

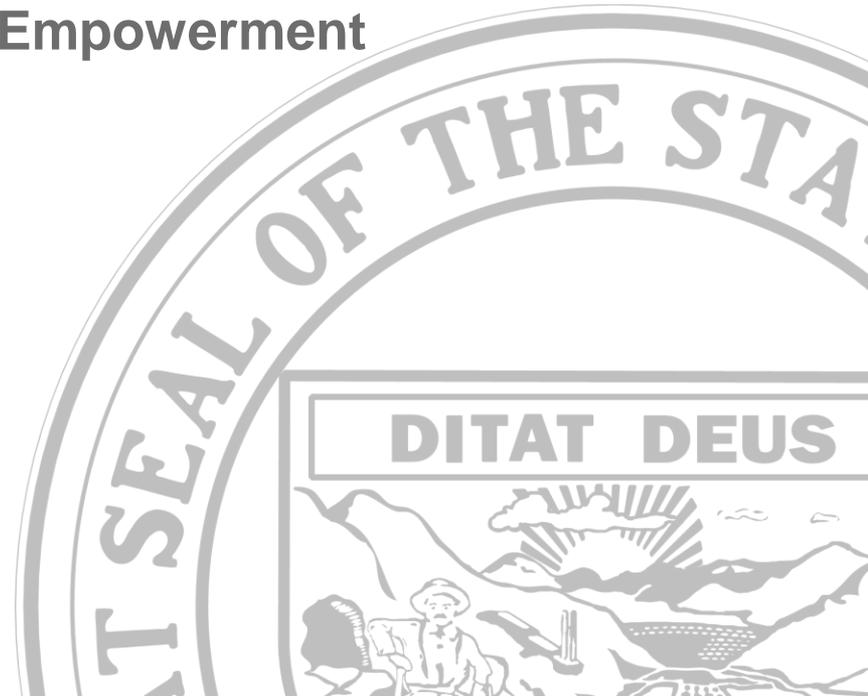
Governor Ducey's Council on Child Safety and Family Empowerment

September 12, 2019

Governor's Executive Tower
2nd Floor Conference Room



Council on Child
Safety and
Family Empowerment



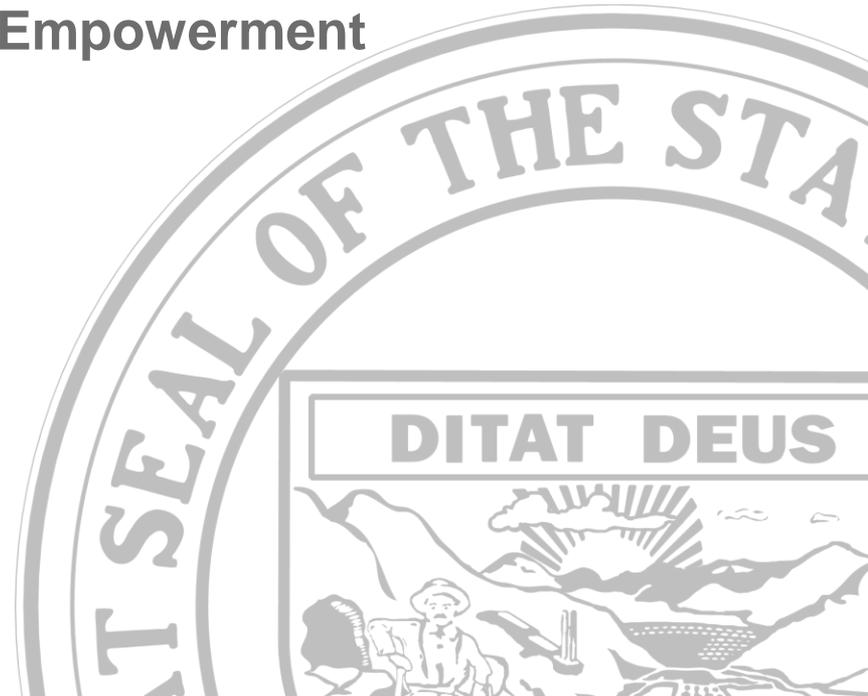
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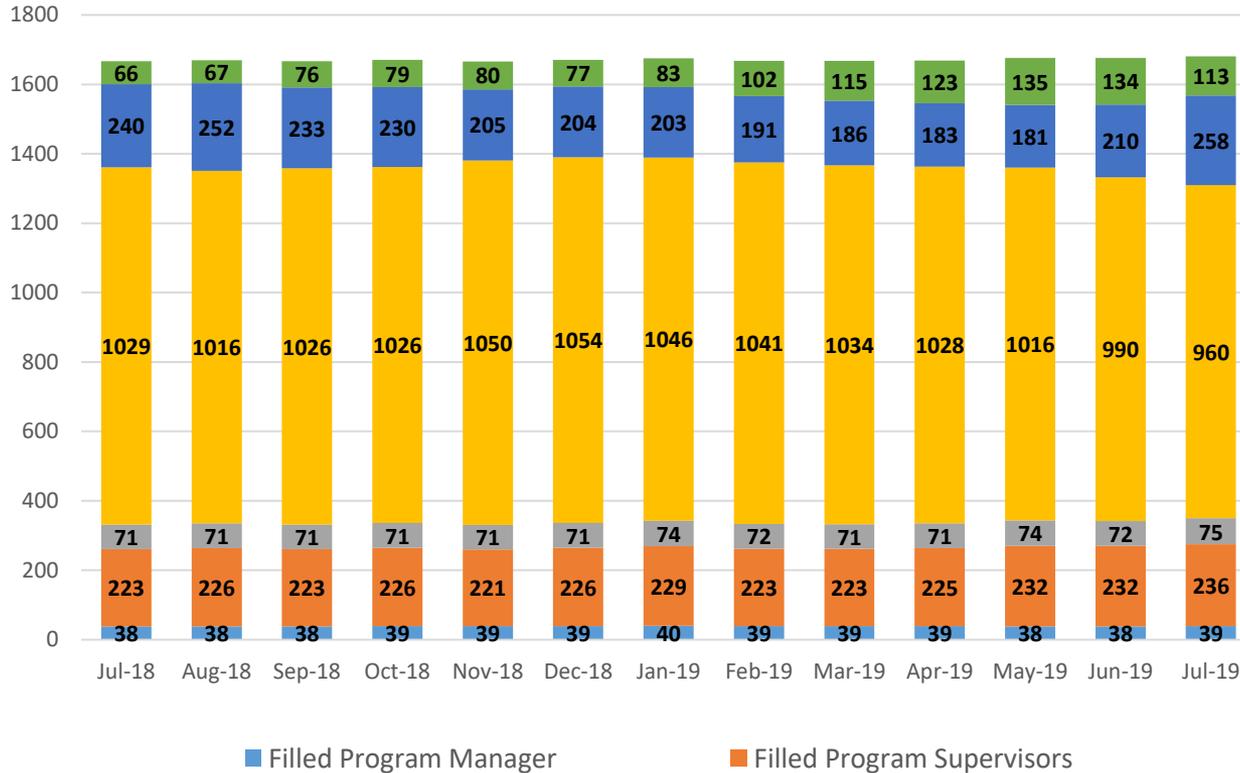
Department of Child Safety

Data charts as of week beginning 9.2.19



Field Staff

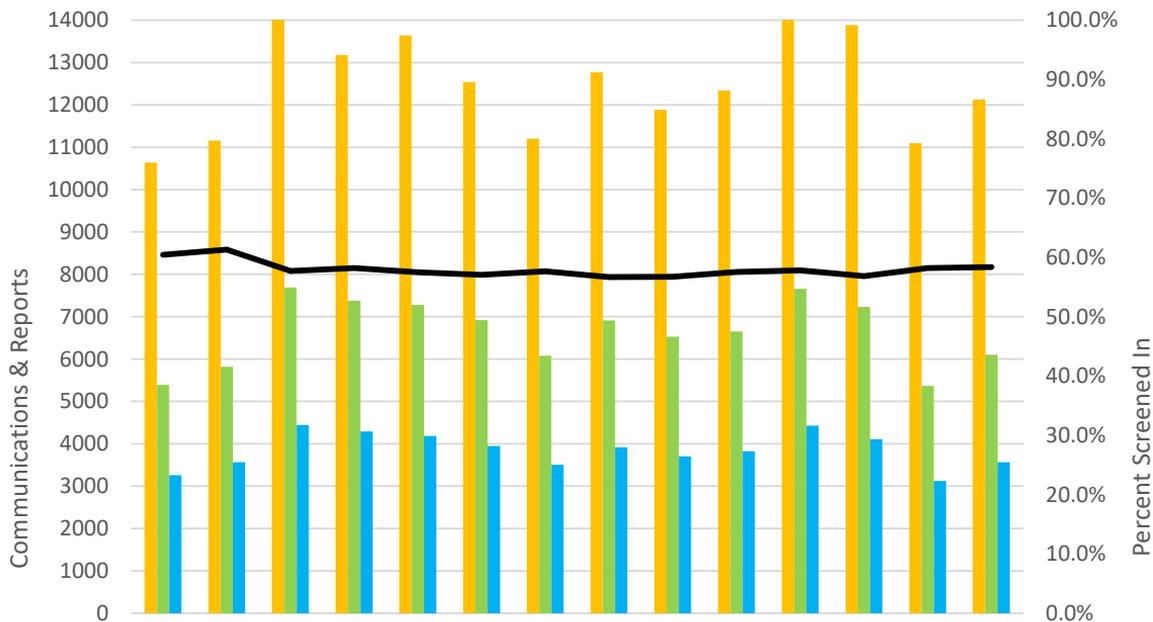
Number of Field Staff: Managers, Supervisors, Specialists, Trainees and Vacancies



Data Source: DCS Monthly Staffing Report, 8.12.19



Communications & Reports to the Hotline



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Communications	10639	11584	14017	13177	13641	12542	12051	12766	18861	18344	14021	13882	11094	12126
Hotline Communications	5394	5817	7693	7380	7277	6918	6078	6909	6529	6648	7660	7232	5368	6104
Reports	3261	3568	4441	4294	4185	3948	3503	3917	3703	3824	4428	4109	3125	3564
Screen In %	60.5%	61.3%	67.7%	68.2%	67.5%	67.1%	67.6%	66.7%	66.7%	67.5%	67.8%	66.8%	68.2%	68.4%

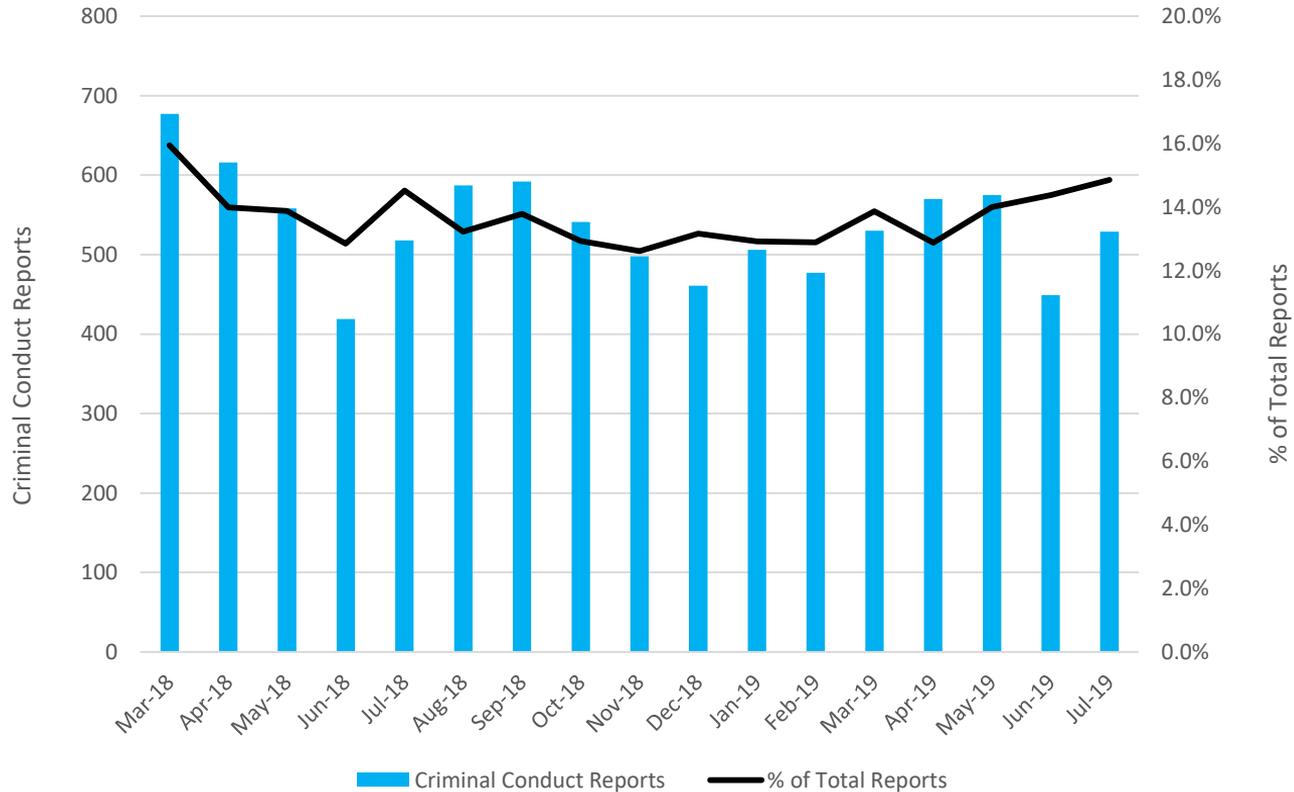
NOTE: Communications, Hotline Communications, and Reports include calls/reports that are no jurisdiction reports.

