a range of services and resources to support family reunification. (Participant in Best for Babies.)

Catholic Charities, Child Welfare Programs, Northern Arizona: Provision of time-limited in-home services for families with children identified by the Arizona Department of Child Safety as at risk for child removal to provide services and connect the family to resources in order to prevent child removal.

Community Health Center of Yavapai: A Federally Qualified Community Health Center with locations in Prescott, Prescott Valley, and Cottonwood, the health center operates as a patient-centered medical home that includes care coordination.

Family Involvement Center: The Prescott Valley office serves Yavapai County, and among other services, provides help to families with children who have complex behavioral, mental health or medical needs in navigating the child-serving system and connecting with resources and services.

Maternal and child health home visiting programs: Namely Health Start–YCCHS, Healthy Families Arizona–YRMC, Healthy Families Arizona–NAHC (FTF Yavapai grantee), and Parents as Teachers–Arizona Children's Association (FTF Yavapai grantee), these home visiting programs for families with young children provide information, education, and support and screen and refer to other community resources and programs.

Prescott Area Shelter Services: All families (and individuals) provided with temporary housing and a pathway to permanent housing receive individualized case management that assesses needs and provides connections to community-based health and human services and other supports.

Family Resource Center at YRMC: The Family Resource Center offers First Steps to all families of children whose birth was at YRMC, which includes offering linkages to community resources. (As well as First Steps and the Healthy Families Arizona home visiting program, the center also has an infant safety seat program and mental health counseling for new parents with births at YRMC. It is also expanding work to screen pregnant women for substance use disorder and link them to and support them in obtaining substance use disorder services.)

On the horizon:

A significant development in 2021 is progress to operationalize Arizona's Social Determinants of Health Referral System, which is a partnership of Health Current (Arizona's Health Information Exchange), AHCCCS, 2.1.1 Arizona, the Crisis Response Network, and the selected vendor NowPow.[68] This is a closed loop referral system that aims to improve health outcomes through whole-person care rooted in a social determinants of health framework. The system also intends to ease access for patients/clients by connecting healthcare and community service providers on a single statewide technology platform that streamlines the referral and service coordination process. Health Current and NowPow are working with two behavioral health provider systems in Yavapai County as early adopters of the closed loop referral system, and meeting with other regional health and human service providers, agencies, and coalitions on the potential for expanding the closed loop referral system in Yavapai County.

Consideration 11: How could a FTF Yavapai children's health system change strategy support service **coordination,** making it easier for families with young children to identify health and family support services that they need to stay healthy and well, obtain seamless screening and referrals, and help remove access and service utilization barriers?

Coordination

Collaboration on Children's Health System Initiatives

Theme: Purposeful collaboration of diverse participants to set priorities for and act on children's health system change in the FTF Yavapai Region is fundamental to innovative and forward-thinking system enhancements; at present, however, there are many examples of topic specific partnerships, collectives, and coalitions in the region but not one with an overarching vision and mission to impact children's health system change.

Detail findings: Collaboration is considered a building block in creating effective early childhood systems, requiring meaningful engagement of stakeholders (those who have a vested interest in early childhood, including parents and those directly involved in early childhood services and systems), constituents (those who do not work directly with children and families but work to raise up and benefit young children and their families, such as local businesses, media, philanthropy, researchers), and representatives from the general public.[69] The FTF Children's Health Systems Change Standard of Practice (SOP) states:

> *There are many frameworks that can guide the work of systems change but a key crosscutting theme is that systems change requires a high degree of collaboration among partners*.[70]

To determine whether the FTF Yavapai Region has collaboration on children's health system initiatives, broadly defined to include health and family support services that address social determinants of health/elements of a healthy community, it is helpful to define collaboration. The FTF Children's Health Systems Change SOP presents a four-stage collaborative continuum, from lowest to highest intensity: networking, cooperation, coordination, and collaboration (Figure 4). Others have also described this continuum, including its application to early childhood and family policy work.[71,72]

Figure 4: Collaboration Continuum (FTF Children's Health Systems Change Strategy)

Networking	Cooperation	Coordination	Collaboration

Lower Intensity → Higher intensity

Figure 5 presents a similar collaborative continuum but with six stages that incorporate immuring at the lowest level of collaborative intensity and integrating at the highest level and demonstrates the activities and capacities necessary to achieve collaboration. Once collaboration is achieved, the engagement is durable, and the impact is more pervasive; nevertheless, collaboration requires a substantial time commitment, sharing of turf, and a high level of trust.

Figure 5: The Collaboration Continuum (The Teagle Foundation)

COLLABORATION CONTINUUM					
Lower Intensity →					Higher intensity
Immuring	**Networking**	**Coordinating**	**Cooperating**	**Collaborating**	**Integrating**
Conducting activities without input from or exchange with other institutions	Exchanging information for mutual benefit	In addition, altering activities to achieve a common purpose	In addition, sharing resources (e.g., staff, finances, space, instrumentation)	In addition, learning from each other to enhance each other's capacity.	Completely merging operations, administrative structure, and budgets. The constituent parts are no longer discernable.
CAPACITIES NEEDED					
Basic capacities for functioning within a single institution	Clear communication channels across institutions, strategies for identifying interested others at all institutions	Stated objectives, known leadership structure through which activities and alterations are managed, plan for regularly evaluating the success of the group's work and goals, and making needed adjustments	Stated process for managing budget and/or staff time, possibly written agreements and access to decision-making bodies	Regular opportunities to come together for reciprocal learning	Access to all resources and support available to groups contained within a single organization (e.g., decision-making bodies, leadership, visibility within each organization)

Source: The Teagle Foundation, Debra Mashek (2015)[73] (Hyperlink for full graphic including inter-institutional support needed.)

Prior community conversations facilitated by FTF Yavapai's regional director (2018) indicated there is a desire for true collaboration around children's health beyond sharing information and resources. As part of CHSC assessment, about half of community stakeholder respondents were asked to define what establishing a children's health system means to them and a synthesis of their responses indicate collaboration:

- A children's health system should be intentional and clearly defined and would benefit from careful and thoughtful integration of the voice of key stakeholders, such as but not limited to community organizations directly or indirectly serving families with young children and families themselves.
- Family participation is essential. Collaborative children's health system work includes the voice, power, and influence of those who are most influential in their children's health and who use health services and family supports.
- Establishing a children's health system means bringing people together to collectively strengthen and support families with young children by focusing on their needs, which requires identified champions with a strong passion for the issues, work, and achieving milestones.

- One entity needs to lead and coordinate the collaborative work with adequate funding and staffing to launch and maintain momentum. Options include creating a new and separate entity or using the umbrella of an existing organizational infrastructure. A clear vision, mission, and strong and actionable goals are also needed.
- Collectively, a collaboration could influence policy and funding that supports families with young children.
- A collaborative effort would need to keep in mind that likely system partners are already stretched and participating in other group efforts/collectives/coalitions– system building can feel like an overwhelming concept. The effort would need to recognize time is precious and need to be creative and purposeful so as not to not create just one more meeting.

Current collaboration among partners on children's health system change:

At this time, the FTF Yavapai Region does not have an overarching collaboration of stakeholders, constituents, and members of the public dedicated to enhancing the children's health system. Of note, the 2018 FTF Yavapai Needs and Assets Report found that among a relatively small sample of respondents to a regional coordination and collaboration survey of FTF Yavapai partners, just one-third viewed the engagement of community partners in the children's health area as reaching a level of collaboration on the collaborative continuum, and the most frequent joint activity in this area that is done frequently is sharing information with the public followed by participation in inter-agency meetings. (The highest level of collaboration reported from this survey was for early learning, with 60% agreeing collaboration had been achieved.)

Although there is not an overarching collaborative dedicated to enhancing the children's health system, there are a number of examples of partners in the FTF Yavapai Region working together around targeted issues that directly or indirectly impact the health and well-being of children and families. Keeping in mind the collaborative continuum, at a minimum these efforts achieve networking (relationship building and exchange of information for mutual benefit), often coordinating (in addition, altering activities to achieve a common purpose) and cooperating (in addition, sharing resources). Nevertheless, a formal assessment using a standardized tool, such as the Wilder Collaboration Factors Inventory, to determine where each of these local efforts sit on the collaborative continuum was outside the scope of this CHSC assessment.[74]

The following is a non-exhaustive list of ways partners in the region are working together:

Directly impacts children and families:

- Best for Babies Court Teams, facilitated by Prevent Child Abuse Arizona, brings together stakeholders from early intervention, public health, mental health, and Court Appointed Special Advocates (CASAs) to focus on the system-wide needs of and improving outcomes for children birth to three in the child welfare system and to reduce or prevent future court involvement. (FTF Yavapai grantee.)
- The Boys and Girls Club and WYGC partnership to support the well-being of children and youth who participate in the Boys and Girls Club, especially members who may require more substantive mental or behavioral health care who will be referred to WYGC.
- Read on Prescott, a partnership between Yavapai County Education Service Agency, Prescott Unified School District, Prescott Public Library, Prescott City Council, Expect More Arizona, FTF Yavapai, and others to raise awareness about the importance of early literacy and address literacy challenges with innovative solutions that support the community and help children thrive.
- Verde Valley Networking Group, facilitated by NAHC Healthy Families Arizona, to bring together community organizations and individuals interested in early childhood issues to share information and learn from expert speakers.
- Yavapai Communities for Kids (Regional Child Abuse Prevention Council), facilitated by Prevent Child Abuse Arizona, consisting of representatives from family support organizations (including home visitation, parent outreach and awareness, and Best for Babies), families, and interested members of the public to heighten public awareness of child abuse and neglect and its prevention through community events.
- Yavapai Quality First Collaborative, a collaboration of Quality First Coaches, child care health consultants, early childhood mental health consultants, and the Arizona Professional Development Workforce Registry to identify ways to maximize the impact of support services they provide to Quality First child care providers.

Indirectly impacts children and families:

- Collective Impact Partnership, facilitated by the United Way of Yavapai County, composed of nonprofit and civic providers of social services, education, law enforcement and other support services, to work on homelessness prevention and affordable housing in the region.

