Governor Ducey’s
Council on Child Safety and Family Empowerment

September 12, 2019

Governor’s Executive Tower
2nd Floor Conference Room
Governor Ducey’s Council on Child Safety and Family Empowerment

September 12, 2019

Governor’s Executive Tower
2nd Floor Conference Room
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

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

Safety assessment, open reports and inactive cases

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)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlicensed (Primarily Kinship)</td>
<td>5,445</td>
<td>5,296</td>
<td>5,306</td>
<td>5,316</td>
<td>5,202</td>
<td>5,222</td>
<td>5,185</td>
<td>5204</td>
<td>5184</td>
<td>5205</td>
<td>5268</td>
<td>5370</td>
<td>5362</td>
</tr>
<tr>
<td>Foster Care</td>
<td>5,776</td>
<td>5,786</td>
<td>5,791</td>
<td>5,774</td>
<td>5,666</td>
<td>5,558</td>
<td>5,624</td>
<td>5644</td>
<td>5712</td>
<td>5687</td>
<td>5593</td>
<td>5571</td>
<td>5494</td>
</tr>
<tr>
<td>Congregate Care</td>
<td>2,032</td>
<td>2,004</td>
<td>1,949</td>
<td>1,950</td>
<td>1,949</td>
<td>1,903</td>
<td>1,923</td>
<td>1936</td>
<td>1987</td>
<td>2092</td>
<td>2138</td>
<td>2110</td>
<td>2060</td>
</tr>
<tr>
<td>Independent Living</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>287</td>
<td>268</td>
<td>309</td>
<td>310</td>
<td>315</td>
<td>300</td>
<td>297</td>
<td>304</td>
<td>330</td>
<td>341</td>
<td>373</td>
<td>331</td>
<td>475</td>
</tr>
<tr>
<td>Total in Out-of-Home Care</td>
<td>13,541</td>
<td>13,357</td>
<td>13,358</td>
<td>13,352</td>
<td>13,135</td>
<td>12,984</td>
<td>13,030</td>
<td>13,091</td>
<td>13,216</td>
<td>13,328</td>
<td>13,373</td>
<td>13,383</td>
<td>13,394</td>
</tr>
</tbody>
</table>

*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)

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
Governor Ducey’s Council on Child Safety and Family Empowerment

September 12, 2019

Governor’s Executive Tower
2nd Floor Conference Room
Phoenix Children’s ACEs Program

September 12, 2019
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

**Screening**
- ACEs screening at all well visits age 1-18
- Performed across various health care settings
- Social determinants of health and needs screening

**Education**
- Provide standard materials for patients & families
- Provide standard scoring and referral process for providers
- Educate PCH staff, residents, providers & community organizations

**Intervention**
- Apply evidence based treatments and resources
- Access community partnerships
- Execute Integrated and Integrative Care Model

**Research & Evaluation**
- Collect pilot data across care settings
- Evaluate data quarterly
- Utilize data to improve outcomes and drive continuous innovation

