

STRONG FAMILIES THRIVING CHILDREN



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STRONG FAMILIES *THRIVING CHILDREN*

FINAL REPORT

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STRONG FAMILIES *THRIVING CHILDREN*

FINAL REPORT

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The 112th Statewide Arizona Town Hall, which took place at the Sheraton Crescent Hotel in Phoenix from November 14-16, 2019, developed consensus recommendations on the topic of “Strong Families Thriving Children.” Before the Statewide Town Hall in Phoenix, a number of precursor Community Town Halls and Future Leaders Town Halls provided valuable insights and ideas to the participants at the 112th Statewide Town Hall and to the communities sponsoring the Community Town Halls and Future Leaders Town Halls.

The Morrison Institute for Public Policy, in partnership with Arizona’s three public universities as well as other industry professionals, lent its time and talent to create a fact-based background report integral to the understanding of the topic. The Background Report, distributed to all participants in advance of the Town Hall sessions, is an essential element to the success of these consensus-driven discussions. The Morrison Institute and all those who worked with it on the Background Report created a unique resource for a fuller understanding of the topic.

Our sincere thanks go to the report’s authors for sharing their time, wealth and breadth of knowledge, and diverse professional talents.

Our deepest gratitude also goes to Erica Quintana, Policy Analyst at the Morrison Institute for Public Policy, who marshalled authors, created content, and served as editor of the Background Report.

The “Strong Families Thriving Children” Town Hall sessions could not have occurred without the financial assistance of our generous Professional Partners. These Partners include the sponsors of the Statewide Town Hall (Arizona Public Service (APS), Salt River Project (SRP), FWD.us, and The Agnese Nelms Haury Charitable Trust), as well as numerous sponsors of the various Community Town Halls and Future Leaders Town Halls around the state.

Contained in this single Final Report is the full text of the consensus recommendations developed by the participants at the 112th Statewide Town Hall. The Final Report also includes the individual Community Town Halls reports, a summary of the Future Leaders Town Halls reports, and the Background Report.

This report will be shared with our public officials, community and business leaders around the state, Arizona Town Hall members, and many others. It is already being used as a resource, discussion guide, and action plan on how best to support Arizona families.

Sincerely,

A handwritten signature in blue ink that reads "Patricia K. Norris".

Patricia K. Norris
Board Chair, Arizona Town Hall
www.aztownhall.org

**STRONG
FAMILIES
THRIVING
*CHILDREN***

**STATEWIDE TOWN HALL
RECOMMENDATIONS REPORT**

PARTICIPANTS OF THE 112TH STATEWIDE TOWN HALL “STRONG FAMILIES THRIVING CHILDREN”

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Billie Orr, Mayor Pro Tem, City of Prescott, Prescott

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TOWN HALL SPEAKERS

Friday breakfast panel presentation on *Strong Families are Connected Families*

Moderator: **Olivia Elder**, Families and Incarceration Associate, FWD.us

Rebecca Gau, Arizona Director, Stand for Children

Quinton Moore, Minister-In-Training, Greater Impact Church Phoenix

Jeff Taylor, Chairman of the Board, Salvation Army of Phoenix

Friday lunch panel presentation on *Arizona Resources and Opportunities*

Moderator: **Suzanne Pfister**, CEO, Vitalyst Health Foundation

Maria Cristina Fuentes, Director, Governor’s Office of Youth, Faith and Family

Maurice “Mo” Portley, Senior Director, Judicial Engagement Team, Casey Foundation; Ret. Judge, Arizona Court of Appeals

Jami Snyder, Director, Arizona Health Care Cost Containment System (AHCCCS)

Friday dinner panel presentation on *Inspiration for Action*

Moderator: **Elizabeth McNamee**, Chair, Community Town Halls Committee, Arizona Town Hall

Evelyn Casuga, Senior Advisor, Community Relations, Central Arizona College; Director, Community & Economic Prosperity, Center for the Future of Arizona

Kathy Kitagawa, Volunteer, Tucson Committee Chair, Arizona Town Hall

Shelley Mellon, President/CEO, R.L. Jones Insurance and Motor Vehicle Services

Courtney Sullivan, Executive Director of the Arizona Center for Afterschool Excellence (AzCASE)

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REPORT OF THE 112TH ARIZONA TOWN HALL

“STRONG FAMILIES THRIVING CHILDREN”

SHERATON CRESCENT HOTEL, PHOENIX

NOVEMBER 14-16, 2019

INTRODUCTION

“When families are strong and stable, so are children - showing higher levels of well-being and more positive outcomes. But when things go wrong - either through family breakdown or a damaged parental relationship - the impact on a child’s later life can be devastating.”

- Iain Duncan Smith, Member of Parliament of the United Kingdom

Strong families and thriving children provide the foundation for strong communities and a thriving society. We know that family and child well-being are important public health issues. On average, the estimated lifetime cost of child maltreatment is about \$210,000 for each victim – and that only considers the financial cost.

The 2011-2012 National Survey of Children Health found that Arizona has the highest rate in the nation for children who have experienced two or more Adverse Childhood Experiences (ACEs) – traumatic events that take place in a child’s life before age 18 that harm their body and brain development. More than 18% of Arizona children have experienced three or more ACEs. According to the Annie E. Casey Foundation 2018 Kids Count profile, 24% of Arizona children live in poverty compared to 19% at the national level. The Foundation also found that while the national average of children in foster care is six in 1,000 children, in Arizona that rate is ten per 1,000 children. Given these facts, it is to our benefit as Arizonans to better understand what makes a family strong and what we can do to help Arizona’s children thrive. And we must decide what, if anything, we should do to help Arizona’s families and children thrive. To answer these questions, we should consider the relationships and processes that support and protect families and family members, especially during times of adversity and change. We need to understand how family strengths help to maintain family cohesion while also supporting the development and well-being of individual family members. And we should consider what constitutes a family today and recognize children are not solely the responsibility of only their immediate families alone, but rather of the broader community as well.

Set against this backdrop, participants in the 112th Arizona Town Hall traveled from throughout Arizona to convene in Phoenix for three days to consider the topic of Strong Families Thriving Children in Arizona and to develop consensus on focused recommendations regarding what Arizona can do next to support the goal of strong families and thriving children.

The 112th Arizona Town Hall invited a robust, respectful policy discussion and participants hope their recommendations will inspire and motivate our state’s leaders to respond to these challenges. The results of the discussions at the 112th Arizona Town Hall are included in this report. Though not all Town Hall participants agree with each of the conclusions and recommendations, this report reflects the overall consensus reached at the 112th Arizona Town Hall.

SUPPORTING AND STRENGTHENING FAMILIES

Strengthening and supporting families is fundamental to strong societal systems and structures. Families include cultural connections, traditions, and behaviors and form a supportive network. They may be multigenerational and blended and are comprised of both formal and informal structures. Our changing society requires a broader view of the family unit and does not need to be limited to family of origin. In fact, some choose their own families, looking to friends and social groups for their support.

Strong families share time, space, beliefs, and trust. They depend on each other and walk down life's path together. They are the very building blocks of our communities. Children, elderly, and vulnerable members need assistance and guidance to thrive and a strong family commits to care for, support one another, and help meet one another's needs. Families need to transcend from simply meeting the basic obligations of food and shelter to include the nurturing that offers hope that can carry members beyond limiting circumstances. No one factor is definitive but love and caring are critical.

Strong families teach resilience, leadership, and coping skills. A strong family creates positive expectations and goals. Ultimately a strong family is grounded, whether emotionally, spiritually, or otherwise. In overcoming obstacles and adversity, they build skills needed to succeed.

Supporting and strengthening families is important. Strong families are able to care for people at every stage of life from infancy, to the elderly, and members with special needs. Strong families provide children an opportunity to gain independence and succeed. Social and emotional support services play an important role in helping families grow strong and overcome the challenges they face.

Families help us to understand our society and its norms. A family teaches its members to love one another, to support one another, to be resilient, and to thrive. A family helps to promote a capable and strong workforce. Families comprise a complex and dynamic system of behaviors, actions, and beliefs. The family is the fabric of our society. Our policies and public and private investments should support and strengthen families in Arizona.

STRONG FAMILIES AND THRIVING CHILDREN SHARE A SENSE OF SECURITY AND ATTACHMENT

Strong families and thriving children share two fundamental characteristics that foster resiliency in the face of adversity and encourage personal development: security and attachment.

Every family, and especially every child, should be able to feel safe within their home and their community and should be free from child abuse, domestic violence, sex trafficking, and trauma. Safety and security includes caring adults, adequate housing, stable employment that provides a livable wage, access to quality child care, education, transportation, nutritious food, and health care. Though wealth alone does not solve problems, lacking elemental levels of security severely jeopardizes a family's ability to thrive and be resilient. Security also comes from knowing about and having access to social services and resource assistance.

Related to security is a family's social connections. Social connections create safety nets for families when they struggle. Connections build resiliency and give parents confidence so they can survive and thrive despite setbacks. Social connections also protect against loneliness and isolation, which tend to inhibit individuals from seeking help when it is needed. Seeing others who need help at times begins to normalize help-seeking behavior and allows individuals to overcome the shame or stigma they might associate with reaching out. This system of social scaffolding helps families reach their highest potential.

Attachment within the family unit is also fundamental to a strong family with thriving children. A family comprised of individuals who are physically, mentally, and emotionally present for one another in a loving and respectful manner is likely to produce confident children who feel safe, protected, and valued; who have good communication skills, strong moral values, and healthy boundaries; and who exhibit positive behaviors.

This result can be seen particularly in the love, care, and support coming from families comprised of several different generations of interdependent members.

Attachment to culture and tradition is also important. It provides a sense of place and identity, and a feeling of belonging, particularly for families who do not feel part of the majority culture. Individuals who are secure in their place within their culture can celebrate, embrace, and preserve their culture rather than seeing it as a barrier. This allows them to develop confidence and a sense of self.

A strong family that feels secure and connected is much better equipped to raise children who are physically, spiritually, and emotionally resilient.

CHALLENGES

The challenges for supporting and strengthening families and children start with funding. Lack of funding, especially in rural and tribal communities, makes it increasingly difficult to provide social and emotional support programs and services, recruit experienced and qualified professional staff to address family challenges, and attract and retain high-quality educators.

Poverty, Arizona's high rate of incarceration resulting in family separation, lack of access to affordable child care and pre-K programs, and technology gaps including lack of universal internet access, are barriers many families face.

We need to do more to promote access to quality healthcare, including preventative and mental health care. Many families face challenges with newborns and would benefit from home visits and preventative care. Affordable housing and homelessness are also key challenges impacting families and children.

In all communities, physical distance can also be a challenge, especially in rural and tribal communities. Lack of public transportation restricts mobility, which in turn limits access to support services.

We must also address historical and systemic trauma, which are being passed along both environmentally and genetically, and are perpetuating the disparities and inequities in communities. These inequities along with barriers arising from language, implicit bias, and racial disparities create unique challenges for families, educators, and policymakers to overcome.

OPPORTUNITIES

We have many opportunities to address the challenges we face. Two key areas are improving early identification of at-risk families and increasing access to affordable, quality childcare, and pre-K education.

Providing assistance to families by the whole community requires enhancing the community's awareness of such challenges and developing data-driven public policy decisions. We need to provide necessary resources and train educators and other community members to do a better job of identifying families who are at risk and to support them before they face challenges. Early identification can improve access to needed services and must be provided in a non-judgmental way that does not stigmatize but instead proactively works with families and children. Early identification and intervention may improve well-being and reduce the likelihood of learning deficiencies, behavioral challenges, and incarceration.

An interdisciplinary approach presents real opportunities for improvement. There are opportunities to greatly improve collaboration and coordination of schools, faith-based organizations, local, county, state, and tribal government, and community partnerships to address the challenges we identified. First Things First is an example of a public agency that is helping to develop bridges among our current silos.

Encouraging children to participate in athletics, arts, and other extracurricular activities plays a large role in teaching children lessons about life. The expense of participation impacts the opportunities for children.

It makes it difficult for people who are under-resourced to engage in those positive activities that can support their development. We need to find ways to ensure that these expenses do not restrict participation.

Arizona must reconsider its spending priorities. Strengthening and providing consistent and increased funding to public schools is important. A budget is a moral document that reflects our values. Should we continue our commitment to spend on prisons rather than on preventing the causes of incarceration?

Public libraries and other resource centers are valuable. They open doors and opportunities. When allocating limited resources, we need to ensure they remain available.

Technology provides an opportunity for many improvements, including to education, health care, and social services. We can enhance these improvements by providing universal access to broadband.

Non-profits also provide great opportunities to meet the needs of families. They can focus on localized needs and connect families to the closest resources.

Arizona's robust tax credit system may provide an opportunity for people to direct resources where they want them to go but, we need to recognize that they can divert resources away from other needed programs.

Mentorship programs and pipelines can show young people they have more opportunities.

We need to ensure that the effort to support and strengthen families is culturally responsive, encourages diverse programs and arts, develops resiliency, increases community connections, teaches children to dream, and then guides them to live those dreams.

CHALLENGES AND OPPORTUNITIES TO REDUCE ADVERSE CHILDHOOD EXPERIENCES

ACEs present a variety of challenges and opportunities. Simply recognizing the existence of ACEs and educating individuals who interact with children to look for signs of ACEs is a primary opportunity. These individuals include members of the medical and educational communities, particularly pediatricians, teachers, clergy, first responders, law enforcement, and other first-line early care providers. In addition to educating those who work with children, we also need to raise awareness of ACEs through the broader community. Once everyone understands ACEs are not just something that happens to other people's kids, we can begin to eliminate the stigma associated with ACEs, encourage early identification, and promote intervention in advance of an ACE occurring.

Reducing ACEs needs to be a priority for Arizona. Once a potential ACE is identified, we need safe, effective, expedient means to respond to the situation. We further need to ensure the child receives support in a manner that preserves the child's dignity and does not further traumatize the child. Although removal of a child from a parent may sometimes be necessary, removal in itself is an ACE and should be an option of last resort. In-home services should be available to address family needs and preserve families. For example, a child whose parent is incarcerated has already experienced one ACE. If the parent is subsequently unable to regain custody of the child after release, despite presenting no threat to the child, the child is retraumatized with another ACE. Resources expended on family reunification more effectively promote healthy families and thriving children than those expended on keeping a family apart if the parent is not a danger to the child. A similar situation exists for children removed due to poverty. Helping parents find safe and affordable housing is a far better solution for a child than removing the child from the parent due to lack of housing. We have an opportunity to realign our social services programs to prioritize family unity and we should do so.

Another opportunity to reduce ACEs involves taking actions to prevent them from occurring in the first place. To start, we can help adults who were the victims of ACEs recognize and recover from their own traumas in an effort to stop the cycle of ACEs that sometimes occurs. Recognition and intervention are important parts of the solution. For example, we can recognize that ACEs occur within the network of individuals and professions

who themselves provide guidance, help, and support. We can also offer intervention services targeted to vulnerable populations, such as parents going through divorce, those with high-stress careers, single parents, migrant parents, and parents dealing with military deployments. In addition, we can educate and empower children to know how to establish healthy boundaries and prevent the occurrence of ACEs. Providing wrap-around services—a comprehensive, holistic, youth and family driven way of responding to service need—is another opportunity to prevent ACEs before kids who are struggling become parents themselves.

Whatever the approach we take for reducing ACEs, one challenge is it must be multi-faceted. The factors that contribute to the occurrence of ACEs are many and varied. Poverty, wage disparity, high rates of incarceration, zero tolerance policies in schools, lack of affordable housing and child care, substance abuse, and systemic racial biases are all contributory causes of ACEs or elements that complicate the reporting of and response to ACEs. For instance, a woman who is the sole breadwinner for her family may need to work longer hours due to wage disparity. If she lacks access to affordable housing and child care, either she may be unable to provide adequate housing for her children or she may be away from home for so many hours each day she cannot provide adequate oversight of her children. The same applies to men. Either way, the children face additional risk for experiencing ACEs. Another challenge is that a caregiver can lose public benefits by earning slightly too much money, which disincentivizes attempts to move forward and creates a cycle of poverty that can be difficult to escape. As these examples show, programs to reduce ACEs must be collaborative efforts of multiple agencies and disciplines, all of which are willing to work outside of their silos to implement family and child-centered approaches. If we expect these agencies, including schools, to function as safety nets, we need to support them with funding and personnel to allow them to carry out that mission.

FACTORS THAT PROTECT AGAINST ACEs

Factors that protect individuals from the negative impacts of ACEs include parental resilience, social connections, parental understanding of child development, support in times of need, and social and emotional competence. Increasing the availability of these protective factors is key to preventing and helping a child recover from the occurrence of an ACE. There is not, however, a one-size-fits-all strategy that will work for all individuals and communities. Therefore, we need to establish a framework of strategies to allow individuals and communities to adapt solutions to their own needs.

One of the primary opportunities for increasing protective factors comes from educating more people about ACEs including their impact and what to do when they occur. Educational programs can be offered by schools, faith-based communities, community service organizations, and multi-generational community centers. Providing programs at community-based centers produces an additional benefit by exposing the information to the community-at-large in addition to parents. This fosters social connections that can expand the members of a “family” offering protective factors to an individual child. It also encourages more people to become “trauma literate,” which expands the number of people able to look for signs of ACEs, intervene when warning signs arise, and reduces stigma. It also allows those who see the signs to react with sensitivity, provide informed assistance, and helps to build trust within the community, which is itself a protective factor because it encourages individuals to reach out for help when it is needed.

Community education of police and first responders presents another opportunity to expand protective factors. Although police involvement is not always the most effective response to an ACE, when they are called, police should be trained to respond in a way that is appropriate for the situation and does not exacerbate trauma. It may also be effective to implement programs in which police partner with volunteers or social service agencies when responding to crises. This has been successfully implemented through Crisis Intervention Training programs across the state. Police should also make more of an effort to become part of the communities they police so there is a reciprocal feeling of familiarity and trust between the community and police.

Community education and awareness need not be offered just through traditional means. People live busy lives and are less inclined to use traditional means of obtaining information. Therefore, information should be presented in new ways, perhaps through utility bill inserts and social media.

We can also enhance protective factors through improving the availability of prevention resources and services. To do this, we must first improve our ability to match the underlying causes of ACEs with available resources and improve coordination across responding agencies. This includes working with agencies responsible for child welfare, immigration, and criminal justice to prioritize family stability and unity when creating and implementing policies and practices. In addition, new programs that are developed must be fully funded to allow them to move beyond the pilot phase. Schools and early childhood education programs are natural community centers and, if fully funded, could provide protective factors from a holistic approach, including afterschool programs, opportunities for family interaction, sports, arts, outdoor programs, and programs to promote empowerment and teach social and emotional competencies. For any of these efforts to succeed, however, civic leaders must be engaged to make them aware of ACEs and to garner their commitment to support programs to increase protective factors.

AVAILABLE RESOURCES AND OPPORTUNITIES FOR IMPROVEMENT

The resources that are available to support Arizona's families and children and the allocation of these resources remain a challenge to the goal of promoting strong families and thriving children.

Lack of funding for public education makes it difficult to attract and retain teachers and make necessary physical improvements to schools that support our children and families. Affordable quality child care is needed, especially in rural areas, but this also requires state funding. Both of these needs underscore the concern that the prioritization and allocation of state and local funding are not sufficiently data-driven, based on sound fiscal practices, or evidence-based. As a result, funding decisions do not meet the needs of Arizona's diverse communities. Sometimes we cut state funding in the name of efficiency, but as a result we turn back federal monies that would help us address the problem and provide more economic and educational opportunities. We need to ensure we take advantage of all available resources, especially federal matching funds. We need to re-prioritize criminal justice funding to provide for families and children. By reducing prison populations, more state resources can focus on prevention and providing services people need to ensure they do not return to the system. Prison privatization leads to unique challenges because it introduces the profit motive into pulling the dollars from other resources to incarceration. We also need to look at the mandatory sentencing program in Arizona and evaluate the length of the sentences and when prison should be mandatory.

Arizona is lacking a funding stream to support other needed services for the long-term. As an example, the 2-1-1 information service is no longer fully funded so it is difficult to keep resource information updated to better assist the public. Furthermore, funding coming to the state is not sufficiently allocated for rural and tribal communities.

Interagency coordination, integrated wellness centers, collective impact modeling, and community-based participatory research are several promising strategies that may provide examples of how to effectively collaborate with limited resources and leverage stakeholder impact. Collaborative inputs are likewise important to consider if these resources are to produce fair, responsive, and effective outcomes. Leaders and policymakers need to listen to diverse inputs, including our immigrant, minority, Native American, and at-risk communities when determining the proper amount and appropriate allocation of the available resources. The collective impact approach is one opportunity to bring various groups together to all pull in the same direction to address entrenched challenges. It is a process to reach a goal. It is a mindset of interdependence, not competition. It is dynamic and evolves. To succeed long term, collective impact needs support throughout these groups and they need to work together to support the effort to ensure continuity and success.

Geographical limitations, lack of transportation, and availability of resources are the main issues. Challenges in availability and accessibility could be overcome by expanding mobile, pop-up, and integrated services, and bringing services to those in need.

Service provider resources are frequently diverted to ad hoc report requirements, compliance activities, and paperwork rather than focused on delivery of services to those in need. It is important to balance data collection with adequate service delivery. Data collection and compliance reporting should be fully funded so service delivery does not become a casualty of onerous reporting and data collection requirements. Lack of services outside of Maricopa County is particularly problematic. We do not dedicate enough resources to distribute them broadly. The inequitable distribution disrupts families, especially in counties outside Maricopa, because the families must spend time traveling to get the resources. Maricopa County is not immune, as there are areas within the county that experience inequitable distribution of services, resources, finances, and tax revenue.