- County-Wide Community Health Improvement Partnership, facilitated by Yavapai County Community Health Services (YCCHS), composed of health and social service providers and others committed to community health to network, share updates, and review progress on strategies/activities in the YCCHS community improvement plan and other emerging topics.
- MATFORCE, engages Yavapai County partners on various initiatives and events to build healthier communities by striving to eliminate substance abuse and its effects.
- Mayor's Commission on Well-Being, facilitated by the Prescott Mayor's office, composed of nine members including YCCHS to increase access to services, opportunities, and education and improve overall well-being.
- Northern Arizona Peer and Family Coalition, an affiliate of Arizona Peer and Family Coalition, extends peer and family leadership into all aspects of northern Arizona's behavioral health system.
- Sedona Area Homeless Alliance brings together a network of members and supporters dedicated to ending homelessness in Sedona and the Verde Valley.
- Suicide Prevention Coalition of Yavapai County brings together representatives from a variety of area organizations to reduce and prevention of suicide in Yavapai County through advocacy, education, and coordination of services.
- Verde Valley Food Council, facilitated by Cornucopia Community Advocates, brings together community representatives (e.g., farmers, ranchers, and food consumers, processors, and distributors) to develop a regional Food System Improvement Plan.
- Yavapai County Justice and Mental Health Coalition works as a coordinated partnership of community members, leaders, and advocates.

Consideration 12: How could a FTF Yavapai children's health system change strategy support **collaboration** among stakeholders (including parents), constituents, and representatives from the general public to identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system in the region? *Collaboration*

Section 8: Opportunities for Children's Health System Change in the First Things First Yavapai Region

The word cloud is a compilation of words that emerged while gathering primary data for this CHSC assessment through community stakeholder and family interviews reflecting how they describe ideals or values that enhance the FTF Yavapai Region children's health system.

Introduction

Section 8 gathers together the considerations for children's health system change from Sections 4-7 and regroups and translates the considerations to opportunities for a FTF Yavapai children's change strategy.

Considerations for Children's Health System Change

Sections 4-7 generated twelve considerations for children's health system change in the FTF Yavapai Region that emerged using the Elements of a Healthy Community (social determinants of health) framework to review challenges and strengths associated with the current status of health and family support services, coordination, and collaboration in the region. Each of the twelve considerations has one or more labels associated with four umbrella categories that emerged during information analysis: *awareness, inclusiveness, coordination, and collaboration*. These considerations are gathered together below, and the barometer conveys that the consideration is attached to a particularly strong theme in the findings.

How could a FTF Yavapai's children's health system change strategy:

1. Enhance inclusion of young children and their families throughout the region, to the east and west of Mingus Mountain, and in sparsely populated rural communities as well as population centers? *Inclusiveness*
2. Keep at the forefront awareness of the importance of the early years and the value of health and family support services for families with young children, particularly with the region's considerable growth weighted towards elders? *Awareness*
3. Be attentive to varying norms, values, and language spoken to enhance inclusion of families with young children who may be vulnerable to health inequities because of race and ethnicity? *Inclusiveness*
4. Enhance inclusion of families with young children who may be vulnerable to health inequities because of income and poverty? *Inclusiveness*
5. Contribute to timely identification and enrollment of children and their families who might be eligible for publicly funded or other affordable health insurance options? *Coordination*
6. (a) Enhance child and family access to physical health care and (b) support efforts to recruit and retain pediatric and family medicine providers, including bilingual (Spanish-English) providers? *Coordination, Collaboration*

7. (a) Support efforts to normalize conversations about mental health (including to address stigma and shame) and encourage help-seeking, (b) support expansion of mental health screening, assessment, and treatment of young children and their families, and (c) support efforts to recruit and retain mental health providers? *Awareness, Coordination, Collaboration*

8. (a) Help raise awareness of the negative impact of prenatal substance exposure and harmful substance use in families with young children, and (b) contribute to screening family members for harmful substance use, and referral for assessment, intervention, and treatment? *Awareness, Coordination*

9. (a) Help increase parents and other caregivers' awareness of indicators of childhood special needs, (b) contribute to special needs screening of young children, and referral for further assessment and treatment? *Awareness, Coordination*

10. (a) Help screen and refer for family supports that address the interwoven elements of a healthy community—economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity—that are key to child and family health and well-being, and (b) support community efforts to improve economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity in the region? *Coordination, Collaboration*

11. Support service coordination, making it easier for families with young children to identify health and family support services that they need to stay healthy and well, obtain seamless screening and referrals, and help remove access and service utilization barriers? *Coordination*

12. Support collaboration among stakeholders (including parents), constituents, and representatives from the general public to identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system in the region? *Collaboration*

Opportunities for Children's Health System Change

The twelve considerations readily convert to a set of four main opportunity areas for children's health system change in the FTF Yavapai Region—awareness, inclusiveness, coordination, and collaboration—with associated priority areas. The opportunities presented below are mapped back to the considerations and the barometer continues to convey an area that is attached to a particularly strong theme in the findings.

Opportunity I: Support ongoing efforts to promote community awareness of the importance of the early years and the value of health and family support services for families with young children.

Identified priority topic areas include:

A. In light of the region's considerable population growth weighted towards elders, keep at the forefront of community conversations the valuable contribution of families with young children (ages 0-5) and the importance of the services they need to be healthy and well.
B. Normalize conversations about mental health and wellness, reduce the association of mental health conditions with stigma and shame, and encourage help-seeking for adults (parents), children, and youth.
C. Communicate affirming messages (e.g., non-judging and non-shaming) in support of prevention, screening, and intervention of prenatal substance exposure and harmful substance use in families with young children.
D. Assist families in recognizing indicators of childhood special needs and next steps for screening.

[Incorporates components of considerations 2, 7, 8, 9]

Opportunity II: Support ongoing efforts that emphasize inclusiveness of young children and their families who could experience barriers to accessing health and family support services because of where they live, or health inequities associated with demographic characteristics, or both.

Identified priority populations include:

A. Young children and their families to the east of Mingus Mountain (Verde Valley/Sedona area) as well as the west (Quad Cities and beyond), and in sparsely populated rural communities as well as population centers.
B. Young children and their families living in poverty or with low- to moderate-income.
C. Young children and their families who identify as a minority race or as Hispanic or Latino whose norms, values, and languages spoken may differ.

[Incorporates considerations 1, 3, 4]

Opportunity III: Offer timely, seamless, comprehensive coordination of health and family support services for families with young children (ages 0-5) living in the region.

Identified priority areas include:

A. Easier mechanisms for families to identify health and family support services that they need to be healthy and well.

B. Readily available entry point(s) offering screening, warm referrals for further assessment, enrollment in programs and services, and assistance with removing service access and utilization barriers. This includes in the following areas:

- Health insurance coverage, publicly funded or affordable private options.
- Medical home for physical health care including well child visits.
- Mental health care for young children and their families.
- Harmful substance use, including prenatal substance exposure.
- Children with special needs.
- Family supports that that are key to child and family health and well-being that help address economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity.

[Incorporates components of considerations 5, 6, 7, 8, 9, 10]

Opportunity IV: Build collaboration among stakeholders (including parents), constituents, and representatives from the general public (including elders) to collectively identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system.

Areas for focus might include:

A. Prioritizing and strategizing opportunities for awareness, inclusiveness, and coordination.

B. Supporting efforts to recruit and retain pediatric, family medicine, and mental health providers, including bilingual (Spanish-English) providers.

C. Improving economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity in the region.

[Incorporates components of considerations 6 and 7 and consideration 12.]

Section 9: Recommendations for Children's Health System Change in the First Things First Yavapai Region

Introduction

The recommendations in this section prioritize the FTF YRPC's intent under the FTF Children's Health System Change strategy to support systemic efforts that improve how providers, community-based organizations, public health groups and government agencies **coordinate and collaborate** to address the health and wellness needs of children and their families. Furthermore, these recommendations:

- Consider the findings and four opportunity areas reported in this Final Assessment and draw from the consultants' literature review and key informant interviews that explored potential approaches to enhance the children's health system in the FTF Yavapai Region.
- Are actionable at the discretion of the FTF YRPC and align with one or more of the Council's roles, including to fund direct services, improve community awareness, address the capacity of community organizations, help coordinate services, and engage in collaborative community-based efforts.
- Address major benefits and potential drawbacks, including community acceptability and readiness.
- Address FTF resources needed for the recommended change, such as staff time (e.g., FTF Yavapai regional office staff and current FTF Yavapai grantee staff) and monetary investment.

The consultants recognize that the FTF YRPC has finite resources for investing in the children's health system change strategy and look forward to next steps to work with the FTF Yavapai Regional Director to support the FTF YRPC in prioritizing and selecting recommendations on which to act.

[Intentionally blank.]

Recommendation 1: Define the boundaries of the children's health system in the FTF Yavapai Region.

There are several boundaries of the children's health system to affirm before undertaking a change initiative. This will be particularly helpful for engaging partners in change, as community stakeholder interviews found respondents have varying perspectives on what the region's children's health system encompasses. The following provides a list of suggested boundaries to consider, with the consultants' assumptions for this assessment.

Boundary to affirm
The geographic boundary where children ages 0-5 live. *Assumption for this assessment*: The FTF Yavapai geographically defined region, noting that some children cross back and forth between regions, e.g., one parent lives in Yavapai County and another in Mohave County.
The geographic boundary of where health and family support services are located. *Assumption for this assessment:* The FTF Yavapai geographically defined region, noting that some families utilize services in other regions, particularly Phoenix North, Northwest Maricopa, and Coconino; this fluidity of service use could be particularly relevant when considering coordination of services.
The recipient of health and family support services, children ages 0-5 or for their whole family. *Assumptions for this assessment*: The whole family, as the health and well-being of other members of the household — especially parents/other primary caregiver—can impact child's outcomes. Nevertheless, the FTF 12 Systems Roles in the FTF SFY18-22 strategic plan could help clarify the recipient for health services versus family supports.
The types of health and family support services included in the system. *Assumptions for this assessment*: Any health and family support services that addressed the Elements of a Healthy Community/social determinants of health in the following areas—health care (health insurance coverage, physical health, behavioral health, and children with special needs), economic opportunity, affordable housing, transportation, food security, physical activity, and educational opportunity focused on young children's early learning.

Recommendation 2: Explore developing a Yavapai Children's Health System Collaborative rooted in a collective impact model.

This recommendation addresses the YRPC intent to support systemic efforts that improve how providers, community-based organizations, public health groups and government agencies **collaborate** to address the health and wellness needs of children and their families, and aligns with Opportunity IV (Section 8):

> To build collaboration among stakeholders, constituents, and representatives from the general public to collectively identify and prioritize goals and undertake forward-thinking collective action specifically to enhance the overarching children's health system.

