COVID-19 Behavioral Health Task Force

May 1, 2020
Agenda

• Roll Call and Housekeeping for Webex: Lauren Prole
• Topics and Intro: Dr. Sara Salek
• ADHS Update: Teresa Ehnert
• PAX Tools: Kathryn Tummino and Dr. Dennis Embry
• Crisis Response Network (CRN) Update: Justin Chase
• Southern Arizona Crisis Line Update: Shanna Palumbo
• Telehealth Opportunities: Jill Rowland
• Questions, Open Discussion & Wrap-Up: Dr. Sara Salek
Topics & Intros

Dr. Sara Salek
Chief Medical Officer, AHCCCS
ADHS Update

Teresa Ehnert
Bureau Chief, Public Health Emergency Preparedness
Health Emergency Operation Center/ ESF8
PHEP/HPP Director, Arizona
PAX Tools

Dr. Dennis Embry, President/Lead Scientist, PAXIS Institute
Kathryn Tummino, PAXIS Institute
Behavioral Health Task Force

Mitigating ACEs & Mental, Emotional, & Behavior Disorders Using Proven Behavioral Vaccine & Evidence-Based Kernels:

- The PAX Good Behavior Game
- PAX Tools for the Community

An Opportunity for Involvement with Providers Throughout Arizona

Dennis D. Embry, Ph.D., Kathryn Tummino, BA, OCPS, Erin Roepcke, MSW
PAXIS Institute, Tucson, AZ
The Good Behavior Game: A Best Practice Candidate as a Universal Behavioral Vaccine

Dennis D. Embry

A “behavioral vaccine” provides antivaccination aggregate morbidity and mortality, impacting physical, mental, and behavioral disorders. An historical example of a behavioral vaccine is antiretroviral hand washing to reduce childhood fever. In current societal issues with high levels of morbidity, such as substance abuse, delinquency, youth violence, and other behavioral disorders (mental, social), a vaccine for a behavioral problem such as hand washing may be effective in reducing transmission.

A simple behavioral strategy called the Good Behavior Game (GBG), which minimizes inhibitions in a group context of elementary school, has substantial previous research to consider its use as a behavioral vaccine. The GBG is not a curriculum but rather a simple behavioral intervention from science behavior analysis. A systematic, independent replication of the GBG across different grade levels, different types of students, different settings, and with varying follow-up show strong, consistent impact on disruptive behavior of children and teens as well as reductions in substance use or at-risk emotional behaviors.

The GBG, named as a “best practice” for the prevention of substance abuse or violent behavior by a number of federal agencies, is unique because it is the only practice implemented by individuals, teachers, and not by professional groups.

Key Words: Substance abuse prevention, social skill development, public policy, and design

INTRODUCTION

A behavioral vaccine is a simple, scientifically proven routine or practice put into widespread daily practice that reduces morbidity and mortality. An historical example comes from an epidemic that occurred 150 years ago.

During the nineteenth century, women died in childbirth at alarming rates in Europe and the United States. Up to 20% of women who delivered their babies in hospitals died from childbirth fever (puerperal fever), all caused later to be called “hospital pneumonia” by doctors.

In the 1860s, Dr. Ignaz Semmelweis worked in the maternity wards of a Vienna hospital. By meticulous observation, he discovered that the mortality rate in a delivery room staffed by medical students was up to three times higher than in a second delivery room not staffed by medical students. Semmelweis postulated that the students might be carrying the infection from their dissecting rooms to mothers giving birth. He included this hypothesis by having doctors and medical students wash their hands with a chlorinated solution before examining women in labor. The mortality rates in his maternity ward now dropped to less than 1%. Washing of hands with antiseptic solution—a behavioral vaccine—now saves millions of lives every year.

The Centers for Disease Control and Prevention (CDC) website states, “An antiseptic hand washing is...”