Emerging programs have the potential to improve how resources are being used. For example, Healthy Families is an early childhood home visitation program with an emphasis on serving low-income communities and Healthy Steps is a pediatric care program with an emphasis on serving low-income communities. In addition, the Family First Prevention Services Act, a federal law passed in 2018, adopts overdue child safety and welfare reforms.

Additionally, many families in need are unaware of available services so we need to increase awareness and education. Utilizing technology to make information available for people trying to navigate the system could help facilitate the process. Mobile applications such as Find Help Phoenix, 2-1-1 Arizona (if fully funded), social media, and bilingual text messages can increase preventative behaviors and service utilization. In addition, funding could be provided for Pre-K-12 teachers to enhance their skills beyond education so they can help identify needs and provide ready resources for children and families in need. Caregivers need to be considered when thinking about services for families and children and appropriate communication strategies.

Housing for families, particularly for young adults with children, is difficult in terms of affordability, accessibility, and other factors. The situation is expected to worsen as our population increases. Arizona should seek creative solutions and one example might be partnering young families with seniors who have rooms to spare and would also benefit from these types of connections.

Too often, non-profit organizations that would be natural partners are competing against one another instead of collaborating to provide services. Smaller non-profits are often not afforded the same opportunities as larger agencies, though they are often better connected to the people in the community because they are more accessible.

STRENGTHEN ARIZONA'S FAMILIES AND CHILDREN THROUGH ECONOMIC AND EDUCATIONAL OPPORTUNITIES

Arizona should take advantage of its varied economic and educational opportunities to strengthen families and children, particularly in rural areas of the state. Rural Arizona tends to experience recessions first and recover from them last. Rural communities also feel the impact of an uneven distribution of opportunities, services, and resources across the state. These disparities extend to Arizona's educational systems.

Arizona's failure to fully fund its education system (from birth through secondary education) impacts full and consistent strategies for teaching students with different learning styles and language proficiencies, and does not allow for adequate access to job training and vocational and technical internships which negatively impacts Arizona's families and children. The less educated Arizona's workforce, the harder it is to attract businesses offering high-paying jobs and a worker earning lower wages needs to work longer hours

and often multiple jobs to support a family. Ultimately, this time spent working is time not spent strengthening the family.

Opportunities exist, however, to improve education opportunities in Arizona. Community Schools (communityschools.org), which involve partnerships between a school and other community resources, provide a myriad of services in addition to education. By adopting an integrated approach to academics, youth development, family support, health and social services, and community development, Community Schools strengthen families and improve student outcomes. In addition, Arizona should recognize that economic development and education are intertwined and that improvements to one will ultimately benefit the other. Because of that, the public and private sectors should integrate, coordinate, and collaborate on developing economic and educational opportunities. Arizona must also commit to creating, across the state, quality early education for all, including access to quality child care, full-day kindergarten, and providing technical training as a part of local public education. We also need to ensure students have adequate educational and financial literacy to evaluate the value of post-secondary educational programs. Reducing drop-out rates, as well as improving high school graduation rates – and graduation rates for youth in foster care in particular – are specific issues where opportunities exist for major improvement. Lastly, Arizona should consider following other states that have adopted model tuition refund programs similar to Yuma Promise and La Paz Promise, through which Arizona Western College has committed to refund all out-of-pocket tuition and expenses incurred by students who complete transfer degrees in no more than five semesters.

We must grow Arizona’s qualified workforce and incentivize businesses to create good jobs in Arizona. Arizona has an opportunity to improve access to economic development opportunities and promote job growth through its Industrial Development Authorities (IDA). IDAs can be especially effective in providing bond financing in rural communities to advance business development. However, infrastructure development is also needed to support economic growth.

FAMILY AND COMMUNITY ROLES

Affordable housing is a major issue and one that is growing. We need focused investments on increasing affordable housing to meet the needs of low and moderate-income Arizona families.

Local and county governments along with faith-based organizations and school districts need to support and encourage meal programs, affordable child care and pre-K education, out-of-school-time programs such as Camp Colley, and other strategies to connect families, children, and communities. These organizations should consider single campuses or one-stop shops that bring together multiple agencies to engage families and provide needed social and emotional support including vocational training, job search, housing, food security, and healthcare. These campuses can include social service agencies that utilize a “wrap-around” approach to connect families and children who may be in need with the appropriate resources that are available to them.

Both the public and private sectors should encourage family-friendly policies such as parental leave to nurture and support the development of strong families and children. Another idea is that businesses should be encouraged to privately fund quality childcare as a means for supporting their workforce.

Government needs to review its processes to ensure that public policies align with building strong families and healthy children. We need to provide support to families in a practical way. Unlicensed kinship care providers receive significantly less financial and programmatic support than licensed caregivers. Arizona should take clear steps to remove systemic barriers that block support for children in foster care in unlicensed kinship families. This includes barriers to be licensed as a foster home and to receive an equal foster home care payment.

Partnerships between schools and community organizations such as faith-based organizations, non-profit organizations, and businesses can help to support longer-term projects that bring families together. Projects may include community-building, business mentoring, and school gardens (which also teach skills to prevent food insecurity and strengthens cultural ties).

We also need to support cultural differences in our diverse communities and the unique needs of families. We must ensure we provide culturally sensitive services to respect all of our communities. LGBTQIA families and communities can find it difficult to access services. We need to consider gender identity and expression outside its traditional perceptions and be aware of biases. We need to be open to all who have needs.

PRIORITY ACTIONS

The following actions are the top priorities for creating strong families and thriving children in Arizona.

- **Coordination of Existing Services.** A variety of programs supporting families and children already exist but could be better coordinated. The governmental and non-profit agencies offering these services should work together to improve service coordination, make information about existing programs available in a cohesive manner, and strategically use resources. This process should include soliciting community input, especially from individuals with lived experiences, about needs and challenges, and publicizing the availability of programs.
- **Education.** Arizona must revise its school funding formula and the sources of school income in order to address inequities in the resources received by different schools and establish a per pupil budget that meets the educational needs of our students. Overall education funding also must be increased in order to implement the following changes: make pre-K and all-day kindergarten education available to all; reduce class sizes; increase pay for teachers and others who work in schools; fund needed physical improvements for school facilities; enhance training for pre-K to 12th grade teachers; expand school-based nursing, social work, and counseling services; and expand out-of-school-time quality programming to facilitate screening, identification, and addressing ACEs.
- **Criminal Justice Reform.** Arizona must end mandatory sentencing and give judges more sentencing discretion with the goal of keeping families together. Reducing incarceration rates will allow resources to be shifted to better meet the needs of children and families.
- **Child Welfare.** Arizona must fully implement the Family First Prevention Services Act. We must remove systemic barriers and increase the ability of kinship caregivers to be licensed as foster parents and increase the financial and programmatic support they receive. We must increase the child care subsidy to make it more affordable. Caseloads for social service workers should be reduced to effective levels and social service agencies should receive trauma training so case workers can screen for, identify, and help to prevent ACEs and make appropriate referrals for resources and services. Arizona should institute a program in which every home with a newborn has the opportunity to receive a home visit to identify needs and provide parenting instruction and mentorship at a critical time in the life of a family.
- **Health Care.** Arizona should ensure access to quality basic physical health and mental health care for all. Arizona must also fund family planning services, including support for women so they can have healthy babies.
- **Child Care.** Arizona should ensure that affordable, high-quality child care is available to all. Child care should accommodate a variety of schedules to include nights, evenings, and weekends. Part of this need can be met by encouraging employers to provide child care for their employees. The child care subsidy should be increased to cover the cost of providing high-quality child care, and to help to facilitate increased wages for early childhood educators.

- **Parental Leave.** All employers should be encouraged to offer paid parental leave.
- **Funding Priorities.** Increase funding for housing, education, mental health care, physical health care, quality child care, and to reduce the impact of ACEs.
- **Eligibility Caps.** Arizona should assess the impact of income caps for public benefits. Arizona should encourage upward mobility by mitigating the fiscal cliffs for low income families that occur when a marginal increase in income results in a loss of critical public benefits (such as TANF, Child Care Subsidy, AHCCCS, Housing, etc.). The change needs to include a gradual transition so the cliff becomes a gentle slope.

“It is easier to build strong children than to repair broken [people].”

Frederick Douglass

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Statewide Town Hall. Below are individual actions that were shared.

I WILL...

- Challenge my faith community to learn about ACEs and integrate trauma-informed practices into our ministries.
- Call my local and state representatives to increase taxes for pre-K to 12 schooling, early care and education, paid parental leave, and criminal justice reform.
- Meet with the principal of the family resource center. We will develop a plan to help teachers and staff to learn about ACEs and trauma-informed institutions.
- Try to implement trauma informed training into my workplace.
- Advocate on the local and legislative level with my fellow Republicans, share this report with them, and vote for candidates who support strong families and thriving children.
- Be politically active as usual, mentor others, be a role model, and continue activism for the underserved.
- Continue to spread the word about ACEs, trauma-informed practices and steps we all can take to reduce the impact on families and vote in all elections.
- Continue to be an advocate for African Americans in Arizona.
- Advocate for health care for all.
- Go into the community to support this Town Hall’s top priorities, and inform the community in as many forms as possible.
- Continue to help parents self-advocate for their families and provide them with resources that help their families thrive and continue to advocate for the American Indian community.
- Continue to be active on the Child Abuse Prevention Council, facilitate ACEs training throughout the county and obtain funding for prevention education.
- Share the final report with and discuss with the Democratic legislative candidates in District 28, two of whom are already members of the House.
- Share the recommendations of the final report with existing office holders and upcoming candidates for federal, state, and county positions located in or covering Navajo County.

- Conduct research on collaborative practice models for child welfare agencies to effectively work with other systems that aim at the system/administrative level as well as the direct service provider/client and disseminate research in a meaningful way for agencies.
- Continue to advocate for adequate state level funding for family support programs as a professional and data.
- Continue to be an advocate for children with disabilities and their families.
- Actively work with our school staff to educate them about “trauma-informed care.”
- Work with Carol Moffett to establish a nursing degree pathway from caregiver to nurse practitioner.
- Work with Martin Luther King school to better understand children from homes with incarcerated parents.
- Go to the YMCA to see if they can provide childcare for individuals who are going to job interviews.
- Work with my legislators to shift funding to childhood issues.
- Engage my local elected leaders and ask for a meeting.
- Continually push myself to help every student feel valued.
- Continue to work on a daily basis in the community to inform parents and families about available resources.
- Ramp up education around protective factors.
- Meet with my state legislators by February 15th regarding this Town Hall topic.
- Promote a home visit after each birth in the Salt River Community to increase knowledge.
- Advocate with Yuma area elected officials on this issue.
- Increase philanthropy and awareness for K-12 funding.
- Raise awareness around trauma and voter awareness education and urgency.
- Research more of the latest data on ACEs and figure out how to share it with decision-makers.
- Convey the language of our conversations with my colleagues.
- In retirement in one year, I will continue to advocate for families and children.
- Share the “one in two” statistic with my friends and family; work to recruit male mentors and volunteers; write to my elected officials about what I heard and saw.
- Advocate for change in Tucson policies and services for individuals experiencing homelessness.
- Work to consider children and families more thoroughly in my other community activities.
- Volunteer with a literacy program; take back to my work contacts made here for continued networking.
- Continue to engage in community events and take a more leadership approach in potential/legislative opportunities; create innovative opportunities to support and address financial inequities.
- Continue to become politically engaged to advocate for needed policy change even after I retire from my current child advocate position.
- Forward the recommendations of the Town Hall and promote civic discourse in my home, neighborhood, work place, and throughout the state.
- Take the information that I learned from my peers and share with the communities and coalitions that I serve to promote political action, civic engagement, and social change.
- Convene community meetings to engage our citizens and inform them of issues impacting our community and families and children and repeat periodically to continue our progress as a town.
- Advocate at my work place to recruit at least five staff to learn and continue the conversation and come next year; ensure this is not the last year I am involved in this Town Hall.
- Pay a keen ear to those running for political offices who are advocates for families and children.

- Advocate in Arizona's business community to support efforts to improve and make stronger families and thriving children.
- Share what I learned with my co-workers as well as with other agencies within my community; continue to support and participate with and educate about Town Hall.
- Help friends from school with problems (talking, praying, listening) and maybe babysit (just not Deno and Joey).
- Network with various local and state resources to best understand my community's needs and advocate for them with local government; use this to better serve my community with myself.
- Talk to my legislators about the need for a nurse at every public school.
- Work with Arizona communities to center family well-being and thriving, particularly with schools, social agencies, and government.
- Go back to my school district and educate those in power as to the different local community programs for families that are effective and making an impactful, positive change.
- Continue to develop my skills in advocacy so that I can represent the underserved communities that I am passionate about and I serve.
- Be more engaged with policy decisions, commit to advocacy more forcefully by calling legislators or policy makers, commenting on the Federal Register, etc.
- Share recommendations with the local and regional groups I'm associated with.
- Commit to creating, and holding myself and others accountable for taking two actionable steps toward achieving progress in a recommendation.
- Continue to advocate for immigrants' rights and assist in making college access programs/opportunities more accessible to disenfranchised students.
- Develop the cooperative program between local college and business for affordable health care and find funding.
- Review my notes from this conference and contact my state elected representatives to make the changes necessary in our laws to comply with the results of this conference.
- Contact some of the people I met so I have additional resources. Will let my contacts know about Town Hall and outcomes. Take the final report to all my meetings.
- Work with my fellow future educators to implement these ideas in current and future Arizona classrooms.
- Advocate for all families to have access to resources to ensure all youth have an opportunity to thrive.
- Contact AHCCCS – Lisa Dewitt regarding clinical services in schools.
- Use the information I learned this weekend to help inform my education and set me up for a career as a public servant.
- Attending our early Legislative Day at the Capital and spend time talking with our state policy makers.
- Continue to talk about Family First Prevention Services Act and the opportunities it provides in Arizona by October 2021.
- Continue to collaborate with Casey, courts, government agencies, and community organizations.
- Work to find ways to leverage opportunities for families and children.
- Continue to build collaborations with other state agencies to promote alignment and make system level changes to improve access to affordable, high quality child care.
- Volunteer to help with the finalization of the summary report of findings from the various Arizona Town Halls on the topic of Strong Families, Thriving Children.

**STRONG
FAMILIES
THRIVING
*CHILDREN***

**COMMUNITY TOWN HALLS
FINAL REPORT**

“Strong Families Thriving Children”
ASPC - Perryville Community Town Hall Report
Goodyear, AZ – May 1, 2019



Photos courtesy of the Arizona Department of Corrections

STRONG FAMILIES THRIVING CHILDREN

ASPC - Perryville Community Town Hall Report

Wednesday, May 1, 2019 – Goodyear, AZ

Participants of the May 2019 ASPC - Perryville Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

There are many characteristics of strong families and thriving children: Stability. Safety. Sobriety. Quality time. Mutual respect. Good communication. Loyalty and understanding. Knowledge and access to resources, including health care, education, transportation, and child care. Basic needs are met—food, shelter, clothing, and a living wage. There is work-life balance. Unconditional love is expressed and children are forgiven, not judged. Guidance, encouragement, structure, consistency, boundaries, and discipline are provided for children. The family provides a support network, an anchor and role model, a connection to heritage. There is a faith component. Strong families understand how to access and feel comfortable asking for help, and they look to neighbors, friends, and the larger community for help when needed. Good parents are empathetic, open, and offer praise rather than criticism. Technology is ever-present, but should be subject to limits and boundaries. Children are protected from harm, not exploited. Parents are guides and role models, not friends. They instill healthy beliefs and create self-esteem, providing positive reinforcement for good behavior. Strong families appreciate the strengths of each child. Society should not dictate what happens in our homes. Each family should have its own mission statements to build upon.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Some families suffer from drug and alcohol abuse, mental health issues, and intergenerational poverty. There is a lack of resources and early interventions to treat these problems and support these families. We need more opportunities for rehabilitation other than incarceration. We should help families build supportive relationships and connections to the community. Families should increase protective factors by being involved with faith-based communities.

To help incarcerated persons and their families, we need more clinics to help restore rights. We should educate the community about the re-entry population to reduce fear and stigma and increase opportunities for jobs, housing, education, and support programs. We should create true wrap-around transitional programming, more programs like the second chance center, and more housing opportunities. While people are incarcerated, they should learn about honesty, morality, dependability, parenting and decision-making. They should be assisted by programs that help repair relationships and reunify families. They should receive job training so that they can become productive members of society when they are released. Barriers to family interaction, including the \$25.00 background check fee for visitors and charges for telephone calls in prison, should be eliminated and technology should be used to promote more contact between incarcerated persons and their family members. We should create a re-entry advocacy group to help reduce stigma and increase acceptance. Businesses should be more willing to hire formerly incarcerated persons and give people a second chance to make a living wage.

The government and community programs that are supposed to help children should be improved, including the foster care system. Money that is supposed to support children is too often used for personal gain, and too often children in foster care suffer abuse or neglect. People who abuse or traumatize children should

be held accountable for their conduct. There should be nurses and counselors in every K-12 school as needed based on the school population, to provide services to children and to empower them. Children would benefit from life skill courses that include age-appropriate lessons about healthy relationships, substance abuse, self-care, cultural values, and similar subjects. We should reach out and listen to children, be alert to trauma and ask them if they are okay. There should be more after school programs providing services to children, including nonprofit camps and support groups, such as the YWCA, and programs for children of incarcerated persons. Programs that help transport children to prison to visit incarcerated parents also are needed, as are programs that better educate children to help them avoid repeating destructive patterns of behavior. We should develop more safe places or havens for victims of abuse to go. There should be co-parenting classes, and education provided in the home so that whole families can practice skills together. There should be family support centers.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Implement sentencing reform to quickly reunite families separated due to incarceration.
- Fund alternatives to incarceration, particularly for low level felonies and mental illness related crimes.
- Find ways to offer early release to inmates who complete programs that prepare them for successful reentry, such as drug treatment, GED and job training programs, without having to go to the Board of Clemency.
- Invest in programs in prisons and schools that educate and support families.
- Support programs with community partners that provide transportation for families to visit prisoners.
- Enact laws to allow felons access to housing, jobs, and education, and provide tax and other incentives for employers to hire them.
- Keep in mind when enacting legislation the importance of community connection and common humanity.
- Provide more tools to help families effectively communicate and support one another.
- Make college courses more available.
- Value children and families more highly.
- Have more affordable child care.
- Provide more after school programs to fill the gap between school and when parents come home from work.
- Fully fund re-entry programs and make second chance centers available to every inmate with comprehensive wraparound services upon release (i.e., food, shelter, clothing, transportation, mental health services) with no fees as long as program guidelines are followed.
- Instead of tearing families apart, focus more on healing hurting and damaged families by building stronger family ties, whether with families of choice or families of blood.
- Provide incentives to support reentry—less focus on checking the box and more focus on reinforcement and support.
- Restore voting rights to the incarcerated upon completion of sentence.
- Fund public education, including after school programs, and reprioritize the state budget to focus less on incarceration and more on education, taking into account equity, diversity, and inclusion.
- Restructure the educational curriculum to include programs that prepare children holistically for a healthy life, including civics classes, behavioral health, and life skills.

- Decriminalize mental illness and addiction.
- Erase the stigma and eliminate barriers associated with incarceration—make it easier to find jobs, housing and other support, and restore rights.
- Educate families and children about their rights, how to access resources, and how to navigate complicated public systems.
- Ban the box—remove the question about prior convictions while still encouraging disclosure of criminal history in a personal interview.
- Provide strong counseling services and parenting programs to inmates to help prepare them for reconnection with families and success in life after release.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the ASPC – Perryville Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue to grow in my faith and be a part of my son's life no matter what my title may be. Also, I will share my testimony to show people that anyone can choose to better their life.
- Continue to bring awareness to the societal issue of ACEs (Adverse Childhood Experiences) to reduce this tendency and create stronger families and thriving children.
- Support legislation that says once a sentence is done you don't have to explain what you were in trouble for—records are sealed.
- Continue to serve children of incarcerated parents.
- Advocate for the elimination of mandatory sentencing.
- Become an advocate for the ones who do not have a voice and actually follow through.
- Continue to raise awareness and advocate for all who are affected by incarceration including families, those employed by correctional facilities, and those who are or have been incarcerated.
- Continue to advocate for the reentry population and help ease anxiety felt when coming back to the community.
- Educate the community to help break the stigma of justice-invalued individuals.
- Learn from my past, share my story to help others, live and enjoy the present, advocate and break the cycle and never, ever give up!
- Succeed because I was part of the second chance program; thanks to all the information and resources I received from the program.
- Communicate issues learned and advocate for family units and support for family units in and out of incarceration.
- Look for opportunities to connect with others and be a support.
- See beyond the person to include families and the impact on all of them.
- Encourage all of those around me. Show support to families in times of need.
- Support family issues for incarcerated individuals.