Summarizing from this assessment's findings, the FTF Yavapai Region has a number of partnerships, teams, coalitions, etc. working on important targeted issues that directly or indirectly impact families with young children ages birth to 5 years but does not have an overarching collaborative that specifically identifies and acts on potential improvements to policies, programs, and practices of the children's health system. The following summarizes major benefits of and potential drawbacks to a Yavapai Children's Health System Collaborative rooted in a collective impact model.

A Yavapai Children's Health System Change Collaborative
Major benefits
✓ Collaboration is foundational to creating effective early childhood systems.[75]
✓ A collective impact model is a very effective approach to achieving a high degree of collaboration on the collaboration continuum.[76]
✓ Collective impact approaches to collaboration are increasingly used in communities to support the availability and use of birth to five services for children and families. [77,78]
✓ Collective impact approaches support active and authentic engagement of parents/ other primary caregivers of young children in forming and facilitating collective action.[79]
✓ A collaborative rooted in a collective impact model can bring about transformational change, e.g., change addresses the underlying social and economic conditions of children's health; change is visionary, proactive, and innovative; and change evolves and is implemented over time and represents a fundamental shift in priorities, strategies, and culture.[80,81]
✓ The findings and opportunities presented in this Final Assessment could serve as a springboard for the collaborative's strategic planning to set a vision, mission, values, and short-, medium-, and long-term goals. Opportunities would include inclusiveness (Opportunity I), awareness (Opportunity II), and service coordination (Opportunity III).
✓ The collaborative could help address barriers to accessing health and family support services, such as inadequate system capacity; affordability if the family is not eligible for AHCCCS or Kids

Care coverage; inadequate transportation to get to services; preconceived negative ideas about services, including fear and mistrust and lack of responsiveness to cultural needs; and stigma associated with mental health conditions, help-seeking, and participating in government programs.

- ✓ The collaborative could be designed to have a core membership comprising a relatively small group of champions who bring diverse experiences and perspectives, complemented with task-specific, time-limited workgroups. This arrangement could make the collaborative more agile to respond to changing circumstances and dynamics that impact priorities and considerations for the complex work of system change.
- ✓ FTF Yavapai could fund a grant partner as the backbone organization, rather than FTF Yavapai directly planning, implementing, and managing the collaborative. FTF could also seek a funding partner to support the cost needed to maintain a high functioning, action-oriented collaborative.

Potential Drawback

- The region already has many partnerships addressing social issues and participants in these partnerships often represent their organizations on multiple fronts and their responsibilities are already stretched thin; there would need to be very clear added value to a new collaborative.
- Bringing about meaningful change through a collective impact collaborative requires a considerable investment of people and monetary resources to plan, operationalize, facilitate, and sustain the work over time.
- Although a collaborative can set short, medium, and long-term goals, it usually takes time to see tangible results, which can impact the capacity to maintain buy-in for the effort.
- The collaborative would need to have a clear distinction from the work that is carried out by the FTF YRPC.

The following information provides detail on the collective impact model and its application.

The Collective Impact Model

Collaboration to create effective early childhood systems requires the meaningful engagement of partners that include:[82]

- Stakeholders with a vested interest in early childhood, i.e., parents/other primary caregivers and those directly involved in providing early childhood services.
- Constituents who do not work directly with children and families but work to raise up and benefit young children and their families, such as local businesses, media, philanthropy, researchers.
- Representatives from the public at large, e.g., elders/senior citizens.

Specifically for engaging stakeholders, there is growing evidence of the importance of engaging parents and other primary caregivers of young children in forming and facilitating collective action. This includes providing them with central roles (preferably compensated),

and coaching as needed, to assume these roles. As noted in the recently published Lived Experience: The Practice of Engagement in Policy:

> *An emerging core tenet of effective collaboration to improve systems and services is the authentic engagement of community residents with lived experience alongside health and social service organizations to co-design policy and practice and address equity. In fact, there is growing evidence that successful system change requires engagement and leadership of individuals with lived experience.*[83]

A collective impact model provides a firm foundation and process for engagement of partners and guiding their work, embodying the idea that multiple organizations/partners are needed to address large scale issues and bring about change. This model necessitates the commitment of a group of change agents across systems and sectors who share learning and work on agreed upon goals to achieve powerful results. According to Kania and Kramer—lead innovators of this model for addressing social issues—collective impact has five generally recognized conditions: (1) a common agenda/shared vision, (2) shared measurement, (3) mutually reinforcing activities, (4) continuous communication, and (5) a backbone organization.[84] These are detailed in Figure 6.

Figure 6: Five Conditions of Collective Impact (Kania and Kramer)

The Five Conditions of Collective Impact	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Source: Kania and Kramer, Collective Impact, Stanford Social Innovation Review (2011).

As described in Figure 7, a collective impact collaborative also has four components for success: (1) governance and infrastructure, (2) strategic planning, (3) community involvement, and (4) continuous evaluation and improvement. These components intersect with three phases: (I) initiate action, (II) organize for impact, and (III) sustain action and impact.

Figure 7: Four Phases of Collective Impact (Kania and Kramer)

Phases of Collective Impact			
Components for Success	**Phase I Initiate Action**	**Phase II Organize for Impact**	**Phase III Sustain Action &Impact**
Governance and Infrastructure	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
Community Involvement	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Source: Kania and Kramer, Collective Impact, Stanford Social Innovation Review (2011).

Resources and Examples

Note: In this section, bold blue font represents an embedded hyperlink to the initiative's website and light blue font represents a hyperlink to the initiative's information on collective impact.

The **Collective Impact Forum** is an initiative of FSG consulting and the Aspen Institute Forum for Community Solutions, funded by several foundations including The Annie E. Casey Foundation, to support the efforts of those who are practicing collective impact. The website has plentiful resources on collective impact and provide links to many collective impact initiatives. One of these initiatives is the **Alliance for a Healthier South Carolina**, which uses a collective impact model to coordinate action on shared goals to improve the health of people in South Carolina with metrics in four areas, two of which are directly child related: Healthy Babies, Healthy Children, Healthy Bodies, and Healthy Mind.

There are many other collaboratives across the U.S. using a collective impact model to improve outcomes for children and families, and the following are examples.

- **Bring Up Nebraska**: Administered by the Nebraska Children and Families Foundation, Bring Up Nebraska is a statewide prevention partnership that helps form and advocate for local community collaboratives that keep children safe, support strong parents, and help families address life's challenges before they become a crisis. This initiative has helped establish 22 autonomous community collaboratives located throughout Nebraska in rural and urban counties. Bring Up Nebraska lists collective impact as one of its core values, along with primary prevention, a race, equity and inclusion framework; a two-generation approach (2GEN);[85] and youth and family leadership, partnership, and empowerment. The lived experiences of families are

drivers of transformation. Bring Up Nebraska participates in the Thriving Families, Safer Children initiative (a partnership of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America) and was chosen by Casey Family Programs for the 2020 Jim Casey Building Communities of Hope Award.

- **Strive Together:** Strive Together, Every Child Cradle to Career, is a national network of local communities working to achieve racial equity and economic mobility, converting local change into national impact using collective impact. Strive Together also has systems change resources, including the *Shifting practices: Systems transformation* series.
- **Cradle to Career:** Cradle to Career is an initiative of the United Way of Tucson and Southern Arizona, and a member partner of Strive Together. Cradle to Career brings together resources, leadership, and innovation from throughout the community to help students achieve key milestones along their pathway to adulthood and notes the power of using collective impact in their work. Cradle to Career has a Kindergarten Readiness Change Network, with FTF as a member.
- **Smart Beginnings:** Funded by local foundations, Smart Beginnings© is a Virginia Peninsula non-profit organization that serves as the backbone organization for a coalition of individuals and organizations to improve conditions for young children, including child health, family strengthening, and early care and education. Smart Beginnings employs a collective impact approach to bring together a variety of community partners to work collectively to solve complex issues within the community that impact young children and families.
- **Children's Cabinet Networks:** The Forum for Youth Investment (a co-catalyst organization of the Collective Impact Forum), supports the Children's Cabinet Networks initiative, which aims to change the odds that all young people are ready by age 21 for college, work, and life. The Forum for Youth Investment helps convene children's cabinets in localities across the country to increase the efficiency and effectiveness of governmental efforts to improve child and youth outcomes, although participants in the cabinets may represent a range or child and family support organizations in each community. The City of Tempe's Family and Community Support Section facilitates a Tempe Education Partnership.
- **Glendale Strong Family Network:** The Glendale Strong Family Network (Arizona) is a multidisciplinary collaborative that uses a collective impact model and harnesses the existing infrastructure and human capital of Glendale to connect families to the services they need and to develop natural leaders to strengthen the community.

- Although not explicitly based on a collective impact model, The **BUILD Health Challenge** is an innovative initiative to strengthen partnerships between community-based organizations, hospitals and health systems, and local health departments to move resources, attention, and action upstream to reduce health disparities and create opportunities for improved community health. BUILD Health Challenge has a number of funding partners, including the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. Community projects all adopt the BUILD Health Challenge guiding principles of *Bold, Upstream, Integrated, Local, and Data-Driven*. One community project is **BUILD Health Aurora**, a collaborative to improve life-long mental and physical health outcomes for children and families living in Aurora (Colorado). BUILD Health Aurora identifies and meets the needs of children and families by providing a continuum of services spanning prevention, health promotion, screening, and intervention.

Resource Considerations

Planning, implementing, and maintaining a Yavapai Children's Health System Collaborative would likely sit under the FTF Children's Health Systems Change strategy, rather than an alternative health or family support strategy. If this recommendation is selected for action by the YRPC, it will require significant investment over time. As such the consultants suggest that in SFY2022, the YRPC funds an entity with expertise in building collective impact collaboratives to explore possibilities for the FTF Yavapai Region in more depth, including community readiness and options for a backbone organization. Funding for a contract with an expert entity would need to be within the available funding for the SFY2022 Children's Health Systems Change strategy.

Recommendation 3: Monitor the potential of the Arizona Social Determinants of Health (SDOH) Referral System for assisting providers with coordinating health and family support services in the FTF Yavapai Region.