Screen In % shows reports as a percentage of total Hotline Communications.

Data Source: DCS Tableau Dashboard, Communications Received by Weekday and Hour Reports, 8.31.19



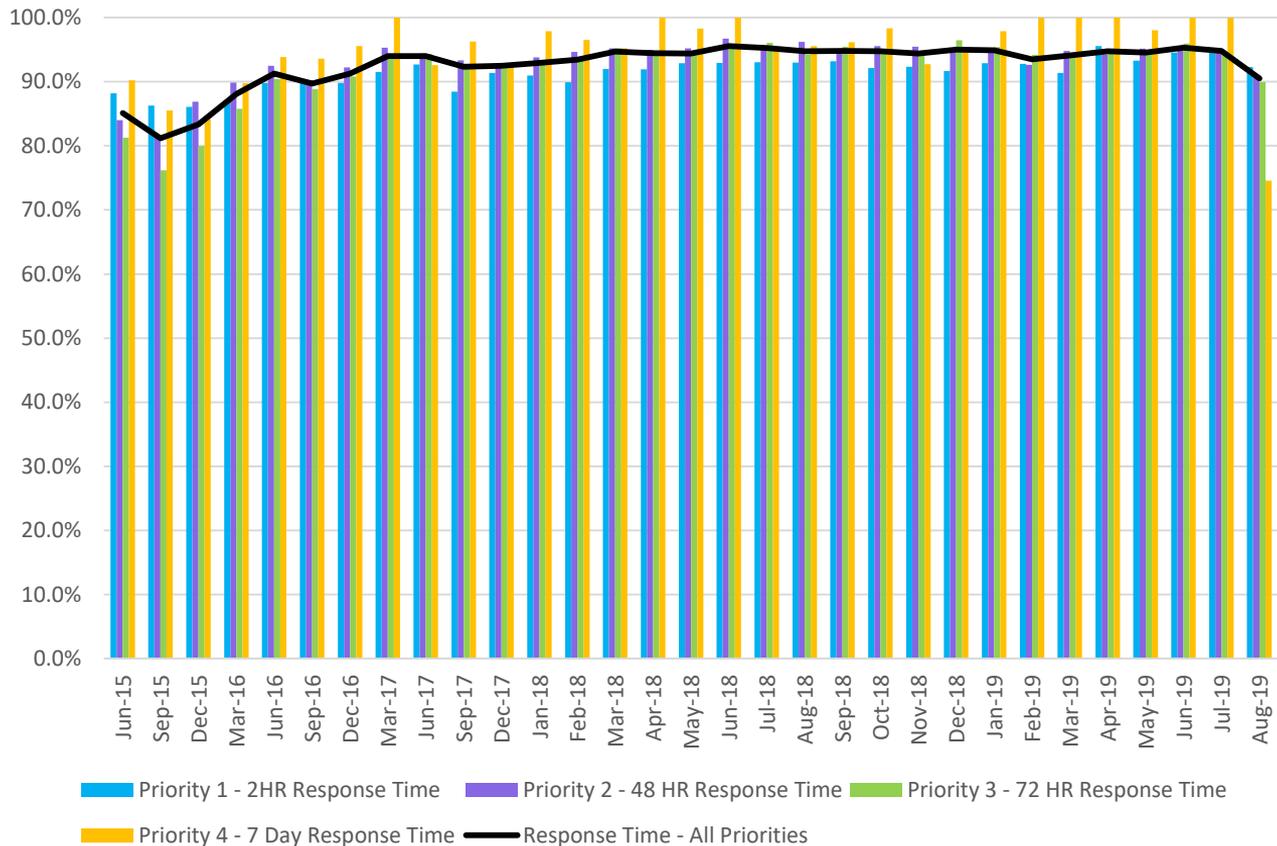
Criminal Conduct Reports



NOTE: Reports include calls/reports that are no jurisdiction reports.
Data Source: DCS Tableau Dashboard, Criminal Conduct Reports, 8.31.19



Response Timeliness



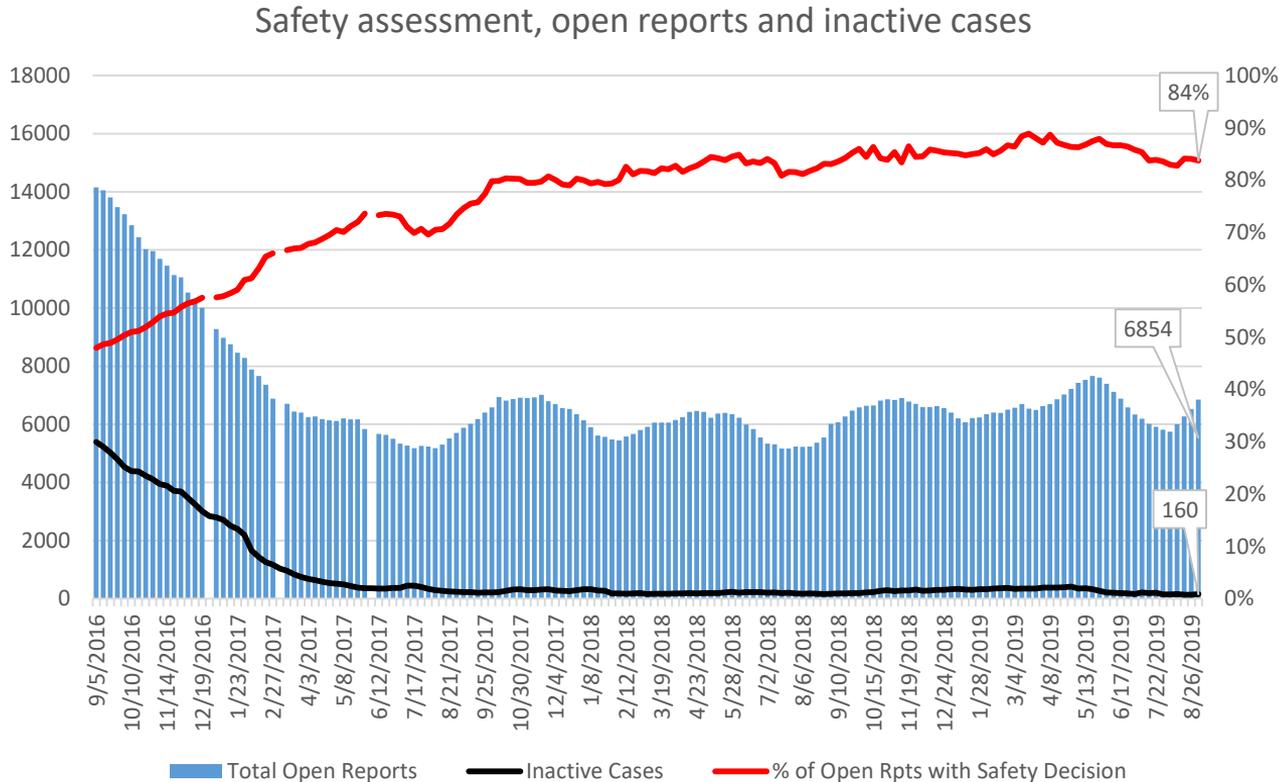
NOTE: August 2019 data is preliminary.

Data Source: DCS Tableau Dashboard, Report Response Timeliness, 8.31.19



Safety Assessment Completion & Inactive Cases

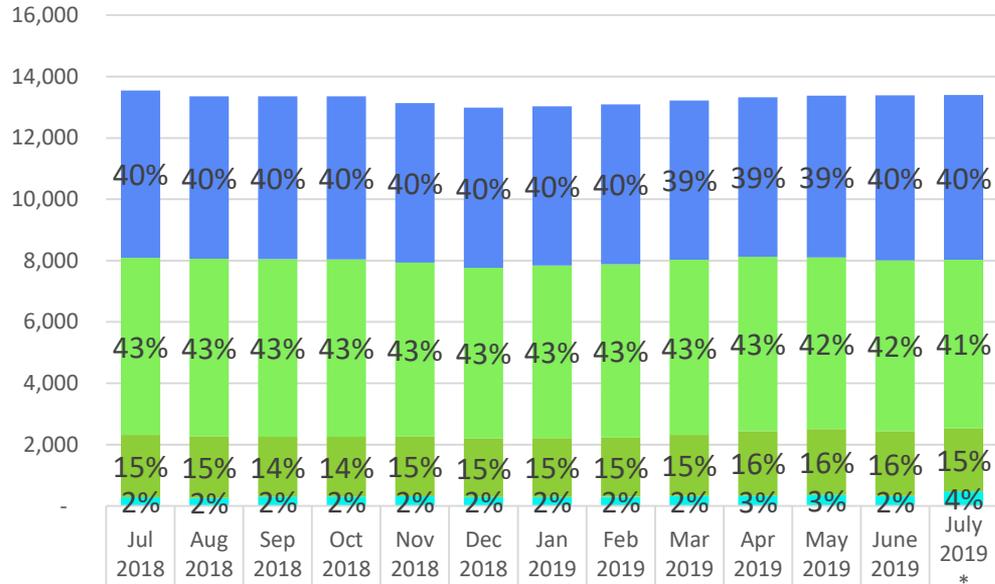
Total Open Reports vs. % of Safety Assessments Completed



Data Sources: 1. for Total Open Reports and Safety Assessment Completion - DCS Tableau Dashboard, Overdue Reports, 9.3.19
2. For Inactive Cases - Weekly DCS Inactives Report, 8.31.19



Children in Out-of-Home Care (0-17 years old)