Predicted Benefits of PAX GBG in Your School, District, Tribe or Community When First Grade Students Reach Adulthood After 1-2 Years of PAX GBG Exposure*

Site Estimate for: All First Graders in Arizona

Enter number of First Graders at school, district, Tribe or community: 

72,000

6,193

Fewer young people will need any form of special education services

4,008

More boys will likely graduate from high school

4,809

More boys will likely enter university

6,390

More girls will likely graduate from high school

4,994

More girls will likely enter university

699

Fewer young people will commit and be convicted of serious violent crimes

6,922

Fewer young people will likely develop serious drug addictions

4,736

Fewer young people will likely become regular smokers

2,550

Fewer young people will likely develop serious alcohol addictions

3,492

Fewer young women will likely contemplate suicide

4,736

Fewer young men will likely attempt suicide

$937,440,000

Predicted financial net savings to students, families, schools, communities, state/federal governments

$23.67

Estimated Cost of PAX GBG Materials Per Child for Lifetime Protection

$22.00

Estimated Cost of External Training & Technical Supports Per Teacher Prorated Per Child’s Lifetime

$26.80

Estimated Cost of Internal Supports for Implementation and Maintenance by Teachers Prorated Per Child’s Lifetime

Open Access at pubmed.gov
What is the PAX Good Behavior Game?

- PAX GBG is a recipe of proven behavioral influence used throughout the school day, during any instructional or school activity. Disturbing disruptive, inattentive and aggressive behaviors drop by 80% when used well.

- That translates into improved academic success, reduced behavior problems and improves virtually every indicator of lifetime physical, mental, emotional, and behavioral wellbeing in longitudinal randomized, comparative effectiveness trials.

- Behavioral health staff can coach the implementation, and use it to support children and families receiving behavioral health services.

- PAX GBG is free to schools AZ. Please promote and support it.
Evidence-Based Kernels Can Reduce ACE ‘s


This also in teacher & wellbeing
Evidence-based Kernels: Fundamental Units of Behavioral Influence

Denis D. Embry - Anthony Biglan

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Abstract This paper describes evidence-based kernels, fundamental units of behavioral influence that appear to endure effective prevention and treatment for children, adults, and families. A kernel is a behavior-influencing procedure shown through experimental analysis to affect a specific behavior and that is indivisible in the sense that removing any of its components would render it inert. Existing evidence shows that a variety of kernels can influence behavior in context, and some evidence suggests that frequent use or sufficient use of some kernels may produce longer lasting behavioral shifts. The analysis of kernels could contribute to an empirically based theory of behavioral influence, augment existing prevention or treatment efforts, facilitate the dissemination of effective prevention and treatment practices, clarify the active ingredients in existing interventions, and contribute to the development of interventions that are more endurable and effective. The paper describes 52 of these kernels, and details practical, theoretical, and research implications, including calling for a national database of kernels that influence human behavior.

Keywords Evidence-based kernels Public health benefits - Prevention - Treatment

This paper presents an analysis of fundamental units of behavioral influence that endure effective prevention and treatment. We call these units kernels. They have two defining features. First, in experimental analysis, researchers have found them to have a reliable effect on one or more specific behaviors. Second, they are fundamental units of behavioral influence in the sense that deleting any component of a kernel would render it inert. Understanding kernels could contribute to an empirically based theory of behavioral influence, facilitate dissemination of effective prevention and treatment practices, clarify the active ingredients in existing interventions, and contribute to developing interventions that are more effective and efficient. Subsequent sections of this paper expand on the two essential features of evidence-based kernels, as well as the origins of the idea and terminology.

The ultimate goals of treatment and prevention research are the reduction of the prevalence of the most common and costly problems of behavior and an increase in the prevalence of well-being. Existing thinking about how to accomplish this assumes that we will identify empirically supported programs and, in a lesser extent, policies, and will disseminate them widely and effectively. Although substantial progress is occurring through this strategy, there are at least four limitations to it that point to the value of kernels as a complementary strategy.

First, it is difficult to implement a program’s efficacy widely with fidelity or effectiveness. Ringwalt et al. (2003) surveyed a sample of 1,795 school staff members who were in charge of teaching substance-use prevention programs. Nearly two-thirds reported teaching content that meta-analyses showed was effective. However, only 17% used effective delivery and only 14% used both effective delivery and content. In a second study, Ringwalt et al. (2003) found that about one-fifth of teachers of substance-
Why Evidence-Based Kernels for Families?