This recommendation addresses the YRPC intent to support systemic efforts that improve how providers, community-based organizations, public health groups, and government agencies **coordinate** to address the health and wellness needs of children and their families and aligns with Opportunity III (Section 8):

> To offer timely, seamless, comprehensive coordination of health and family support services for families with young children (ages 0-5) living in the region, including: (a) easier mechanisms for families to identify health and family support services that they need to be healthy and well, and (b) readily available entry point(s) offering screening, warm referrals for further assessment, enrollment in programs and services, and assistance with removing service access and utilization barriers.

Summarizing from this assessment's findings, although there are a number of examples of situation focused coordination of services in the FTF Yavapai Region, there is not an integrated cross-system mechanism that assists providers and families with coordination of health and family support services. The following summarizes major benefits of and potential drawbacks to local participation in the Arizona SDOH Referral System.[86] As described in Section 7, the Arizona SDOH Referral System is a closed loop referral system that aims to improve health outcomes through whole-person care rooted in a social determinants of health framework. It is a partnership of Health Current (Arizona's Health Information Exchange), AHCCCS, 2.1.1 Arizona, the Crisis Response Network, and the selected vendor NowPow.

Arizona SDOH Referral System
Major benefits
✓ The Arizona SDOH Referral System unites a comprehensive statewide network of health care providers and a wide array of community support programs on one technology platform that is compatible with a range of electronic health record systems.
✓ There is no cost to providers/organizations to be in the network, and technical assistance for planning, implementation, and ongoing participation in the system is provided.
✓ The Arizona SDOH Referral System is intended to benefit all Arizonans.
✓ No matter where a patient or client first enters the SDOH Referral System network for services, they are screened for multiple health and support needs using an established screening tool such as PRAPARE: Protocol for Responding to Assessing Patients' Assets, Risks, and Experiences and referred accordingly.[87] (PRAPARE is the default screening tool for the Arizona SDOH Referral System, although participating health care providers and community support programs can use screening tools of their choice.)
✓ Health care providers and community support programs establish their local preferred network of services that they commonly work with. The entry point provider (service requestor) makes direct electronic referrals to health care or community support providers in their preferred network for the patient/client according to screened needs. The service provider then closes the loop by providing feedback to the service requestor after the patient/client completes their visit. Between referral and service completion, the system has mechanism for communication among service requestor, service provider, and the patient/client.
✓ The system is HIPAA and FERPA compliant and has functions to help avoid duplicate screening and services.
✓ A component of the Arizona SDOH Referral System is a web-based comprehensive directory of services and supports, which will have a public facing version available in English, Spanish, and other languages. This directory integrates with Arizona 2.1.1 and additions relevant to the needs of lower income individuals/families can be added with input from providers and

community organizations in a region. Overcoming one of the main downfalls of resource directories, NowPow will check and update all information in the directory twice a year, such as service types, websites, physical addresses, operating hours, etc.

- ✓ Notably, NowPow has tailored directories drawing from the resources in the statewide directory; an example is Healthy Babies Chicago (click on Find Resources, also click on the language tab on the front page of the directory to see and try the multiple language capability). FTF Yavapai could explore with Health Current and NowPow tailoring a directory that focuses on health and family support services for families with young children living in the FTF Yavapai region.
- ✓ Early adopter providers (including in Yavapai County) are presently using the Arizona SDOH Referral System to help iron out details, and full statewide implementation is scheduled for Fall 2021. On arrangement, Health Current and NowPow provide local demonstrations of the SDOH Referral System.

Potential Drawbacks

- Unknown timeline for the Arizona SDOH Referral System to achieve its full potential, including to bring health care providers and family support organizations into the network in rural areas such as Yavapai County and to raise community awareness of how this system can support an individual or family's journey seeking and using health and family support services.
- The Arizona SDOH Referral System does not necessarily help address access barriers, such as inadequate system capacity; affordability if the family is not eligible for AHCCCS or Kids Care coverage; inadequate transportation to get to services; preconceived negative ideas about services, including fear and mistrust and lack of responsiveness to cultural needs; and stigma associated with mental health conditions, help-seeking, and participating in government programs.

Resource Considerations

There are no direct costs to FTF Yavapai Region for this recommendation, barring staff time to follow the implementation of the Arizona SDOH Referral System. The main resource consideration is the potential efficiency, effectiveness, and savings (monetary and other) for a regional network of health and family support service providers to participate in the Arizona SDOH Referral System contrasted to establishing its own technology-based referral network.

Recommendation 4: Consider funding a Young Families Service Coordinator housed in a community-based setting.

Funding a Young Families Service Coordinator aligns with the FTF YRPC role to **fund direct services** and **help build capacity** and is an idea forwarded by the FTF Yavapai Regional Needs and Asset's Workgroup of the YRPC. This recommendation also aligns with Opportunity III (Section 8):

Offer timely, seamless, comprehensive coordination of health and family support services for families with young children (ages 0-5) living in the region.

The Young Families Service Coordinator would provide a readily available entry point for families to the children's health system to learn about and connect with needed health and family support services as far upstream as possible to avert connecting at a crisis point. The following summarizes major benefits of and potential drawbacks to funding a Young Families Service Coordinator.

Young Families Service Coordinator (YFSC)
Major benefits
✓ FTF YRPC can elect to competitively award grantee funding to hire, train, and manage the YFSC. If criteria for the award include grantee experience providing services to families with children across the FTF Yavapai Region and experience coordinating health and family support services using a culturally responsive and trauma informed lens, this would help address inclusiveness (Opportunity II).
✓ If criteria for the YFSC include demonstrated experience or high potential to be trained in (a) outreach to families with young children, (b) screening for strengths and needs, and (c) making and following up on applicable referrals, this supports coordination (Opportunity III).
✓ If criteria for the YFSC include that they have characteristics that families view as relevant, trustworthy, and personable—that is someone with whom they can identify, such as a peer—and is bilingual (English/Spanish), and can identify with/be responsive to the norms of minority cultures, this also supports inclusiveness (Opportunity II).
✓ Other ways the YFSC role can support inclusiveness (Opportunity II) are (a) focusing on identifying and serving families that might experience health inequities and who might be missed by other organizations that coordinate services, (b) being physically located in a central geographic location and at a neutral site that encourages trust, (c) offering audio and video virtual services to reach families across the FTF Yavapai Region, including those that are most rural, and (d) meeting families where they are in terms of health and wellness strengths and needs.
✓ Other ways the YFSC role can support coordination (Opportunity III) is (a) by using an established screening tool such as PRAPARE to support families in identifying needs, (b) providing a warm hand-off to applicable and trusted health and family support services, and (c) conducting follow up to ensure families obtain the range of services they need to be healthy and well. As such, it would be beneficial for the YFSC's organization to be a health care or family support provider in the Arizona SDOH Referral System network.
✓ The YFSC role can support awareness (Opportunity I) by conducting outreach using a range of strategies to transfer information that builds health literacy specific to children ages 0-5 and providing information on topic-specific community concerns, e.g., mental health and harmful substance use. The YFSC can also integrate with and build on the outreach and awareness activities of other FTF Yavapai staff and grantees.

Potential Drawbacks
– Adding a YFSC to the children's health system represents transitional change, i.e., an incremental change that is reacting to a need rather than a transformational change whereby change is visionary, proactive, and innovative. – The region already has many service coordinators (navigators, peer support specialists, community resource specialists, etc.) embedded in a wide variety of organizations. As such, it is important to understand the added value of a YFSC. – The addition of a YFSC does not necessarily help address barriers to accessing health and family support services, such as inadequate system capacity; affordability if the family is not eligible for AHCCCS or Kids Care coverage; inadequate transportation to get to services; preconceived negative ideas about services, including fear and mistrust and lack of responsiveness to cultural needs; and stigma associated with mental health conditions, help-seeking, and participating in government programs.

Resource Considerations

The FTF Family Support Coordination Strategy could be a good fit for the YFSC position (see Appendix 4 for the Strategy Overview). In brief, and drawing from the Stragey Overview, the Family Support Coordination Strategy:

- Is designed for connecting families with existing community resources and programs to support their needs on a short-term basis (an average of 90 days).
- Enrolled families must be experiencing one or more needs or challenges to accessing services (e.g., low education attainment, unemployment, poverty, children with health care needs, food insecurity, homeless/insecure housing, or language barriers).
- The region may target a specific population that is likely to experience higher needs (e.g., families from minority ethnic/communities, families with children/adults with disabilities, isolated families, or transient families (including recent immigrants) to connect them with available services.
- Family Support Coordination providers are expected to develop relationships and collaborate with organizations serving the target population in the region and may help families to mitigate barriers to accessing services by providing community and home-based support.
- The expected result is increased utilization of available community support services and resources by families to promote family self-sufficiency and stability.

Using cost data in the Family Support Coordination Strategy (SFY2022-2023), the approximate total cost would be within the $80,000 allocated annually for children's health system change, including the coordinator who must have a bachelor's degree ($50,000 including employee related expenses), program supervisor ($6,000-10% FTE), program and print materials ($5000), administrative costs ($3000 or more), and travel.

Recommendation 5: Continue to value and enhance inclusiveness of all young children and their families through FTF Yavapai's work.

This recommendation supports inclusiveness as a value across FTF strategies and activities, and aligns with Opportunity I (Section 8) to:

> Support ongoing efforts that emphasize inclusiveness of young children and their families who could experience barriers to accessing health and family support services because of where they live, or health inequities associated with demographic characteristics, or both.

The FTF Yavapai Region can support inclusiveness as a core value and outcome of any of the CHSC recommendations that the FTF YRPC elects to pursue. For existing regional investments, FTF Yavapai staff and grantee partners may be directed by the Council to review the characteristics of who is reached by current community awareness, health, and family support strategies, and assess the need and capacity to boost inclusion of young children and their families who may be at risk for inequitable access to services because of where they live, or health inequities associated with race, ethnicity, or family income. The resource needs are minimal, e.g., FTF Yavapai regional office and grantee staff time for the review. There is potential cost if inclusiveness can be effectively boosted by increasing service units for an existing strategy investment.

Recommendation 6: Continue to support and enhance community awareness of topics that impact the health and well-being of young children and their families.

This recommendation aligns with the FTF YRPC role to improve community awareness and with Opportunity II (Section 8):

> Support ongoing efforts to promote community awareness of the importance of the early years and the value of health and family support services for families with young children.