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Program Flow

Administer Tool

Score 0-3
No Symptoms

Score 3+ and symptoms OR
Score of 4 or more

Provide education on toxic stress and ACEs

Provide education; recommend interventions

Follow-up as needed based on scores and symptoms

Refer for services; ensure patient/family connects with services

P/Family accepts

P/Family declines

Determine Intervention

Referral and Follow-Up
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

Foundational 5 Phase

Wellness Assessment
Resiliency Measure

Contributing Phase

Skill Building Phase

Wellbeing Phase

Connecting Phase
## Integrative & Integrated Model
### Five Phases

<table>
<thead>
<tr>
<th>Foundational 5</th>
<th>Wellbeing</th>
<th>Connecting</th>
<th>Skill Building</th>
<th>Contributing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community Support</td>
<td>• Define &quot;Attention&quot;</td>
<td>• Mental Health Counseling</td>
<td>• Patient Empowerment</td>
<td>• Parents/Families use &quot;toolbox&quot; from phases to define choices</td>
</tr>
<tr>
<td>• Education</td>
<td>(pause) and resiliency</td>
<td>• Psychiatry</td>
<td>• Family/Caregiver Empowerment</td>
<td>• Give back: parent support, time with family, service, community, school</td>
</tr>
<tr>
<td>• Emotional and Behavioral Health</td>
<td>• Breathing Practice, Exercise, Nutrition,</td>
<td>• Physical Health</td>
<td>• Community Resources</td>
<td>Provides the patient and family with confidence, community awareness, connection, and feelings of competency.</td>
</tr>
<tr>
<td>• Family</td>
<td>Mindfulness, and Sleep</td>
<td>• Care Coordination</td>
<td>Practice and strengthen skills to empower the patient and family while building resiliency, coping abilities, and the family's support network.</td>
<td></td>
</tr>
<tr>
<td>• Resiliency</td>
<td>• Self-Compassion</td>
<td>• Primary Care Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand areas of strengths and</td>
<td>Support, protect and heal by decreasing</td>
<td>Building resilience and healing for the patient and family by connecting the whole team of providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>where improvement is needed in</td>
<td>inflammation, stress chemicals and hormones.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional, Physical, and Behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Outcomes and Accomplishments
<table>
<thead>
<tr>
<th>PCH General Pediatrics</th>
<th>PCH Homeless Youth Outreach</th>
<th>Community Pediatrics All About Kids Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• On-site mental health therapist and</td>
<td>• On-site integrated behavioral health provider</td>
<td>• Statistics and data</td>
</tr>
<tr>
<td>wellness nurse</td>
<td>• Wellness nurse</td>
<td></td>
</tr>
<tr>
<td>• Integrated and Integrative Care</td>
<td>• Statistics and data</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Statistics and data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMING SOON</td>
<td>COMING SOON</td>
<td>COMING SOON</td>
</tr>
<tr>
<td>• Foundational 5 Resources - October</td>
<td>• Foundational 5 Resources – October 2019 launch</td>
<td>• Foundational 5 Resources – October 2019 launch</td>
</tr>
<tr>
<td>2019 launch</td>
<td>• Resiliency Toolkit – November 2019 launch</td>
<td>• Resiliency Toolkit – November 2019 launch</td>
</tr>
<tr>
<td>• Resiliency Toolkit – November 2019</td>
<td>• Integrative Care Education – Q42019</td>
<td>• On-Site wellness nurse – Q42019</td>
</tr>
<tr>
<td>launch</td>
<td>• Trauma-Informed Classes – Q42019</td>
<td>• Integrated and Integrative Care Model – Q42019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Integrative Care Education – Q4 2019</td>
</tr>
</tbody>
</table>
### Results Comparison: Community practice (AAKP), Arizona and Original ACE study

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Percent Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>43.8%</td>
</tr>
<tr>
<td>February</td>
<td>60.3%</td>
</tr>
<tr>
<td>March</td>
<td>58.3%</td>
</tr>
<tr>
<td>April</td>
<td>56.0%</td>
</tr>
<tr>
<td>May</td>
<td>61.2%</td>
</tr>
<tr>
<td>June</td>
<td>69.9%</td>
</tr>
<tr>
<td>July</td>
<td>76.8%</td>
</tr>
</tbody>
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# ACEs Program Snapshot
## July 2019

<table>
<thead>
<tr>
<th>Site</th>
<th>Referrals</th>
<th>Wellness Assessments</th>
<th>Counseling Sessions</th>
<th>Nurse Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Pediatrics</td>
<td>44</td>
<td>25</td>
<td>35</td>
<td>52</td>
</tr>
<tr>
<td>Homeless Youth Outreach*</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All About Kids Pediatrics*</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>47</td>
<td>25</td>
<td>35</td>
<td>52</td>
</tr>
</tbody>
</table>

- 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

Jodi Carter, MD  Amy Shoptaugh, MD
PCH CCIO, PCCN CMO, Pediatrician  Medical Director, Pediatrician
(602) 933-1123  (602) 228-2260
jcart@phoenixchildrens.com  ashoptaugh@phoenixchildrens.com
Governor Ducey’s Council on Child Safety and Family Empowerment

September 12, 2019

Governor’s Executive Tower
2nd Floor Conference Room
Protecting Arizona’s Children’s futures:
Governor’s Office of Youth, Faith and Family

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.

What if we could reduce mental, emotional & behavioral disorders like this?

The ROI was 3-to-1.

Future Dr. Embry
Country Club Apartments
7th Street Phoenix, 1956
1st Grade Osborne Elementary

What if we could reduce mental, emotional & behavioral disorders like this?
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.
The US had 75 million children and teens 2009

45.6 million kids had one psychotropic med in 2009

60.8%
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...
What can PAX do for the 71K first graders in Arizona?
3-Month Impact of PAX in Eight US School Districts on Disturbing, Disruptive, and Inattentive Behaviors Per 15 minutes


Baseline Before PAX

PAX Kernels & Language

After PAX Game

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

- Moderate Problems Students Moving to Low Risk
- High Problem Students Moving to Moderate Risk
- High Problem Students Moving to Low Risk

PAX
Control

N = 5,000
PAX GBG
Control

Improved Mental-Health =
- Fewer conduct problems
- Fewer emotional problems
- Less hyperactivity
- Fewer peer problems
- Better prosocial skills

(p<.01) (p<.001) (p<.001)

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...

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

And, how much money will these changes save AZ families and citizens?
How much money with this save for the children, families, schools, communities, businesses and the state?

$925 Million per cohort

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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