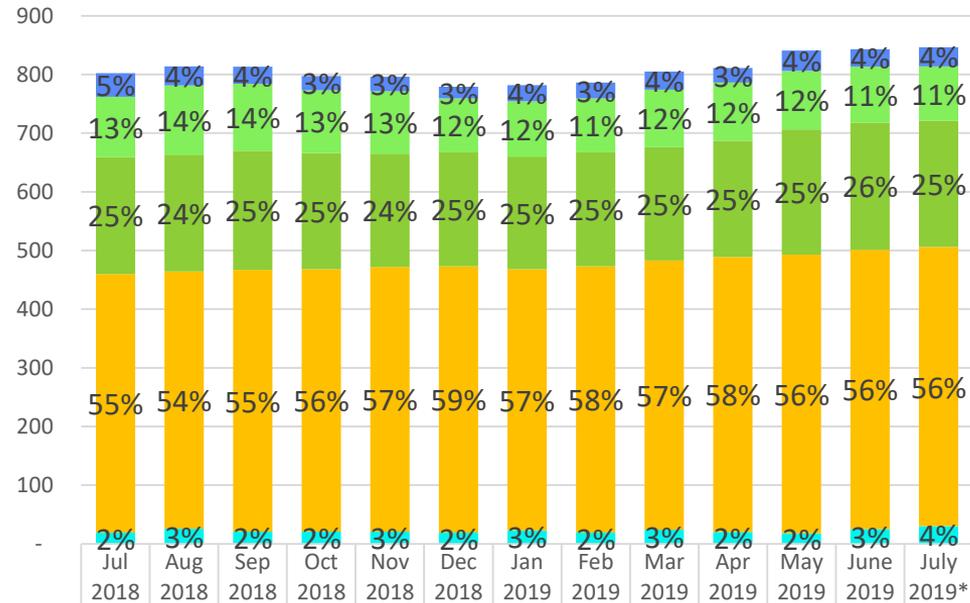
■ Unlicensed (Primarily Kinship)	5,445	5,296	5,306	5,316	5,202	5,222	5,185	5,204	5,184	5,205	5,268	5,370	5,362
■ Foster Care	5,776	5,786	5,791	5,774	5,666	5,558	5,624	5,644	5,712	5,687	5,593	5,571	5,494
■ Congregate Care	2,032	2,004	1,949	1,950	1,949	1,903	1,923	1,936	1,987	2,092	2,138	2,110	2,060
■ Independent Living	1	3	3	2	3	1	1	3	3	3	1	1	3
■ Other	287	268	309	310	315	300	297	304	330	341	373	331	475
Total in Out-of-Home Care	13,541	13,357	13,358	13,352	13,135	12,984	13,030	13,091	13,216	13,328	13,373	13,383	13,394

NOTE: July 2019 data is preliminary

Data Source: DCS Monthly Out-of-Home Care Report, 8.20.19



Children in Out-of-Home Care (18-21 years old)



Unlicensed (Primarily Kinship)	40	33	29	24	25	20	28	27	31	25	35	30	32
Foster Care	103	118	114	107	106	92	94	92	98	99	100	95	93
Congregate Care	199	199	203	198	193	194	192	194	193	198	213	217	215
Independent Living	441	438	446	447	451	454	445	454	459	469	475	476	476
Other	19	26	21	21	21	19	23	19	24	20	18	25	30
Total in Out-of-Home Care	802	814	813	797	796	779	782	786	805	811	841	843	846

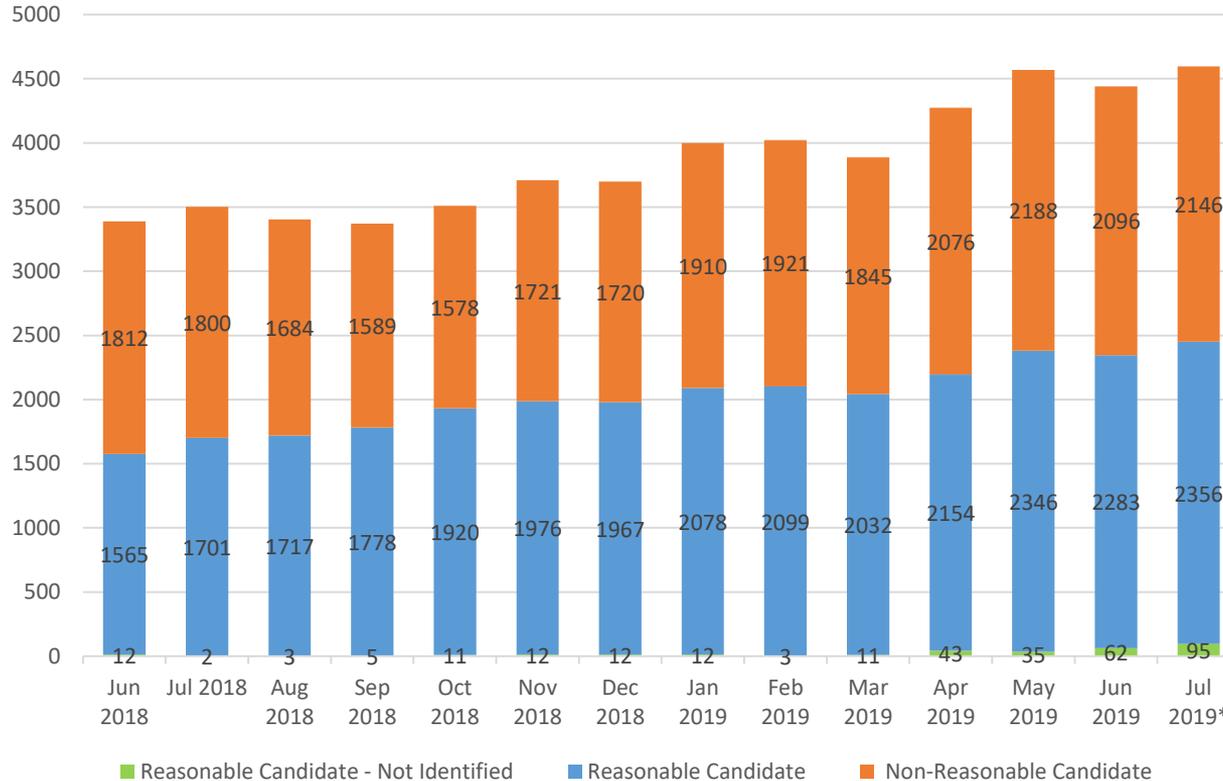
NOTE: July 2019 data is preliminary

Data Source: DCS Monthly Out-of-Home Care Report, 8.20.19



Children Receiving In Home Services

Children with Case Plan Goal – Remain with Family

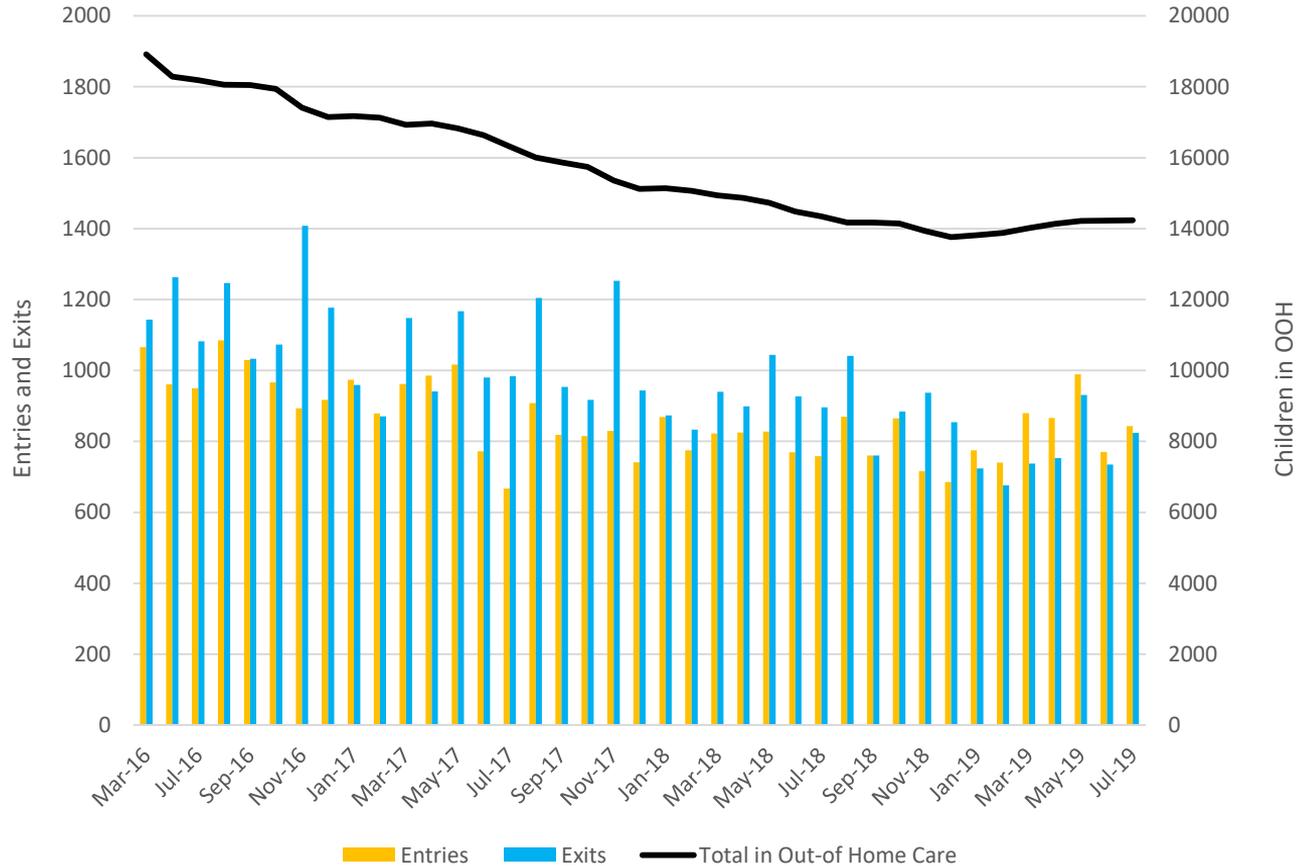


NOTE: July 2019 data is preliminary

Data Source: DCS Monthly In-Home Care Report, 8.20.19



Entries and Exits

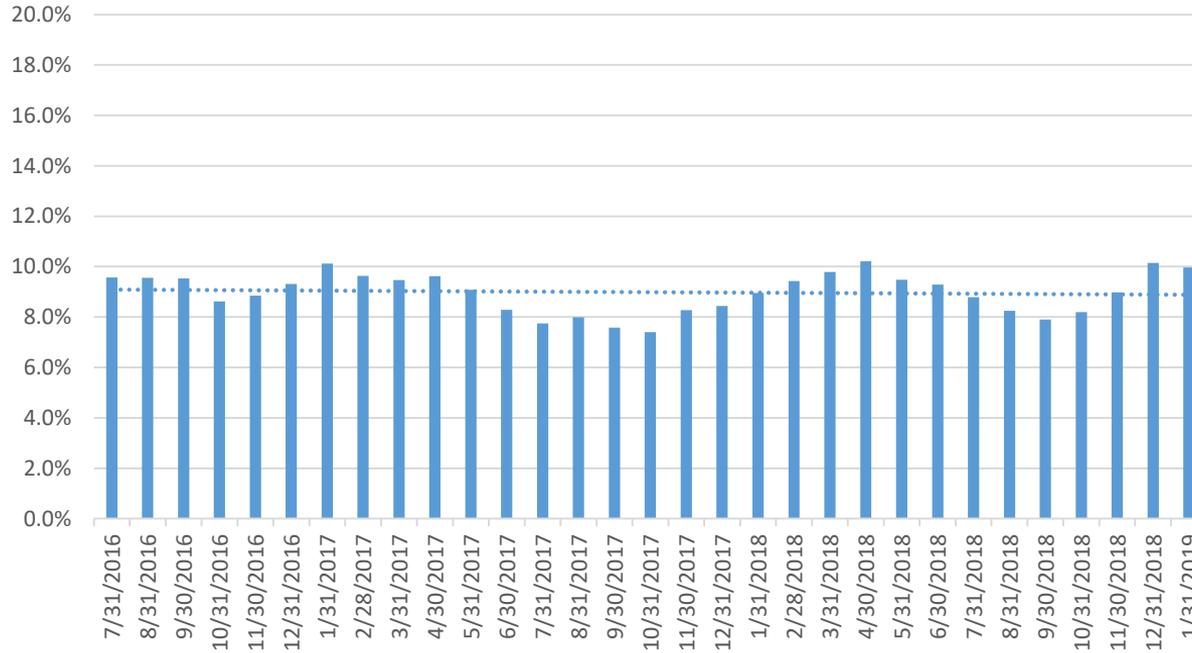


NOTE: July 2019 data is preliminary
 Data Source: Entries and Exits Dashboard, 9.3.19