Specific awareness priorities that emerged in the CHSC assessment findings include to keep at the forefront of community conversations the valuable contribution of families with young children (ages 0-5) to communities and the importance of the services they need to be healthy and well; normalize conversations about mental health and wellness, including to reduce stigma and shame and to encourage help-seeking; communicate affirming messages in support of prevention and intervention of prenatal substance exposure and harmful substance use in families with young children; and assist families in recognizing indicators of childhood special needs and next steps for screening.

The FTF Yavapai regional office is already active on numerous fronts to increase community awareness of the importance of early childhood development, the strategies the region funds, and other aspects of support for young children and their families. FTF Yavapai regional grantees also raise awareness through parent outreach and awareness, home visiting, family support children with special needs, mental health consultation, and other strategies.

Four options for supporting community awareness follow:

- As applicable and appropriate to FTF community awareness plans and grantee contract terms, explore whether there are opportunities to boost messaging that intersects with the priority topics within the community awareness opportunity.
- As applicable and appropriate, support community awareness activities facilitated and funded by other organizations in the region. For example, FTF supports Prevent Child Abuse Arizona's Lean On Me AZ initiative, which works from the premise that all parents and caregivers need help at some point, raises awareness about factors that protect families from overwhelming stress and provides community-generated tools and messages to help community members strengthen families to prevent child adversity.[88]
- Model and support diffusion of strength-based language when communicating about child and family adversity and well-being. The FrameWorks Institute, supported by Prevent Child Abuse America and the Alliance for Strong Families and Communities recently published a report to guide professionals on ways to reframe childhood adversity and well-being to enhance the ability to engage partners and to bring about change. Highlights are to steer away from child and family deficits and towards child and family well-being for which there is collective responsibility, connect racial and economic justice to adversity without inadvertently suggesting adversity is caused by people of color or people experiencing poverty, and commit to aspirational, solutions-oriented storytelling that focuses on healthy child outcomes rather than problems.[89] While strength-based communication on child and family adversity and well-being is generally valued, intended, and taking shape in the region, there is also considerable value in having FTF Yavapai staff and grantees as champions of strength-based narrative.

Resource needs for these options are FTF Yavapai regional office, and potentially grantee, staff time.

Next Steps

Following distribution of this Final Assessment, the Jeanette Shea and Associates lead consultant for this project will partner with the FTF Yavapai Regional Director to co-facilitate discussion with the FTF YRPC on opportunities and recommendations identified in the assessment report. The consultant will provide context for the recommendations, engage the YRPC in discussion on the recommendations, and address questions. The discussion will guide the YRPC in identifying recommendations for implementation. The consultant will then assist in development of an action plan, in partnership with the FTF Yavapai Regional Director. Discussion with the YRPC will take place in October and the action plan for moving forward will be complete before December 31, 2021.

Appendix 1: Meta-Analysis Supplement

The following lists—by organization name—the assessments, implementation or improvement plans, and other regional reports reviewed for the meta-analysis. Of note, the Patient Protection and Affordable Care Act of 2010 added requirements that organizations with one or more tax exempt hospital facilities create a community health needs assessment every 3 years and develop a 3-year response plan – this includes Northern Arizona Health Care, West Yavapai Guidance Council, and Yavapai Regional Medical Center.

Opportunity Assessments and Plans and Other Supporting Reports

Organization	Assessments and Plans
First Things First – Yavapai (Yavapai Regional Partnership Council-YRPC)	YRPC Needs and Assets Report (2020 and 2018) YRPC Strategic Plan 2019-2022 Update (2020) www.firstthingsfirst.org/publications/?region=yavapai
Northern Arizona Health Care (NAHC) *(Focus on Verde Valley)*	Community Health Needs Assessment (2019) https://www.nahealth.com/sites/default/files/2019_chna.pdf Implementation Plan FY2019-2022 https://www.nahealth.com/sites/default/files/chna_implementation_strategy_2019.pd
West Yavapai Guidance Clinic (WYGC) Now Polara Health (Includes the Windhaven Psychiatric Hospital)	Community Health Needs Assessment, Fiscal Year Ending June 30, 2019 (2019) https://www.wygc.org/wp-content/uploads/2019/06/2019-West-Yavapai-CHNA-Rpt.pdf Implementation Strategy 2020-2022 https://www.wygc.org/wp-content/uploads/2019/11/Community-Health-Implementation-Strategy-2019.pdf
Yavapai County Community Health Services (YCCHS)	Community Health Assessment (2017) Community Health Improvement Plan 2018-2022: Quad Cities & Verde Valley www.yavapai.us/chs/Health-Resources
YCCHS and Central Yavapai Metropolitan Planning Organization (CYMPO)	Yavapai County Mobility Health Impact Assessment (2019) http://livableaz.org/wp-content/uploads/2019/12/Yavapai-HIA-Final-Report.pdf Central Yavapai Phased Transit Plan, October 2020 https://www.cympo.org/wp-content/uploads/2020/10/CYMPO-Phased-Transit-Implementation-Plan-102320.pdf
Yavapai Regional Medical Center (YRMC) (Now Dignity Health-Yavapai Regional Medical Center)	Community Health Needs Assessment (2019) Joint Campus Implementation Plan 2019-2022 https://www.yrmc.org/support-and-community/community-health
Organization	**Other Regional Reports**
First Things First – Yavapai (YRPC)	Funding Plan Summary Table FY2022 (2021) Funding Plan – 2020 and 2021 (2020) Yavapai Region 2020 Impact Report (2020) Yavapai Region 2019 Impact Report (2019) www.firstthingsfirst.org/publications/?region=yavapai
	Yavapai Family Serving System Review; Community Conversations (2018) Copy provided by First Things First Yavapai
Cornucopia Community Advocates	Preventing Food Insecurity in Yavapai County 2019-2020 https://cornucopiaca.org/wp-content/uploads/2020/02/Preventing-Food-Insecurity-in-YC-2019.pdf
MATFORCE	Yavapai County Overdose Fatality Review Board Annual Report 2020 and 2021 http://matforce.org/Portals/0/ofrb%20annual%20report-Spring%202020.pdf http://matforce.org/Portals/0/ofrb%20annual%20report-Spring%202021_WEB.pdf MATFORCE Strategic Plan January 1, 2019 to December 31, 2020 http://www.matforce.org/Portals/0/2019-20%20MATFORCE%20Strategic%20Plan%20Final.pdf
Northern Arizona Council of Governments (NACOG)	Northern Arizona Community Needs Assessment 2016-2017, copy provided by NACOG NACOG Head Start and Early Head Start Community Assessment, 2019/2020 https://www.nacog.org/fileLibrary/Community%20Assessment.pdf
Organization	**Other Regional Reports**

Northern Arizona University, Center for Health Equity Research	A Regional Health Equity Survey Report: Building Research Capacity to Address Health Equity in Northern Arizona (2020) https://nau.edu/wp-content/uploads/sites/79/RHES_county-report_FINAL.pdf
Prevent Child Abuse Arizona	Parent and Community Asset Survey Results: Yavapai County – Greater Prescott Valley and Prescott, Yavapai Communities for Kids, January 2020

Community Health Priorities by Implementation or Improvement Plan

	Access to Health Care & Coverage	Economic Opportunity	Housing	Transportation	Quality/Affordable Food	Physical Activity	Educational Opportunity
NAHC Implementation Plan FY2019-2022 (focus on Verde Valley)							
1. Access to health services	√						
2. Chronic disease (cross cutting)							
3. Mental health and mental disorders	√						
WYGC Implementation Strategy 2020-2022							
1. Need for increased integration between primary care and mental health services	√						
2. Coordination with other systems of care, e.g., schools	√						
3. Substance abuse	√						
YCCHS Community Health Improvement Plan – Quad Cities 2018-2022							
1. Mental health	√						
2. Substance use disorders	√						
3. Access to care	√						
4. Access to quality affordable food (goals and objectives also referenced by Cornucopia Community Advocates)					√		
YCCHS Community Health Improvement Plan – Verde Valley 2018-2022							
1. Mental health	√						
2. Substance use disorders	√						
3. Access to care	√						
4. Access to healthy food					√		
YCCHS & Central Yavapai Metropolitan Planning Organization - Yavapai County Mobility Health Impact Assessment (2019)							
Set of nine recommendations for action on transportation in central Yavapai County				√			
YRMC Joint Campus Implementation Plan 2019-2022							
1. Healthy behaviors/lifestyle changes (cross cutting)							
2. Lack of primary care physicians	√						
3. Lack of health knowledge	√						
4. Physical inactivity						√	
5. Lack of mental health providers	√						

Regional Implementation and Improvement Plans—Priorities and Community Strategies

The following summarizes priorities, goals, and strategies for each regional community health implementation or improvement plan in the following areas as included in the plans:

- Access to health care and health insurance coverage
- Mental health
- Harmful substance use/substance use disorders
- Quality affordable food
- Physical activity
- Transportation

Housing, economic opportunity, and educational opportunity are not explicit priorities in the listed plans. For a full description of priorities, goals, and strategies, please review the full documents at the URLs for each organization provided above.

Access to Health Care and Health Insurance Coverage
NAHC: Priority 1 – Access to health services Goal: Improve access to primary and urgent care. *Strategies (focus on Verde Valley):* Develop a comprehensive Ambulatory Strategy Plan that prioritizes efforts for access to care (rural and tribal communities included in the scope).
YCCHS Quad Cities: Priority 3 – Access to care Goal: Increase access to comprehensive, competent, and compassionate health care for the whole person (physical, mental, and spiritual). *Strategies (excluding those listed under Mental Health):* Increase awareness and utilization of local support resources to increase the percentage who can see a doctor when needed.
YCCHS Verde Valley: Priority 3 – Access to care Goal: Increase access to, and availability of, equitable and integrated health care services. *Strategies:* Promote and increase awareness of local health insurance enrollment access points; promote open enrollment period and available AHCCCS insurance options serving Yavapai County by population subgroup; facilitate and support the recruitment and retention of providers in underserved communities in the region; improve community walkability and public transportation (to get to the doctor); increase the number of patient advocates in Yavapai County; and increase community awareness of the availability of social service support programs.
YRMC Joint Campus: Priority 2 – Lack of primary care physicians Goal: Unspecified *Strategies:* Most of the strategies are internal to YRMC (e.g., recruit primary care providers, augment with advanced practice providers, explore walk-in clinics and extended hours for primary care clinics). A community-based strategy is in collaboration with local schools, YRMC will continue to provide free primary care to uninsured and underinsured school children and their younger siblings through the Partners for Healthy Students program.