Substantiated Child Maltreatment

Effect size = 1.09, p<.03, showing Triple P stopped a rising trend of substantiated child-maltreatment in counties using Triple P, compared to control counties.

Child Maltreatment Injuries (Hospital & ER)

Effect size = 1.14, p<.02, showing Triple P decreased medical injuries in counties using Triple P, compared to control counties not receiving Triple P increasing.

Child Out-of-Home Placements

Effect size = 1.22, p<.01, showing Triple P decreased medical injuries in counties using Triple P, compared to control counties not receiving Triple P increasing.

These landmark results were NOT the result of intensive services, home-visiting or multi-session parenting programs.
What is PAX Tools?

PAX Tools …

- is a collection of evidence-based strategies to improve cooperation and self-regulation with children.
- is trauma-informed
- creates a nurturing environment
- supports parents, youth workers, and other caring adults who interact with children
- PAX Tools training and materials will be free in AZ, and providers and others can learn to deliver this.
Who is PAX Tools For?

- Parents/ Grandparents, Foster Parents
- After-School Staff
- Preschool Staff
- Youth group leaders
- Sports Coaches
- Faith based volunteers
- Juvenile Court personnel
- Mental Health Professionals
- Developmental Disabilities Professionals
PAX Tools for Arizona!

GOYFF Funding for PAX Tools
30 Community Educator Trainings for 300 professionals

COVID-19 Response:
Recipe Cards – 7 evidence-based strategies to be released to schools on Monday May 4th
Fireside Chats - 10 situation-focused videos on using PAX Tools strategies at home in
What is a PAX Tools Community Workshop?

Join us for a FREE upcoming workshop:

**WHO:**

**WHEN:**

**WHERE:**

**TIME:**

**RSVP:**

**FREE PAX TOOLS KITS!**

What are PAX Tools?
PAX Tools is a collection of evidence-based, trauma-informed strategies to improve cooperation and self-regulation with youth. PAX Tools draws on decades of science to create strategies that support parents, youth workers, and other caring adults to create a nurturing environment that culminates in helping kids thrive.

Do the Tools work?
According to over 40 years of research at places like John’s Hopkins University and Wright State University, for every 100 first graders that fail the tests in school through the PAX Good Behavior Game, we’d see some great results when they reach age 21:

- 7 more kids will not be smokers
- 4 more kids will not be alcohol dependent
- 12 more kids will not be drug dependent
- 9 more kids will not develop violent crime
- 9 more kids will not need mental/health services
- 7 more girls will not feel suicidal
- 6 more girls will graduate from high school
- 7 more boys will attend college

Who should attend a PAX Tools training?
PAX Tools is intended for any caring adult who interacts with children, such as parents, caregivers, professionals, and educators. Caregivers who participate in PAX Tools training will receive the materials they need to effectively use PAX Tools with children, including the PAX Tools App.
Resources for Parents and Caregivers

Beat The Timer

1. Pick an activity that your child enjoys or something you both enjoy doing together.
2. Use a timer to help manage the activity. Set the timer for a specific amount of time, such as 10 minutes. Close the activity once the timer goes off.
3. Ask your child to choose an activity they enjoy or something they want to do. Set the timer for a specific amount of time, such as 10 minutes. Close the activity once the timer goes off.
4. Use a timer to help manage the activity. Set the timer for a specific amount of time, such as 10 minutes. Close the activity once the timer goes off.
5. Ask your child to choose an activity they enjoy or something they want to do. Set the timer for a specific amount of time, such as 10 minutes. Close the activity once the timer goes off.
6. Use a timer to help manage the activity. Set the timer for a specific amount of time, such as 10 minutes. Close the activity once the timer goes off.

PAX Breaks
- Shared Vision
- Timer
- Mystery Motivators
- Random Sticks
- Harmonica
- Kudos
- Amends
- PAX Notifications
- Settings
Arizona Community Educators will receive materials for 100 kits.
PAX Tools App

- Free application for Android and Apple
PAX Tools Recipe Cards

PAX Breaks

Tensions running high at home? It might be time for a PAX Break. When emotions become intense, children may increase oppositional behavior. This can cause adults to use even harsher consequences. Instead of reacting, try a PAX Break.