- Start working on myself now so when I go home I will be able to communicate with my children to build a better relationship with them individually so we will have a stronger family.
- Improve myself to be able to help others; ask someone if they are well and if they need assistance and what I can do to help.
- I will not be ashamed of my life. I will share my experiences and show I can overcome and be successful so I can help others with the same or worse issues.
- Share with others how important our voices and opinions are no matter where we are and what we've done in the past. We need to speak up and collectively discuss issues and fund resolutions for ongoing problems.
- Use my current situation to better myself and use my story to help strengthen others.
- Continue to work to get counselors and nurses in the elementary schools and encourage my employer to hire those who have been incarcerated.
- Be more involved with contacting my representatives (local, state, and federal) to discuss ideas brought forward in the Town Hall regarding education, school counseling, and job skill training in prison and alternatives to incarceration.
- Improve myself in order to improve my future self, my family, and my friends.
- Be a bit stronger, more alert, and more responsible as an adult. Not give up. I will accomplish my goals and dreams.
- Continue to participate in Town Hall programs and find ways to support the organization in conducting future Town Hall events.
- Share with others the information I learned and take advantage of all programs offered in prison.
- Continue to advocate for legislative changes.
- Work with groups to educate many others.
- Become a better mother, be more loving and firm. Communicate with my kids.
- Be more involved in my kids' lives.
- Become better listeners and be more outspoken.
- Write letters to elected officials to eliminate the felon label.
- Become part of my community. I will engage into society.
- I will be involved and try to make a difference as a volunteer.
- Take what I have heard today, share it with the ladies here and to contribute to efforts to "ban the box."
- Educate myself more in all of the communities where they have problems.
- I will strengthen and empower everyone to come and participate to make our lives excellent in general.
- Absorb all of the information I obtain today and reflect on my personal self to make goals to better myself and become an asset to society again. I refuse to dwell on the past.
- Support incarcerated parents.
- Advocate for parenting programs in prison.
- Look for grants that improve the quality of life for children of incarcerated parents.
- I will individually help where I can communicate what I have learned and lobby at the legislature.

- I will always pray to make a difference in what I'm passionate about. Having strength to encourage families and myself in all situations. Be a productive member of society. Work hard and stay educated. Love my family and continue in sharing the gospel of Jesus Christ with respect and gentleness.
- Change my attitude and perspective on the way I look and the way I can contribute to Arizona. After today's meeting I know that many issues need to be addressed and it starts with me, even as a felon!
- Speak up for those who cannot speak for themselves. I will be involved and volunteer in my community. I will educate my children and neighbors on the importance of strong families and thriving children.
- Be an advocate for those that can't speak for themselves.
- Incorporate parenting programs in our mentoring sessions on Rosa, Cruz, & Pedro.
- Be more aware of the needs of incarcerated parents and their children as our organization continues its work.
- Read to my grandchild and give my daughter more of my time and attention when I get out.
- Communicate more with my nine-year-old son.
- Ask questions and get more involved.
- Learn to be the best parent I can for my child.
- Continue to encourage fellow inmates to continue their education in order to empower themselves to do better.
- Be good peer-support for those around me.
- Run for office.
- Find a family to sponsor for mentoring, emotional needs, education, transportation, employment, etc., leading toward a full restoration.
- Bridge the gap and heal the wounds between myself, my daughter, and my family, therefore empowering my child to be a self-confident and strong individual, thus destroying the cycle.
- Continue to do research that brings to light the voices of those on the inside and seeks to limit the collateral consequences of incarceration on children, families, individuals, and communities.
- Help facilitate Town Halls on this issue.
- Advocate to stop crime-fee lease addendums from barring all people with criminal backgrounds from housing.
- Find a way to make a difference. Volunteer either with a prison program or a supportive agency.
- Personal life skills, meditation, and breath work.
- Improve upon myself to assist others. After release, get involved with helping other incarcerated inmates.
- Be the best me I can be to be a productive member of society upon reentry.
- Sponsor a family for mentorship.
- Attend more Town Hall discussions to voice my concerns and to offer more assistance in areas of need. Also to become more involved/engaged on an individual basis to help increase value to others.
- Be a voice in my community for the importance of community involvement in helping to build strong families for all community members.
- Be more involved with behavior health issues in households. Also, mindset.

- Strive to develop a curriculum for children in schools, fifth-12th grade, that is age appropriate to strengthen their knowledge and competency of life situations such as coping skills, healthy relationships, substance abuse prevention, and much more to reduce adverse childhood experiences.
- Be aware of the needs of family and community. Receive the education and the resources to effectively help my family and community. Choose to be grateful and respect each human life.
- Continue to build community collaborations that promote reentry opportunities, programs, and services. Continue to educate stakeholders about ADC populations, their needs and risks, and need responsibility strategies that promote holistic community engagement.
- Not be afraid to share my story and the goodness of God. And I will listen to others' stories because every person is valuable to the well-being of our community.
- Provide resources to persons upon reentry by connecting them to employment agencies, helping with basic needs to settle into society.
- Continue to have hope for my future. Be grateful that citizens other than inmates care about our futures, education, and rehabilitation. Continue to fight for my GED while incarcerated and will continue to further my education upon release.
- Be the change I wish to see by helping others through my community, starting by listening and taking action. I will not be silent on what I wish to see changed. I will always be supportive to those who are working to better themselves.
- Continue to attend these very important Town Hall meetings! So very important for the inmates in prison and as important, if not more important, for their families. Outstanding meeting with some fantastic folks!
- Work to expand our reentry services so we can impact more people.

ASPC - PERRYVILLE COMMUNITY TOWN HALL HOSTED IN COLLABORATION WITH:



“Strong Families Thriving Children”

First Things First Community Town Hall Report

Phoenix, AZ – August 26, 2019



STRONG FAMILIES THRIVING CHILDREN

First Things First Community Town Hall Report

Monday, August 26, 2019 – Phoenix, AZ

Participants of the August 2019 First Things First Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Healthy families have a network of other families and neighbors. They are not isolated. They have social connections with real people, not just social media. They ask for help when necessary, and have respite available when necessary. Parents are actively parenting, not talking on screens while their kids are doing whatever. The parents are emotionally healthy, so that they can parent effectively. They have access to community-based mentoring and support, health care, and other resources, without regard to their at-risk status. They have safe housing, enough money to meet basic needs, and a support structure, including friends and family. Healthy families have the tools to be problem solvers, and they develop emotional intelligence as well as healthy families. Parents are engaged in the lives of their children, and have quality time and interaction with their children. Families whose children have suffered adverse childhood experiences have access to resources that mitigate the effects of those experiences.

Thriving children feel self-confident, safe, and loved. They have a champion. They have access to education, health care, and the other basic necessities of life. They have a stable base, whether at home or at school. They have good emotional skills to navigate life.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Start early to strengthen Arizona's families and children through good prenatal care and mentoring for new moms. Resources are needed from early childhood through the end of high school. Children have access to early childhood programs, such as Head Start and preschool, to help them learn skills early. Strengthen early childhood education. Make parenting education more available and begin even before people get married.

Increase awareness in the court system of the impact that early childhood experiences have on children. Educate families about the resources available. Establish resource hubs, with transportation available to make them more accessible. Provide kits to expecting parents. Base parenting classes on a community school model. Provide faith-based communities with supplies to assist families. Use mentors to help provide support for new families.

Build on resources that already exist in the community and make parents more aware of what is available and make information available in English and Spanish. Avoid silos and bring groups together to collaborate to make it easier for people to access programs.

Provide programs that make families more financially secure, such as job training and GED programs. Ensure access to transportation and other supportive services. Have schools, libraries, faith-based communities, and other institutions form a network that works together to optimize the available resources. Engage the business community to help fund these efforts, based on the return on investment that comes from strengthening our community.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Look at the cost of prevention versus what happens when you don't support schools and other programs. Show that all Arizona children are valued. Attract businesses that support the quality of life we want for Arizona families and children. Involve local politicians in creating funding streams for education, including early childhood education. Work across the aisle to accomplish these objectives.

Use an integrated approach to address the basic necessities of affordable housing, food, and health care.

Provide funding for high-quality, comprehensive, and affordable early childcare and education, including increased resources for supporting the emotional needs of children. Support Head Start and use it as a model for other programs.

Take action by making a home visit to experience what life is like for families struggling financially. Advocate for programs that help these families to thrive.

Have a personal experience with an early childhood center. Focus supplemental funding and resources on the highest needs beginning there.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the First Things First Community Town Hall. Below are individual actions that were shared.

I WILL...

- Bring back information to my staff and attend a subsequent Town Hall.
- Go to a Town Hall and evaluate the resources available to families and children.
- Begin conversations with library staff about building community networks for families and children.
- Look for ways to expand communications in the community regarding families and children.
- Continue to support Mesa Early Learning Sessions and mentoring services.
- Help to educate and coordinate resources that are available in the faith community I am involved in.
- Share information from and about Town Halls at First Things First Phoenix North Regional Council and with library employees and ask state reps to attend.
- Hound City of Phoenix personnel to set up a bilingual Town Hall.
- Advocate to my friends, family, staff, and colleagues to participate in a Town Hall to make their voices heard and have an opportunity to impact change.
- Encourage my legislators to attend a Town Hall on children and families.
- Collaborate with the Family Navigation Action Team to establish areas of opportunity to support Arizona families.
- Look for opportunities in local communities to encourage involvement in early childhood development.
- Be engaged in my community in order to help those families who are still struggling and who need to know where to find resources.
- Share what I learned here with my family and friends.
- Talk to refugee community members so that they attend forums on how to build healthy communities in the cities where they live.

- Talk to the community about how we have to change our lives to step forward.
- Continue to work in northeast Arizona to educate the community on the ten thriving and surviving factors necessary to end childhood trauma, leverage resources, and integrate services.
- Continue to share information and resources through conversations and social media to help families identify ways to strengthen their networks and know they aren't alone.

“Strong Families Thriving Children”

Prescott Community Town Hall Report

Prescott, AZ – September 6, 2019



STRONG FAMILIES THRIVING CHILDREN

Prescott Community Town Hall Report

Friday, September 6, 2019 – Prescott, AZ

Participants of the September 2019 Prescott Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Strong families and thriving children need to have a foundation of support including connections with neighbors, the community, institutions such as Parent Teacher Associations (PTAs), and other trusted resources, who serve to engage them and expand the eyes and ears that see and hear them. Physical needs are critical, including housing, safety, employment, and healthy food, along with caring social and emotional support. Children need to be their parent's top priority and given the time, affection, and loving relationships that enable them to thrive. They also need their parents to provide consistency and serve as role models. Parent education is also critical, integrated with support from the schools.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

We need to bridge the silos and foster collaboration among support programs that provide family outreach, drug education, and treatment, including the Department of Economic Security (DES), law enforcement, Kids at Hope, Arizona Children's Association, First Things First, and other support programs. We need to encourage volunteers including seniors and students to work in these programs. It is critically important to provide needed funding for public education, especially for pre-K to 12. We need to fund counselors and training programs including mental health first aid. Programs such as the Imagination Library, food distribution, and backpacks are especially helpful. Universal pre-school would go a long way to strengthen and prepare children and families for kindergarten. We need to ensure that all children have access to healthy food, housing, safety, and have their physical needs met. It is important to remove the stigma associated with asking for help that can delay needed support. We need to be inclusive and change our language to be strength-based and positive. "At-risk" language and thinking should be changed to "At Potential." We need to encourage WIC and Head Start program awareness. Early and effective intervention is needed so that our first responders and teachers can recognize people with needs including children dealing with Adverse Childhood Experiences (ACEs).

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Expand the thinking process and prioritize legislative actions accordingly, including providing the full funding Arizona needs for public education and other programs that support families.
- Consistently invest in children and families and recognize that strengthening families and children transcends partisanship, and ensure that their votes reflect those values.
- Become actively involved in the communities they represent and support family resource centers in all communities such as Del Webb.
- Make it mandatory for all elected officials to visit public schools to educate themselves on the impact of their decisions.

- Understand that supporting Arizona families and children through funding and other critical resources saves money and fosters prosperity over the long term.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Prescott Community Town Hall. Below are individual actions that were shared.

I WILL...

- Share what I have learned in this discussion with my co-workers, colleagues, family, and community network, and advocate (with elected officials) for increased funding for programs that strengthen families.
- Provide communication on resources available in the community.
- Use my resources to support local organizations that support family growth, youth growth, and development-positive groups.
- Look for and, when possible, change language that stigmatizes access to the social services that support family and children's success.
- Continue educational advocacy in collaboration with families and our communities.
- Continue to collaborate with area organizations to provide opportunities for parent education at the library.
- Regularly call or email my elected officials to emphasize support for increased funding for birth-18 education.
- Reach out to local "grandparents raising grandchildren" groups to explore ways that my organization can support their families.
- Host a neighborhood block party to increase engagement and promote exchange of ideas in my own community.
- Organize a Future Leaders Town Hall on this topic.
- Help communities empower children, women, and families to improve our society.
- Encourage others to volunteer.
- Share the discussions from today with co-workers, family, and community members.
- Share the link to the strong families report.
- Stay engaged with topics that are important to me.
- Invest more of my time to volunteer to support organizations that support families and/or children's development.
- Provide communication of things available in the community.
- Take some of my free time to educate myself more about family dynamics and use what I have learned throughout my research and education to help educate at least one family in the next month.
- Share the report with our health improvement partners.
- Bring the Town Hall report to the legislature to ask them what they are going to do with the suggestions in the report.

- Get a better understanding of the needs in my community and stay involved in the conversations, and then take action to help make change in our culture.
- Get out in the community and find other organizations with a shared mission and learn about what they do and who they serve so that I can educate others and, if feasible, collaborate or partner on programs or specific projects.
- Arrange to have Arizona Town Hall present at the next League of Cities and Towns Health Communities.
- Continue to stay involved in the issues our communities face along with taking action in having others become involved to support these challenges.
- Use my resources to support local organizations that support family growth, youth growth, and development-positive groups.
- Support continued education, financial resources, and services that provide/create resiliency in families to overcome ACES.
- Continue to network with other organizations that work toward strong families and thriving children.
- Discuss a social/emotional focus for recruiting volunteers to be with students.

PRESCOTT COMMUNITY TOWN HALL SPONSORS



*Ray and Patty Newton
Family Foundation*



“Strong Families Thriving Children”
Whetstone Unit Community Town Hall Report
Tucson, AZ – September 11, 2019



Photos courtesy of the Arizona Department of Corrections

STRONG FAMILIES THRIVING CHILDREN

Whetstone Unit Community Town Hall Report

Wednesday, September 11, 2019 – Tucson, AZ

Participants of the September 2019 Whetstone Unit Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

- Family members actively listen to one another and are able to voice their opinion.
- Parents respect each other, are able to forgive one other, and do not bad mouth each other.
- Families communicate about the issues that arise within the family rather than ignore them and know when to seek help.
- Parents talk with, not to, their children and listen to what each child's goals are, thereby giving their children a voice.
- Strong families start with parents being in the home (both parents whenever possible), demonstrating strong moral values, modeling effective behaviors, and setting consistent expectations.
- Children feel safe emotionally and physically, know that they are loved and valued as individuals, and trust their parents.
- Strong families find ways to spend time together such as eating meals together, taking the whole family out for routine activities like shopping, and attending children's sports events.
- Resources are available to parents so they can better understand childhood development.
- Strong families have economic and physical stability that enables them to manage day-to-day stress and respond to crises.
- Positive adult role models, mentors, and supporters are available such as extended family members, faith-based leaders, counselors, peer coaches, and case workers.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

- Reduce Adverse Childhood Experiences (ACEs) or alleviate their impact.
- Provide family-friendly visitation policies for incarcerated individuals so they may interact with their children as parents and preserve the unity of the family.
- Use other mechanisms to increase familial contact such as technology (e.g. Skype), on-site family workshops, movie nights, and community member visits.
- Offer affordable transportation for family members of incarcerated individuals.
- Provide quality, accessible, and affordable medical and mental health care to inmates and their families.
- Use professional counselors in the schools to screen for ACEs and address the needs early.
- Ensure easier and more immediate access for substance abuse treatment options.
- Provide more job training and educational opportunities for inmates to build their sense of self-worth and increase their independence upon release.

- Develop more programs for families that have been separated by incarceration with the cooperation of DES, DCS, DHS and DOC.
- Strengthen community based activities/organizations such as the YMCA, Boys and Girls Clubs, Girl Scouts and Boy Scouts, and Big Brothers Big Sisters that support thriving children and young adults thereby strengthening families.
- Incorporate a parenting class into the high school curriculum as well as a range of other classes such as drug avoidance, violence prevention, and personal financial management.
- Gather community resources and information for economic, mental health, and medical services as well as basic needs such as food, clothing and housing.
- Spend more on education and teachers and less on the criminal justice system.
- Provide better training for law enforcement and corrections officers to be more empathetic to families.
- Train pediatricians, teachers and counselors to identify when there may be problems in the home and where to refer families for proper assistance.
- Consolidate family resources centers so that families can get all the needed services at one place.
- Bring back scared straight programs.
- Educate adults and children on ACEs and their impact and understanding protective factors. Provide access to services that address root causes.
- Reform sentencing guidelines, expand reentry program, increase opportunities for clemency, improve job training and offer family counseling during incarceration to empower individuals for returning to society.
- Allow community members to visit prisons to broaden their understanding of the issues of inmates and their families.
- Bring more programming to prison so our incarcerated community is better prepared for the time they are released.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Fund substance abuse treatment and drug prevention programs.
- Provide a social safety net to strengthen communities.
- Take advantage of the Arizona Town Hall community and statewide reports to better understand and address the needs of families and children.
- Don't think you know everything about the inmate experience.
- Visit the town halls in the prisons and meet with inmates and their families.
- Introduce an inmate bill of rights.
- Reduce sentencing to 65%.
- Introduce bills regarding the improvement of prison conditions.
- Move toward rehabilitation rather than penalties for people with longer sentences.
- Reform sentencing guidelines, especially as they apply to first time and non-violent offenders.
- Offer a parole board for all inmates.
- Reconsider sentencing related to mental health and addiction issues that recognizes that these are illnesses, not crimes.

- Get rid of mandatory minimums.
- Increase funding for DOC staff and case managers.
- Invest in education not incarceration.
- Support legislation to “ban the box” on job applications statewide.
- Allow incarcerated individuals to vote.
- Address the root causes of crime and the collapse of families rather than putting more money into dealing with the outcomes of these problems.
- Provide more money to programs that support families, such as affordable childcare, mental health counseling, afterschool care, housing, transportation, and job training that increase self-sufficiency and stability.
- Change our laws and social support programs so it can't be a career to live on welfare.
- Expand the number and scope of resource centers and second chance centers.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Whetstone Unit Community Town Hall. Below are individual actions that were shared.

I WILL...

- Contact legislators to take action to reconstruct the criminal justice system.
- Practice better communication with my family.
- Engage more with other members of my community instead of isolating myself.
- Build community and support networks within my neighborhood.
- Talk about these issues with people I know and those I meet.
- Help inmates prepare to reintegrate back into society.
- Be the man that I know I am. Never think I'm bigger or greater than what I really am.
- Reconnect with those I am currently connected with in a new way, one of hope and positivity.
- Bring what I learned in this Town Hall about ACEs and the impact of drug abuse to the attention of United Way's Cradle to Career collective impact effort.
- Approach juveniles who become involved in the juvenile justice system with renewed awareness of adverse childhood experiences and how they may have shaped the juvenile, as well as increase protective factors.
- Continue working to advocate for changes in the criminal justice system.
- Continue to promote self-advocacy and self-improvement.
- Make sure that those without a voice are being heard, even if I go hoarse in the process.
- Continue to support others through positive programming as well as constant affirmations. “Focus on what's strong, not what's wrong.”
- Be understanding of what those who oppose progress are going through so as to help them move forward.
- Be more positive and open to the younger generation and talk to them not at them.

- Keep listening, learning, and giving back what I come to understand.
- Be there for someone in need, reach out to someone I do not know, and take the time to listen and be there for someone.
- Stay humble, stay positive, and help others to keep their heads up in prison. When I get out of here I will tell young people to stay focused and out of trouble.
- Get more involved with my children's school and their friends.
- Be a good role model not only for my kids, but also for their friends or any child I come into contact with.
- Look into options for incentives for inmates who don't have anyone able (or willing) to visit them.
- Attend more Town Halls and add my voice to those seeking reform and change.
- Become politically engaged in solutions and advocate for policy changes in Arizona legislation regarding mental illness.
- Work toward establishing an Inmate Families Association in 2020-21 based on the model used in Texas.
- Help inmates get visitation areas that are more family friendly.
- Continue to be a voice for our incarcerated community.
- Love myself and all people.
- Continue to advocate for the second chance programs as well as get involved with helping children upon my release in any way that I can to change their lives for the better and avoid the struggles that I have had to go through.
- Let my fellow inmates know that there is a right way to solve problems and let my family know about this meeting.
- Share with others what I learned today about the needs of inmates and their families and refer them to the Arizona Prison Reform Movement organization.
- Get more involved in programs offered by the DOC and come back for future town hall meetings.
- Work to strengthen Arizona families to give kids a healthy start.
- Fight for prison reform (work release and mandatory sentencing).
- Write more about families of the incarcerated.
- Vote.
- Volunteer in programs to aid disadvantaged youth.
- Write to state legislators regarding the final report, pointing out specific programs/policies contained in the report.
- Advocate for children and families and speak for those who cannot speak for themselves. Be vigilant for children's mental and physical well-being.
- Strive to make changes within my own family and start nonprofits that will help achieve family reunification and better communities.
- Help inmates with programming and be there for other inmates.
- Be part of the solution, not the problem to address issues at this unit.
- Advocate for more resources inside and outside to keep our families and communities strong.
- Speak with my legislator regarding the issue of placing inmates closer to their families.

- Be the best recovery support specialist and help my clients with substance abuse problems and mental health issues.
- Continue to tell my story to reduce the stigma of being a parent of an incarcerated child.
- Continue to volunteer with AFSC, LUCHA, and ACLU.
- Be a model for others who struggle with overcoming Adverse Childhood Experiences as well as always be open, approachable, and available to any child or young person affected by ACEs.
- Make a difference and help someone who is in need.
- Tell my children they are loved daily.
- Meet my children's affection needs and address the issues of my children, not ignore them.
- Take time to read with and interact positively with children.
- Do my part to be the best father, citizen, and productive member of society. Help people whenever, wherever, and however I can.
- Be open to change.

