Governor Ducey’s

Arizona Substance Abuse Partnership

Thursday, April 13, 2017

State Capitol Executive Tower
2nd Floor Conference Room
Governor Ducey’s

Arizona Substance Abuse Partnership

Thursday, April 13, 2017

State Capitol Executive Tower
2nd Floor Conference Room
• Arizona Substance Abuse Partnership

• Overcoming ACEs: Creating Hope for a Healthier Arizona

• Marcia Stanton, MSW
  February 8, 2018
Scientific Advances

• Driving paradigm shift in understanding how child development impacts human health and disease across the lifespan
The Adverse Childhood Experiences (ACE) Study

• “Probably the most important public health study you never heard of.”
Your Awareness of ACE Study?

- No Knowledge of ACE Research
- Some Knowledge
- More Than Most
- Expert
Two Categories of ACEs

1) Abuse or Neglect
   - Recurrent physical abuse
   - Recurrent emotional abuse
   - Sexual abuse
   - Emotional or physical neglect

2) Household Dysfunction
   - Alcohol or drug abuser
   - Incarcerated household member
   - Someone chronically depressed, suicidal, institutionalized or mentally ill
   - Mother being treated violently
   - One or no parents
Many Other Types of Trauma

- Bullying
- Homelessness
- Growing Up in Foster Care
- Extreme Illness or Injury
- Historical Trauma
- Community Violence
Why is This Study So Important?

• ACEs are Surprisingly Common

• Strong Predictors of Later Social Functioning, Well-Being, Health Risks, Disease, and Death
ACE Scores

- Think of ACE score as cholesterol score for childhood trauma
- The more ACEs, the greater the risk
Question

What do you think is the average ACE score for children in Arizona?
ACE Scores

• 1/3 of Adults have
• ACE Score of 0
• Majority of adults with
• ACE score of 0, have few,
• if any, risk factors for
• diseases that are common
• causes of death in US
• 4 or more may result in multiple risk factors
• for chronic diseases or disease themselves
• 6 or more may result in a 20 year decrease in
• life expectancy
Probably of Outcomes

Given 100 people…

33% Report No ACEs
- 1 in 16 smokes
- 1 in 69 are alcoholic
- 1 in 480 use IV drugs
- 1 in 14 has heart disease
- 1 in 96 attempts suicide

51% Report 1-3 ACEs
- 1 in 9 smokes
- 1 in 9 are alcoholic
- 1 in 43 use IV drugs
- 1 in 7 has heart disease
- 1 in 10 attempts suicide

16% Report 4-10 ACEs
- 1 in 6 smokes
- 1 in 6 are alcoholic
- 1 in 30 use IV drugs
- 1 in 6 has heart disease
- 1 in 5 attempts suicide
ACE Score and Smoking

ACE Score

0 1 2 3 4 or more

Prevalence of Smoking (%)

Early smoking initiation

Current smoking

SAMHSA
ACE Score and Drug Abuse

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Prevalence of Drug Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ever used drugs</td>
</tr>
<tr>
<td></td>
<td>Ever addicted to drugs</td>
</tr>
<tr>
<td></td>
<td>Ever inject drugs</td>
</tr>
</tbody>
</table>

ACE Score:
- 0
- 1
- 2
- 3
- 4
- >=5

Prevalence of Drug Problems:
- Ever used drugs
- Ever addicted to drugs
- Ever inject drugs

SAMHSA
Adverse Childhood Experiences

The Pair of ACEs

Maternal Depression
Physical & Emotional Neglect
Emotional & Sexual Abuse
Divorce
Substance Abuse
Mental Illness
Domestic Violence
Incarceration
Homelessness
Violence

Adverse Community Environments

Poverty
Discrimination
Community Disruption
Lack of Opportunity, Economic Mobility & Social Capital
Poor Housing Quality & Affordability

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
ACEs are Like an Oil Spill

“A large portion of many health, safety and prosperity conditions is attributable to Adverse Childhood Experiences.” — Washington Family Council
ACEs are Interrelated and Predictive

Without interruption, ACEs escalate across generations
Creating the Right Conditions in Early Childhood

• More effective and far less costly than addressing a multitude of problems later on
ACEs and Addiction

• Findings suggest:
  • A major factor, if not the main factor, underlying addiction is ACEs that
  • have not healed and are
  • concealed from awareness
  • by shame, secrecy, and
  • social taboo.