Re-entry within 6 months of Exiting Care

Children who exited care in the given month,
what % reentered care in the 6 months following
exit (rolling 6 months)

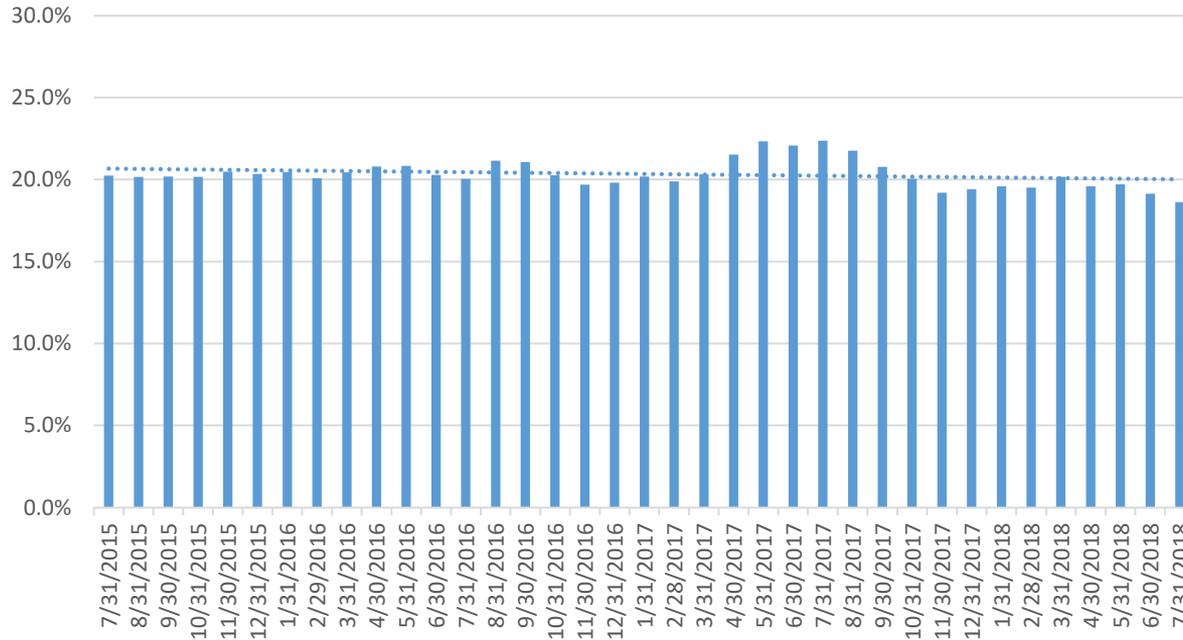


NOTE: Rolling 6 month average of children who exited for reunification and guardianship
Data Source: DCS Einstein, 8.6.19



Re-report within 12 months of Exiting Care

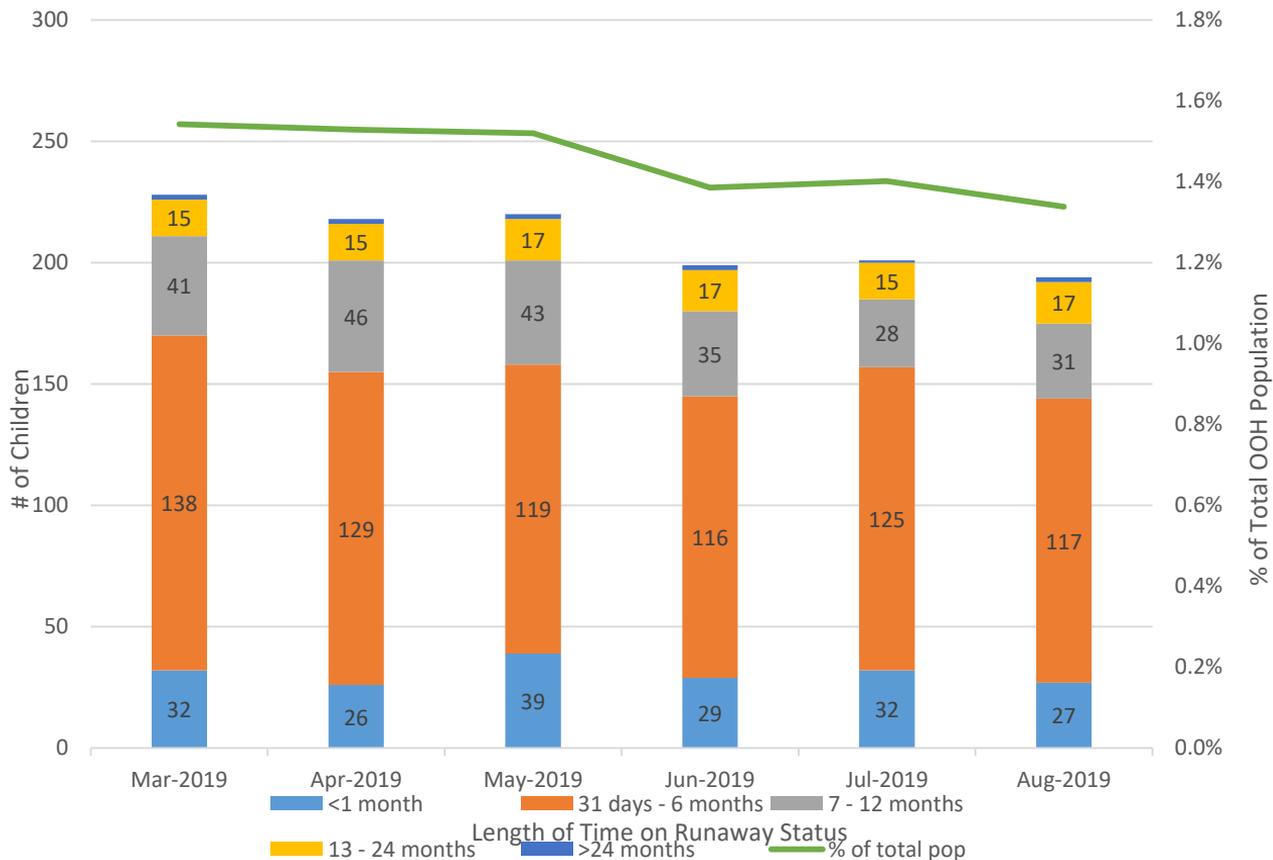
Children who exited care in the given month, what % had a re-report of abuse or neglect in the 12 months following exit (rolling 6 months)



NOTE: Rolling 6 month average of children who exited for reunification and guardianship
Data Source: DCS Einstein, 8.6.19



Runaway Youth

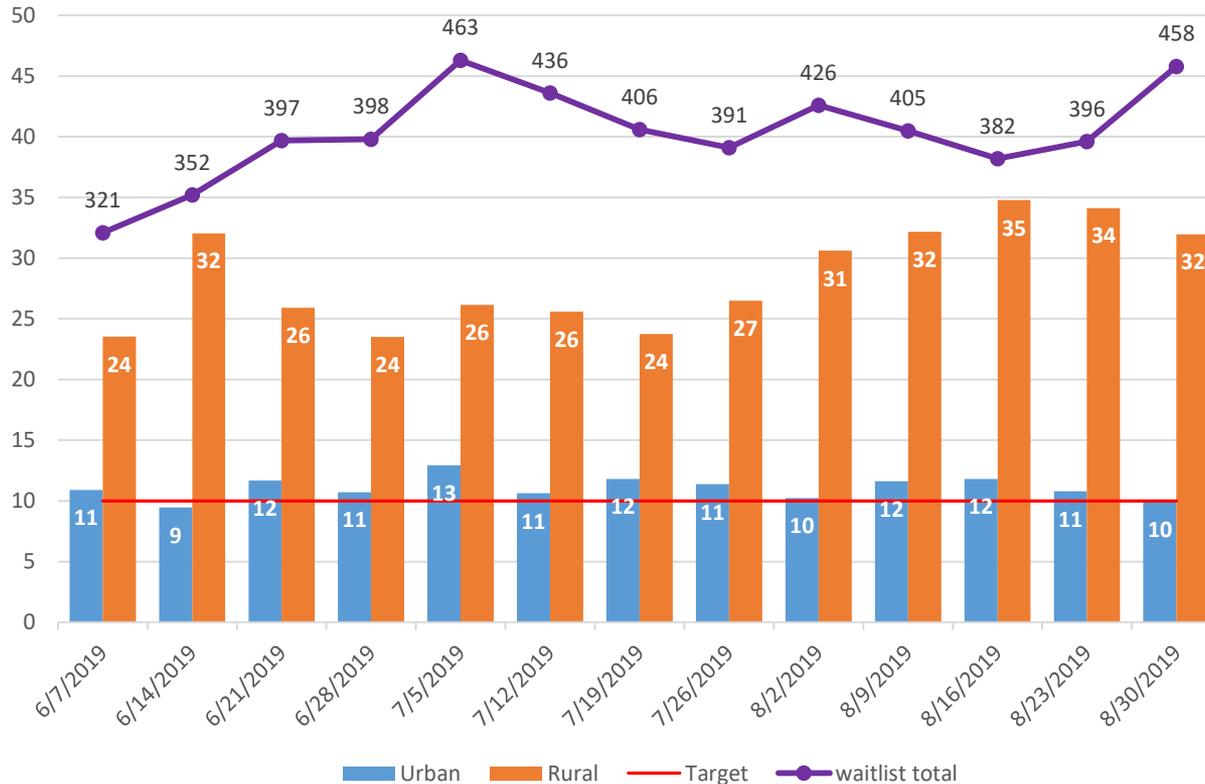


NOTE: August 2019 data is preliminary.
Data Source: AMPM - OOH Statewide, 8.31.19



Service Referral Waitlist

Average Age of all referrals on Waitlist by County Type



Data Source: Weekly DCS Waitlist Report



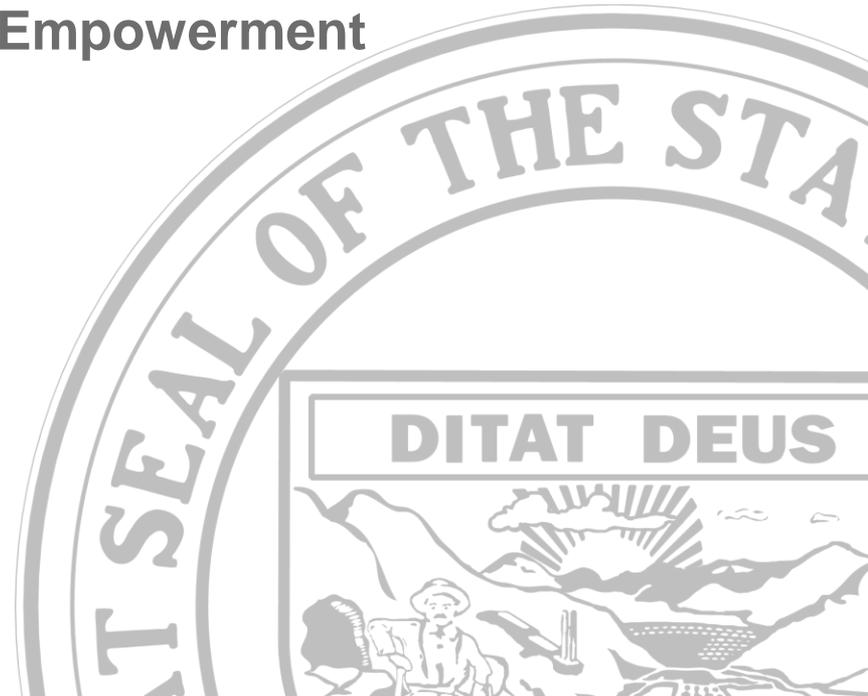
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Phoenix Children's ACEs Program

September 12, 2019



PHOENIX
CHILDREN'S

®

Mission

To transform the lives of Arizona children who have experienced adversity or trauma by providing evidence-based integrated and integrative health services.