WHETSTONE UNIT COMMUNITY TOWN HALL SPONSORS

*The Reverend John &
Mrs. Kathy Kitagawa*



GLUCK
FOUNDATION



“Strong Families Thriving Children”

Tucson Community Town Hall Report

Tucson, AZ – September 13, 2019



STRONG FAMILIES THRIVING CHILDREN

Tucson Community Town Hall Report

Friday, September 13, 2019 – Tucson, AZ

Participants of the September 2019 Tucson Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Strong families are resilient. They have a strong parent figure, whether mother, father, grandmother, or grandfather. Strong families enjoy quality time with one another as well as with the greater community to build empathy and strength. Education and financial stability play a key role as well, to provide basic services and, enhance a stable lifestyle.

Maslow's hierarchy of needs dictates basic priorities: food, clothing, and shelter must be provided first and then emotional needs and self-actualization can be addressed. Adults who are not reactive can focus on meeting children's basic needs. Story time is important for the growth of children and provides an opportunity for parents and children to spend time together and for adults to learn how to parent. Access to resources such as quality food, transportation, and even amenities such as sidewalks, can contribute to safe and high-quality family life. Parents and children must be able to self-regulate.

The resilience of both parents and children is important. In healthy families, children feel safe from violence, hunger, and want. Children have access to a caring adult, whether in the home, in school, or in programs such as Big Brothers-Big Sisters. Children have good self-esteem, and the ability to communicate. Adults model strong values and respect. Families have access to high-quality child care.

Open communication is important, with both parents being involved in the rearing of the children. Families need parents to make a living wage. Parents demonstrate appropriate behavior, such as how to properly handle stress. Parents give their children opportunities to be who they are and have passion and motivation for what moves them. Parents are present during family time, not distracted by cell phones. There is internal and external support for the family, particularly in times of stress. Parents are advocates for their children, involved in their schools, and engaged in their lives.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

- Provide children a safe roof over their heads to live and sleep and a place that belongs to them.
- Reassure children whose parents are incarcerated that the parents' bad decision is not their fault.
- Offer opportunities for food self-sufficiency through community gardens in conjunction with food banks.
- Identify mental health issues in early childhood.
- Increase funding for music and arts in schools and the community.
- Support programs like Literacy Connects that are available to everyone in the community and help children who are not ready to read at age six.
- Establish parental education and support groups.
- Ensure all families have access to high-quality, affordable preschool and full-day kindergarten.
- Continue and strengthen job training and vocational education programs such as JTED.

- Use community schools as an opportunity to get children access to services they need, including physicians, nurses, screening, and other services.
- Bring more services into schools, to make them accessible, including drug and alcohol prevention and treatment, and early intervention, and assure that they have separate funding.
- Have an enrollment person at schools to sign children up for needed services such as AHCCCS.
- Increase access to drug and alcohol rehabilitation programs.
- Increase access to affordable housing programs.
- Provide better training for law enforcement and those working in the criminal justice system to help them be more empathetic to families of incarcerated persons.
- Offer more programming opportunities for families in rural areas.
- Provide better pre-natal care and education, even pre-pregnancy care, including the role of stress and its affect on the fetus in utero.
- Teach children emotional intelligence and the vocabulary they need to talk about their emotions.
- Meet people where they are and teach them while they are receiving services at the food bank or attending church.
- Use access to libraries for support services and promote literacy to increase children's self-confidence.
- Mitigate the negative aspects of social media.
- Address negative impacts of prejudice in any form.
- Address stigmatizing language relating to mental and behavioral health issues and instead use strength-based language when discussing mental health issues.
- Create clearing houses for informational resources for families that need them in order to make access to individuals more central.
- Increase communication and cooperation among service providers of similar services to consolidate efforts.
- Leverage existing resources more effectively by engaging existing institutions to provide services and programs to families in need along with what they already do, including local governments, churches, schools, etc.
- Build community through small local events to enhance connections.
- Ensure funding is available and appropriately allocated.
- Have Arizona Town Hall and Native American communities collaborate in community discussions about these issues.
- Teach basic life skills in schools.
- Use utility bills to get information out to people.
- Engage with employers and local businesses to get financial literacy information out to people.
- Encourage businesses to allow employees to volunteer services to help affected populations and count that time toward work hours.
- Regionalize community planning efforts to coordinate among different jurisdictions.
- Support a very strong nonprofit sector that provides services to families and children and facilitate collaboration with government agencies serving these populations.

- Develop a state-wide, well-staffed, well-funded central clearinghouse for information and referral about resources, probably through public-private partnership.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Take a more holistic approach to the welfare of children and families, budget according to this new approach, and don't give in to special interests.
- Make an agreement that you want the best for our children and look to the future, not just the constituents who want you to do something just because they made a contribution.
- Increase spending on public education, including teacher salaries and programs like the arts, with more of an emphasis on community schools and reinstate the funding that was taken away.
- Move prison funding to the education budget.
- Provide equitable funding across the state that puts each school on an equal footing with every other school.
- Fund parent education and provide a complete and accessible resource system at the state and county level.
- Strengthen the sense of community, including reaching out to underrepresented populations, especially the poor, less educated and the voices of others who are generally not heard from in public forums.
- Create a central location for you and your fellow elected officials to get information about community and statewide issues regarding public education.
- Find out what your constituents need by putting your boots on the ground, listening to the people, and solving the issues.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Tucson Community Town Hall. Below are individual actions that were shared.

I WILL...

- Bring these ideas and the research reports to the people with whom I work and other colleagues to integrate financial literacy opportunities in our community.
- Share the report and information to inspire people to get involved and make a difference.
- Continue to focus on the following issues that have a direct impact on Tucson's families and children:
 1. Restoring adequate funding for public education.
 2. Access to health care.
 3. Address problems relating to access to affordable housing and mental health services.
- Continue to be an advocate for every voice being heard.
- Nominate colleagues and parents to attend town halls.
- Attend a community outreach event.
- Distribute the report from this community town hall and the subsequent statewide Town Hall to the broadest audience possible.
- Ask elected officials about their familiarity with town hall reports.

- Teach my students about this topic and these reports and resources.
- Vote, engage, and educate.
- Encourage my children to use the power of their voice and action.
- Identify the proposals in the next legislative session that deal with the welfare of children and families and encourage my legislators to vote appropriately.
- Explore private-public partnerships at the local level and always advocate for my community.
- Share what I've learned here today with those I work with at the City of Tucson and see what more we can do to reduce Adverse Childhood Experiences and help families thrive.
- Integrate information on protective factors into my next Parent Night Meeting I run at schools throughout Southern Arizona.
- Continue working on my resource list for the recently incarcerated people.
- Promote the wellbeing of children by spreading the concept of The Greatness Chair to try to change the way we talk to children and provide a simple method that parents and teachers can use.
- Spread the message of how important and impactful town halls are.
- Connect with my tablemates after today.
- Spread the word of this topic and others to fellow students at the University of Arizona.
- Use the lessons learned here when starting my own family.
- Work with my library colleagues to continue to provide and increase programs and opportunities that are meaningful to the populations who may not have easy access to our library branches.
- Get more involved!
- Educate myself on policy and be sure to comment when public comments are asked for!
- Pursue a possible volunteer opportunity in the public-school system to provide early education and information to high school students.
- Do my best to share information about resources available to people in the community.
- Be mindful of other people, family, and kids.
- Continue to work on Help & Hope for youth to improve youth mental health.
- Use the Arizona Town Hall report on housing in my work with the Community Foundation of Southern Arizona.
- Continue being a Reading Seed Coach with second graders in low income schools.
- Write to Gov. Ducey regarding funding and restoring the monies that were taken away.
- Reach out to neighborhoods and encourage resident participation in Arizona Town Hall.
- Continue to attend Town Hall events to create priorities for Arizona, as well as continue to engaging my community in various ways to support children, families, and their well-being.
- Share with my friends what different community members are doing to help families and children thrive.
- Email my elected officials with a direct link to the Arizona Town Hall website and reports.
- Continue to advocate on behalf of families who receive mental health services and use the report created to further this cause.

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Dr. Janel Lloyd

“Strong Families Thriving Children”

UMOM Community Town Hall Report

Phoenix, AZ – September 17, 2019



STRONG FAMILIES THRIVING CHILDREN

UMOM Community Town Hall Report

Tuesday, September 17, 2019 – Phoenix, AZ

Participants of the September 2019 UMOM Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

The many forms of families are recognized and supported to help them thrive. Strong families are loving and nurturing with parents or others who are emotionally and physically stable and who model positive values and positive life skills.

Strong families and thriving children have emotional and financial stability, including access to stable housing and healthy food. Strong families have the knowledge and ability to recognize and care for their children's needs, including both physical and mental challenges.

While technology can create challenges, proper use of technology can help strengthen families.

Strong families have connections, relationships and a sense of belonging in order to be resilient. They are connected to and communicate with each other. Connections to outside resources and support, including employers and faith-based communities, help families to thrive. Access to counseling, emotional support, employers, and support services (preferably through "one-stop shopping") are available to parents. For children, there are other caring adults who can step in when the parents are unable or unavailable.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Increase and simplify access to needed services, including access to affordable, sustainable housing, transportation, and affordable health care.

Provide better access to community resources, whether through schools, faith-based communities or neighborhood gathering spots. Better leverage schools as resources for families, children, and organizations, using school facilities to provide needed support services and connect community members to each other.

Normalize the need for help and provide easy access to resources for those in need to prevent injury and trauma to children and families. Allow for much needed emotional support for those who feel alone and overwhelmed.

Focus on prevention to create opportunities to strengthen families, such as early childhood services, preventative healthcare, early education for children, and education for parents so they have knowledge of good, culturally sensitive parenting skills. Educate government and other organizations about trauma-informed responses. Educate families and agencies about adverse childhood experiences (ACEs), protective factors and how best to remove stigmas, and other roadblocks that prevent vulnerable populations from seeking needed assistance.

Establish proactive collaborations with those providing services and those who need them. Use the media to educate the public about these issues and inform them about access to resources. Explore and apply for grants to help meet the financial requirements needed to implement some of these recommendations.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- The most important items families can have are stable housing, childcare, and education.
- Walk the city and the streets. Take the bus. Get out and learn what Arizona families are dealing with.
- Ensure that government agencies are trauma-informed when providing services.
- When you make laws, be aware that there is a uniqueness to those in need and there needs to be some flexibility with generalized laws. For example, court systems and protocols need more flexibility for individuals. We also need changes to the laws to be quickly implemented.
- Create a process that makes it easier to get desperately needed services, including mental and health care.
- Invest in prevention including policies that keep families and children in their homes.
- Invest in education, life skills, and diversion services that assist the homeless and prevent people from entering the criminal justice system.
- Use the money currently spent on jails and prisons for prevention and diversion services.
- Invest in home visitation programs to assist parents.
- Demonstrate that you truly care about these issues by supporting the actions discussed in this report.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the UMOM Community Town Hall. Below are individual actions that were shared.

I WILL:

- Fuse human experiences and stories with political action, such as the Red for Ed movement did.
- Use personal stories to educate elected leaders in a way that creates legislation addressing the problem.
- Empower other families with knowledge on how to obtain resources, information, help, etc.
- Strive to maintain the focus on rehabilitation and reunification.
- Engage in more interaction with families and make others know that their voice will be heard.
- Do my best to better inform others about how trauma has an impact on society, specifically as it relates to understanding the community and its dependence on strong families.
- Look for increased opportunities to educate the community on trauma and its effects on mental health and overall family stability.
- Help to mitigate the difficulty of navigating complex systems for families.
- Advocate for policies supporting families, including contacting local, county, and state elected officials.
- Vote and help get out the vote.
- Talk to the mayor of Phoenix about inclusionary zoning.
- Become more active in engaging with my legislative district representatives and those running for the Senate and House of Representatives in support of issues for families.
- Offer support and provide connections to all families in my personal networks by lending an empathetic ear, transportation, and childcare when families need support.

- Continue to develop, implement, and grow family skills needed for success by consistently providing comprehensive, holistic, and innovative modalities to those who are underserved.
- Inform other senior citizens regarding working with SSI, housing, transportation, families, affordable housing, affordable health care, and affordable childcare.
- Become a success story and then be more active and vocal in the right settings to assist in connecting decision makers in the community by rehumanizing those affected.
- Make the most of opportunities to communicate support of strong families and healthy children.
- Get involved in advocacy programs that support strengthening Arizona families.
- Support candidates for local and state office for whom healthy children, families, and communities are a priority.
- Continue to educate myself and use this discussion and the Town Hall final report to better understand how my organization (UMOM) can more effectively meet the needs of the clients we serve.
- Bring community partners together to connect with our agency (Department of Economic Security).
- Attend additional Town Halls and continue to educate myself.
- Share this information with the leadership within my organization to shape future strategies.
- Communicate what I've learned today, pass on ideas, and "think outside the box."
- Work with colleagues at the Capitol and within government agencies to increase data collection/sharing, and cross-systems collaboration.
- Continue to educate myself on topics that affect my community and be an advocating voice for those that do not feel they have one, but they do.
- Communicate my knowledge on ACEs to families I work with and provide the support to help families increase their resiliency.
- Listen with empathy, and model strong social capacity and competency. Continue to share how important early childhood education is as well educating parents on short-term training opportunities available to earn a living wage.
- Do my best to halt the cycle of ACEs within my immediate family and provide them, as well as others, the education to prevent future traumatic experiences from occurring.

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“Strong Families Thriving Children”

Casa Grande Community Town Hall Report

Casa Grande, AZ – September 20, 2019



STRONG FAMILIES THRIVING CHILDREN

Casa Grande Community Town Hall Report

Friday, September 20, 2019 – Casa Grande, AZ

Participants of the September 2019 Casa Grande Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Family should be redefined to normalize the wide range of family structures, creating space for all children to understand that their unique family structure is valid. Strong families and thriving children are able to communicate and engage with each other while providing positive reinforcement that teaches children their worth and promotes resiliency. Strong families demonstrate love and a connection to communicating spirituality and their culture. They have good relationships and a strong sense of community. They have high expectations, a stable parental figure, and parental involvement. In strong families there is lots of honest communication, with parental figures setting and articulating expectations and boundaries. There is communication with structure. These families are involved with extended family and community. Children have positive role models, to break various cycles, such as incarceration.

Parents practice good listening skills. Kids look at the world and understand that there is something greater than themselves. Technology is a tool that provides needed resources to children and parents, and is carefully managed. The benefits of new technologies are balanced against the need to interact with people. Children learn how to deal with peer pressure, to play with others, and thrive in their own way.

Strong families live in a safe environment and have their basic needs met. They have economic and social security, physical security, and good mental health. In this environment they have food, housing, and are safe from abuse. There is funding for counselors in the education system to educate and intervene with children. Community support is available in areas that are easy to navigate with barriers removed.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Reduce Adverse Childhood Experiences (ACEs) and increase protective factors by promoting collaboration between and among government, corporations, nonprofits, parents, and faith-based organizations. Identify the services required, including education, training, communication skills, peer-to-peer coaching, mentoring, support systems, trauma systems, and counseling. Involve corporations in the community.

Community involvement could be increased by eliminating the stigma and stereotypes, and changing social norms to provide more equal resource availability for parents without regard to gender or mental health status, and by providing life skills and parenting education to both parental figures and children, within and outside the school system.

Leverage community groups to raise awareness by utilizing existing and new models, and leverage celebrities and community influencers to support families and children.

Provide support, education, and intervention for all families, focusing on those with young children (ages 0-8) and those that have experienced trauma or have other “at risk” factors. Schools are hubs in their community and can be resource centers that partner with a wide range of service agencies to bring resources to families where they are. Empower parents to be part of the solution by working in resource centers creating

a community of practice. Corporations can help parents by providing training and information to parents in the workplace.

Address the specific challenges of rural Arizona, including less availability of transportation, internet, and other services, as well as greater distances from resources. Business involvement in addressing the problems of families and children is particularly important in rural areas. Businesses can support their workforce and the communities in which they operate by providing funding and supporting community efforts to address the needs of families and children.

Make investment in our children a priority. Develop proactive initiatives and collaborations to mitigate ACEs. Begin conversations with all stakeholders to develop tangible solutions, and ask government agencies to facilitate this process by bringing those stakeholders together.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Families and children need resources and access to behavioral and mental health services.
- Take action by governing with intentionality.
- Draft legislation that will directly impact families.
- Seek input from communities, including rural and tribal populations, to design targeted solutions to demonstrate successful outcomes.
- Involve the business community, creating partnerships, and recognizing the important role that business tax revenue plays in the general fund.
- Focus resources on the holistic dimensions of wellness including: education; health; meal programs; before and after school programs; and financial, occupational, social, spiritual, emotional, and environmental services.
- Invest more money in public education.
- Hear what is going on, get out in the trenches and meet with the people.
- Build a consensus between the political parties to foster action for implementation.
- Invest in prevention programs instead of punishment to change the fact that Arizona has the highest incarceration rate in the country.
- Move funding from the criminal justice system to education and prevention.
- Use Arizona's \$1 billion rainy day fund to empower Arizona families.
- Increase support for better public education through more teacher training and higher compensation.
- Improve education in the prison system to support successful reentry.
- Improve parenting education and skills training.
- Be visionary. Be present. Participate. Advocate. Lead by example.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Casa Grande Community Town Hall. Below are individual actions that were shared.

I WILL...

- Build stronger collaborations in the community and attend future town hall meetings and events.

- Volunteer with my local schools and community service organizations to lead by example and to fill the gaps for over stressed and overworked organizations that are working to better my community.
- Create a coalition of nonprofits in Pinal County focused on solving one long-term (10-year) systemic issue.
- Carry on the conversations we had here today and continue to advocate for Arizona's families and children.
- Engage with others. Be vocal about what could reduce adverse childhood experiences. Set goals to help others.
- "Be vocal" on the strong families and thriving children that Arizona needs to improve funding towards education!
- Set goals to champion efforts to support rural programs.
- Help facilitate initial conversations between nonprofits to identify major deficiencies in Casa Grande to increase efficiencies while addressing those issues.
- Share my experiences at Arizona Town Hall as an example of positive community action in this contentious political environment.
- Continue the conversation with others in the early childhood field.
- Educate myself on services and community needs so I may help move, change and communicate visionary public policy that creates strong families and thriving children.
- Continue to educate myself on the needs of children and families.
- Listen and engage the community so that I can advocate for their needs.
- Share my own ACEs and coping skills that have enabled me to be resilient to help empower others.
- Work with others to coordinate outreach efforts to educate families on ACEs and other matters influencing strong families and thriving children.
- Commit to be proactive in every organization and community group I'm involved with in order to raise the issues surfaced in this conversation.
- Work on arranging educational opportunities for community, business, and parent groups.
- Raise awareness of the Pinal County Interagency Council to End Child Abuse to increase partnership and expand the scope of its impact through action.
- Reach out to the business community to raise awareness of issues and programs to support their workforce.
- Connect to community organizations and leaders with the goal of finding opportunities to collaborate on ways to help build strong families and support services so children can thrive.
- Share information with my religious community about adverse childhood experiences, the impact they have, and how we can help prevent them.
- Continue to help increase awareness of healthy development for our children, positive experiences to empower our youth, and have thriving children and families.
- Become more educated and familiar with the issues facing Casa Grande's families and strive to use personal resources to assist, as well as lead discussions in my organization to determine what role it can play in building stronger families that help children thrive.
- Take our discussion back to the civic groups and make a project to educate about ACEs.
- Talk to my mayor, HOA, and local churches.

- Help facilitate initial conversations between nonprofits to identify major deficiencies in Casa Grande and increase efficiencies while addressing those issues.
- Make my father-in-law's amateur boxing gym a nonprofit organization by 2021.
- Bring my middle-school aged niece to the Future Leaders Town Hall.
- Volunteer at elementary schools.
- Be a mentor.
- Use my access to corporations to educate them on all the issues dealt with today.
- Educate myself during local and state elections and vote for individuals that support funding and expansion of programs that strengthen families by providing education and increased access to services.
- Continue to advocate to national and local legislators to make available and fund services that families need to continue to thrive.
- Use my knowledge, influence, and passion for healthy, strong children to educate those around me on professional, personal, and social levels.
- Be part of the solution.
- Speak out about the special needs that children face in rural communities.
- Advocate for strong families.
- Continue to advocate and push for behavioral health services.
- Bring this information to my school district's administrative teams and counselors to partner with agencies that will help our parents to build thriving families and children.
- Share what was discussed with my co-workers, personal network of friends, and family and encourage all to look for areas to get involved.
- Pay attention to how local elected officials talk about and vote on issues that strengthen families, support community, and engage in decision-making that focuses on prevention and building resources, as opposed to punitive measures. Engage my community to also pay attention, raise awareness, and vote on these principles.
- Tell my co-workers, supervisors, friends and family about my Town Hall experience. It was an honor to participate in this event!

CASA GRANDE COMMUNITY TOWN HALL SPONSORS



FIRST THINGS FIRST



Additional support from community members Evelyn Casuga and David Snider

“Strong Families Thriving Children”

Town Hall for Affected Populations Report

Tucson, AZ – September 21, 2019



STRONG FAMILIES THRIVING CHILDREN

Town Hall for Affected Populations Report

Saturday, September 21, 2019 – Tucson, AZ

Participants of the September 2019 Town Hall for Affected Populations make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

The characteristics of strong families and thriving children include great communication and parents and caregivers who are engaged, listening, and available to children. They laugh together and have respect for each other. The parents/caregivers are present, and the families foster an environment where they talk to one another. There is an expectation of family time. Families live in safe and secure neighborhoods. Parents/caregivers are educated to recognize difficulties children may have, including developmental disabilities. Training in crisis management is also available. They have economic stability, food security, nutritious meals, education, and language fluency.