• “It’s hard to get enough of something that almost works.” Vincent Felitti, MD
Coping Solutions

• What are conventionally viewed as Public Health problems are often personal solutions to long concealed embarrassing, shame filled adverse childhood experiences.
• Prevention is single most effective long-term solution to drug abuse

• If we do not reduce the demand, we will never reduce the supply
Arizona Children

• Ethnic minority children have disproportionately higher share of 6+ ACEs

• Estimated 69,213 have 5+ ACEs
AZ Kids with 5+ ACES Would Fill University of Phoenix Stadium
Arizona Children, 0 – 17
(2016 National Survey of Children’s Health)

- Two + ACEs: 30%
- Natl. average: 22%
2016 AZ Youth Survey


• Lived with Adults Insulted You – 53%
• Parents Separated or Divorced – 47%
• Lived with Alcoholic – 25%
• Lived with Someone Incarcerated - 23%
• Lived with Adults Who Fought – 23%
• Ever Lived with a Drug User – 17%
•
## ACEs in AZ Adults (BRFSS) 2014

- **Behavioral Risk Factor Surveillance System**

<table>
<thead>
<tr>
<th>%</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12%</td>
<td>Sexual Abuse: Anyone at least 5 years older than them or an adult ever touch them sexually, tried to touch them or forced to them have sex at least once</td>
</tr>
<tr>
<td>19%</td>
<td>Physical Abuse: Parent or adult in the home hit, beat, kick or physically hurt them at least once (Spanking not included)</td>
</tr>
<tr>
<td>35%</td>
<td>Verbal Abuse: Parent or adult in the home ever swear at them, insult them or put them down at least once</td>
</tr>
<tr>
<td>9%</td>
<td>Incarcerated Household Member: Lived with anyone who served time or was sentenced to served time in prison, jail or other correctional facility</td>
</tr>
<tr>
<td>12%</td>
<td>Drug use in household: Lived with anyone who used illegal street drugs or abused prescription medication</td>
</tr>
<tr>
<td>16%</td>
<td>Mental Illness among adults: Lived with anyone who was depressed, mentally ill or suicidal</td>
</tr>
<tr>
<td>19%</td>
<td>Violence between Adults: Parents or adults in their home ever slap, hit, kick, punch or beat each other up at least once</td>
</tr>
<tr>
<td>24%</td>
<td>Drinking problem in household: Lived with anyone who was a problem drinker or alcoholic</td>
</tr>
<tr>
<td>30%</td>
<td>Parent separation/ divorce: Parents separated or divorced</td>
</tr>
</tbody>
</table>
ACEs in AZ Adults by County

Percentage of Individuals with 3 or more ACEs

- Under 20%
- 21% - 25%
- 26% - 30%
- 31% - 35%
- 36% - 40%
- 41% - 56%

100% For Children
How ACEs “Get Under the Skin”
Toxic Stress

• “Extreme, frequent or extended activation of the body’s stress response, without the buffering presence of a supportive adult.”

Trauma Results in Over Activation of Stress Response (Hot) System

- When Hot System Perceives Threat, it Responds with Survival Strategies
- Hot System Behaviors are Unconscious, Automatic, Involuntary
Hand on Hot Stove

• Is behavior a planned intentional response?
If Hot System Has Been On a Lot

- Threat Perception Enhanced
- More Things Activating
- Reactive Behaviors are Physiologically Correct, Regardless How Annoying, Illegal or Immoral
- We Have to Get Youth Out of Alarm System to Improve Outcomes
Tipping the Scale Towards Resilience
Positive Factors That Counterbalance Adversity
At Least 1 Stable, Caring and Supportive Relationship
Building Sense of Mastery over Their Life Circumstances
Strong Executive Function and Self-Regulation Skills
Affirming Faith or Cultural Traditions
6 Things with Demonstrated Impact on Epigenetic Regulation


• Healthy Relationships
• Sleep
• Exercise
• Nutrition
• Mindfulness
• Mental Health Interventions
Resources

• ACEs Connection - http://www.acesconnection.com/
• Arizona ACEs in Action - http://www.acesconnection.com/g/arizona-aces-in-action
• National Child Traumatic Stress Network – http://www.nctsn.org/
• Harvard Center for the Developing Child - https://developingchild.harvard.edu/
• Strengthening Families Protective Factors - https://www.cssp.org/young-children-their-families/strengtheningfamilies/about
• Arizona Trauma Institute - https://aztrauma.org/
ACEs Often Last a Lifetime . . .
But They Don’t Have To

• Healing can occur

• The cycle can be broken

• Safe, stable, nurturing relationships heal
“In my end is my beginning.”
~ T.S. Eliot, Four Quartets

“It is easier to build strong children than to repair broken men”
~ Frederick Douglass (1817-1895)
Governor Ducey’s
Arizona Substance Abuse Partnership

Thursday, April 13, 2017
State Capitol Executive Tower
2nd Floor Conference Room
SENSE

Substance
Exposed
Newborn
Safe
Environment
Why is SENSE needed?