Values

- Equip children to become resilient
- Pediatric providers will incorporate screening their patients for Adverse Childhood Experiences (ACEs)
- Caregivers will feel supported in caring for children who have been exposed to Adverse Childhood Experiences and trauma
- Caregivers and community will have the needed tools and resources to break generational cycles of child abuse, neglect and trauma
- Professionals who partner with caregivers in health, education and family support sectors will work together to ensure children exposed to Adverse Childhood Experiences are identified and receive appropriate services
- Arizona will become a leader in supporting children, youth, families and caregivers impacted by Adverse Childhood Experiences

PCH ACEs Program Staff



Amy Shoptaugh, MD
Medical Director
Pediatrician



Carrie Cantrell
Program Manager



Lesley Adams, LMFT
Mental Health
Therapist



LaDon Dieu, RN
Nurse Specialty
Care Coordinator

Pilot Sites



PCH
General Pediatrics

PCH
Homeless Youth
Outreach

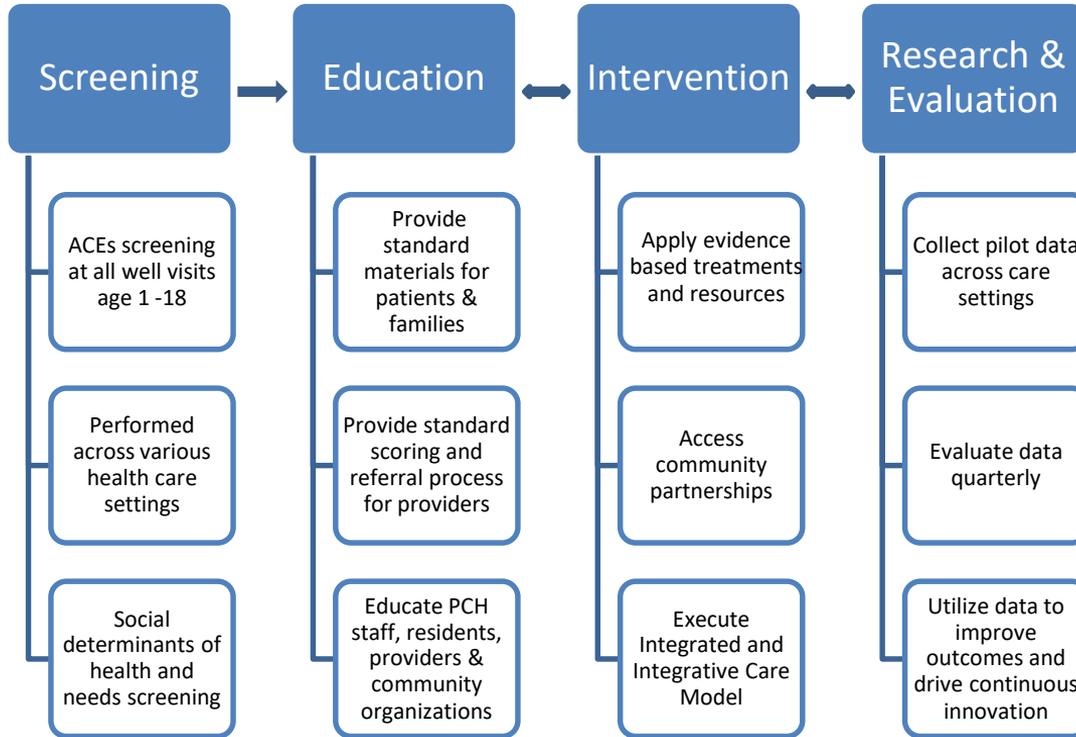
Community Practice
All About Kids
Pediatrics

PCH ACEs Program Innovators

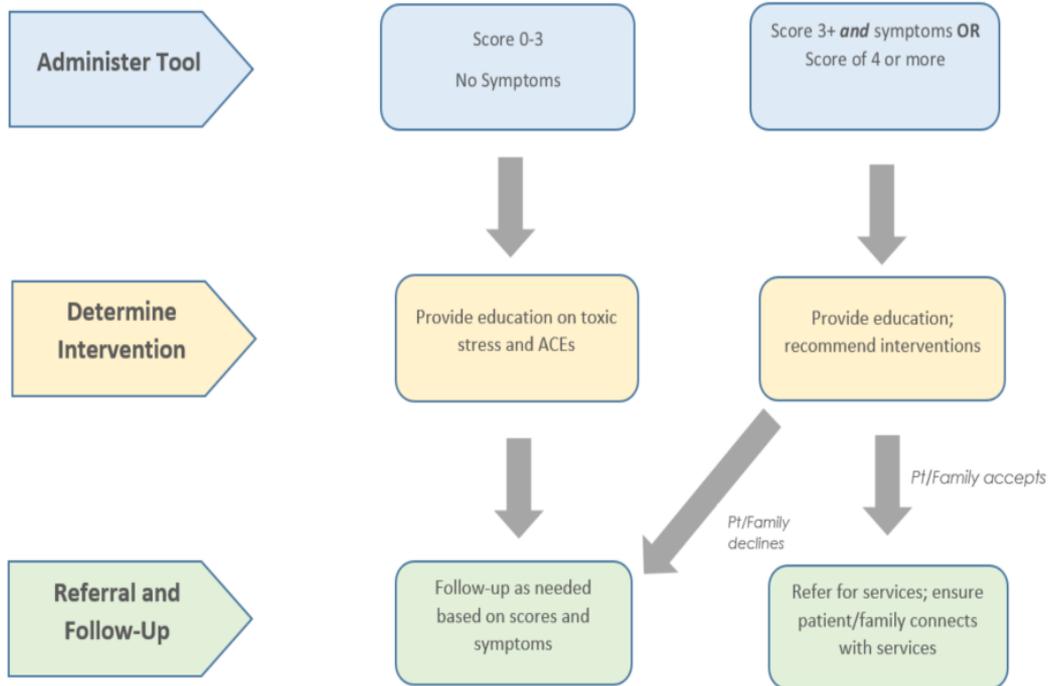
- **Lesley Adams, LMFT** – PCH ACEs Program Mental Health Therapist
- **Funda Bachini, MD** - PCH Inpatient Psychiatry Medical Director
- **Carrie Cantrell** – PCH ACEs Program Manager
- **Jodi Carter, MD** – PCH CCIO, PCCN CMO, Pediatrician
- **LaDon Dieu, RN** – PCH ACEs Program Wellness Nurse
- **Angela Gordilla** - PCH Foundation, Manager
- **Michelle Ray** – PCH Director, Phoenix Children’s Medical Group
- **Amy Shoptaugh, MD** – PCH ACEs Program Medical Director, Pediatrician
- **Lara Yoblonski, MD** – PCH Homeless Youth Outreach, Pediatrician

Phoenix Children's ACEs Program

The Four Pillars



Program Flow



Care Models

Care Models

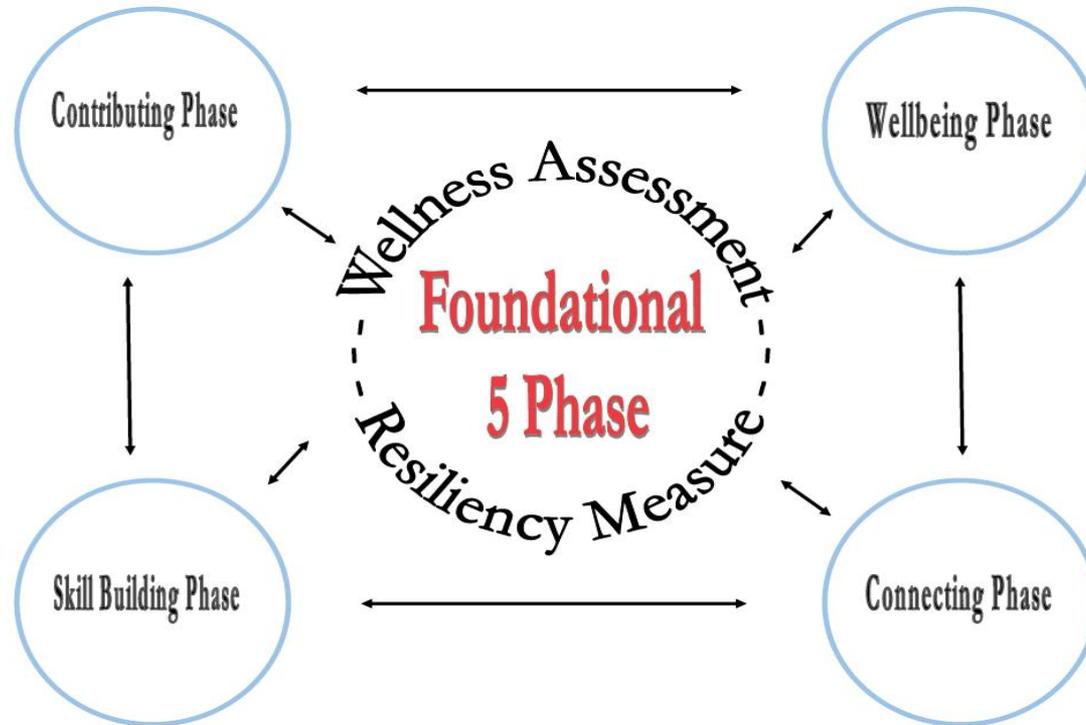
Integrated Model

- Coordination of physical and mental healthcare
- Physical and mental healthcare in one setting
- Disease care model
- Treatment occurs after disease has manifested

Integrative Model

- Preventative care
- Addresses Mind, Body and Spirit
- Encompasses Conventional and Complementary healthcare
- Accounts for eco-bio-developmental factors that affect health
 - Mental, emotional, functional, spiritual, social, environmental and community

Innovative: Integrated & Integrative Model



Integrative & Integrated Model

Five Phases

Foundational 5	Wellbeing	Connecting	Skill Building	Contributing
<ul style="list-style-type: none"> • Community Support • Education • Emotional and Behavioral Health • Family • Resiliency <p>Understand areas of strengths and where improvement is needed in Emotional, Physical, and Behavioral Health.</p>	<ul style="list-style-type: none"> • Define "Attention" (pause) and resiliency • Breathing Practice, Exercise, Nutrition, Mindfulness, and Sleep • Self-Compassion <p>Support, protect and heal by decreasing inflammation, stress chemicals and hormones.</p>	<ul style="list-style-type: none"> • Mental Health Counseling • Psychiatry • Physical Health • Care Coordination • Primary Care Provider <p>Building resilience and healing for the patient and family by connecting the whole team of providers.</p>	<ul style="list-style-type: none"> • Patient Empowerment • Family/Caregiver Empowerment • Community Resources <p>Practice and strengthen skills to empower the patient and family while building resiliency, coping abilities, and the family's support network.</p>	<ul style="list-style-type: none"> • Parents/Families use "toolbox" from phases to define choices • Give back: parent support, time with family, service, community, school <p>Provides the patient and family with confidence, community awareness, connection, and feelings of competency.</p>

Outcomes and Accomplishments

PCH General Pediatrics	PCH Homeless Youth Outreach	Community Pediatrics All About Kids Pediatrics
<ul style="list-style-type: none"> • On-site mental health therapist and wellness nurse • Integrated and Integrative Care Model • Statistics and data 	<ul style="list-style-type: none"> • On-site integrated behavioral health provider • Wellness nurse • Statistics and data 	<ul style="list-style-type: none"> • Statistics and data
<p>COMING SOON</p> <ul style="list-style-type: none"> • Foundational 5 Resources - October 2019 launch • Resiliency Toolkit – November 2019 launch 	<p>COMING SOON</p> <ul style="list-style-type: none"> • Foundational 5 Resources – October 2019 launch • Resiliency Toolkit – November 2019 launch • Integrative Care Education – Q42019 • Trauma-Informed Classes – Q42019 	<p>COMING SOON</p> <ul style="list-style-type: none"> • Foundational 5 Resources – October 2019 launch • Resiliency Toolkit – November 2019 launch • On-Site wellness nurse – Q42019 • Integrated and Integrative Care Model – Q42019 • Integrative Care Education – Q4 2019