Strong families have a support system and a web of community services. In addition to the parents, there are strong, caring adults around them such as grandparents, neighbors, mentors, role models, and faith-based leaders.

Strong families and thriving children receive help with mental illness, are aware of family planning, and have access to resources such as mental and physical healthcare. They also have access to quality educational opportunities, including resources that may be provided through schools.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Improve our educational system by providing a higher ratio of counselors to students in the schools. Grant paid time off for parents/caregivers to attend parent/teacher conferences. Make education available early on by improving access to preschool, improving K-12 education, and supporting quality daycare.

Reduce adverse childhood experiences (ACEs) by implementing prevention and awareness measures such as educating parents, caregivers, and teachers. Equip parents with the necessary tools to support them and their children. Improve the access to, and availability of, support services and their facilities, including offering extended hours of operation. Enhance prevention measures by involving the schools and faith-based institutions. Provide comprehensive, medically accurate, and inclusive sex education, domestic violence prevention, incarceration deterrence programs, and fulfilling work opportunities.

Increase protective factors by applying the values we have for ourselves to how we treat and pay social workers. Provide substance abuse and trauma treatment. Advocate for living wages and an increase in the minimum wage. Establish "Neighborhood Care Associations" to strengthen and build up communities.

Consider the roles of government, communities, faith-based organizations, and non-profits. Involve the schools, healthcare systems, libraries, and faith-based institutions in making resources more available and educating the community about the problem of ACEs and their impact. Provide appropriate funding to our schools and ensure it gets to the right districts with more funding going to those schools with a disproportionate number of children at risk. Enhance interactions between the courts and foster care programs, and raise the legal age of juveniles to 21 in order to keep them out of the criminal justice system.

Foster interactions between non-governmental organizations and law enforcement. Provide greater access to more Town Halls and community events.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Hear that there is a lack of resources in our communities and educational system. Recognize that economic insecurity is a major stressor for families. Address the inequitable funding and provision of resources for schools. Support early childhood education without reducing funding for necessary social services. Understand that we want accessible, affordable, and quality education, which consists of inclusive, comprehensive, medically accurate sex education programs, community education, childhood development, and financial planning programs. Be aware that keeping kids in school is critical. Make intentional, precise, moral decisions that prioritize the needs of families.

Be more transparent with where our taxpayer money goes and show us tangible results. Increase teacher pay and raise the minimum wage. Direct funding to parental education, community schools, and vocational training programs. Improve transportation to schools so education is more accessible. Develop a state curriculum that includes civility, critical thinking, and active listening to give children the skill set to chart their own futures. Revamp the justice system in a manner that would rehabilitate first-time offenders and keep families together. Improve the economic security of our families through an earned income tax credit. Take deliberate steps to bridge the gap to get people off welfare. Reduce barriers to benefits, especially those that discourage people from seeking or improving their employment circumstances. Improve healthcare accessibility and affordability. Come together, stop arguing, and start doing!

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Town Hall for Affected Populations. Below are individual actions that were shared.

I WILL...

- Work to elect leaders who make education, parents, children, and families their priority.
- Encourage friends to VOTE and use my own vote to elect those who work for the peoples' undermined, voiced concerns, and who will respond with their actions.
- Let my legislators know of the outcome of the Town Hall final report on this topic and my expectations of what I think they should do in terms of making its recommendations a reality.
- Promote the ideas exchanged in today's meeting, as well as encourage people to attend Town Hall meetings in the future.
- Have conversations to bridge the gap between empathetic goals and financial goals.
- Utilize the information from the "Strong Families Thriving Children" report to support our Boys and Girls Club of Tucson mission to serve Tucson children who need the most.
- Be more aware of my community to be able to provide resources to anyone that may need it.
- Be more politically active.
- Further social change through education—especially in poverty inequality.
- Lobby for change with Congress.
- Advocate for a state-earned income tax credit and provide legislators with evidence that changes their perceptions of low-income residents.

- Do more research as to volunteer opportunities to help children and families. I will also research organizations that provide effective advocacy for children and families so I can participate in advocacy efforts.
- Start volunteering at my church's mentoring/tutoring program at Rio Vista School.
- Keep informing myself on issues and support organizations that provide effective programs to address issues.
- Advocate for fair housing, equal pay and criminal justice reform.
- Register as an Arizona resident and let elected leaders know how I feel.
- Become better educated about public policy issues.
- Continue to take political action.
- Continue to serve mindfully on my school district's governing board. Consider volunteering with a non-profit that works to support families. Support candidates for office at the state level who understand those issues.
- Continue and increase my volunteer activities with vulnerable youth in an effort to be a positive role model to foster self-reliance.
- Learn how to manage my stress better so I positively communicate with my peers, loved ones, and everyone else.
- Support organizations that assist families and children to make their lives better.
- Write to governor and Pima County elected official regarding priorities of families and children.
- Talk to my family and share this experience.
- Read Town Hall reports.
- Try to go to the Statewide Town Hall.
- Look into the MacArthur Foundation.
- Share this information.
- Communicate with Arizona leaders and lawmakers to urge greater investment of public funds into the public school system.
- Start getting more involved in my community. This is just a start for me; that's what I believe. I want to spread awareness on getting more involved with our community and people of my generation.
- Encourage people in my life who are not as engaged in community events/forums to step out and attend Town Halls, community events, etc.
- Continue to have important and difficult conversations with those in my life, especially those with very different opinions than my own.
- Talk to all the people I know about the particular bubble they live in, how they can be aware of others, and what they can do.
- Continue to work with youth and families to find ways to better equip parents and guardians with the necessary skills and tools to support their children.
- Talk to teachers and the administration about increasing funding to different districts that need it the most. Communicate district-to-district and build that trust.
- Work with my college recruiting staff to make sure our education opportunities are presented to students from all backgrounds in southern Arizona.

- Participate in more events like this one to give me the opportunity to hear people talking about their experiences with the topic of children and families, and learn about public involvement.

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Additional support from community members Sally Simmons, Archibald Brown, Tom McKinney and Nancy Atherton.

“Strong Families Thriving Children”

Lewis Facility Community Town Hall Report

Buckeye, AZ – September 25, 2019



Photos courtesy of the Arizona Department of Corrections

STRONG FAMILIES THRIVING CHILDREN

Lewis Facility Community Town Hall Report

Wednesday, September 25, 2019 – Buckeye, AZ

Participants of the September 2019 Lewis Facility Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Strong families and thriving children have trust and support within the family and open communication. Having two parents in the home as well as encouraging and supporting families to stay together is very important. Strong families provide sustaining environments where there is healthy person-to-person dialogue, where bridges are built across conflict, and where there is patience and a commitment to unity in the family. Families and children are willing to ask for help, have access to parenting assistance and education, and have life coaches and other positive role models. Expressing love, demonstrating positive leadership, and having strong role models will help to instill responsibility and accountability within the family and restore value to children. Parents know what children are interested in, what they are doing, what they are watching, where they are at any given time, and who they are associating with. Having a stable, supportive network incorporating extended family, friends, faith, as well as connecting with community supports such as Boys & Girls Clubs, Big Brothers Big Sisters, and after school programs to keep children safe while their parents are at work. Other characteristics include:

- Unplugging from electronics and ensuring that entertainment is monitored (understanding what kids are connecting to online).
- Making time for meals together.
- Actively involving parents in their children's activities.
- Setting aside time for family-centered activities that will strengthen bonds and instill family values.
- Demonstrating positive leadership and mentorship in the home, building self-esteem among family members.
- Making space for meaningful conversations that delve into feelings beyond the automatic response of "I'm fine."

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

- Reduce parental stress by providing resources to support economic security (childcare subsidies, supplemental nutrition, job placement assistance, etc.) as families work toward self-sufficiency.
- Provide access to good healthcare, proper nutrition, and mental health treatment.
- Offer reunification programs that provide opportunities to learn skills that will keep families together.
- Construct pathways to good jobs that provide a way for parents to support the family.
- Ensure access to quality educational opportunities.
- Add more counselors rather than more resource officers in schools.
- Develop support to strengthen protective factors to prevent Adverse Childhood Experiences (ACEs).

- Address issues related to poverty such as case management to help parents access workforce development services, affordable housing, affordable childcare programs, supplemental nutrition, life skills development, and other resources that provide economic support for families.
- Promote fatherhood involvement programs.
- Provide more and better programs for mental health education and family therapy/counseling.
- Teach skills for positive social interactions and the use of emotionally supportive language.
- Offer more counseling for trauma to reduce the fear of talking about problems.
- Incorporate programs that increase resilience for single parents.
- Recognize personal responsibility and instill positive values in children such as giving back to the community.
- Increase the availability of programs like Big Brothers Big Sisters and Boys & Girls Clubs.
- Develop mentorship programs with people who have had similar experiences and succeeded, using former inmates as mentors.
- Eliminate the stigma associated with mental illness, substance abuse, and a history that included incarceration.
- Expand drug treatment programs, focusing on substance abuse treatment rather than incarceration.
- Shift the perception that Department of Child Safety (DCS) involvement is negative and view DCS as a resource to get back to a healthy state.
- Provide more training for teachers and educational support staff in emotional health to help them better meet the needs of their students.
- Incorporate programs into schools that help young people explore career opportunities and develop a life plan to achieve their goals (including options for both college and vocational training).
- Improve parent/teacher communication and increase transparency between parents and school personnel.
- Develop interactive family workshops that build communication skills.
- Promote community-supported family events to bring people together in positive interactions and build a more cohesive neighborhood environment.
- Increase education about risky behaviors to help families recognize the signs of gang involvement such as clothing choices, language, and friends.
- Provide better information about available resources (use advertisements on buses, billboards, and light rail) and centralize community resources for easier access.
- Increase utilization of the services offered by faith-based and non-profit human services organizations.
- Promote programs for the families of incarcerated individuals that increase communication between parents and children (incorporate technology for face-to-face interactions) and increase the number of social workers in prison to help inmates and families reconnect positively.
- Increase opportunities for social activities in schools, in the home, and in the community such as block parties and other events that encourage connections to the broader community that will help to remove social barriers and build a sense of community.
- Strengthen the ability of families to maintain contact while in prison such as developing a program that provides transportation support for families to visit incarcerated individuals.
- Develop family reunification programs that build skills to support family connectivity.

- Offer programming for violent offenders as well as non-violent offenders.
- Increase access to vocational training in prison by expanding Second Chance Center services.
- Increase education regarding personal responsibility and the consequences of risky decisions to help children avoid getting into trouble.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Find ways to decrease the cost of education and healthcare, particularly for single parents.
- Increase funding for prevention, early intervention programs, and mental health services.
- Offer tax credits for families with children involved in performing arts and sports to support those whose families might otherwise not be able to afford their involvement in extra-curricular activities.
- Expand programs that provide housing and workforce development opportunities, as well as economic assistance to help families move toward self-sufficiency.
- Provide greater access to resources for mental health and substance abuse treatment, as well as other support such as treatment for anger management to support family unity.
- Increase funding for the expansion of re-entry services to include more safe and stable environments for formerly incarcerated individuals to go to upon release.
- Improve the regulation of halfway houses to eliminate drug use and negative influences.
- Support, promote, and fund programs that will increase families' access to the resources they need to provide the safety and stability children need to thrive.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Lewis Facility Community Town Hall. Below are individual actions that were shared.

I WILL...

- Continue to keep the information I learned today at the forefront of my mind. It is very important to me to allow my children to thrive.
- Find ways to help my community.
- I will provide for my family and stay close to my family by any means necessary.
- Thrive to be a positive peer worker, guide youth into making great decisions, and look into ways to help.
- Provide healthy, stable halfway houses in all areas around the state. This way the formerly incarcerated have a real second chance.
- Commit to keeping government accountable for the services it provides; especially, more effective diversion and re-entry programs to assist families struggling with substance abuse disorders and mental illness.
- Be an active member of my community.
- Engage in community education projects in areas concerning mental health, substance abuse, and rehabilitation with an emphasis on re-entry and corrections.
- One day, work for a non-profit organization.

- Stay involved with Arizona Town Hall.
- Bring more people to Arizona Town Hall events.
- Continue to learn about the problems which impact my community and serve as an advocate.
- Spread the word about Arizona Town Hall and write about this meeting in my blog.
- Commit to hiring formerly incarcerated people to give them safe, paid employment and training in preparation for entry in to the general workforce.
- Continue to stay on this path to success and continue to gain as much knowledge as I can to better myself and my community.
- Share the insights and perspectives of the people I met today to help make a difference for young children and families.
- Focus on finding a solution to incarceration and stop locking people up for small things and try to help them.
- Look into ways that I can help my community.
- Practice resilience in my every day life and encourage and support others to do the same. Everyone deserves support and everyone deserves support regardless of their situation.
- Become more involved in the betterment of my community and contributing to at-risk youth.
- Be more involved in my community and attend more Arizona Town Hall meetings.
- Be forever thankful for this second chance.
- Educate myself on how to be a part of a strong and thriving family and fight for more opportunities for others to do the same.
- Focus more time and attention on putting together community events at the school to create a space for bonding and connection among families.
- Continue educating children on social-emotional skills.
- Continue to provide support to my peers.
- Once I am released, become involved with Arizona Town hall to advocate for those who are considered disenfranchised.
- Help and volunteer with those who don't have anything to help their family and who can't feed their kids.
- Commit to donating 20 hours of my time to an organization promoting children, whether it's education or just good, fun afterschool activities.
- Continue to find ways to make changes to the way we approach correctional programs.
- Be more proactive as a citizen.
- Be more involved in the betterment and success of our youth and their future.
- Help and aid my family, as well as other families in my community.
- Attend Arizona Town Hall meetings.
- Engage myself in my community to provide help where needed and generally be involved in anything I can.
- Sponsor legislation to reduce the rate of evictions in Arizona, to help families be strong by keeping their homes.

- I will work to obtain inner strength so that I can positively influence my surroundings rather than being negatively influenced by them.
- Assist in facilitating more family-oriented activities in visitations to encourage family unification during incarceration.
- Write my legislators to advocate for a shift in funding from incarceration to prevention and treatment services.
- Work to elect legislators who support prevention and treatment programs rather than punishment as a way of addressing societal issues.
- Read and share the Arizona Town Hall report with my agency directors.
- Release the shame of being a child of a father who was in prison.
- Encourage others on the importance of family and do my best to pass on ideas and skills to help strengthen family ties and relationships.
- Be a productive member of my community.
- Not pass blame for the condition of my community, our world, or my life. I will do what I can to make things better. I will believe and stand on the fact that we can do it together.
- Take what I learned and apply it to life, make a difference, and educate myself.
- Start working on becoming the definition of what a real man should be so I can help myself and others.
- Run for office as an advocate for sentencing reform, drug abuse prevention, and family support programs.
- Maintain awareness of what's right and wrong.
- Receive and give family support to maintain a drug-free lifestyle.
- Focus on civil advocacy, render potential advocacies as a requisite for developmental procedure.
- Be clean and sober.
- Help children with their lives to do well.
- Advocate regulation of half-way houses.
- Advocate for second chance centers.

LEWIS FACILITY COMMUNITY TOWN HALL SPONSORS



“Strong Families Thriving Children”

Sierra Vista Community Town Hall Report

Sierra Vista, AZ – October 7, 2019



STRONG FAMILIES THRIVING CHILDREN

Sierra Vista Community Town Hall Report

Monday, October 7, 2019 – Sierra Vista, AZ

Participants of the October 2019 Sierra Vista Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

In healthy families, parents provide a supportive and financially stable environment. A thriving family is drug and abuse free. All families go through trials, but a strong family is resilient, and has good coping skills. In healthy families there is some element of family time, and parents are present for the children. There is good communication, and children feel valued and safe. Thriving children feel safe to make mistakes, have a healthy level of independence, and have the space they need to grow and mature.

In healthy families parents are present for their children. Strong families spend quality time together and put the family first. Children are well nourished. The family has healthy routines, and there may be organized chaos.

Strong families are aware of their own circumstances and feel able to ask for help when needed. They are supported by their extended family and their community. They have financial resources, and access to quality education that includes parental involvement, quality health care, and mental health care.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

We can strengthen Arizona families and children by building infrastructure to support families and encouraging community organizations to be involved in the community and to share information. One of the best ways to do that is through programs sponsored by employers such as support groups, including support groups for kids in schools, and skill building groups for young parents and parents to be, including the skills of empathy. Help young people get the skills they need to have a sense of purpose and hope. Provide community centers where families and children can learn the life skills they need such as budgeting. These community centers can also serve as places kids can go after school where adult supervision is available.

Foster more collaboration among social services and community organizations. Establish a clearing house or hub where all community resources and social services are available, directly or through referral. Improve access to mental health care and offer more resources for post-natal mothers and their children. Develop options outside the faith communities to help people prepare for marriage and child rearing. Build trusting relationships with children and families to identify those who need help. Eliminate the stigma associated with accepting help. Hire more great teachers to strengthen families and help children thrive.

Reduce the negative impact of geographic isolation by increasing the amount of activities available, assessing the issues, and being intentional in programming. Ask families and children in rural communities what they want and need. Hold round tables and conferences. Adequately fund non-governmental organizations that are providing services that in other areas are provided by government.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Value education and educators, specifically public education. Increase funding for public schools. Raise taxes as needed to fund public education adequately and reassess how schools are funded. Incrementally and consistently improve Arizona's overall funding status versus the rest of the country. Address Cochise County's property tax issues to help solve its education funding problems.

Protect AHCCCS and Kids Care and devote more resources to early childhood development, and more and better access to mental health care.

Promote the formation of new partnerships that support families and children. Schools and businesses both make great partners and supporters of families. Attach family resource centers to schools. Provide incentives for various employer programs that support strong families.

Rural communities need more resources and programming specific to their challenges. The voices of these communities need to be included at the table whenever issues affecting families are being discussed.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Sierra Vista Community Town Hall. Below are individual actions that were shared.

I WILL...

- Tell others about the value of a Town Hall meeting.
- Share the ideas and information with others at my church.
- Work in Douglas to develop strong families and thriving children.
- Use this information at our next county roundtable.
- Share with others what Town Hall is about and what goes on at the meetings. Encourage others to attend, especially Pastors from the DFA (Discovery Forum Alliance), an Ecumenical Group.
- Participate in the Statewide ACEs Project headed by Dr. Ghandi from Childhelp to collect ACE/PCE data from 13 other FAC/CAC's within Arizona.
- Educate myself on community resources.
- Share information with those in need or to organizations/people working with those in need.
- Continue to build connections with individuals and organizations that have the same goals and seek out opportunities to collaborate.
- Continue to educate myself about local issues and provide educational opportunities for my community.
- Discuss with my employer the possibility of hosting community town halls to discuss strengthening families.
- Provide information about existing resources in our community to our church members and other community people to help them with their concerns.
- Raise awareness of the issues and recommendations discussed today.
- Continue to work at the school districts in providing education and training classes as well as implement support groups for our children within schools (sexual/physical abuse, sexual violence, drugs).
- Be the best Grandpa I can for my grandchildren, and my wife and family.
- Take this idea to our Rotary Club and Healthy Communities Committee and adapt or start at least one new project that will impact families.
- Use my position as a Community Engagement Specialist to spread the word about the different programs in the community where I work. Help decrease the duplication of service funding, so those monies could be used for other needs.
- Shift my focus from just children to family ministry to help build strong families rather than just strong youth.
- I plan to share ideas learned today on my council Facebook page and perhaps to prepare an op-ed.
- Work to identify someone in every county community to attend Arizona Town Hall, both the community and statewide events.
- Use my skills and the organizations of which I am a member to support families and help them make good decisions.

SIERRA VISTA COMMUNITY TOWN HALL HOSTED IN COLLABORATION WITH:



“Strong Families Thriving Children”

Cave Creek Community Town Hall Report

Cave Creek, AZ – October 8, 2019



STRONG FAMILIES THRIVING CHILDREN

Cave Creek Community Town Hall Report

Tuesday, October 8, 2019 – Cave Creek, AZ

Participants of the October 2019 Cave Creek Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Strong families with thriving children are like a tree: what is important is not how it looks on the outside, but the strength and health of the root system that provides the anchoring structure, and nurtures and protects the tree against the outside forces that otherwise might blow it down.

A strong family is founded on love and caring, has a supportive network, and establishes supportive expectations. Resources are easily found and accessible. Strong families have faith in something. Members maintain good communication, listen and pay attention to one another, set appropriate limits, provide appropriate nutrition, and provide appropriate and consistent oversight for children. There are trusted adults in the family, ideally two parents, and families also may be comprised of people who are not genetically related. Adults treat both children and one another with respect. Parental figures are present and involved, and they have good parenting skills. The adults act like parents, not friends, and lead by example. Adults are encouraging, not judging. Children are polite and respectful of themselves and others. Parents teach their children empathy and good citizenship, diversity, mindfulness, inclusion, and tools for coping.

Mistakes are made and overcome. Strong families deal with adversity as a team, and include children in problem solving. They have hope. There are supportive extended family members. Family and community support is available when families are under stress. Family members are taught to recognize the signs of Adverse Childhood Experiences (ACEs) and they intervene or seek help early when ACEs occur.

Basic physical, financial, and emotional needs are met. There is good quality childcare, and a safe and secure environment. Children feel loved, and have a sense of belonging, a voice, and a strong emotional connection. Pride, love, and acceptance are not conditioned on performance. Communication comes from a place of love. Parents manage electronic devices and place importance on spending quality family time together, like sharing family meals. Children receive a good education with an emphasis on employable skills.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Create a space in the community that would bring everyone together, and connect and engage people in different segments to information and resources. Utilize coaches and other positive adult relationships and role models. Encourage employers to provide guidance and resources to those who have mental health conditions, including anxiety and depression. Link schools and libraries to resources in the community. Make use of retired people as volunteers.