1. When emotions appear to increase, calmly announce it’s time for a PAX Break.

2. Give the child and yourself the time, and especially the physical space, to focus on a calming activity. This might be coloring, listening to music or drinking a cup of tea. Set a timer to remind yourself to check on the child.

3. When time is up, determine whether you and the child are ready to have a conversation or if you need another break. When both you and the child are calm, restart the discussion. Be sure to praise the child for taking a PAX Break!

This tested and proven strategy allows adult and child the opportunity to safely calm down. Use PAX Breaks to intervene when tensions are growing, and help children regain focus or de-escalate emotions. This improves the ability for the child and adult to express themselves honestly, without getting defensive. PAX Breaks increase the peace, productivity, health, and happiness – even during tough times.

Beat The Timer

1. Put your child’s activity or task on a timer to help them keep an eye on how much time is left. This allows them to feel in control of completing the task.

2. Avoided time-intensive activities and focus on activities for specific time frames.

3. Find daily long or slightly difficult tasks and set a timer to work on them. This provides a distraction and reduces anxiety.

4. Use the timer to break down larger tasks into smaller chunks. This helps to prevent procrastination.

5. As soon as the timer goes off, whatever activity you were doing, take a break. This allows you to relax and recharge.

These PAX Tools are copyrighted and may be reproduced in whole without any copyright notice.
PAX Tools Fireside Chats

10 Videos to be available on PAX Tools Youtube Channel

Weekly release beginning May 18th
Community Educator Trainings

- 30 Trainings
- 300 Professionals
- 100 Kits per attendee
- Access to PAXTools.org
- Ongoing technical assistance
Who should attend a Community Educator Training?

Ideal candidates for this training currently work in one of the following areas:

- community level prevention awareness/education
- mental health and recovery
- community health education
- faith-based volunteer
- county health dept.
- alcohol, drug addiction and mental health services
- extension offices
- or a similar position
PAX GBG is used by teachers in classrooms and schools  
PAX GBG Info: info@paxis.org  
PAX GBG www.goodbehaviorgame.org

PAX Tools are strategies for parents, caregivers and youth workers  
PAX Tools General Info: paxtools@paxis.org  
PAX Tools on Facebook: @PAXTools

Together, PAX GBG and PAX Tools teach and reinforce self-regulation!
COVID-19 Hotline & Crisis Line Updates

Justin Chase
CEO, Crisis Response Network
211 Statewide COVID-19 Hotline

COVID-19 Hotline - Program Data Report

Report Dates: 3/20/2020 through 4/26/2020

<table>
<thead>
<tr>
<th>Program Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Hotline Inbound Calls</td>
</tr>
<tr>
<td>COVID-19 Hotline Calls Handled by Agent</td>
</tr>
<tr>
<td>Transferred to Poison Control</td>
</tr>
<tr>
<td>Maricopa County: 1 (844) 542-8201</td>
</tr>
<tr>
<td>All Other Counties: 1 (520) 626-4160</td>
</tr>
</tbody>
</table>
# 211 Statewide COVID-19 Hotline

<table>
<thead>
<tr>
<th>Primary Reason for Call</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>191</td>
</tr>
<tr>
<td>Resources: Financial assistance (eviction prevention, utility assistance, etc.)</td>
<td>173</td>
</tr>
<tr>
<td>Information about COVID-19 (symptoms, how it's contracted/spread, vulnerable populations, statistics, prevention)</td>
<td>150</td>
</tr>
<tr>
<td>Eviction Prevention – Other</td>
<td>138</td>
</tr>
<tr>
<td>Best sources of information</td>
<td>86</td>
</tr>
<tr>
<td>Eviction Prevention – Full Application</td>
<td>58</td>
</tr>
<tr>
<td>Testing information and availability</td>
<td>47</td>
</tr>
<tr>
<td>Eviction Prevention – Completed Prescreen</td>
<td>15</td>
</tr>
<tr>
<td>Resources: Food assistance</td>
<td>13</td>
</tr>
<tr>
<td>Supplies availability - masks, sanitizer, cleaner</td>
<td>9</td>
</tr>
<tr>
<td>Travel, events, group gatherings</td>
<td>7</td>
</tr>
<tr>
<td>Resources: Housing and homelessness</td>
<td>5</td>
</tr>
</tbody>
</table>
## Crisis Line Updates
(42 days pre & post COVID-19)