Results Comparison: Community practice (AAKP), Arizona and Original ACE study

<u>ACE Scores (original)</u>	<u>AAKP (#)</u>	<u>AAKP (%)</u>	<u>Arizona</u>	<u>ACE Study</u>
0	635	51.3		36%
1 or higher	601	48.6	57.50%	66%
1	237	19.1		26%
2 or higher	364	29.4	30.60%	
2	148	12		16%
3 or higher	216	17.4		
3	64	5.2		9.50%
4 or higher	152	12.3	20%	12.50%
4	56	4.5		
5 or higher	66	5.4		
Refused	1			
TOTAL	1236			

ACEs Screening in PCH General Pediatrics

Highlights:

- Launched June 2019
- On-site support from program staff
- Demonstrated increase in screening percentages of 15.6% since the launch of the program in May 2019
- From January 2019 to July 2019, there was an overall increase of 33% in the screening rate during Well Child Checks

Month	Percent Screened
January	43.8%
February	60.3%
March	58.3%
April	56.0%
May	61.2%
June	69.9%
July	76.8%

ACEs Program Snapshot

July 2019

Site	Referrals	Wellness Assessments	Counseling Sessions	Nurse Impacts
General Pediatrics	44	25	35	52
Homeless Youth Outreach*	2	0	0	0
All About Kids Pediatrics*	1	0	0	0
TOTAL	47	25	35	52

- 11 patients participating in Counseling
- Nurse impacted 20 patients, averaging 2.5 times per patient
- 138 educational impacts with medical staff including providers & medical assistants

*HYO & AAK further integrated in August 2019

Accomplishments

- 100 patients in the first 12 weeks
 - 89 since 7/3/19
- Resiliency Measure
 - Increased in 9 patients as a result of our Integrated & Integrative Care Model
- Multiple meaningful patient/family interactions
 - Mom came to clinic without a home, left clinic with a safety plan and place to go and is now working on her degree to better families future
 - Family able to obtain food with resources provided
 - Working with homeless youth in foster system to learn to take care of medical appointments and transition to adulthood

Community Engagement

- Connected with local and national organizations/experts engaged in similar work to leverage strengths and share information
 - CMDP Leadership, ChildHelp, Resilient Health, Mercy Care Workforce Development, Arizona Department of Health Services [Office of Children with Special Health Care Needs] and Center for Youth Wellness
- Participated in other hospital and community groups with similar efforts in order to stay apprised of new information and innovations
 - PCH Trauma-Informed Care Work-Group, Arizona ACEs Consortium, Prevent Child Abuse, Triple P Stakeholders, and Family Navigation Action Team
- Participated in trainings and conferences in order to network and identify innovative ideas and/or skills needed to succeed in working with this specialized population
 - Child Abuse Prevention Conference, Sanctuary Training, Human Trafficking and Human Smuggling

Contact Information

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(602) 933-1123
jcarter@phoenixchildrens.com

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Medical Director, Pediatrician
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ashoptaugh@phoenixchildrens.com

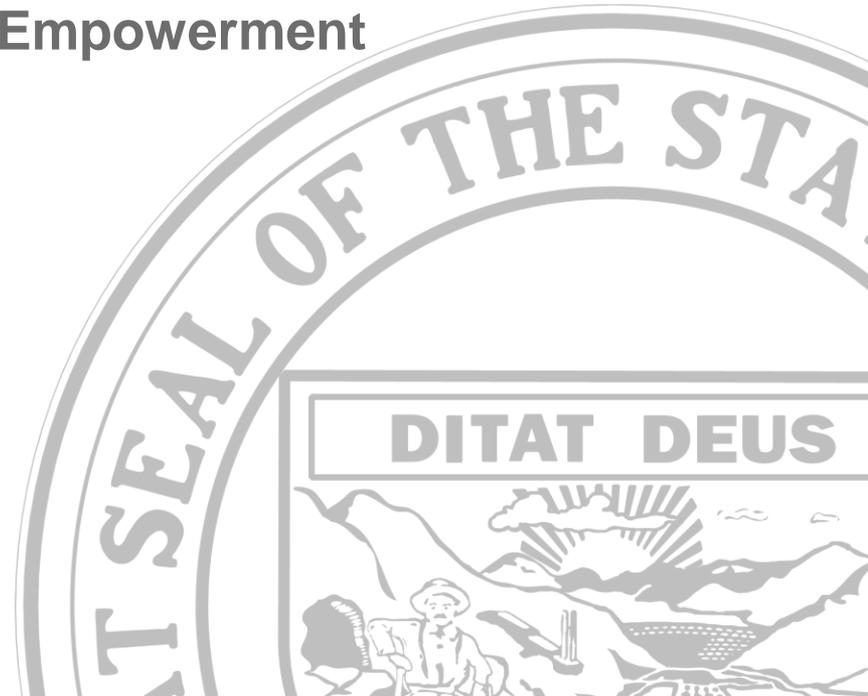
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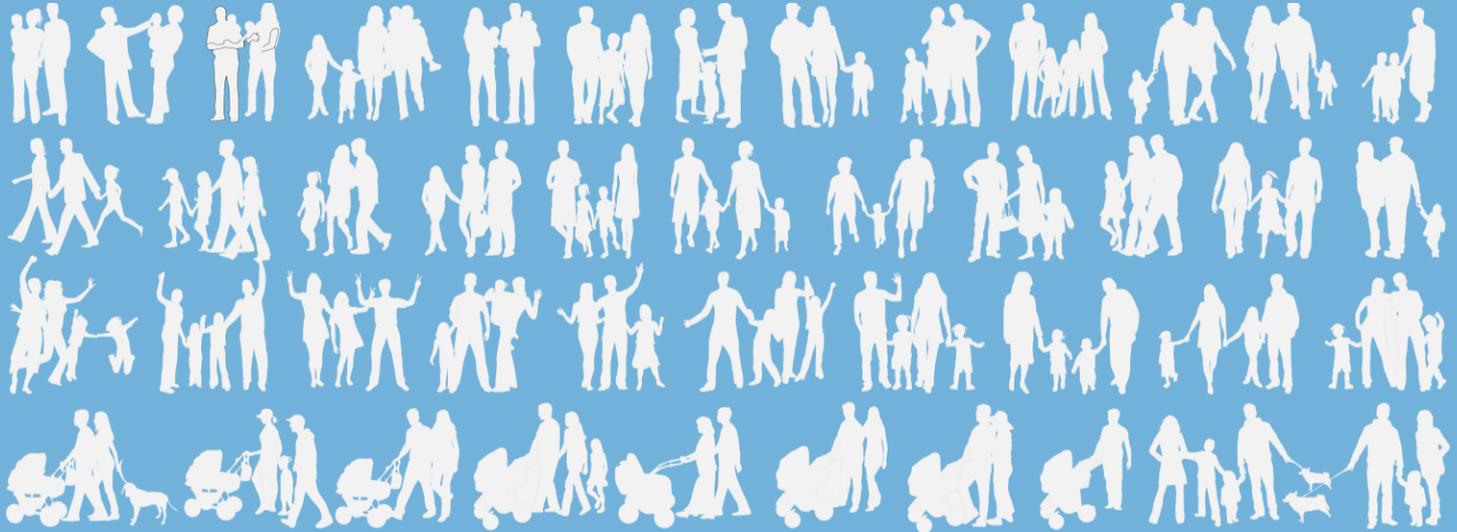
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Protecting Arizona's Children's futures: Governor's Office of Youth, Faith and Family

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Dennis D. Embry, Ph.D., president/senior scientist, PAXIS Institute, Tucson, AZ:
Co-investigator, Johns Hopkins Center for Prevention;
Scientific Advisor, Children's Mental Health Network



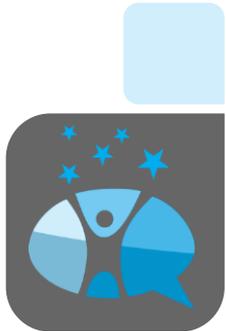
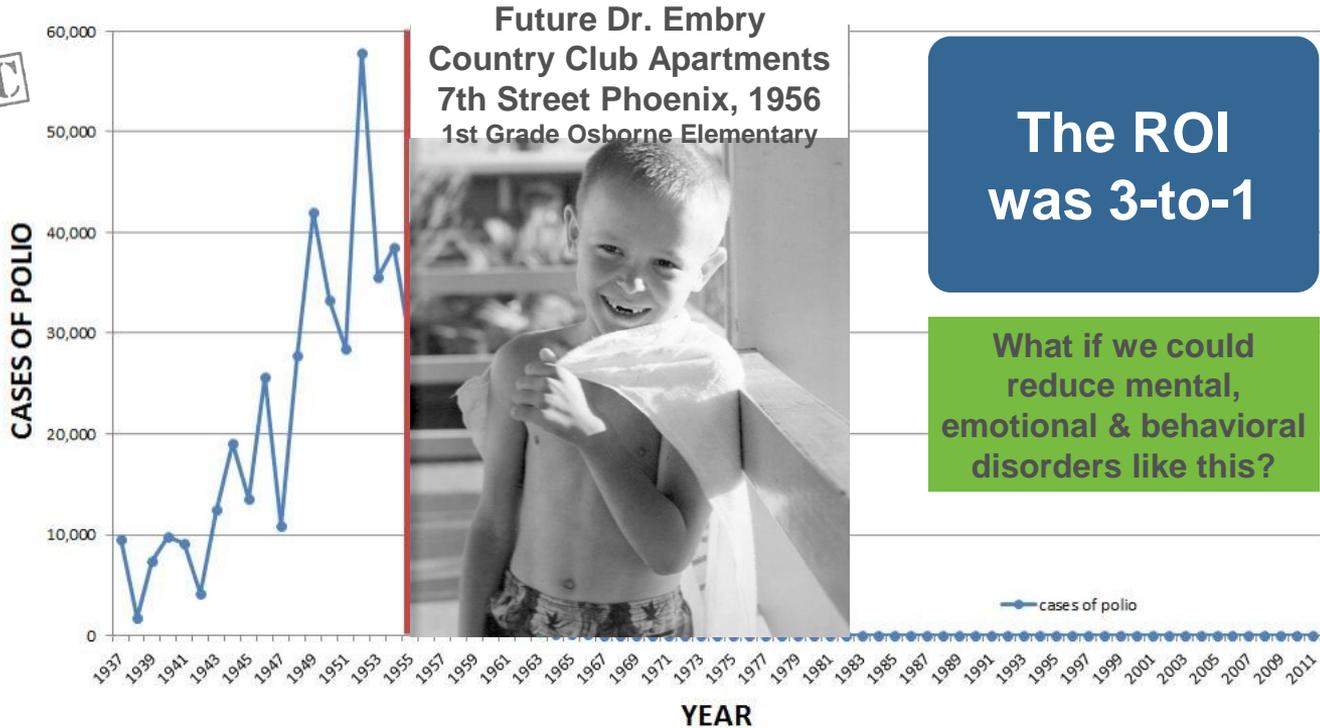
If the Polio Epidemic of the 1950s happened today