Increase community education and collaboration between and among community entities, including faith-based organizations, non-governmental organizations, schools, government, and the media. Prepare people for marriage and parenthood. Provide better education about life skills and the problems and challenges that people face, including ACEs, drugs, and human trafficking. Make people aware of the benefits and dangers of electronic devices and social media. Improve this type of education for law enforcement and key professionals. Take existing outreach programs and strengthen their message and broaden their scope.

Parenting education programs such as First Things First, after school programs, and in-school programs are all important. Take the town hall process and experience into the schools and teach students how to communicate better. Expand programs that teach youth life skills, such as the program that teaches kids at risk how to identify when they are feeling out of control, and how to control their behavior. Agree on morals and integrity and teach them to our youth. Use grassroots efforts.

The greatest opportunity for change is at the personal level. Know your neighbors. Un-gate the gated communities and encourage people to connect with one another.

Fund the needed resources, including in rural communities, so that families aren't left behind.

We need a vibrant economy to make these things happen.

Reduce funding for incarceration and increase funding for education.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Fund education at least to the median level for the United States.
- Publicize the 211Arizona.org resource directory so that everyone knows that it exists and how to access it.
- Have counselors available at all K-12 schools, including for social and emotional counseling programs in the classroom.
- Improve the tax code to make the 501(c)3 deduction unlimited.
- Prioritize children because children are our future.
- We need programs for our youngest, most vulnerable children ages three to five.
- Encourage physicians to spend more time with families and children.
- Have resource centers that are available for everyone and fund parenting support and education programs.
- Ensure that we have a thriving economy.
- Money has been taken from middle class to address the programs for the poor; this has started the decline of the middle class.
- Revisit how welfare benefits are distributed.
- Increase oversight and review by the Department of Child Safety (DCS) of policies associated with child predators. Put the safety of families ahead of businesses, and encourage businesses to support families.
- Shift funding from incarceration to programs that strengthen families and children through prevention and treatment.
- Institute the 24/7 Sobriety Program as a policy for drunk driving to reduce arrests and keep parents employed and in the home.
- Encourage people to reach out to their elected representatives to advocate for programs and resources needed by families and children. Ask elected representatives to get out into the community to "walk a mile in our shoes" to see problems first hand, to listen to their constituents and to act.
- Address the disparities in health insurance coverage. Find ways for the state to provide coverage comparable to that provided by private employers.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Cave Creek Community Town Hall. Below are individual actions that were shared.

I WILL...

- Share Town Hall information with families.
- Learn about community resources and share with families.
- Assist abused families with baby-sitting.
- Become more engaged in monitoring my children's social media and use of electronics.
- Encourage my grandson and fiancé to attend faith-based marriage counseling and childcare before they get married.
- Share my knowledge of Adverse Childhood Experiences and protective factors with my colleagues and neighbors in my community.
- Strive to strengthen my family.
- Work to support my children.
- Create and hold space where family can connect to God and be supported in their family life.
- Be engaged in helping other families thrive.
- Continue to grow my commitment to local problems and my faith-based values and integrity in my community.
- Host a child abuse prevention workshop for community members.
- Investigate and advocate for ways Kiwanis can support the forgotten youth.
- Become acquainted with who my elected officials are.
- Make an effort to stay in touch with elected officials.
- Create stronger family unit by working with police to create a database that allows police to know in advance if a call comes from a family with a child who has special needs.
- Be an advocate and partner with other non-profits, faith-based organizations and schools to educate as well as to provide resources to provide education and increase prevention of Adverse Childhood Experiences.
- Continue to volunteer and support nonprofit organizations in reaching families and children with programs and services to meet their needs as well as identify opportunities for collaboration.
- Bring all discussed ideas to our nine legislators and ask them what they plan to do.
- Bring additional resources to the people who need our support.
- Talk to my representatives, get involved, and advocate for funding for all communities and age groups—not based on income levels.
- Help to find/promote the establishment of a Cave Creek/Carefree/Desert Hills Community Resource Center.
- Educate myself on various family services already in place and become a resource on those services.
- Get involved in local community groups.
- Communicate with state legislator about needs of community as identified in Town Hall.

- Join another organization that focuses on Strong Families Thriving Children.
- Be an advocate for social and emotional programs, as well as support school staff and other community organizations.
- Become more politically active.
- Continue to learn new skills to help me be a better grandparent.
- Continue to support my local libraries.
- Continue to improve my skills as a marriage preparation monitor.
- Encourage the accessibility of resources for children and families.
- Dedicate my time and energy to work with Kiwanis to develop programs that promote programs for children.
- Explore idea of Town Halls in schools with the Superintendent.

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“Strong Families Thriving Children”

Maryvale Community Town Hall Report

Phoenix, AZ – October 10, 2019



STRONG FAMILIES THRIVING CHILDREN

Maryvale Community Town Hall Report
Thursday, October 10, 2019 – Phoenix, AZ

Participants of the October 2019 Maryvale Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Define family broadly to reflect the current society we live in. Family may include caring adults or others in the community who provide loving support.

Strong families have love, respect, humor, ties to their cultural identity, strong values, work/life balance, and opportunities to thrive. They have dedicated time and good communication with each other. They listen to and respect each other, including gender identities. They have responsible, caring adults who know how to emotionally support their children. They are resilient and able to creatively address challenges that arise.

Their basic needs are met, including financial stability, safety, housing, education, and healthcare (including mental health). They have access to affordable, high quality childcare and other information and services as needed.

Strong families feel connected to their community and comfortable reaching out for help when needed. Having services provided in multiple languages allows resources to be more accessible. There is access to needed resources within the community, including education, information and services for substance abuse, and recreation opportunities for the family.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Create an environment where parents feel supported and there is no stigma associated with asking for assistance.

Keep families together. Repeal SB1070 and eliminate the racial profiling and cultural biases that can lead to families being separated. Provide additional training to police and first responders so that they can respond more empathetically to situations and be more of a community partner.

End mass incarceration which also separates families. Make changes in workplace policies to allow families to take time off when needed.

Reduce substance abuse through programs that focus on prevention and are available and affordable to all. Reduce bullying, domestic violence, racial profiling, and discrimination. Provide leadership opportunities for our youth.

Families would be stronger if we had greater gun control measures in place, jobs that pay better, and resources matched to those in need. Break down silos that create barriers for accessing resources. This includes working in collaboration with government and other sectors to leverage existing resources to better serve our families. It also includes making resources more available and accessible to those in need.

Maximize the opportunities available within our schools by having trauma-informed staff, and partnerships that enhance what schools provide. This includes parent education about child development, support for struggling parents, and support for teachers and others who work directly with our children.

Share and highlight the positive aspects of our community, not just the challenges. Our community has many things to be proud of.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Pledge allegiance to our children. Listen to our kids and put all children first. Have the courage to listen to conversations like this.

Be transparent and accountable. Focus less on the interests of corporations and more on the needs of your constituents, the people you serve. Be courageous and speak up for the needs of the community, including the undocumented members of our community.

Spend more time in your communities and embrace them. Provide opportunities for youth and diverse people (including diverse families) to stay connected, and to have pride in their communities. Provide activities and opportunities that allow families to thrive.

Put more dollars toward prevention, especially for early childhood. Fund education the way it needs to be funded. Spend more on education and less on incarceration. Provide opportunities for criminal records to be expunged so that people can find jobs. Spend less on police and invest more in community activities, like town halls, that actually make the community safer.

Address the needs of the people who really need to be helped. Provide safe, affordable housing and change the laws so that families can stay together.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Maryvale Community Town Hall. Below are individual actions that were shared.

I WILL...

- Keep working with my community.
- Ask my friends, family, and school to embrace support groups.
- Educate the community's youth to understand helping people in need.
- Be more mindful of the struggles my neighbors face that may be foreign to me, enabling me to advocate for the collective well-being of our community.
- Strive to invite diverse voices to the table as all voices have value. Diversity invites creativity, problem solving, and the opportunity for success.
- Be present, active, and connected to my community and encourage others to do the same in their own capacity.
- Yo voy a ser un cambio en mi comunidad compartiendo esta valiosa información.
- Yo voy hacer madre temporal y dar amor y cuidado a ninios que nesesitan.
- Llevar esta informacion al a comunidad.
- Que la comunidad este informada y conosca sus derechegos, porque como gente de color é indocumentada tumbien tenemos derecho a tener Acceso a Medicos desalud.
- Educate my community, be transparent, and hold legislature accountable to speak up for our community and healthy and happy families.
- Share the information with our leadership team.
- Look of opportunities to host community discussions at City of Phoenix Community Centers.
- Ask our young patients what we can do to make their healthcare better.
- Be a patient, loving, courageous and supportive parent and role model

- Daily challenge myself to act on strengthening families and children. What did I do today?
- Advance ACEs in my job, as a parent, and as a voter.
- Tell my elected officials to put child well-being at the center of their decision-making.
- Keep my courage up and speak out against efforts to harm children.
- Do what I can to help organizations deliver resources and awareness to underserved communities.
- Educate my community on ACEs, resources, and how to advocate for children and families.
- Inform patients here and anyone I know about community resources.
- Work more closely with other community organizations and schools to stand stronger and more united.
- Educate and advocate for agencies to promote their resources to at-risk communities to be more accessible.
- Use my resources to improve communication within our target area about resources available to the community and encourage others to do the same.
- Develop relationships with other social service organizations to learn more about how we can better serve families together.
- Empower youth to be strong, informed leaders in their communities.
- Invite colleagues to attend future town halls and voice their opinions.
- Help decision makers understand all perspectives of the communities they serve.
- Encourage more concern and assistance with affordable housing across the state of Arizona.
- Encourage more support for quality education and increased wages for all in the field of education—those who work hard to educate and protect our children and our future.
- Listen and continue to put children at the center of my work and decision making.
- Make sure that I am an ally to those that experience barriers and provide resources to those in need.
- Continue to educate others about the importance of early brain development and the impact Adverse Childhood Experiences can have. Education leads to resiliency.
- Do more good for Arizona's children and families.
- Be the voice of my community.
- Continue pushing for Healthy Communities policies and access to resources for those in need.
- Work to bridge partnerships/connections that will help develop opportunities for progress and improvement.
- Share with my colleges the information shared tonight.
- Share information learned at this town hall at my next village planning meetings.
- Seek opportunities to understand the needs of my communities where I serve and interact.

MARYVALE COMMUNITY TOWN HALL SPONSORS



“Strong Families Thriving Children”
White Mountains Community Town Hall Report
Pinetop, AZ – October 11, 2019



STRONG FAMILIES THRIVING CHILDREN

White Mountains Community Town Hall Report

Friday, October 11, 2019 – Pinetop, AZ

Participants of the October 2019 White Mountains Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Family means different things to different people and may be different for different cultures. Family is a group of people who take care of one another and support one another, and it may be a place of employment. Families provide love and respect and nurture their children. Ideally a family unit would have two parents, as single parents, particularly teen mothers, may struggle to provide what children need. At the heart of family there is structure and a sense of connection and support.

Strong families have safety, support, and a sense of belonging. They have access to enough food and health care, including behavioral and dental. There is family support, spiritual belief, and community pride so that family members feel rooted in the community with a sense of connection. Children have a sense of self-worth. There is quality family time and good communication among family members and with others in the community. Expectations are clearly communicated and consistently enforced. Strong families spend quality time together and try to schedule that time. Parents monitor the use of electronic devices, particularly at mealtimes, and serve as good role models. There is access to family intervention services as early as possible.

Strong families have a livable income and access to education, job training, and the other tools they need to achieve financial stability. They have access to high quality nutrition and high quality, affordable childcare. In strong families, children are exposed to new experiences, cultures, languages, foods, and people.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Existing programs and resources may have to be restructured, consolidated or expanded, and information about those programs better disseminated. Provide 100% access to the 10 services people need to survive and thrive. Break down silos and do a better job of connecting people to resources and connecting people working in the field to one another so that they can connect the people who need help to the available programs and resources.

Look to local programs, such as MAMAs, that could be expanded or scaled up, and to national programs, such as Nurse Family Partnership, for which there is evidence of effectiveness and consider adopting those programs. Focus on adopting and expanding evidence-based programs and highlighting effective programs.

People of all ages need access to formal and informal education. Ensure that people understand the causes and consequences of behaviors such as drug abuse, domestic violence, and other ACEs. Increase knowledge about available resources and access to resources. Parents need information about parenting. Programs such as the Family Engagement Center at Blue Ridge School are wonderful examples of the benefits that partnerships between schools and the community can provide. At Blue Ridge parents can not only drop off their children for after school programs, they can obtain education themselves—everything from parenting classes to language training.

Build a network of community programs to support families under stress such as support groups, food banks, and substance abuse treatment and parenting programs, and find ways to incentivize participation in parenting programs. Eliminate the stigma associated with the use of such resources.

Create opportunities to model healthy relationships, recognizing that there are families that are the product of generations of high stress and trauma. Provide high quality after school programs that kids want to participate in. Offer programs that will support families to keep children in their homes with access to the services they need.

Quality childcare that is appropriately licensed and available 24/7 will support the needs of working parents.

Ensure easy access to dental and behavioral health and routine medical care. Provide reliable public transportation and safe sidewalks so that children can walk and bike to school. Offer more activities for children such as 4-H programs. Communities need faith-based organizations as well as community centers.

Programs that improve the economic health of the community and offer a hand up rather than a handout will strengthen families. Support for entrepreneurship can be extremely valuable. Teach basic life skills such as economics, cooking, and sewing. Establish workforce development, training, and education programs that are holistic and aligned with employer needs.

Prepare first responders with tools to help address the problems they will encounter in the field.

Make sure providers are compassionate, supportive, knowledgeable, and not judgmental. Solving these problems and connecting people to the resources they need should not be about “those people over there.”

Rural communities need to have jobs that pay a living wage and have affordable, accessible and safe housing.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Fund education in schools, businesses, and the community, including workforce training and development.

Create a common access portal for information and resources that families need and make sure that these facilities train their front-line staff to know what services and resources are available.

Create high quality, affordable childcare, with wraparound care, implemented through a tax credit or other tax incentive.

Create family-centered schools, serving as a one-stop center that become a hub for family services.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the White Mountains Community Town Hall. Below are individual actions that were shared.

I WILL...

- Visit the Family Engagement Center and learn how to engage our NAMI WM Chapter with them.
- Continue to make Family Engagement Center at Blue Ridge grow.
- Education.
- Continue to volunteer with the Blue Ridge Elementary School kindergarten.

- Get involved in the Family Engagement Center at Blue Ridge Elementary.
- Commit to making sure staff and Pastors of the Church will be ACEs trained.
- Find ACEs resiliency training resources, learn as well as advocate within the community, and work to incorporate ACEs and resiliency training.
- Work to improve the fabric of communication so partners/providers do a better job of complimenting others' services as opposed to duplicating services.
- Connect others who are active in community work to break down silos, connect resources, and increase educational opportunities on ACEs and resilient factors in Navajo County with some key groups and leaders in Apache County.
- Continue collaboration with organizations.
- Share knowledge and resources.
- Continue educating myself, family, and staff on strong families/ACEs/SA.
- Help bring education and resources to communities.

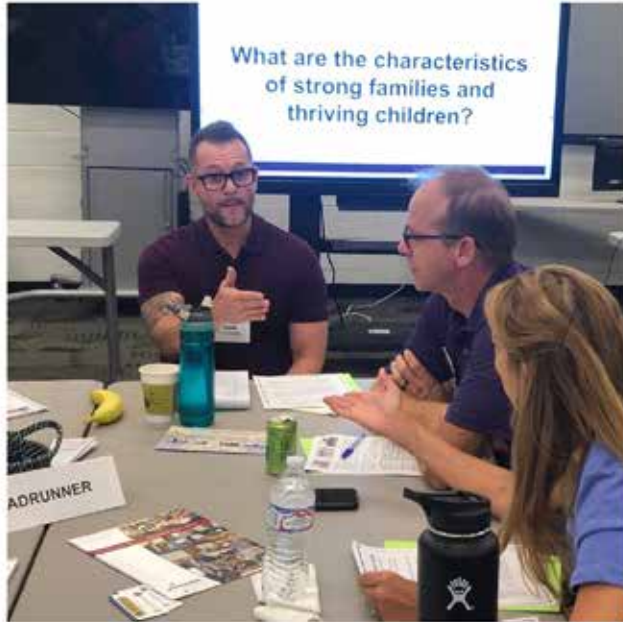
WHITE MOUNTAINS COMMUNITY TOWN HALL SPONSORS



“Strong Families Thriving Children”

Apache Junction Community Town Hall Report

Apache Junction, AZ – October 18, 2019



STRONG FAMILIES THRIVING CHILDREN

Apache Junction Community Town Hall Report

Friday, October 18, 2019 – Apache Junction, AZ

Participants of the October 2019 Apache Junction Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

In strong families, there is stability, routine, and consistency. Parents, extended family, and the community provide a strong support system for children. Thriving children have a feeling of belonging within the family and the community. It helps for the family to have a church affiliation, friends, and connection to the larger community. Thriving children and families are resilient, and have the ability to bounce back from adversity.

There is economic security and the basic needs of families are met, such as a roof over their heads and food on the table. Health care is available, with early intervention where needed. Caregivers meet children where they are at and adapt their parenting skills to address the influences of social media and tech devices.

Caring adults provide proper guidance, and they discipline children but in a good way. It is clear to children that it is okay to fail so they can learn how to grow and bounce back from mistakes. Kids know that their home is a safe place to come where they will be loved and supported. They have a strong relationship with a caring adult, who may not be a parent. Parents are careful in how they talk with kids about issues. They work to break the cycle of poverty and drugs because when children grow up in a house of chaos, they tend to repeat the cycle because they don't know any different. Parents don't worry about "keeping up with the Joneses" and they recognize that while there is a place for participation trophies, it is more important for parents to figure out what programs and activities their children need to thrive, and find ways to encourage them to participate in those programs. Parents manage their own stress in order to tend to their children. They provide structure and a sense of belonging. Parents are socially active, and they model engagement and respect.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Networking of resources would be helpful, with outreach to make people aware of what resources are available and how to access them. A brochure could be developed that would be given to new residents, for example when they buy or rent a home, that would welcome them to their new home and provide information about available resources.

Loss of job, lack of food, a health emergency, or an injury often pose a barrier to obtaining the help that would alleviate those very circumstances. Remove barriers to families obtaining needed services, which includes lack of transportation, fines, and lack of information about programs. If helping programs are to be available, the community needs to have jobs and affordable housing. Design programs that offer assistance with a "give back" component, so that people "give a little and take a little."

Education offers great opportunities for both children and adults. Make available a full spectrum of lifelong learning opportunities, including parenting classes.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Support better allocation of funding and more direct connection to resources and follow through. Reduce bureaucracy. Bring resources to people in places where they already are, such as schools. Project Connect is a great example of how this might work.

Prioritize and increase funding for education. Make funding equitable and adequate, which does not necessarily mean equal. Base funding on the needs of each community. Invest in education to invest in children because they are our future.

Address the health care needs of families because many families are just one accident or illness away from financial ruin. Continuity of coverage and awareness of coverage availability and rights are both important pieces of this issue. Don't take away Kids Care. Regulate the cost of prescription drugs and keep out of pocket costs as low as possible.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Apache Junction Community Town Hall. Below are individual actions that were shared.

I WILL...

- Be more involved in my community and get others to become more involved or at least be more informed about opportunities.
- Continue to advocate for adequate funding for our educational institutions.
- Look at an opportunity for our Youth Advisory Council to engage in this discussion or another through a Future Leaders Town Hall.
- Reach out to community relationship facilitators to understand family needs and influence my circle of support to engage and prioritize support where it is needed.
- Ensure that the Apache Junction Unified School District creates a community resource manual for school personnel to guide parents and guardians to the needed resource(s).
- Research education funding mechanisms.
- Adopt a family in need.
- Work within my new group to help create more sense of community.
- Advocate that the government is not the solution and that relationships on an individual level are the solution.
- Continue to connect to resources in the community and inform them about Head Start and what we do.
- Let people know about today's meeting.
- Promote our facility as a resource.
- Have resources for parents available at the school.
- Continue to advocate for health and wellness through Thriving Communities and Economic Impact.
- Create a parent resource list.
- Continue to promote partnerships in the community that have a positive impact.
- Contact the newspaper regarding articles explaining resources.

- Continue to work with communities to educate them about how to access health care and community resources.
- Help raise awareness in my community to strengthen families.
- Create awareness by sharing issues and information on social media.

APACHE JUNCTION COMMUNITY TOWN HALL SPONSORS



“Strong Families Thriving Children”
Flagstaff Community Town Hall Report
Flagstaff, AZ – October 24, 2019



STRONG FAMILIES THRIVING CHILDREN

Flagstaff Community Town Hall Report

Thursday, October 24, 2019 – Flagstaff, AZ

Participants of the October 2019 Flagstaff Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Strong families have quality time together. They communicate and have fun together. There is trust, loyalty, and love.

The children have freedom to grow, and are given an opportunity to be heard. The families engage in activities together. They are able to work together through any difficulties and able to share their feelings.

Strong families have support from others, including extended family members and the broader community. Their basic needs of housing, food, and health care are met.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

Financial issues, lack of resources, support for parents, and affordable, safe housing are all challenges facing Arizona families.

There are a number of ways to address these challenges.

- Improve access to quality education, after school activities, and job opportunities for our youth.
- Provide assistance to deal with domestic violence.
- Ensure adequate transportation to afterschool programs because they are essential to developing children and strengthening families.
- Offer resources to families to enable them to gain necessary knowledge and help them through major challenges.
- Increase the availability of health care (including mental health), childcare, tutoring, educational support, and training for job opportunities for different age groups.
- Provide incentives for business that support these goals.
- Build community awareness and knowledge about these issues so that communities can better address the factors that cause Adverse Childhood Experiences (ACEs) and increase protective factors.