In SFY 2015 the Child Abuse Hotline received 3,594 reports with a tracking characteristic of substance exposed newborn, 4,059 reports in SFY 2016 and 4,239 reports in SFY 2017.
What Makes SENSE?

- Families with substance exposed newborns agree to participate in the SENSE program offered by DCS after a report was made.
- SENSE is a multidisciplinary approach to ensuring children’s safety and needs are met while making behavioral changes with parents.
- A coordinated service delivery in which there are up to 5 visits in the home weekly made by service providers and DCS.
Who is Eligible for SENSE?

• Any newborn exposed to substances prenatally.
• The SEN was reported to DCS as a report, with or without a legal dependency.
• The baby is going home with parents and parents agree to services, can be safe or unsafe w/safety plan.
How a SENSE case begins…..

- Mandated reporters including OB/GYN staff, hospitals, midwives and relatives with concerns report prenatal substance abuse

- Once the newborn and/or parent test positive, the parent reports drug use or a positive drug test during prenatal visits results in a report generated at the Child Abuse Hotline.
With SENSE cases **communication** is the Key.

The parents sign a Release of Information to ALL involved providers so all providers can communicate with each other and the family.
Vision Statement and Guiding Principles

The vision of the Substance Abuse Treatment Fund is to build a family centered service delivery system, which promotes family independence, stability, self-sufficiency, and recovery from substance abuse, assures child safety and supports permanency for children.
Role of Arizona Families F.I.R.S.T. (AFF)

- Complete a substance abuse assessment to determine the level of treatment

- Notify client and team members of Families First treatment recommendations and appointments

- Provide substance abuse treatment and supportive services to client

- Communicate with team client’s progress or relapses.
Levels of Care

- **Substance Abuse Awareness**: contemplative stage

- **Standard Outpatient**: least restrictive outpatient treatment, minimum 3 hours of group therapy a week

- **Intensive Outpatient**: most intensive outpatient treatment, minimum 8 hours group therapy a week

- **Residential**: 24 hour care treatment

- **Recovery Maintenance**: aftercare services, community resource involvement and recovery coach support

  (Treatment is a combination of individual, group, and family components)
Medication Assisted Treatment (MAT)

- For use with parents who have addiction to Opioids
- Medications that reduce addiction behavior and cravings
- Medications include methadone and suboxone
- Can use MAT as long as needed to assist the person to refrain from abuse of drugs
- Breast feeding is permitted under specific circumstances, including compliance with MAT and otherwise clean toxicology screens
Neonatal Abstinence Syndrome (NAS)

- NAS may occur in a baby exposed to drugs or medication: opioids, heroin, methadone or prescription.

- Withdrawal signs usually appear 1-5 days after birth but can appear later and last 1 week to 6 months.

- Symptoms vary, but may include: diarrhea, fever, poor feeding, sleep problems, tremors, stiffness, high pitched cry, irritability, and difficulty consoling.
Role of Intensive In Home Team

- Make contact with client within 12 hours
- Assist in coordinated case plan development with family and all team members.
- Ensures infant is assessed by pediatric nurse
- Provide visits three times a week to address needs of all family members
- Provide services and support to strengthen families and mitigate risk and safety concerns
Role of the Nurse Consultant

- Infant physical and social/emotional developmental
- Denver II Developmental screen
- Ages and Stages Questionnaire (ASQ)
- Maternal Health and post partum depression
- Edinburgh Postnatal Depression Scale (EPDS)
- Second hand smoking
- Infant nutrition and safe sleep
- Well child visits and comforting techniques
Healthy Families AZ

- Families voluntarily participate in the program from pregnancy up to the child turning 5 years old
- Families must enroll prior to baby turning 90 days old
- Visits are weekly w/SENSE families
- Developmental screenings, parenting skills and family self sufficiency are goals of the program.
Role of DCS Specialist

- DCS Specialist refers family to intensive in home services, Arizona Families First and drug testing
- DCS Specialist visits the home weekly and ensures all parties are listed on weekly emails and attending the 10, 45 and 90 day staffing with the family
- DCS Specialist reviews monthly reports, nursing assessments and drug test results
- DCS Specialist reports to the court and parties case progress if applicable
- DCS Specialist provides aftercare planning at case closure
The earlier in a case we communicate, the better the outcome for the family...and the infant.