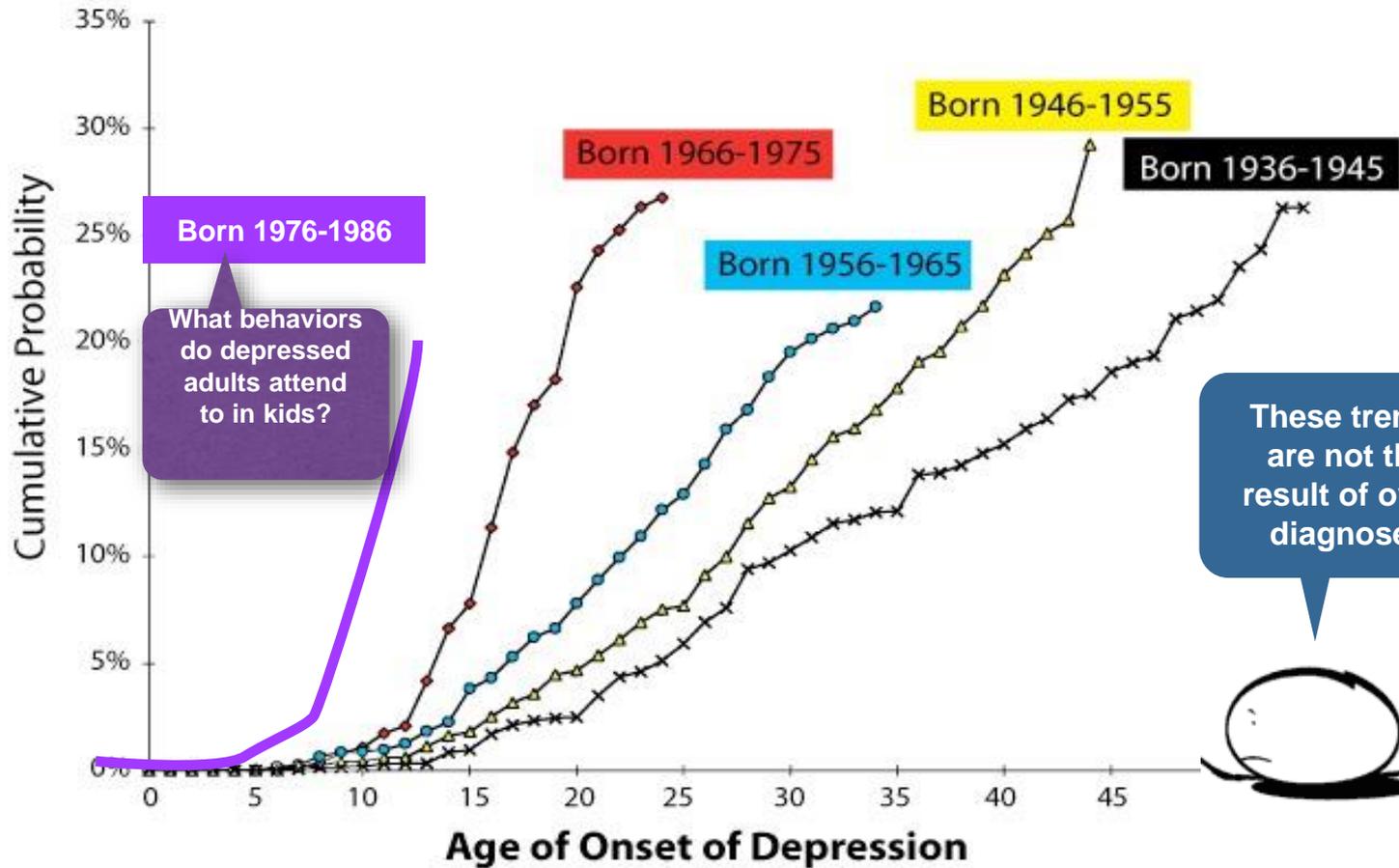
There would be 6,000 deaths and 120,000 cases. How would we respond?



Remembering when America mobilized science for universal protection of children

EPIDEMIC

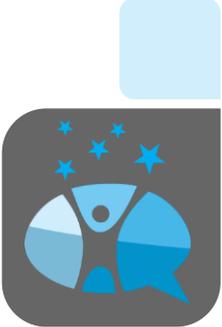




Born 1976-1986

What behaviors do depressed adults attend to in kids?

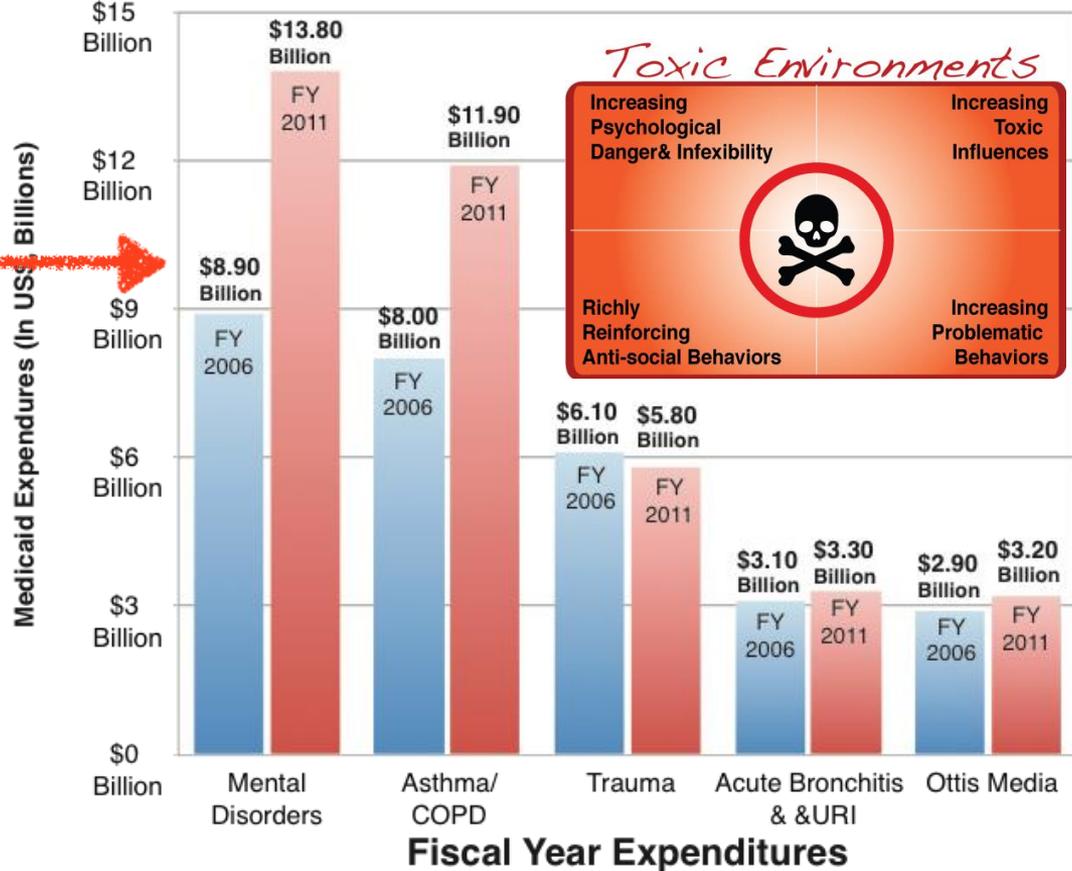
These trends are not the result of over-diagnoses





The cost of Mental Disorders is increasing \$1 billion per year

Medicaid Expenditures for the Five Most Costly Conditions in Children



Source: Center for Financing, Access, and Cost Trends, Agency for HealthCare Research and Quality, 2006, 2011

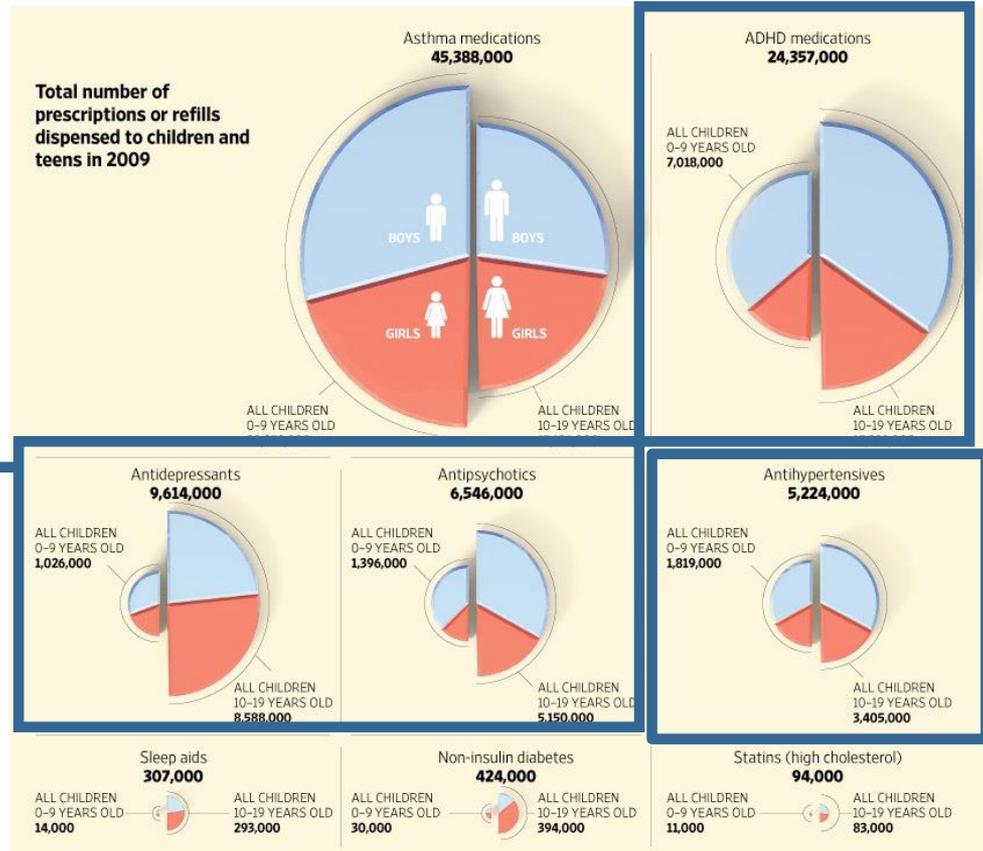
The US had 75 million children and teens 2009

45.6 million kids had one psychotropic med in 2009

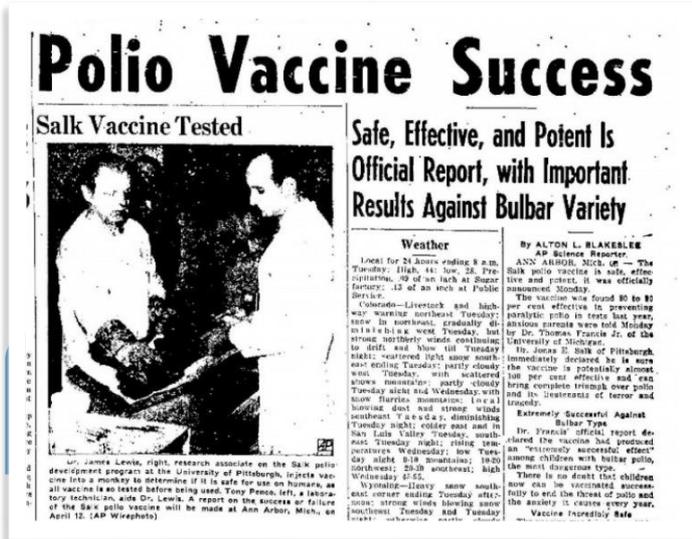
60.8%



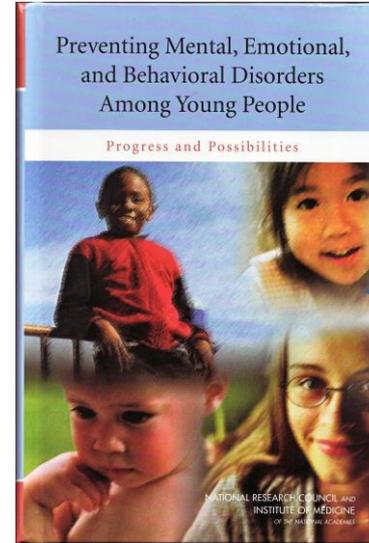
Wall Street Journal,
12-28-2010



Demonstrating real promise of protection from generational pediatric epidemics



Salk Vaccine proven to express polio antibodies.



2009 IOM Report confirms prevention of Mental, Emotional & Behavioral Disorders.

Two highly proven, scalable strategies cited:

- PAX Good Behavior Game
- Triple P (Positive Parenting Program)



PAX Good Behavior Game has been implemented in more than 40,000 classrooms in the US, Canada, and Europe • Here is the Canadian story...