ROLE OF AFTERSCHOOL PROGRAMS IN CREATING STRONG FAMILIES

Afterschool programs can make or break our children and families. They provide safe spaces and opportunities for children to learn and grow. They provide opportunities that prepare youth for further education, including both formal education as well as life and communication skills.

They allow children and youth to make friends and to have additional emotional support in a safe environment where they can share challenges that may be facing them or their families. They create structure, discipline, and additional opportunities.

Afterschool programs allow parents who need to work the security of knowing their children are well cared for, and they provide children with additional educational support such as tutoring and homework assistance.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Apache Junction Community Town Hall. Below are individual actions that were shared.

I WILL...

- Spark interest and support, help, and friendship to other people in the community.
- Continue to give emotional support while teaching life skills and never stop learning to be able to provide services to our community.
- Continue to provide an afterschool program at the YMCA to my community and ensure teens feel welcome.
- Spread my knowledge to the community and offer open hands to those who are struggling.
- Engage in conversations with children and parents about what challenges they face and what is needed to address them.
- Advocate for increased state funding for education and afterschool programs that are accessible to all students.
- Work hard to make those around me feel as if they belong and are supported, along with offering my help with any problems they may have.
- Educate the community and stakeholders about the importance of providing resources, early intervention, and support to meet the needs of parents and families, thereby contributing to the development of thriving children and healthy future generations.
- Be more aware of the people around me and if they are acting differently than usual.
- Take more time to listen and/or engage with the youth of my communities, especially with my own children.
- Speak to the Coalition about their experiences.
- Learn more about family issues and ways to support families and children at home.
- Make new connections for resources in the community.
- Talk about what we need for strong thriving children and families.
- Talk about the health and wellness needs of children and families.
- Spread what I learned today. Tell my teachers and my friends about these issues because some people have more connections than others.
- Take advantage of opportunities that are provided for me. I will also share with friends and family opportunities that are out there. I will manage my time and help others.
- Advocate for myself and make known that there are programs that can help. I will do a better job of making more choices about my future, and be that person others can talk to.
- Listen to the needs of Native populations to make sure we are serving them to the best of our ability.
- Continue to support safe public places for children to learn, connect, and be heard.

- Advocate for families for better services and access to opportunities.
- Communicate and lend a hand to children and families in Arizona by befriending, talking with them, giving time, and helping them if they are doing something that needs to be done.
- Learn about ACEs and share what I learn.
- Volunteer and vote.
- Expand the reach of services.
- Inspire others to educate themselves.
- Convince others of the importance of mental health awareness.
- Talk to friends about personal problems.
- Go to more Town Hall discussions.
- Attend the Save the Earth discussions.
- Share within my organization what I learned from my participation in this town hall.
- Continue afterschool programs and help involve youth in the larger community.
- Create an opportunity for ALL.
- Be kind.
- Connect community members like researchers, experts, and businesses to schools and afterschool programs.
- Show up to these places to demonstrate support and help out if needed!!!
- Show support and kindness to everyone.
- Walk to raise funds for scholarships.
- Report on my participation in this town hall to our agency management.
- Potentially send staff and youth to the statewide town hall.
- Continue afterschool programs and consider opening them up from just court-involved youth to the larger community.

FLAGSTAFF COMMUNITY TOWN HALL SPONSORS



“Strong Families Thriving Children”

Southwest Arizona Town Hall Report

Yuma, AZ – October 25, 2019



Southwest Arizona Town Hall
STRONG FAMILIES THRIVING CHILDREN
October 25, 2019 – Final Report

INTRODUCTION

On October 25, 2019, over 140 community and student leaders from Yuma County met together in a Southwest Arizona Town Hall Plenary Session to learn about, discuss, and make recommendations regarding the topic, “Strong families and thriving children”.

Those gathered heard informative presentations from a distinguished panel of experts and then separated into five breakout groups each led by a Chairperson and a Panel Recorder. Using information gleaned from research documents furnished to each participant, the knowledge gained from the speaker’s panel, and the background each participant brought to the table, the five groups then addressed a series of questions designed to elicit consensus statements and recommendations regarding the topic. The Panel Recorders skillfully drafted consensus statements from each panel, which were forwarded in real time to the Report Writers. The Report Writers, working rapidly throughout the day, collated and edited the multi-panel statements into a cohesive report of the consensus of the Plenary. This is the Final Report of the 23rd Plenary of the Southwest Arizona Town Hall.

**CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN:
HELPING YUMA COUNTY’S CHILDREN PROSPER AND THRIVE**

Strong families and thriving children have identifiable characteristics. Examining these characteristics and discussing what goals we as a community envision for our children helps Yuma County’s children and families to have the essential support needed to prosper and thrive. The characteristics of strong families and thriving children are varied. At their basic core, healthy families and healthy relationships are essential for strong families and thriving children. But “health” is not limited to traditional measures of wellness—it also includes other measures, such as functioning relationships and educational opportunities. Health starts with life’s basic needs, such as food, safety, and healthcare, and expands to include access to education (including early intervention), economic and job security, affordable and safe housing, and opportunities for success. Beyond these are relationship needs, such as strong adult role models, close familial bonds, and meaningful caregivers.

Strong families spend time together; stability for children, particularly at the family level, is critical. Strong children require parents and extended family members involved in their lives, so that the children know that they are in a safe and secure environment and that they are loved. Even simple things, such as breakfast at home with the family, are important. Where family may have other demands limiting its time, such as jobs with long hours, the community connection of neighbors linked as extended family is needed. This community support helps children, particularly those at-risk (also known as kids-at-hope), in times both good and bad, as role models, caregivers, and support. Indeed, our strength in Yuma County is our residents’ sincerity in helping families and children belong.

To foster these objectives—strong physical, social/emotional, and educational health—we envision strengthening certain aspects of our community to provide buttresses for these goals, particularly in early intervention. For example, our community should provide good opportunities for parents and children to have positive experiences together, particularly those that are little or no cost. This could include school facilities, parks, recreational programs, and special events. There are several relationships/networks that serve as an umbrella over families, including faith-based organizations, schools, non-profits, social clubs and events,

the parks and recreation division, and healthy food and food security programs. Community-based schools that include services beyond traditional education are a model of how the community and these umbrella organizations can be directly involved with helping families gain easier access to services while protecting children's well-being and preparing them to succeed with a whole-child approach.

Additionally, opportunities for outreach to parents so that they can gain an understanding of child development and the knowledge to implement best practices are critical, as parental involvement is such a key indicator of childhood success. Being informed is essential for families to be able to help their children thrive within the unique circumstances of each family. Parents need access to tailored adult education to assist with understanding child development and the importance of providing a stimulating and educational home life, and schools can then supplement to help create well-rounded students. It is critical for the community to not just provide these services but to also make community members aware of them and to assist with getting families physically to the resources they need. This may mean providing transportation, or it may mean creating various contact points throughout the community that are within a reasonable distance of neighborhoods. Integrating employers may help too, as there are unique services and resources within particular industries available to employees.

Further, children need safe spaces in which to develop their own personalities and characteristics, where they can exercise some independence and have say-so in decisions affecting their lives. As such, economic security and safe housing are critical, as is educational attainment and early-access to developmental programs.

OBSTACLES AND BARRIERS TO STRONG FAMILIES AND THRIVING CHILDREN: THE CHALLENGES FACED BY SOME YUMA COUNTY FAMILIES AND CHILDREN

In Yuma County, there are some unique barriers and obstacles that children and families experience. With Yuma County's rural location, it is difficult to find skilled professionals, causing families to travel long distances to larger cities, which for many families often results in financial hardship and an overall disruption in daily life. This also limits the availability of funding and grant opportunities, particularly funding for education and mental health.

In Yuma County, incomplete education and inadequate training, and the lack of awareness about available resources, are significant obstacles affecting the region's economic development, gainful employment, and the future of the community. Educators and parents need more access to training and resources to support children in school and the home, including mental health education and an understanding of the role of Adverse Childhood Experiences. Parents need access to education to assist with understanding child development and the importance of providing a healthy and stimulating home life. Parents also need greater access to medical resources, and efforts should be undertaken to remove any stigma from utilizing "no cost" and free screenings (a hand up, not a hand out).

With Yuma County housing two military bases and having agriculture as one of its main economic drivers, many families are in transition, experiencing constant change in their lives. Further, there is a large population of immigrant families, and the majority of these are living in two cultures simultaneously. Language barriers exist between resource providers and families, creating a barrier to certain needs.

Yuma County has high unemployment rates, along with low wage jobs, causing parents to work many hours or multiple jobs, limiting the amount of time spent with their families. Low wages create a dilemma for families in choosing between the needs of the family and paying for support services. Employment, among other things, may also create separation in a family, and Yuma County is lacking in resources for such an obstacle. Affordable housing and accessible transportation is also a barrier to our population.

OPPORTUNITIES AND SOLUTIONS:
THE GREATEST AVENUES FOR STRENGTHENING YUMA COUNTY FAMILIES AND CHILDREN

There are multiple avenues within Yuma County available to provide opportunities to families and children. These paths serve different goals, including increasing protective factors (parental resilience, social connections, knowledge, support, and social/emotional competence) through a variety of organizations. As the environment shapes the child, children need to be provided the most optimal environment possible to grow into stable and strong people, which includes access to education, healthy foods, parks, and healthcare.

The most obvious answer is to strengthen and empower our schools to provide support and services to its students and their families. The school system is something that virtually all children and families interact with, and thus it is a very logical hub for providing access to services. It can aggregate the offerings of multiple non-profits and government agencies for the families that need those services and struggle with accessibility. Teachers can be a trusted resource that help parents utilize support resources that they may not otherwise seek out. Social workers are another important asset the schools can provide. For example, certain schools are already discussing creating model child care programs for their students to create a new generation of informed parents as they enter adulthood. This also has the added benefit of increasing awareness of the services and jobs provided in the field of early childhood development. At least one elementary school in the area is already embracing the community school model, and this can be expanded on a larger scale to other schools in the county, providing more access to preschool and health care. Involving parents in the operation of schools and educational programs serves to inspire the parents and, in turn, the parents have the means to inspire the child.

These types of services can also be integrated into community-based centers located in housing communities. This local approach provides resident families with easy access to education on how to maintain a family and thrive. Connecting communities, such as young children, older students, working and stay-at-home parents, and the elderly, can benefit all groups by building a social network of support and mentorship. Through these means, we need to expand our services to reflect the “business hours” of our community members, which is not Monday through Friday, 8 to 5. This need can also be met through community-based support groups for parents, which allow parents to share and learn from experts and other parents, providing critical knowledge and ideas.

Availability of services also needs to be publicized. Yuma County already has many non-profits and government agencies that offer education and services to families, but knowledge of their availability is often limited. Accessibility but lack of engagement seems to be the greatest challenge to getting resources to families. Outreach about these programs needs to be strategic in order to remove stigma around assistance in such a way that the families are not ashamed or offended by being offered the services. One such possibility would be to utilize current, participating families as a grass-roots effort to advertise the success of the services received and create a positive community ripple effect that the services are a hand up, not a hand out.

As a long-term solution, educational programs such as the Yuma Promise is also opening an opportunity for our students to earn a postsecondary degree without debt while encouraging generations to remain in our community. Educational opportunities such as STEDY, AWC, NAU-Yuma, UA-Yuma, and ASU@Yuma are available to county residents and are building a well-educated community and creating home-grown specialists who remain in this medically underserved area. Other volunteer programs are available to help students learn confidence, public speaking, and other skills useful for gainful employment. Additional programs that help our population communicate with each other, both in English and Spanish, would help our members and families connect.

YUMA COUNTY'S PRIORITY:

THE TOP SOLUTIONS TO ENSURE OUR VISION OF HEALTHY FAMILIES AND THRIVING CHILDREN

The top three recommended actions reached by consensus of the Southwest Arizona Town Hall that our community must commit to in order to ensure our vision of healthy families and thriving children are:

- 1. Community centers and resource hubs.** Developing a unified, one-stop-shop approach to services where families and children can learn about programs and opportunities available and utilize them in the same place would provide greater access and resources to families. This would require a consortium of providers and programs that communicate with one another and coordinate, in order to better meet the basic human needs of nutrition, healthcare, childcare, safety, and education.
- 2. Economic opportunities and training.** Changes must be made at the local and legislative level to foster development of Yuma County by attracting commercial developers to create more affordable housing and investment in job creation. This focus should include initiatives to encourage year-round employment opportunities, attract trained professionals (particularly in healthcare), and train adults in marketable job skills.
- 3. Expanding current school services.** Current successful school programs should be expanded upon and offered to more students, such as early childhood education and preschool for all, childcare and expanded school hours, and youth leadership training. The focus should be on obtaining adequate funding to allow for these services.

“STRONG FAMILIES THRIVING CHILDREN” SOUTHWEST ARIZONA TOWN HALL FORUM SPONSORS



“Strong Families Thriving Children”

Mohave County Community Town Hall Report

Lake Havasu City, AZ – November 2, 2019



STRONG FAMILIES THRIVING CHILDREN

Mohave County Community Town Hall Report

Saturday, November 2, 2019 – Lake Havasu City, AZ

Participants of the November 2019 Mohave County Community Town Hall make the following findings and recommendations. This report reflects the consensus achieved through group discussions by Community Town Hall participants.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

Conventional ideas about what is a good family are often based on our life experience and biased by our cultural, racial, and ethnic backgrounds. In discussing these issues, it is important to understand and respect people where they are in the context of their cultures and backgrounds.

In strong families, there are caring parental figures (not necessarily the biological parents) who are involved with their children. There is open communication and children are led to understand that real life is not as portrayed in social media.

The foundational levels of Maslow's hierarchy of needs are met: families have food, shelter, income, and health care. Children know that there is sufficient income and support to meet their basic needs.

Family members love, support, and appreciate one another for who they are, not who others think they should be. Children feel loved for who they are. There is a strong sense of attachment. Parental figures demonstrate patience and understanding. There are strong core values, with known expectations and known consequences. Parental figures treat children with respect, but meet kids where they are, and allow kids to be kids. Parents don't enable bad behavior and they empower children to learn from failure.

In strong families there are rules, consistency, chores, responsibility, and family dinners without TV or phones. There is prayer and God. Group discussion is a priority during family dinners. People show up to school and other activities. Strong families maintain family traditions. Parents know what is going on at school, and who their children's friends are. Parents provide structure, limits, and love. There is mental and physical health, access to healthy food, outlets for sports, and arts. Children learn techniques to manage anxieties other than drugs.

Strong families are cohesive and resilient. They have the capacity to deal with problems, know when they need help, and are willing to seek help when needed.

Strong families value mental health and work to overcome taboos and stigmas to achieve it. They recognize that there is strength in numbers and that it takes a village to raise a child. They value group teaching and education. Families are a package deal, both mentally and physically. If there is a problem they treat the whole family, not just the member presenting with symptoms. Strong families are supported by and involved in the community, including some form of faith-based community. They know the value of education and seek it out.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

There are a variety of opportunities to strengthen Arizona families and children. Families would benefit from greater availability of affordable, quality day care and early childhood education programs. There is a need for more family-oriented activities in the community, including summer programs, afterschool programs, and youth-serving and mentoring organizations such as Big Brothers Big Sisters. Faith-based organizations

have a role to play in providing such services, and it would be very helpful to have transportation available to transport children and youth to programs and activities that parents may be unwilling or unable to attend. On the other hand, it would be ideal if there were more family members at home instead of relying on day care. For that to happen, we need better, high-paying jobs.

There should be places for children to go when they aren't getting what they need at home. We should develop more of a culture of caring and connection. For example, there could be hosted neighborhood gatherings to get acquainted at the level of a living room conversation honoring diverse viewpoints and interests, such as better angels and living room conversations. We could train people to ask "How are you?" People could be encouraged to be the one person or family who will help a child who is struggling or in need. People can also be encouraged to develop a sense of neighborhood and community so that people establish social connections which increases protective factors. We could consider establishing community gardens and a program of posting signs that identify "safe houses."

We need more resources devoted to identifying children who are suffering from ACEs. Staff, parents, and counselors should be trained to identify children who are in need of intervention, and schools should receive additional funding for screening.

There are programs and activities that serve as protective factors but that may not be known or accessible to families. The community should be educated about available resources, and those resources should be provided at places families frequent—schools, parks, day care, health care facilities, churches, even the dollar store. We should consider establishing "one stop" centers where services of all kinds are available. Both formal and information training and education should be made available to parents, counselors, teachers, and others in the community. We need strong referral systems and wraparound services. There should be respite care for families who are struggling.

We should reform the court system to replicate the very successful veterans court and expand that format to family, juvenile, and drug courts.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

Be engaged in education to understand the educational environments produced for our children. Visit the schools.

We need multi-partisan support for education and funding. Please understand the root causes of early childhood issues and the importance of a strong, well-funded education system in the future economic growth of our communities and the well-being of families and children.

Make decisions based on what is best for children.

If you fund education, it will reduce the costs for programs such as incarceration.

Invest now in preventative programs. Be proactive, instead of paying later for punitive programs.

Take money out of politics. That will allow us to fix everything else.

Government officials at all levels should listen to the community, be encouraged to hold community town halls, have an open mind, and be willing to take action instead of just arguing. We also need more communication among different levels of government.

We need more events and activities that cater to children and families. These events should be free, affordable, and well publicized.

Services should be made more accessible, and we should reduce the bureaucracy associated with services.

There should be a clearinghouse for support services of all kinds.
Food stamps should be protected and should not be cut off abruptly.
We need more amenities for teens, such as basketball courts in parks.
Cities need more funding.
Recognize that everyone has value. There should be equal opportunity.
Teach personal responsibility.
Have a follow-up system. Referral alone is not sufficient.
There should be access to services and widespread information about those services that do exist.
People need good-paying jobs.
We need to find a way to stop bullying.

INDIVIDUAL ACTIONS

Recognizing that the power to change the future begins with each individual, participants committed to take personal actions based on their experience and discussions at the Mohave County Community Town Hall. Below are individual actions that were shared.

I WILL...

- Follow up with connections made in this forum.
- Share my knowledge with others and attend future town hall events.
- Continue to be involved in our communities and do my part as a service provider and community member.
- Support the great information brought here today.
- Volunteer to host an “understanding ACEs” discussion group for parents.
- Take all the information I’ve learned today and share it with my co-workers and clients.
- Share the information with PTK members to initiate ideas for community involvement.
- Look into having student participation in the town hall. There were none here today.
- Look at multi-system, multi-partisan approaches to addressing the root causes of ACEs.
- Create similar conversation with our community programs to generate community solutions for wrap around services, programs, and systematic change within our communities and bridge the multigenerational gap.
- Help create awareness and positive outreach to families to help them become and feel successful.
- Be more present with people I have influence over and more understanding of the “roadblocks” they may run into.
- Be more involved in community activities involving children and share my hard-learned experiences with others in the hope it will educate them through peer support.
- Bring back to my company the suggestions made.
- Listen more and help others as needed.
- Do what it takes to overcome my situation and rise above my obstacles.

- Advocate for more family and youth recreation opportunity and engage with elected officials for family and child policies.
- Be an example in my community—an example of hope, courage, passion, and strength to make a positive difference! I will use my personal story as a part of this journey to make this positive impact. #selfproclaimedjoyologist
- Continue to share and bring resources to the community. Share this information with co-workers on the importance of strong families.
- Volunteer to make follow-up calls on referrals.
- Attend town hall meetings.
- Continue to look at system and root cause connections with a view to how collective efforts can increase the effectiveness and productivity of solutions for the common good, particularly for children.
- Share what was discussed here with the community. I will use what I heard to impact children I come in contact with.
- Reach out to my neighbors to form a neighborhood support group.
- Continue to support all educational efforts to support children and families to improve lives and improve communities.
- Do one thing to make a difference for families/young children in all my roles: parent, neighbor, PRAB, school volunteer, MCC, work, sports league, and community member.
- Continue to work with the community resource committee to develop and promote access to services for our community/county.
- Help facilitate more community prevention events with outreach, talk with friends and family to raise awareness, and learn about all the resources this community provides so that I can point someone (in need) in the right direction.
- Be more active in community events and meetings.
- Become more involved in the community so that I know what is available and topics discussed. Be more in the know!
- Continue my work providing education and training to individuals in Lake Havasu and beyond, and work with the community in support of strong families and thriving children.
- Go back and meet with the youth council to find out how to be of more assistance and serve as advocates for the youth in our community and identify programs needed to build stronger families and thriving children.
- Ask kids and parents, “How are you?” much more often.
- Ask everyone the question “How are you?”
- Continue to support and advocate for families’ needs and be more involved in community groups.
- Continue to provide quality of care for my families I serve through education of family dynamic, available resources in our community, and overall a positive role model in the role I play in their lives.
- Make a difference in my community by supporting families and children and empowering victims of abuse.
- Continue to empower parents to positively enable their children to be part of the solution and not the problem.
- Continue to serve on the CAG (Community Advisory Group) to invest and improve positive results.

- Support initiatives, programs and activities that lead to strengthened families and youth.
- Participate in various groups and programs that reduce ACES and enhance family strength in our community.