Communication starts with attending training, the 10, 45 and 90 day meetings and weekly emails.
In the End

DCS In Home case manager will continue contact with AFF and Healthy Families/PAT as long as the DCS case is open.

DCS will monitor the family until the DCS case is closed and review Infant Care Plan.

It is the goal of SENSE for the home visitor program such as HF or PAT services and AFF to continue after DCS case closure.
Comprehensive Addiction Recovery Act (CARA)

- Signed into law August 2016 to address SEN’s
- Plans for safe care for infants identified as being affected by substance abuse or withdrawal symptoms
- States report number of infants affected, number of infants with safe care plans and number of infants for whom service referrals were made including services to parents and caregivers.
Infant Care Plan Elements

- DCS Specialists must Create an Infant Care Plan for ALL newborns prenatally exposed to alcohol or other substances
- ALL SEN cases remaining open or closing at investigations
- Create plan with parents, caretakers, providers
- Have plan signed by parents or out of home caregivers
Infant Care Plan Elements

- Plan should address substance abuse treatment for parents, medical care for infant, safe sleep, knowledge of parenting and infant development, living arrangements, child care and social connections.
- Plan should be reviewed and reassessed during staffings, CFT and other meetings.
- Develop Aftercare plan prior to case closure.
SENSE Data

Report Received within 6 months After Service Closure

- No Report Received: 90.3%
- Rpt Received-Substantiated: 3.2%
- Rpt Received-Unsubed: 6.5%

Removal within 6 months After Service Closure

- No Removal: 91.9%
- Removal: 8.1%

SFY 2014 and 2015
Questions?

Thank you for your time and your commitment to Arizona’s Children.
Governor Ducey’s

Arizona Substance Abuse Partnership

Thursday, April 13, 2017

State Capitol Executive Tower
2nd Floor Conference Room
Reentry Efforts

Achieving “25 in 10”

Charles L. Ryan, Director
February 8, 2018
ADC 10-Year Goal: Engaged Employees and Communities Committed to 25% Reduction in Recidivism
Reducing recidivism will help to reduce the prison population, decrease spending for prisons, enhance safety for our communities.

<table>
<thead>
<tr>
<th>Releases/Returns</th>
<th>FY 2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Releases</td>
<td>14,650</td>
</tr>
<tr>
<td>Inmates returned for technical violation</td>
<td>3,088 (21.1%)</td>
</tr>
<tr>
<td>Inmates returned for new felony conviction</td>
<td>2,639 (18.0%)</td>
</tr>
<tr>
<td>Inmates returned</td>
<td>5,727 (39.1%)</td>
</tr>
</tbody>
</table>

* Full 3-year follow up
ADC 5-Year Goals

1. Staff is engaged in recidivism reduction
2. Environment is conductive to recidivism reduction
3. Operational practices support recidivism reduction
4. Communities are committed to supporting recidivism and reentry
5. Inmates are engaged in preparation for successful reentry
1. Utilize Available Compensation Strategies
2. Motivational Interviewing Training
3. Formalize the Sergeant Field Training Program
4. Staff Retention (A3 Project)
5. Inmate Management/Crisis Intervention Training
6. Staff Assaults (A3 Project)
7. Tablets and WIFI
8. Increase In-Demand Vocational Programs
9. Stabilize Inmates’ Mental Health Needs
10. Transform Cognitive Restructuring to be a Major Program
11. Use of Sanctions and Interventions
12. High Risk/High Need (A3 Project)
“Every life matters – and no one should fall through the cracks in our society. If someone has paid their debt to society, the last thing we want is for them to find themselves back in trouble with the law, and our policy can play a role.”