Mental Health

NAHC: Priority 2 - Mental health and mental disorders

Goal: Reduce the burden of mental health issues in the service area.

Strategies (focus on Verde Valley): Health fairs, depression and substance abuse screenings, and provision of Mental Health First Aid training for community members at Verde Valley Medical Center; as well as talks and presentations with community groups.

WYGC: Priority 1 - Increased integration between primary care and mental health services

Goals: Improved collaboration and ensure providers are aware of health needs and connect clients to primary care.

Strategy: Establish relationships with primary care providers in the community.

WYGC: Priority 2 - Coordination with other systems of care, e.g., schools

Goal: Improve transition from inpatient services and partner with schools to improve behavioral and mental health needs in the community.

Strategy: Partner with schools to improve behavioral and mental health needs in the community (evidence-based training for school staff, parents, and the community).

YCCHS Quad Cities: Priority 1 - Mental Health

Goal: Improve residents mental well-being through prevention, intervention, and access to comprehensive and competent care. (Includes associated objectives.)

Strategies: Increase access to depression and mental health screenings in the community; increase community awareness of depression and opportunities for support and intervention; implement a campaign to increase community awareness and impact of social isolation; increase access to peer-to-peer support groups; identify and reduce barriers to increase utilization of existing resources for families* (objective is by 2022, 80% of all parents will report they feel confident and competent in meeting the physical and emotional needs of their children and family, and actions include to implement innovative technology options to share resources and program offerings and strengthen the resource and referral system). *Includes **FTF** as a collaborator.

YCCHS-IP includes two mental health care strategies under Priority 3 – Access to Care, to advance mental health provider recruitment efforts in collaboration with YRMC and WYGC and ensure provider training includes referral to state and local suicide prevention programs.

YCCHS Verde Valley: Priority 1 -Mental Health

Goal: Improve physical and mental well-being through prevention, education, access, and comprehensive and competent care. (Includes associated objectives.)

Strategies: Increase the availability of community depression screenings; implement an interdisciplinary collaborative care coalition to improve mental health outcomes; implement a campaign to increase community awareness and impact of social isolation; increase school-based mental health interventions*; develop a risk prevention coalition (youth focused)*; increase parental awareness of available resources* (objective is by 2022, 80% of all parents will report they feel confident and competent in meeting the physical and emotional needs of their children and family, and one of the actions is to develop of an online directory to promote local resources).

*Includes **FTF** as a collaborator.

Y*RMC Joint Campus: Priority 5 -Lack of mental health providers*

Goal: unspecified

Strategies (summarized): Collaborate with local mental health providers to educate the public about mental health and reduce stigma; evaluate new partnership opportunities with mental health provides; explore with local law enforcement and mental health providers possible alternatives to YRMCs EDs as a "holding" resource when no medical need is apparent; continue to promote philanthropically supported programs to enhance behavioral health services, e.g., YRMC's Partners for Healthy Students (PHS) program that launched adolescent behavioral health services in 2019.

The Communities for Kids Parent and Community Asset Survey Results: note that an opportunity for community improvement is prevention efforts to normalize help-giving and help-seeking behaviors, with reference to the association of these behaviors with reducing parental stress, a facet of parent and family mental health.

Harmful Substance Use-Substance Use Disorders

WYGC-IP: Priority 3 – Substance abuse

Goals: Reduce barriers to access to care and expand treatment services.

Strategies: Work with providers to help educate; ongoing evaluation for community needs and develop services that target those needs.

YCCHS-Quad Cities: Priority 2 – Substance use disorders

Goal: Improve access and treatment for individuals with substance use disorders to protect and promote a meaningful quality of life for all.

Strategies: Increase and improve the MATFORCE capacity and network; implement a community awareness campaign through MATFORCE on substance abuse risks; support the implementation of recommendations of the Overdose Fatality Review Board (OFRB Report); increase provider participation in the Controlled Substances Prescription Monitoring Program.

YCCHS Verde Valley: Priority 2 – Substance use disorders

Goal: Reduce substance abuse to improve the health, safety, and quality of life for all in the Verde Valley region.

Strategies: Expand the availability and distribution of, and training on, Naloxone (Narcan) to reduce unintentional deaths; increase social support services to high-risk pregnant women to reduce the number of substance-exposed newborns; implement a youth social marketing campaign on substance abuse risk; create a local support network for parents and loved ones of youths challenged with substance abuse.

MATFORCE - Yavapai County Overdose Fatality Review Board Annual Report 2020 and 2021

The reports include a series of recommendations in these areas: substance abuse treatment, recovery, and mental health services; law enforcement, judiciary, and medical community; and primary prevention.

MATFORCE – Strategic Plan 2019-2020

This plan states three overarching goals for the organization, with objectives and activities. Goal 1: Increase prevention capacity for youth and families, including a number of activities addressing the needs of school-age children and youth. Goal 2: Support recovery by increasing the capacity for intervention and treatment, including an activity to provide Neonatal Abstinence Syndrome Education. Goal 3: Support and advocate for policies that result in the reduction of illicit or harmful drug use, including an activity to advocate for school mental health resources to address issues of stress. (MATFORCE recently moved the neonatal abstinence work to Prevent Child Abuse Arizona.)

Quality Affordable Food

YCCHS Quad Cities: Priority 4 – Access to quality and affordable food

Goal: Improve and increase accessibility, affordability, and availability of nutritious foods and beverages for the Quad Cities region.

Strategies: Increase the number of individuals served by local food assistance resources and/or programs; increase the number of farmers, ranchers, growers, and backyard growers making food accessible to food insecure individuals; and increase provider awareness of nutrition and physical activity options in the region.

YCCHS Verde Valley: Priority 4 – Access to quality and affordable food

Goal: Improve and increase accessibility, affordability, and availability of nutritious foods and beverages for the Verde Valley region.

Strategies: Increase the number of individuals served by local food assistance resources and/or programs; increase the number of farmers, ranchers, and backyard growers making food accessible to

food-insecure individuals; assist school administrators in applying for the National School Lunch Program (NSLP); expand programming around food recovery, gleaning programs, and food waste; and expand the amount of emergency food donations from community garden and backyard garden programs.

Cornucopia Community Advocates - Preventing Food Insecurity in Yavapai County

Acknowledges the YCCHS-IPs goals, objectives, and strategies for improving access to healthy food and presents a number of additional prevention strategies to increase access to affordable food at retail food stores and to increase access non-profit food assistance programs.

Physical Activity

YRMC Joint Campus: Priority 4 – Physical Inactivity

Goal: Unspecified.

Strategies: Collaborate with YCCHS and YRMC's Employee Health Program to create more education about the importance of physical activity; collaborate with local schools to include program ideas for brief physical activity within the classroom throughout the day as breaks for children; educate the community about the health benefits of domestic activities such as gardening; explore further collaboration with groups such as Silver Sneakers (for older adults) and promote such programs and their benefits.

Transportation

CYMPO-YCCHS Yavapai County Mobility Health Impact Assessment (2019)

The assessment arrived at nine recommendations:

1. Establish a regional public transit system that serves the Quad Cities, surrounding communities, and rural areas.
2. Establish a public transit daily fixed route connecting the Quad Cities and smaller communities such as Mayer and Paulden.
3. Establish a public transit daily fixed route that serves major medical centers in Prescott and Prescott Valley.
4. Provide safe, clearly, and well-marked public transit stops accessible to bicyclists and pedestrians.
5. Provide public transit vehicles that are ADA compliant and equipped with bicycle racks.
6. Provide weekend fixed route and special services for recreational activities including, but not limited to, special events, the downtown area of Prescott (The Square), shopping centers, and recreational areas.
7. Implement rideshare and/or connect major hubs and county services in Yavapai County, specifically, the Yavapai County Camp Verde Judicial Court.
8. Establish a working committee of all transportation agencies to ensure inclusion within public transportation and cohesion of government, private, and non-profit entities.
9. Adopt a complete streets policy regarding pedestrian and bicycle improvements and infrastructure.

Appendix 2: Respondent Lists

Community Stakeholder Respondents

The following lists 38 community stakeholder respondents their organizational affiliation. [1]Denotes a First Things First Yavapai grantee; [2]denotes an organization with a community health assessment and/or implementation or improvement plan included in the meta-analysis; [3]denotes an organization that assisted with outreach to recruit families for interview.

Respondent	Organization
Salli Maxwell, Program Supervisor, Family Education & Support Services Julie Daly, Program Supervisor, Parents as Teachers	Arizona Children's Association, Prescott[1,3]
Natalie Whitaker, Elementary School Educator	Bagdad Unified School District
Erin Mabery, Executive Director	Big Brothers Big Sisters, Yavapai
Nicole Kennedy, Executive Director	Boys and Girls Club of Central Arizona
Brigid Wagner, Director of Child Welfare Programs	Catholic Charities
Christopher Bridges, Administrator (no longer in position)	Central Yavapai Metropolitan Planning Organization[2]
Dr. Stephanie Miller, Superintendent/Principal Leanna Moralez, Administrative Assistant	Congress Elementary School District[3]
Harvey Grady, President and Chief Executive Officer	Cornucopia Community Advocates
Laurie Marley, Family Resource Specialist	Chino Valley School District
Steve King, Superintendent	Cottonwood-Oak Creek School District
Quinci Castelberry, Program Manager	Court Appointed Special Advocates (CASA), Yavapai County
David Barko, Director, Family Resource Center & Healthy Families Arizona	Dignity Health – Yavapai Regional Medical Center[2, 3]
Trisha Riner, Northern Arizona Regional Director	Family Involvement Center[3]
Anna Mancha, Agency Director Sherie Gifford, Program Manager, Little Learners	High Country Early Intervention[1,3]
Merilee Fowler, Executive Director	MATFORCE and Community Counts
Clarissa Nelson, Program Coordinator Kendelle Wilkinson, Program Specialist	MATFORCE Yavapai Reentry Project[3]
Pastor Michael Cannon	Mount Zion Tabernacle Church, Prescott
Susan Lacher, Program Manager, Healthy Families Arizona	Northern Arizona Health Care [1,2,3]
Susan Lorentzen, Family Support Specialist	Northern Arizona Council of Governments, Head Start
Carmen Frederic, Executive Director	Prescott Area Shelter Services[3]
Kelly Mattox, Family Resource Center & Indigenous Programs Coordinator Stacey Williams, Director, Discovery Gardens Preschool	Prescott Unified School District
Meghan Hays Davis, Program and Training Director	Prevent Child Abuse Arizona[1]
Molly Peterson, Training and Fund Development Specialist	Prevent Child Abuse Arizona, Yavapai Communities for Kids
Anne Marie Mackler, Development Director and Viviane Kraus, Youth Services Manager	Sedona Public Library
Virginia Hout, Supervisor (Mental Health Consultants)	Southwest Human Development, Smart Support[1]

Respondent	Organization
Alexis Miller, Community Outreach	Stepping Stones Agencies
Joelle Zuberi, Community Liaison/AmeriCorps VISTA	United Way of Yavapai County
Rebecca Serratos, Program Coordinator, SNAP-Ed	University of Arizona, Cooperative Extension-Yavapai[3]
Tamara Player, Chief Executive Officer	West Yavapai Guidance Clinic[2, 3]
Beth Dunn, Social Worker/Counselor	Yavapai County Education Service Agency[3]
Terri Farneti, Public Health Coordinator	Yavapai County Community Health Services[2]
Beya Thayer, Executive Director	Yavapai Justice and Mental Health Coalition

Key Informants

The following is a list of individuals who were interviewed in the course of gathering information evidence-informed and promising practices for children's health system change.