<table>
<thead>
<tr>
<th>Measure</th>
<th>2/2/20 – 3/14/20</th>
<th>3/15/20 – 4/25/20</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Call Volume</td>
<td>31,038</td>
<td>29,516</td>
<td>4.9% Decrease</td>
</tr>
<tr>
<td>Mobile Team Dispatches</td>
<td>3,299</td>
<td>2,628</td>
<td>20.3% Decrease</td>
</tr>
<tr>
<td>Reasons for Call</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>724</td>
<td>631</td>
<td>12.8% Decrease</td>
</tr>
<tr>
<td>Anxiety</td>
<td>952</td>
<td>1,190</td>
<td>25% Increase</td>
</tr>
<tr>
<td>Medical</td>
<td>463</td>
<td>580</td>
<td>25.3% Increase</td>
</tr>
<tr>
<td>Suicidal/Self-Harm</td>
<td>3,849</td>
<td>3,165</td>
<td>17.8% Decrease</td>
</tr>
<tr>
<td>Population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>5,906</td>
<td>5,933</td>
<td>0.5% Increase</td>
</tr>
<tr>
<td>Children (&lt;18)</td>
<td>1,248</td>
<td>694</td>
<td>44.4% Decrease</td>
</tr>
<tr>
<td>Measure</td>
<td>Mar. – Apr. 2019</td>
<td>Mar. – Apr. 2020</td>
<td>Variance</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total Call Volume</td>
<td>42,324</td>
<td>39,619</td>
<td>6.4% Decrease</td>
</tr>
<tr>
<td>Mobile Team Dispatches</td>
<td>4,342</td>
<td>3,669</td>
<td>15.5% Decrease</td>
</tr>
<tr>
<td>Depression</td>
<td>961</td>
<td>916</td>
<td>4.7% Decrease</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1,167</td>
<td>1,543</td>
<td>32.2% Increase</td>
</tr>
<tr>
<td>Medical</td>
<td>599</td>
<td>739</td>
<td>23.4% Increase</td>
</tr>
<tr>
<td>Suicidal/Self-Harm</td>
<td>4,771</td>
<td>4,399</td>
<td>7.8% Decrease</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>219</td>
<td>185</td>
<td>15.5% Decrease</td>
</tr>
<tr>
<td>Aggressive/DTO</td>
<td>1,190</td>
<td>1,283</td>
<td>7.8% Increase</td>
</tr>
</tbody>
</table>
Southern Arizona Crisis Line Update

Shanna Palumbo, Director, Arizona Crisis Line
Johnnie Gasper, Manager, Crisis System, AzCH
Crisis System Overview

- Noted decrease in year over year comparison for CYQ2
  - March Avg Daily Volume 320
  - Feb Avg Daily Volume 290

- We are seeing an increase in usage more recently
  - Daily call volume 4/29/20 – 380 calls

- Increasing number of calls with a primary presenting symptom noted as “Stress and Coping”
• By comparison Crisis Mobile Team activations have remained consistent

• Seeing consistency in other presenting symptoms
• For March 2020-these 6 symptoms represent over 62% of crisis episodes
Partnership Highlight

- Increased LE requests for CMT
- Consistent volume
  - Pivot from 911 co-location previously averaging over 100 calls per month
  - Marketing for increased transfers prior to response
  - Fire Dept. included
- Suicide Awareness & Prevention Campaign
  - Launched on social media
  - Focused on the effects of social distancing coupled with the stress of COVID-19
  - https://www.azcompletehealth.com/suicide prevention