“Let’s get people off the streets; and in a job – with the goal of shutting down prisons, not building new ones. For the second year in a row, my budget will add no new prison beds.”
Governor’s Budget

• Inmate Education Expansion
  – 9 FTE Correctional Education Teacher positions
  – 1 FTE Administrative Services Officer II position

• Substance Abuse Treatment Expansion
  – 13 FTE Substance Abuse Counselor positions
  – 2 FTE Program Manager positions

• Employment Center Expansion
  – 4 FTE Correctional Officer III positions
  – 1 FTE Employment Center Program Manager
  – 4 FTE Employment Specialists (Dept. of Economic Security)
Goal Council 4

- Several initiatives underway
  - UBER pilot
  - Vivitrol Pilot
  - Expansion of the Drivers License/State Identification Program
  - Educating rental owners on compliance with fair housing regulations in context of crime free housing
  - Toolkit to assist corrections case managers with finding housing for releasing offenders
- These are just a few of the many efforts underway
Employment Centers
Other Statewide Initiatives

• Statewide Adult Recidivism Reduction Grants
• ADC Breakthrough Project – High-Target Inmate Program Placement
• Medication-Assisted Treatment – expansion of services offered to offenders on supervision
• Post-Release Fire Crew
• Hiring Ex-Offenders
• AHCCCS Applications
• Offender Employment Specialist (OES) Trainings
Achieving “25 in 10”
Governor Ducey’s
Arizona Substance Abuse Partnership

Thursday, April 13, 2017

State Capitol Executive Tower
2nd Floor Conference Room
Arizona Substance Abuse Partnership
Youth Prevention Sub-Team

Samuel Burba
Communications Director
Governor’s Office of Youth, Faith and Family
Purpose of the Youth Prevention Sub-team:

Report on the number and percent of elementary, middle, and high schools implementing substance abuse interventions

Identify evidence-based, emerging and best practice substance abuse prevention/early identification curriculum to be implemented in all Arizona schools

Identify strategies to help expand after-school opportunities for youth from 3-6 P.M. to engage in prevention-based activities

Identify resource needs and potential funding sources
Identified Gap:

Nationally, the CDC found that among the schools surveyed, 50.0 percent of elementary schools, 66.7 percent of middle schools and 86.9 percent of high schools require students receive instruction on alcohol or other drug use prevention.

In Arizona, statute permits, but doesn’t require, the instruction on the harmful effects of narcotic drugs, marijuana, date rape drugs, and other dangerous drugs in grades 4-12. The statute also allows instruction to include the harmful effects of drugs on a human fetus in grades 6-12.
Primary Funding for Prevention Programs in Arizona:

**Substance Abuse Block Grant** – The Governor’s Office of Youth, Faith and Family is using funding to implement school-based programs targeting middle and high school youth.

**Parents Commission on Drug Education and Prevention, Partnerships For Success (SAMHSA), CDC Prescription for States** – Utilized by the Governor’s Office of Youth, Faith and Family and the Department of Health Services to fund community and family based prevention services primarily through substance abuse coalitions and non-profits.
Youth Data Trends in Arizona (AYS 2016)

2016 Lifetime Substance Use (8th Grade)

- E-Cigarettes: 22.4%
- Cigarettes: 14.7%
- Rx Tranquilizers: 4.7%
- Rx Stimulants: 3.1%
- Rx Opioids: 6.9%
- Marijuana: 14.3%
- Alcohol: 29.0%

Percentage (%) of students reporting use

2016 Lifetime Substance Use (12th Grade)

- E-Cigarettes: 38.8%
- Cigarettes: 32.8%
- Rx Tranquilizers: 10.9%
- Rx Stimulants: 9.6%
- Rx Opioids: 13.6%
- Marijuana: 42.0%
- Alcohol: 60.4%

Percentage (%) of students reporting use
Youth Data Trends in Arizona (AYS 2016)

2016 Poly-Substance Use (8th Grade)

- Drank while using Rx drugs (in the last 30 days)
- Percentage (%) of students reporting behavior

2016 Poly-Substance Use (12th Grade)

- Drank while using Rx drugs (in the last 30 days)
- Percentage (%) of students reporting behavior
Discuss Approach:

Recommend the Youth Prevention Sub-team review all relevant and meaningful early education substance abuse prevention/early identification and substance abuse treatment intervention resources in order to identify and recommend which ones will be most effective in preventing and reducing substance use among Arizona’s school-age youth including those provided in the Arizona Substance Abuse Taskforce Report (2016).

Timeline:

Deliver report to Goal Council 3 by June 30, 2018
Governor Ducey’s
Arizona Substance Abuse Partnership

Thursday, April 13, 2017

State Capitol Executive Tower
2nd Floor Conference Room