Respondent	Organization
Virginia Watahomigie, Executive Director	Coconino Coalition for Children and Youth
Andrew Terech, Director Clay Cummings, Program Manager	Health Current, Social Determinants of Health (Arizona closed loop referral system)
Chris Duarte, Consultant	Linking Dreams
Mark Remiker, Senior Research Coordinator	Northern Arizona University, Center for Health Equity Research
Natalie Hammond-Paul, Senior Account Manager for Customer Success	NowPow (Contractor for Arizona closed loop referral system)

Appendix 3: Resource Directories

The following list is intended to demonstrate the many resource directories (and resources) available to families living in the FTF Yavapai Region; this list is not all inclusive. The listed URLs were current as of June 2021, although the information and links within each directory were not verified.

Organization/URL	Description	Category
2.1.1 Arizona https://211arizona.org/	Choose your county leads to online links to programs and services by category (food, housing, etc.).	General
Big Brothers Big Sisters, Yavapai https://www.azbigs.org/resources/	Listing of community services and supports.	General
Community Health Center of Yavapai http://www.chcy.org/Resources/Community-Resources	Comprehensive listing of behavioral health and community supports.	General
Cottonwood Public Library https://www.ctwpl.info/Pages/Index/183133/community-resources-map	Map of community services and contact information.	General
Dignity Health-Yavapai Regional Medical Center https://www.yrmc.org/	Click on tab Support & Community – links to a range of health and human services and other supports in the Quad-City area.	General
Prescott Public Library http://www.prescottlibrary.info/wp-content/uploads/2020/08/Community-Guide-08-20-02-1.pdf	Map of community supports and contact information.	General
Sedona Public Library https://www.sedonalibrary.org/community-links.html	Community information, recreation, and other services.	General
United Way of Yavapai County https://www.yavapaiunited.org/find-help	Local and community resources.	General
Verde Valley Sanctuary https://verdevalleysanctuary.org/community-resources/	Comprehensive resources for those experiencing domestic violence or sexual assault.	General
Yavapai Apache Nation: Resources https://yavapai-apache.org/#	Services available to tribal members	General
Yavapai County Community Health Services: Health Resources https://www.yavapai.us/chs/Health-Resources	Links to various state agencies (ADHS, AHHCCS), Health Insurance Market Place, area physical and behavioral health providers, etc.	General
Yavapai County Sheriff's Office https://ycsoaz.gov/Portals/0/FINAL_Resource%20Guide1.pdf	Resource guide intended for inmates after release; however, contains a comprehensive list of community supports.	General
Yavapai Family Advocacy Center (Prevent Child Abuse Arizona) https://yfac.org/local-resources/	Links to safety services and other supports.	General

Organization/URL	Description	Category
Community Health Center of Yavapai http://www.chcy.org/	List of physical and behavioral health services offered, including pediatric care.	Health care
Dignity Health-Yavapai Regional Medical Center https://www.yrmc.org/	Select the tab of interest: medical services or medical group clinics	Health care
Northern Arizona Health Care https://www.nahealth.com/all-services	List of outpatient and inpatient medical services.	Health care
Governor's Office of Youth, Faith, and Family https://goyff.az.gov/content/substance-abuse-prevention/ https://www.azpreventionresource.com/	Look up for substance abuse providers in Arizona by zip code. Wide range of substance abuse resources including SAMHSA treatment locator.	Behavioral health
Granite Mountain Psychological Society https://prescottmentalhealth.org/mental-health-resources/	List of area behavioral health providers.	Behavioral health
MATFORCE http://matforce.org/Find-Help	Includes links to treatment resources.	Behavioral health
NAMI Yavapai https://mentalhealthresources.org/	Comprehensive resource database to provide peers, caregivers, and providers resources to assist in their journey through the Arizona mental health system. [Developed by the #YavapaiStrongerTogether campaign and managed by NAMI.]	Behavioral health
Sedona/Verde Valley Mental Health Resources Guide http://spectrumhealthcare-group.com/MH-Resources-Guide-Sedona-Verde-Valley-Rev.-April-2015.pdf	Published by Spectrum Health Care, links to helplines and a variety of local, state, and national behavioral health resources.	Behavioral health
Yavapai Justice and Mental Health Coalition https://justicementalhealth.com/resources-support/	Wide range of mental health and substance use disorder providers and other resources.	Behavioral health
Arizona Community Foundation of Yavapai County https://yavapaikidsbook.com/agency-directory/littles-directory	Little Kids Book with a wide range of resources for families.	Children & families
Birth to Five Helpline (First Things First-Southwest Human Development) https://www.firstthingsfirst.org/resources/birth-five-helpline/	Support on topics such as sleep, feeding/eating, potty training, etc. 877-705-KIDS	Children & families
Chino Valley Unified School District https://www.chino.k12.ca.us/Page/15561 https://www.chino.k12.ca.us/Page/25970	HOPE Family Resource Centers and Community CARE Closet Community CARE Closet	Children & families
Cottonwood-Oak Creek School District https://www.cocsd.us/en-US/mckinney-vento-caccbd8f	Links to assistance for housing, food, and other family needs.	Children & families

Organization/URL	Description	Category
Dignity Health-Yavapai Regional Medical Center https://www.yrmc.org/support-and-community/family-resource-center/resources	Family Resource Center	Children & families
Humboldt Unified School District https://www.humboldtunified.com/ResourceCenter	Family Resource Center	Children & families
Prescott Unified School District https://pusdfrc.wixsite.com/pusdresourcecenter	Family Resource Center	Children & families
Read On Arizona http://readonarizona.org/resources/az-family-engagement-center/	Wide range of literacy and education resources.	Children & families
Strong Families AZ https://strongfamiliesaz.com/resources/	Early childhood resources; filter by county.	Children & families
Yavapai Healthy Schools http://yavapaihealthyschools.com/	Links to a variety of services and supports throughout Yavapai County.	Children & families
Yavapai County Community Health Services https://www.yavapai.us/chs/Divisions/Immunizations/Childhood-Immunizations https://www.yavapai.us/chs/Divisions/Nutrition-Services/WIC	Immunizations and WIC	Children & families
Yavapai Region (First Things First) Resource Guide https://www.firstthingsfirst.org/resources/find-programs/	Look up for FTF funded programs by region or zip code. If a strategy is not funded (e.g., oral health) the reference is to the Birth to Five Helpline.	Children & families
Association for Supportive Child Care https://asccaz.org/services/parents/	Resources for locating child care.	Child care/early education
ChildcareCenter.us https://childcarecenter.us/county/yavapai_az	Child care resources; filter by county.	Child care/early education
Child Care Resource and Referral https://www.azccrr.com/ https://azchildcareprovidersearch.azdes.gov/	Supported by the Arizona Department of Economic Security, resources for seeking child care; user enters their zip code for a local search.	Child care/early education
Northern Arizona Council of Governments, Head Start https://www.nacog.org/departments/head-start/page/head-start-home.html	Head Start information for families.	Child care/early education
Quality First (FTF) https://qualityfirstaz.com/	Resources for locating quality child care.	Child care/early education
Arizona Early Childhood Professional Development Network http://azearlychildhood.org/	FTF professional development network for early education professionals.	Child care/preschool providers

Organization/URL	Description	Category
Arizona Department of Education https://www.azed.gov/ece/resources-for-child-care-providers/	Resources for early education professionals.	Child care preschool providers
Association for Supportive Child Care https://asccaz.org/services/educators/	Resources for early education professionals.	Child care/preschool providers
Quality First (FTF) https://qualityfirstaz.com/providers/	Provider information on FTF Quality First.	Child care/preschool providers
Arizona Department of Economic Security, Developmental Disabilities https://des.az.gov/services/disabilities/community-resources/parents-family-members-and-caregivers	Community resources for parents, family members, and caregivers	Children with special needs
Arizona Department of Education, Special Education https://www.azed.gov/specialeducation/parents https://www.azed.gov/specialeducation/az-find	Information for parents (including Child Find) and information for others on AZ Find (Child Find)	Children with special needs
Arizona Department of Health Services, Children and Youth with Special Health Care Needs https://www.azdhs.gov/prevention/womens-childrens-health/ocshcn/index.php	Comprehensive information for families, including "New to Arizona" with information on Arizona Services.	Children with special needs
Child Care Resource and Referral – Special Needs https://www.azccrr.com/special-needs.html	Resources for children with special needs including links to AzEIP, Child Find, Early Childhood Special Education and Exceptional Student Services K-12.	Children with special needs
Raising Arizona Kids: Special Needs Resources https://www.raisingarizonakids.com/special-needs-resources-arizona/	Statewide resources for families with children who have cognitive and physical disabilities and/or special health care needs.	Children with special needs
Raising Special Kids, Arizona https://raisingspecialkids.org/	Information for families and providers	Children with special needs
Yavapai County Community Health Services https://specialneedsyavapai.online/resource-list	Yavapai Special Needs Support Network – links to services and supports for families.	Children with special needs
Yavapai County Education Services Agency https://ycesa.com/support-services/	Special needs student services.	Children with special needs
Cornucopia Community Advocates https://cornucopiaca.org/wp-content/uploads/2020/03/Emergeny-Food-Provider-Directoy-2019-1-1.pdf	Sources for emergency food assistance in cities and towns across Yavapai County, including Sedona.	Food security
MOhelp.org – a program of Manzanita Outreach https://www.mohelp.org/	Sources of food in Quad Cities, Verde Valley, and rural communities of Yavapai County	Food security