1st Responder Partnership

- Bar chart showing trends from 10/1/2019 to 3/1/2020 for Total 1st Responder Inbound Crisis Episodes and 1st Responder - Law Enforcement requests CMT.
Telehealth Opportunities

Jill Rowland
Chief Clinical Officer, AHCCCS
Questions, Open Discussion & Wrap Up

Thank you!
Future Topics

• SAMHSA Grant Update
• Crisis Counseling

Have topics you want to discuss - sent them to Lauren Prole at lauren.prole@azahcccs.gov
General Resources

- ADHS & ASU Center for Mindfulness, Compassion and Resilience
- American Medical Association - Managing Mental Health During COVID-19
- American Psychiatric Association - COVID-19 Resources
- American Psychiatric Nurse Association - COVID-19 Tips and Resources for Psychiatric-Mental Health
- ArizonaTogether.org
- Arizona Adverse Childhood Experience Consortium-COVID-19 Resources Hospice of the Valley Virtual Support Groups for Grief & Loss
- HHS - Considering Faith, Community and Mental Health During the COVID-19 Crisis
- SAMHSA Coronavirus (COVID-19) Guidance and Resources
- ACL Coronavirus disease 2019 (COVID-19) Guidance and Resources
- For Doctors, By Doctors - a hotline for fellow Physicians to offer peer support to each other: 1-888-409-0141 8:00 am-12:00 midnight EST 7 days a week

- Health Current - AZ Health Information Exchange
- COVID-19 Healthcare Planning Checklist
- CMS COVID-19 Long-Term Care Facility Guidance
General Resources

Articles

- The Grief Over Canceled Milestones Is Real. Here's How to Cope
- Harvard Business Review, That Discomfort You’re Feeling is Grief
- NASMHPD- Peer-Led Recommendations for Supporting Individuals Receiving Care in State Psychiatric Facilities during the COVID-19 Crisis
- Substance Abuse and Mental Health Services Administration (SAMHSA)- Intimate partner violence and child abuse during COVID-19
- The Opioid Crisis and the Black/African American Population: An Urgent Issue
- After Incarceration: A Guide To Helping Women Reenter the Community
- How COVID-19 may increase domestic violence and child abuse

Virtual support group meetings

- Alcoholics Anonymous
- Narcotics Anonymous
- Al-Anon
- Smart Recovery
- Life Ring Secular Recovery
Teacher/Educator/Parent Resources

- National Center for School Mental Health: (NCSMH)
- If you are in crisis, call the National Suicide Prevention Lifeline at 1800 273-TALK (8255) or contact the Crisis Text Line by texting TALK to 741741
- Chat: Suicide Prevention Lifeline Chat
- Many counselors or other behavioral health professionals may be available through telehealth services
- The American Foundation for Suicide Prevention has great resources specific to mental health and COVID-19 (talking points, radio PSA, social sharing, guidance, etc)
- Some important tips from the American Foundation for Suicide Prevention:
  - Stay focused on what you can control
  - Limits news intake
  - Stick to a daily routine
  - Stay connected to the people you care about
    - Reach out when you are feeling lonely
    - Check in on older neighbors
- The national Disaster Distress Helpline is available to anyone experiencing emotional distress related to COVID-19. Call 1-800-985-5990 or text TalkWithUs to 66746 to speak to a caring counselor.
- SAMHSA’s “Coping With Stress During Infectious Disease Outbreaks” page outlines the signs of stress and steps you can take to alleviate stress.
- AHCCCS - Suicide Prevention website
- For veterans, resources include the Be Connected Support Line 1-866-4AZ-VETS (429-8387), and the Veterans Crisis Line 1-800-273-8255 and press 1
- For LGBTQ youth, The Trevor Lifeline 1-866-488-7386 or text "TREVOR" to 678-678 provides 24/7 support
- Resources by County

![AHCCCS Logo]
Telehealth Resources

- CMS Toolkit
Webinars

The Science of Happiness, Health & Well-being during COVID-19 May 1st at 2pm
Combating Social Isolation for Seniors during the COVID-19 Pandemic May 7th at 1pm