Video

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What can
PAX do for
the 71K first
graders in
Arizona?



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Classroom Behavioral Pressure

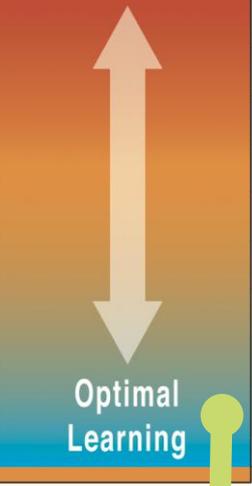
3-Month Impact of PAX in Eight US School Districts on Disturbing, Disruptive, and Inattentive Behaviors Per 15 minutes

Originally published in: Wilson, D. S., Hayes, S. C., Biglan, A., & Embry, D. D. (2014). Evolving the Future: Toward a Science of Intentional Change. *Brain and Behavioral Sciences*, 37(4), 395-416.

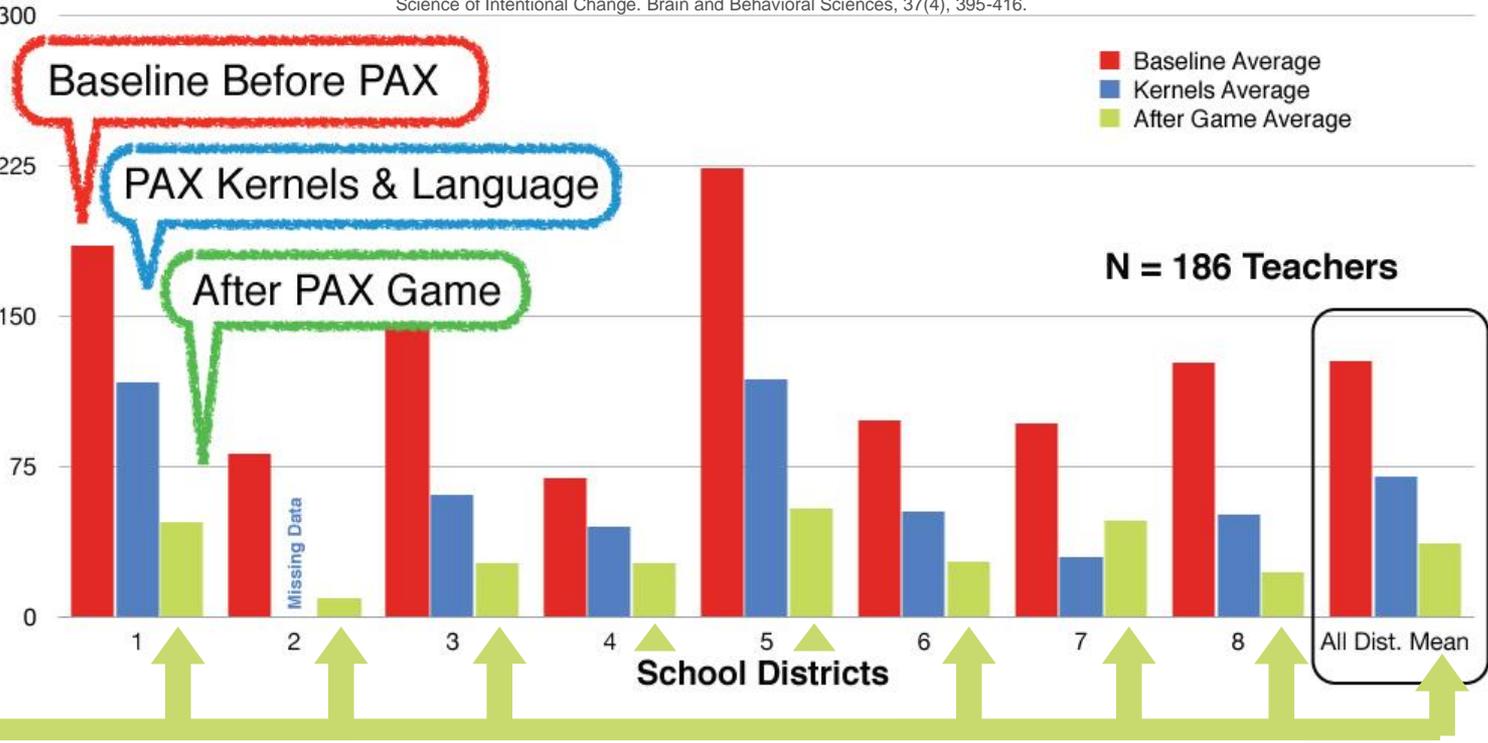
Per 15 minutes



Class Chaos



Optimal Learning



■ Baseline Average
■ Kernels Average
■ After Game Average

N = 186 Teachers

PAX Kernels and Language PLUS using PAX Game 3-Times Per Day Optimize Learning

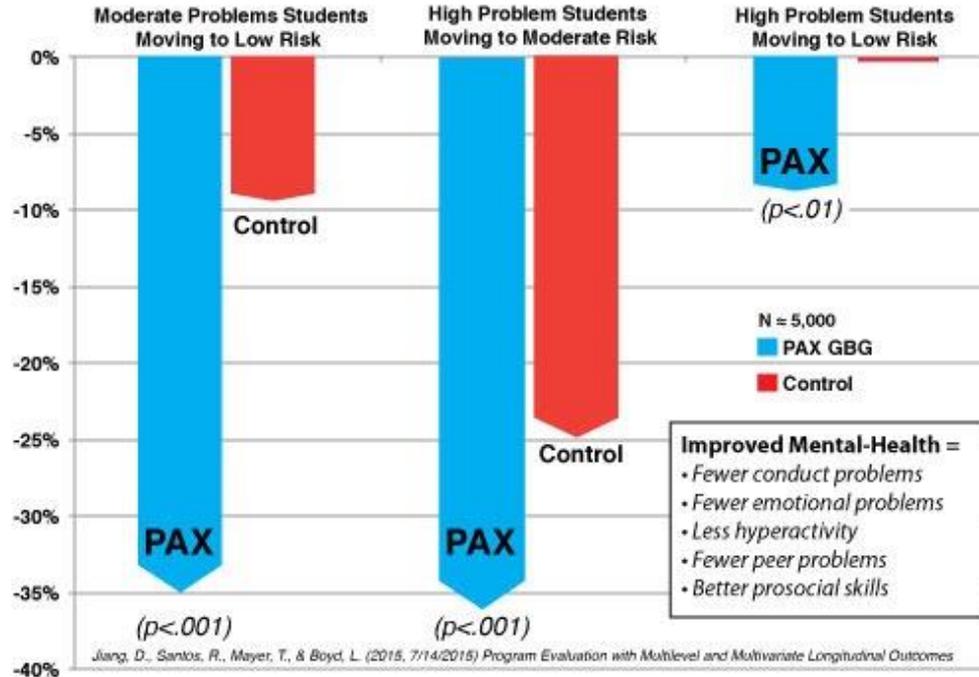
(Note: Site 7 had staff changes who were not fully trained in PAX GBG)



Reduced Risk Probability for Psychiatric Disorders

Improved environment and fewer problematic behaviors reduces risk of mental, emotional, behavioral disorders

One-Semester Benefits of Province-Wide Mental-Health Benefits of PAX GBG v. Control

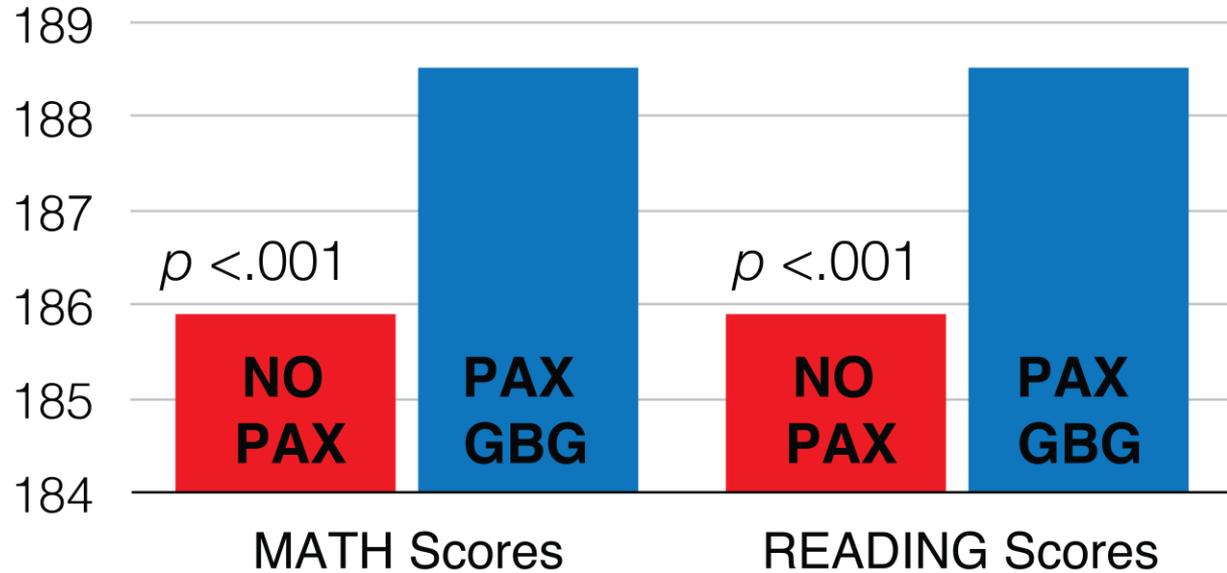


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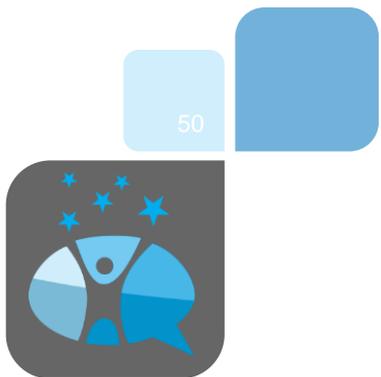


Improvements on Standard Measures of Academic Progress in Six Districts in High Poverty Schools in Ohio

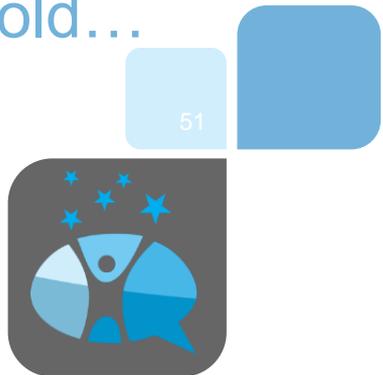
Source: Weis, Osborne, & Dean, 2015



The statistical difference favoring PAX GBG is highly significant (greater than 1 chance in 1,000).



These are the predicted benefits
71,000
Arizona 1st graders benefit when they are 19-21 years old...



6,167	Fewer young people will need any form of special education services
3,991	More boys will likely graduate from high school
4,789	More boys will likely attend college
6,363	More girls will likely graduate from high school
4,972	More girls will likely attend college
697	Fewer young people will be convicted of major violent crimes
6,893	Fewer young people will develop serious drug addictions
4,716	Fewer young people will become regular smokers
2,539	Fewer young people will develop serious alcohol addictions
3,477	Fewer young women will contemplate suicide
4,716	Fewer young men will attempt suicide

And, how much money will these changes save AZ families and citizens?



\$925 Million per cohort



52



How much money with this save for the children, families, schools, communities, businesses and the state?

Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., . . . Burley, M. (2013). Good Behavior Game, Return on Investment: Evidence-Based Options to Improve Statewide Outcomes. (July), 8. Retrieved from <http://www.wsipp.wa.gov/BenefitCost/Program/82>



PAX is coming to AZ

Arizona Health Care Cost Containment System (AHCCCS) is funding the implementation of PAX GBG via State Opiate Response (SOR) federal grant, in cooperation with Arizona Department of Education and the Governors Office.

Questions? Suggestions?



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