Organization/URL	Description	Category
University of Arizona, Cooperative Extension, Yavapai https://extension.arizona.edu/yavapai-snap-ed	SNAP-Ed Health Zone for families	Food security
Arizona Department of Housing https://housing.az.gov/general-public/homeless-assistance?page=3	Information specific to homelessness, filter by county.	Housing
Coalition for Compassion and Justice https://yavapaiccj.org/programs-2/	Shelter programs of the coalition.	Housing
Prescott Area Shelter Services https://prescottshelters.org/	Select services tab.	Housing
Arizona Coalition for Military Families: County Guide - Yavapai https://beconnectedaz.org/navigation-guides/yavapai-county?from=navigation-guides/county-guide-index	Local supports for military families, including behavioral health.	Military families & veterans
Catholic Charities of Northern Arizona https://www.catholiccharitiesaz.org/all-locations/veteran-services	Range of service assistance for veterans.	Military families & veterans
Make the Connection: Resources for Veterans and Their Families https://maketheconnection.net/	Enter zip code to locate local supports.	Military families & veterans
Northern Arizona VA Health Care System https://www.prescott.va.gov/	A variety of services and supports for veterans.	Military families & veterans
U.S. VETS - Prescott https://www.usvetsinc.org/prescott/	Supportive services for veterans, including housing.	Military families & veterans

Appendix 4: Family Support Coordination Strategy Overview

Family Support Coordination

FIRST THINGS FIRST

STRATEGY INTENT AND DESCRIPTION

Family Support Coordination is a short-term (typically not exceeding 90 days), solution-focused intervention for families who are experiencing barriers in accessing services to contribute to the support of their young child's safety and care. The intent of the Family Support Coordination strategy is to assist families at-risk or with high needs in accessing and engaging with timely and effective services to meet their needs. Family Support Coordination service providers help families to mitigate barriers to accessingservices by providing community and home-based support and working intensely with families in a condensed period of time. The expected result is increased utilization of available community support services and resources by families to promote family self-sufficiency and stability.

This service differs from other family support services (e.g., Family Resource Centers, Home Visitation, and Care Coordination) in that services are brief, intensive, and specifically intended to connect families to needed resources and services to address their needs. Family Support Coordination is typically offeredin-home or community locations. Family Support Coordination services are not direct services that address families' needs but instead work to resolve families' needs by connecting families to formal and informal community-based supports and services that are comprehensive and culturally appropriate.

COUNCIL CONSIDERATIONS

1. CONSIDERATIONS
    a. Family Support Coordination is a strategy designed for connecting families with existing community resources and programs to support their needs and is intended to be short term (an average of 90 days). This strategy is not intended to provide direct services (e.g. parenting education, home visitation) and Councils must consider the availability of services to which families can be referred.
    b. Families enrolled in Family Support Coordination must be experiencing one or more needs or challenges to accessing services (e.g. Low education attainment, unemployment, poverty, children with health care needs, food insecurity, homeless or insecure housing, language barriers, etc.).
    c. Regional Partnership Councils may target a specific population that is likely to experience higher needs (e.g. families from minority ethnic/communities, families with children/adults with disabilities, isolated families, and transient families (including recent immigrants) to connect them with available services.
    d. Geography may impact outreach efforts to the target population and also may create challenges in recruitment and retention of both staff and families.
    e. Partnerships with local agencies are an important factor influencing a Family Support Coordination service provider's ability to connect vulnerable and disadvantaged families.
    f. Family Support Coordination providers are expected to develop relationships and collaborate with organizations serving the target population in the region. The Scope of Work may specify which organizations the grant partner is required to develop relationships and referral systems during the contract period.

g. In addition to the Standard of Practice requirements, the Scope of Work should include any additional expectations of coordination and/or collaboration with other local, county, state, and/or tribal early childhood partners (e.g. local non-profits, faith communities, networks, coalitions, alliances, health and behavioral health organizations, etc.).
h. Consideration needs to be made for the role of the Family Support Coordination Strategy in the region and expectations for partnering with the Department of Child Safety as to not supplant case management services. More information can be found in the First Things First Child Welfare Policy.
i. Family Support Coordination as a secondary strategy can enhance support to a subpopulation served by a primary strategy. For example, Family Support Coordination can be bundled with Family Resource Centers or Parenting Education to offer additional assistance to connect families, or a subset of families, served by the primary strategy to community supports and services to meet their needs.

2. COST

a. There is no unit cost associated with this strategy. Service delivery and the cost of implementation is determined by the number of FTE delivering the strategy, therefore guidance for estimated salary costs are included. Family Support Coordinators are required to have a minimum of a bachelor's degree. The average cost of an FTE is $50,000 (including ERE). Staff are required to have a program supervisor (average FTE is $6,500 [10% of FTE] per staff).
b. Program and print materials (pamphlets, brochures, resource guides) will also be a part of costs associated with the strategy. Average costs are $5000.
c. If targeting harder to reach populations, there will be higher costs associated with outreach, recruitment, and retention of families. Additional staff to support collaboration with community entities may be considered. Average cost for an outreach staff is $30,000-$35,000 including ERE. Note: if funded as a secondary strategy, outreach staff may be covered within the costs of the primary strategy and also may not be needed as the families to be served are already identified through the primary strategy.
d. Family Support Coordinators respond to families' needs by meeting them in locations convenient for them (e.g. community locations or in their homes) at least once per month based on the intensity and level of family need. In regions that are rural and/or cover a large geographic area, cost per family may be higher to account for travel; caseloads may need to be smaller possibly resulting in fewer families being served. Increased funding is needed for travel and the number of families that can be served will decrease. Travel for rural regions or large geographies will be higher than for densely populated regions. State of Arizona reimbursement guidelines for travel costs apply.
e. Administrative costs to support implementation include office space, computers, telephone and internet, and printing. Consider technology to support staff who are providing services in the community and in families' homes (e.g. tablets, cell phones, hot spots, etc.). The minimum estimated cost is $3,000 and will be higher depending on the number of staff.

UNITS OF SERVICE

The required Units of Service are:

A. **Number of Families Served**

Definition: The number of families that are receiving all required components of Family Support Coordination by the end of the grant contract period.

Service Unit Implementation Details: The number of families served is a duplicated count of families who are expected to be served by the end of the grant contract period. The grant partner is expected to reach the unit of service by the end of the grant contract period (i.e. typically one year). The grant partner is expected to maintain a full caseload of families throughout the fiscal year (i.e., a maximum of 25 families per coordinator). This means that when a family disenrolls from the program, the grant partner is expected to replace the family with another family (i.e. a new family *or* a family that may re-enroll, as needed) to fill the vacant slot. Because families are expected to be enrolled an average of 90 days, the unit of service is the total number of families the program will serve by the end of the grant contract period. This is a duplicated count because families may enroll in the program multiple times during the grant contract period.

For the Family Support Coordination strategy, a family is counted as served when a family is enrolled in family support coordination services as described in the Standards of Practice, which include:

- The family participates in the intake and assessment process;
- A written service plan is created with the family; and
- At least one interaction with the family to monitor progress towards goals occurs.

Throughout the grant contract period, families who are counted as served are expected to also receive the following components as described in the Standards of Practice:

- Service Coordination (for an average of 90 days) that includes:
  - Information on relevant resources related to their individual goals; and
  - Linkages to supports and services.
- Goal progress monitoring (at least every 10 days).
- Review of the written service plan (at least every 30 days).
- Transition planning from Family Support Coordination services.

Key Reference: The Service Unit Implementation Details provide a summary of the standards related to the unit of service for this strategy. Please refer to the First Things First Family Support Coordination Standards of Practice for all of the required strategy implementation components.

Councils should take into account the following information when setting the TSU for this strategy:

- **Number of Families Served**
  - The TSU is dependent upon the number of family support coordinators, the total caseload acrossall staff (not to exceed 25 families per FTE) and the expected average service period of 90 days per family. For example, for a program that has 4 family support coordinators, the unit of servicefor the program should be a maximum of 400 families served (4 FTE X 25 families every 90 days [4 quarters] = 400). Although Councils may not know the number of family support coordinators an applicant will propose, it may be helpful to consider how many coordinators the grant award could fund because the TSU is based on staffing cost and caseload.
  - When a family disenrolls from the program, the grant partner is expected to replace the family with another family (i.e. a new family *or* a family that may re-enroll, as needed) to fill the vacant slot.
  - The TSU is a total count of the families who are served by the end of the grant contract period. This is a duplicated count because families may enroll in the program multiple times during the grant contract period and will be counted towards the TSU more than once.
  - Because family-level data will be required as part of this strategy, the Council will also see the unduplicated number of families that have participated in the program within the grant contractperiod as a data field. However, because the cost of serving families is based on the salary of the family support coordinator, the unit of service calculation will reflect the coordinators' caseload,which may include the same families multiple times if they re-enroll in the grant contract period. All families served will receive all required components while enrolled in the program, however, families may not always initiate and transition from services within a given quarter.
  - As noted above, the average length of services is 90 days, however, families experiencing complexneeds may benefit from extended service provision (which cannot exceed six months). If targeting families with greater needs, the Council should consider setting a lower TSU because these families will require more intensive services or may be enrolled for a longer duration of time, resulting in serving fewer families at the end of the grant contract period.
  - If the Council is targeting a rural or large geographic area, the grant partner will need to expend additional resources on outreach, recruitment, retention, and travel, therefore the number of families served (TSU) may be lower.
  - Consider the culture of the region and the availability of service providers who have an understanding of the target population and community being served when setting the number ofstaff to offer the service and families available to be served. Is there goodness of fit between theservice providers and the target population? Are there providers who have knowledge and experience in working within the region and with the target population?

Note: Once Councils set the TSU number, please refer to the amount of funding allotted for this strategy to ensure that sufficient funds are available to successfully meet the TSU throughout the grant contract period.

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