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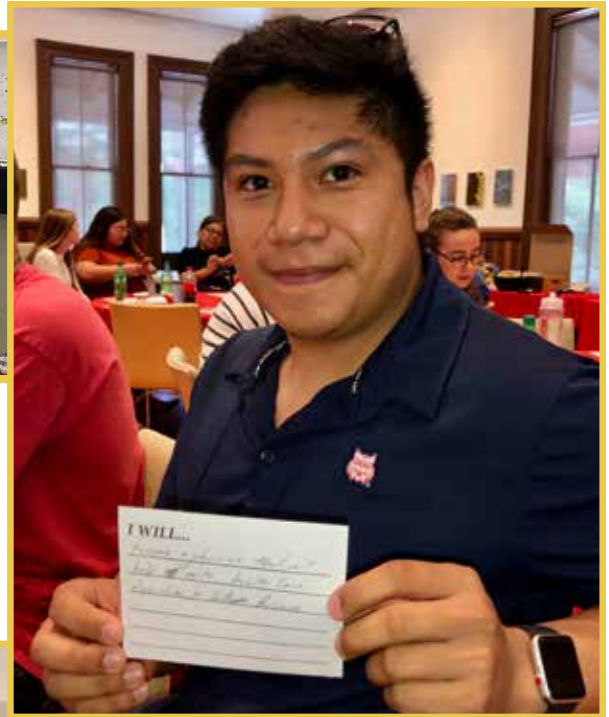


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**WELLS
FARGO**

FUTURE LEADERS TOWN HALLS ON "STRONG FAMILIES THRIVING CHILDREN"



FUTURE LEADERS TOWN HALL LOCATIONS

Arizona Western College – Yuma Campus

Camelback High School

Mesa Community College

University of Arizona – Tucson Campus

Yavapai College – Prescott Campus

In collaboration with AzCASE - Casa Grande, Surprise and Flagstaff

KEY POINTS FROM FUTURE LEADERS TOWN HALLS ON “STRONG FAMILIES THRIVING CHILDREN”

PRINCIPAL GOALS FROM ARIZONA’S FAMILIES

- Help children to thrive physically, socially, emotionally, psychologically, and academically.
- Develop a healthy and balanced relationship within families.
- Promote a safe environment.
- Provide a positive web of support to include parents, foster parents, guardians, extended family, and community.
- Make sure parents and children understand that support, trust, and respect are essential to a healthy family environment.

CHARACTERISTICS OF STRONG FAMILIES AND THRIVING CHILDREN

- Family members feel comfortable openly discussing issues and goals.
- The environment is one of tolerance, mutual respect, strong bonds, and understanding of roles and responsibilities.
- There is an appropriate balance of love, encouragement, and discipline that makes children feel safe and establishes healthy boundaries while recognizing their autonomy.
- Members of the family spend quality time together and constantly work on improving their communications with each other.
- Strong families enjoy economic stability and sufficient, reliable resources to provide nourishing food, clothing, housing, medical/dental care, and mental healthcare.
- Parents express and demonstrate positive values and character, and observe traditions to provide a sense of belonging.
- Children are encouraged to prepare for life’s challenges, set high expectations, and pursue life goals.

CHALLENGES FACING ARIZONA’S FAMILIES AND CHILDREN

- Difficulties that arise from a lack of economic resources, job instability, work-related stress, and the unavailability of transportation.
- Issues within families such as parents with limited education or language ability, domestic violence, drug abuse, mental illness, disability, and divorce.
- Lack of quality bonding time due to work hours, no or limited role models for parents and children, school and work pressures, and poor access to family enrichment programs.
- Inconsistency within the educational system and the cost of post-secondary education, which severely limits the opportunities to succeed for many children.
- Generational cycling of Adverse Childhood Experiences (ACEs).
- A lack of parenting training, a shortage of trained professionals to help children, and an insufficient emphasis on building protective factors.

GREATEST OPPORTUNITIES FOR STRENGTHENING ARIZONA FAMILIES AND CHILDREN

- Provide more resources for students at schools including counseling, mentoring, tutoring, health services, and mental health.
- Offer more afterschool programs that give children the opportunity to engage in sports, the arts, and community organizations.
- Create courses on life skills, career planning, and building positive relationships.
- Advertise programs available in the community and build connections between social service organizations to simplify access for families.
- Ensure that everyone has access to affordable healthcare to include medical and behavioral health benefits.
- Improve transportation resources, especially in rural communities, so parents and children can get to work, school, and needed services.
- Offer specialized programs for the families of incarcerated individuals and those dealing with drug addiction and mental illness.
- Focus on building self-sufficiency and working through obstacles rather than just temporary aid.

WHAT I WOULD TELL ARIZONA'S ELECTED LEADERS

- Spend time with families and in schools to gain a perspective on how others view the world and better understand the issues they face.
- Support more funding for afterschool programs.
- Increase public school funding and ensure that funding is equitable so that every child has an equal opportunity to learn and grow.
- Strive for diversity in the selection of leaders to ensure that all voices in the community are heard.
- Allocate more money for grants and scholarships to increase the financial aid for students to attend college.
- Invest in providing better school facilities and up-to-date technology.
- Eliminate the stigmas associated with poverty, drug abuse, and criminal history.
- Offer preventive mental health services in schools and more resources to families in their homes as well as youth on their own.
- Reduce food deserts by sponsoring community gardens to make healthy food available to families at little or no cost.

INDIVIDUAL COMMITMENTS TO ACTION

- Donate to programs that aid children with abusive families and donate to local programs such as Launch Pad.
- Raise awareness about our perceptions/judgments toward different people.
- Volunteer in afterschool programs and create new clubs for college/jobs support groups.
- Find funding within the city limits as part of the Youth Advisory Board in Prescott.
- Take the issue off paper and make it personal—bring this issue to school by having real people tell their real struggles. Attend clubs and assemblies to raise awareness.
- Participate more in the programs for people in need or who are seeking information.
- Continue to support students by helping them develop the life skills necessary to become successful leaders.
- Complete my education and become a social worker and help people with mental health issues.
- Become a physician who will help reduce the health care disparities in southern Arizona.
- Seek out those in my school and community who need help finding opportunities to be successful.
- Pay it forward in the Phoenix Metropolitan area and Arizona as a future certified occupational therapist.
- Make a personal effort to spread awareness of events like this.
- Increase awareness of these issues and opportunities among elected officials by educating them one at a time using word of mouth and social media.
- Vote and be involved in the policies and election of city officials.
- Educate myself about policies and laws that directly impact the under-resourced and low-income communities in Tucson.
- Encourage others within my community to reach out for help and make their voices heard.
- Get more involved in the PTA to promote changes at the school level.
- Advocate for open access and equal opportunity for students to enroll in various academic opportunities regardless of economic status or possible barriers.
- Discuss these topics with my peers and others, such as teachers and adults, who are able to make changes happen.
- Understand how the Boys and Girls Clubs help families by providing afterschool programs.
- Apply what I learned today in my everyday life and make sure that my friends and family members, including my parents, understand the importance of these issues.
- Remember that my parents do try their hardest and help out at home even without being asked.
- Spend more quality time with those I am responsible for and continue to promote and participate in parental education.
- Talk to other parents on how to be a responsible parent and show love to their children.
- Advocate for cultural awareness and better integration of international children in to our society.
- Educate myself about ACEs and engage in future discussions on the subject.
- Become more involved in the organizations in my community that sponsor programs to improve the self-sufficiency of individuals and families.

COMMUNITY TOWN HALLS FAQs

What is a Community Town Hall?

- A Community Town Hall is a gathering that includes discussion about a topic being addressed by Arizona Town Hall that is informed and facilitated using Arizona Town Hall methods. Generally, they culminate in a written consensus report, published by Arizona Town Hall.
- Working in partnership with the Arizona Town Hall, each community designs the event to meet its particular needs.
- The length depends on the community. Typically, the event lasts three hours, but it may be as short as one-and-a-half-hours or as long as one or two days.
- Community Town Halls may be held as part of a previously scheduled event, such as a regular meeting, or a conference.

Why sponsor a Community Town Hall?

- To provide both communities and leaders with tools that will help them resolve difficult issues.
- To educate community members about, and engage them in, tackling important policy issues.
- To provide communities with a voice that will inform policymakers and others not only about the community's perspectives but also to share their creative ideas.
- To empower communities and their members to become more effective action agents through powerful discussion and connection to resources.
- To enable those who cannot attend a statewide Town Hall to share their ideas and recommendations.



How can my organization sponsor a Community Town Hall?

- Start by contacting Arizona Town Hall so that we can help you to design an event that will best meet your community's needs.
- Determine a date, time, location, and facility. Many communities minimize costs by obtaining in-kind donations of facilities and refreshments.
- Arizona Town Hall charges approximately \$5,000 to support and facilitate a Community Town Hall. The fee varies depending on the community and scope of the event; it does not include the cost of facilities or refreshments.
- Arizona Town Hall actively seeks philanthropic funding to help support Community Town Halls. Funding may also be obtained from local governments, businesses, registration fees, and in-kind donations.

Why does Arizona Town Hall charge a fee and what does it cover?

- Arizona Town Hall staff provides operational guidance and support, training materials, background information on the issue, discussion questions, and either training or trained facilitators.
- Arizona Town Hall assists in finalizing, publishing, and publicizing reports.
- Arizona Town Hall provides additional services and resources including: participant registration, bookkeeping, press releases, contacts for in-kind services, catering, and potential media coverage.
- Arizona Town Hall is a 501(c)(3) nonprofit with limited resources. Our staff and volunteers, many of whom are highly-skilled professionals, have expertise developed over years of training and practice. Fees cover a portion of the costs of providing these services.

• • •
*"All voices have value. Diversity invites creativity,
problem-solving and the opportunity for success."*

Participant, Maryvale Community Town Hall

• • •

**STRONG
FAMILIES
THRIVING
*CHILDREN***

BACKGROUND REPORT

STRONG FAMILIES *THRIVING CHILDREN*

2019

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INTRODUCTION

In the past few years, people have come to realize that family and child well-being are public health issues. Helping families and children be happy, healthy and resilient helps the larger community. This report will discuss various aspects of family life including the systems that exist to support them, ways families can have more positive experiences, and some of the struggles families face that compromise their life experiences.

Why Should We Care Whether Families Are Happy, Healthy, and Resilient?

Families are the building blocks of a society, they are the foundational social unit in all communities and societies throughout the world. A family is the first organization a human encounters and is the first place a human receives education, protection and advocacy for basic human survival.

There are significant costs to society when children and families don't thrive. On average, the estimated lifetime cost of child maltreatment is about \$210,000 for each victim. This cost includes childhood health care costs, adult health care costs and lost productivity, among others.¹

What Can the Community Do to Help Families Be Happy, Healthy, and Resilient?

The community has a large role to play in supporting families. Individuals, churches, non-profits, government agencies, foundations, and businesses all can contribute to helping families thrive. Some of the best ways to help families are by engaging in activities that increase the protective factors and capacity of families.

Protective factors are characteristics or strengths of individuals, families, or communities that help reduce risks and negative effects of traumatic or difficult situations.² The protective factors framework was developed by the Center for the Study of Social Policy. They conducted research including literature reviews and discussion groups with experts to identify which factors had the most impact on improving family well-being and reducing the likelihood of child abuse and neglect.³

The protective factors are:

- **Parental resilience** – Ability to manage stress and maintain functioning when confronted with challenges or trauma.

¹ Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). *The Economic Burden of Child Maltreatment in the United States and Implications for Prevention*. *Child Abuse and Neglect*, 36, 156-165.

² Center for the Study of Social Policy. (n.d.). *About Strengthening Families and the Protective Factors Framework*. Retrieved from: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

³ Ibid.

- **Social connections** – Relationships with others that provide individuals with emotional support, friendship and advice.
- **Knowledge of parenting and child development** – Basic understanding of child development including knowing what children's needs are at different developmental stages and having appropriate expectations for children. Knowledge of parenting includes understanding the important protective role of a parent and also knowing where to turn for help and informational resources.
- **Concrete support in times of need** – Access to concrete supports in times of need such as monetary assistance, emergency child care assistance or transportation.
- **Social and emotional competence of children** – Child's ability to interact in a positive way with others, communicate feelings and self-regulate behavior.

Protective factors also help to reduce the effects of Adverse Childhood Experiences (ACEs). A study conducted by the Centers for Disease Control and Kaiser Permanente found that traumatic experiences as a child can negatively impact one's health as an adult and even lead to costly health care and early death.⁴

Getting to Know Arizona Families and the Current State of Affairs

Here are a few facts to provide a snapshot of Arizona's families:

- According to the 2018 Kids Count profile compiled by the Annie E. Casey Foundation, 24 percent of Arizona Children are in poverty compared to 19 percent of children at the national level.⁵
- According to Child Trends, the national average of children in foster care is 6 per 1,000 children.⁶ In Arizona, the rate is 10 per 1,000 children.⁷
- According to the National Center for Education Statistics, Arizona's graduation rate for public high school students was 80 percent, which is less than the US national average at 84 percent.⁸

The chapter on child well-being (pages 3-10) will present more detailed information about the trends of child and family well-being over time in Arizona.

⁴ Centers for Disease Control and Prevention. (2016). *About the CDC-Kaiser ACE Study*. Retrieved from: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

⁵ The Annie E. Casey Foundation. (2018, June 27). *2018 Kids Count Data Book: State Trends in Child Well Being*. Retrieved from: <https://www.aecf.org/resources/2018-kids-count-data-book/#state-rankings>

⁶ The Annie E. Casey Foundation. (2018). *Kids Count Data Center: Children 0 to 17 in Foster Care*. Retrieved from: <https://datacenter.kidscount.org/data/tables/6242-children-0-to-17-in-foster-care#detailed/1/any/false/870,573,869,36,868,867,133,38,35,18/any/12985,12986>

⁷ Ibid.

⁸ National Center for Education Statistics. (May, 2018). *Public High School Graduation Rates*. Retrieved from: https://ncesed.gov/programs/coe/indicator_coi.asp

CHILD WELL-BEING

By Judy Krysik, MSW, PhD
Director, ASU Center for Child Well-Being

This chapter examines trends in select indicators of child well-being across four domains: economic, health, education and safety. First, demographic characteristics of Arizona children are presented to place the outcomes in context. Where possible, this chapter draws comparisons between the well-being of Arizona children and children nationally.

Families today do differ from those of earlier decades. The development of collective social insurance programs diminished the need for large families whose role it was to care for aging parents.¹ Today, women are in the work force in significant numbers, and their earnings account for an important part, if not majority or totality, of the family's income. In the past, women had fewer opportunities for careers outside the home.

Over time, reductions in infant mortality have led to fewer pregnancies and births. Access to methods of fertility control have allowed women to delay or avoid pregnancy altogether. Not surprisingly, in the face of these trends, we have seen sharp declines in birth rates and smaller family sizes. Most women are no longer occupied by extended periods of child bearing. Child rearing is more evenly divided by the adults in the home than in the past. Grandparents and other elderly relatives are being cared for at the same time as children, and adult children are more likely to return to their parents' homes in times of need than in the past, leading to new terms to describe the family such as the "sandwich generation" and "boomerang" children.

Child Demographics

Understanding the demographics of Arizona children is important for planning. The number of children in the state determines the demand and funding for schools, health care, and other social programs.

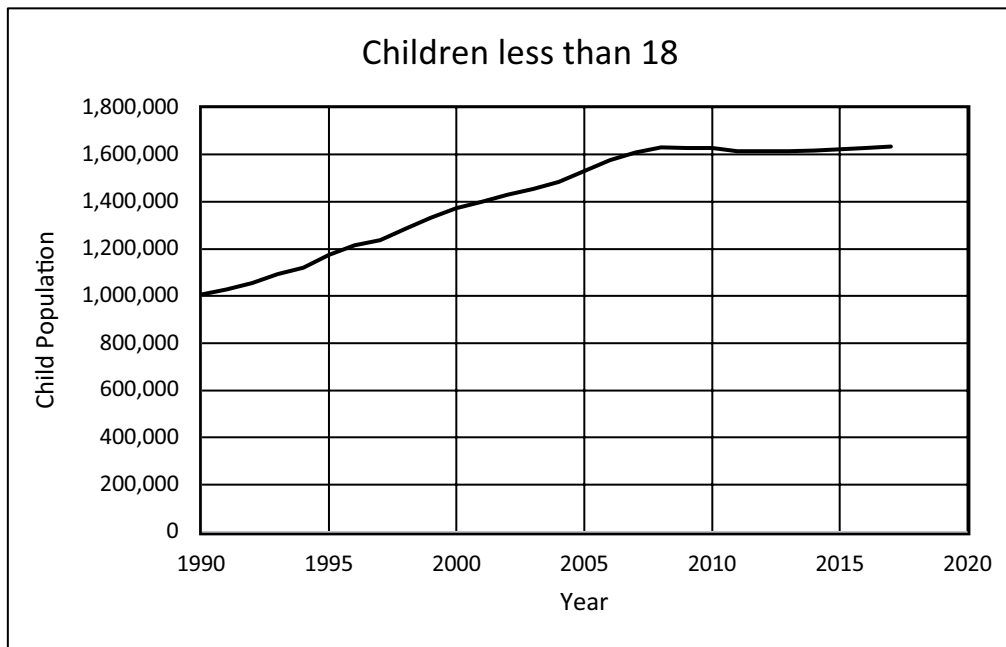
In 1990, the child population in Arizona, i.e., individuals less than 18 years of age, reached one million. The number of children steadily increased thereafter until the economic recession of 2008. Post 2008, the population of children in Arizona declined until 2014. By 2017, the child population was estimated at 1,633,490; the first post-recession year that it exceeded the 2008 estimate. Figure 1 shows the most recent 27-year trend in the Arizona child population.

Birth Rate

In recent post-recession years, Arizona experienced the greatest birth rate decline in the nation. The birth

¹ Moroney, R., & Krysik, J. (1998). *Social Policy and Social Work: Critical Essays on the Welfare State*. New York: Aldine de Gruyter.

Figure 1. Arizona Child Population.



Data Source: Population Division, U.S. Census Bureau. Updated August 2018. Data presented for 2010 through 2017 are vintage 2017 population estimates. Each year the U.S. Census Bureau revises their post-2010 estimates. Therefore, data presented here may differ from previously published estimates. Figures for 1990, 2000, and 2010 represent revised population estimates for July 1, 1990, July 1, 2000, and July 1, 2010 - not actual Census counts from April 1, 1990, April 1, 2000, and April 1, 2010.

rate fell sharply from 16.4 per 1,000 population in 2006 to 13.0 per 1,000 in 2014.² This difference has resulted in approximately 20,000 fewer births per year. For example, in 2007 there were 102,687 births compared to approximately 81,000 in 2017.³

Several factors have contributed to the decline in birth rate, however, one positive trend is a lower teen pregnancy rate. Teen pregnancies decreased by 55.3 percent from 15,038 in 2007 to 6,724 in 2016. The teen pregnancy rate declined from 34.4 pregnancies per 1,000 girls 10-19 years of age in 2007, to 14.9 per 1,000 in 2016. That year, the number of teenage pregnancies and the teen pregnancy rate in Arizona were the lowest on record since 1980. Still, however, Arizona exceeded the national rate of 9.0 per 1,000 births to teen mothers in 2016.⁴ Teen pregnancies are of concern as babies born to teen mothers are more likely to be born preterm and low birthweight, and are more likely to live in poverty, which creates other forms of disadvantage described later in this chapter.⁵

Race and Ethnicity

The race and ethnic composition of Arizona's child population provides important context for understanding the state's future. The percentages presented in Table 1 paint a picture of increasing diversity in the Arizona child population. Hispanic children have surpassed white, non-Hispanic children as the largest ethnic category since 2010. The proportion of white, non-Hispanic children continues to fall over time from 43

² Arizona Department of Health Services. (n.d.). Table 5B-2. Birth rates by county of residence, Arizona, 2006-2016. Retrieved from: <https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=births>

³ Ibid.

⁴ Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-being*, 2018. Washington, DC: U.S. Government Printing Office.

⁵ Annie E. Casey, 2018.

percent in 2008 to 39 percent in 2017, whereas all other groups including mixed race children represented in Table 1 have increased. This change in racial and ethnic composition points to areas of concern as the following sections on economic, health, education and safety indicators demonstrate, non-white children tend to be overrepresented on a number of risk factors.

Table 1. Percentage Distribution of Arizona Child Population Less than 18 Years by Race

Race/Year N	2008 1,628,651	2010 1,626,112	2012 1,613,477	2014 1,617,569	2016 1,628,054	2017 1,633,490
White alone ¹	43%	42%	41%	40%	40%	39%
Hispanic	42%	43%	43%	44%	44%	44%
Black alone ¹	4%	4%	4%	4%	5%	5%
Asian alone ¹	2%	2%	2%	3%	3%	3%
Two or more ¹	3%	3%	3%	4%	4%	4%
Other ^{1,2}	6%	6%	7%	5%	4%	5%

¹ Not Hispanic.

² "Other" includes Native Hawaiian and Pacific Islander as well as American Indian.

Data Source: Population Division, U.S. Census Bureau. Data presented for 2010 through 2017 are Vintage 2017 population estimates. Each year the U.S. Census Bureau revises their post-2010 estimates. Therefore, data presented here may differ from previously published estimates. Figures for 2010 represent revised population estimates for July 1, 2010 - not actual Census counts from April 1, 2010.

Economic Well-Being

The well-being of children depends in part on the economic circumstances of their families. Table 2 shows the percentage of all Arizona children living in poverty, i.e., families with incomes below 100 percent of the poverty threshold. Although poverty has declined over the five-year period, child poverty in Arizona was three-to-five percentage points higher than the national average in each year presented.

The likelihood of a child living in poverty varies significantly by race. Also seen in Table 2, white children and children of Asian/Pacific Islander descent are much less likely to be living in poverty in Arizona than American Indian, black or Hispanic children. The percentage of children living in poverty decreased from 2016 to 2017 for all racial/ethnic groups, with the exception of American Indian children who comparatively have

Table 2. Percentage Distribution of Children in Poverty by Race and Ethnicity

		2013	2014	2015	2016	2017
Arizona	American Indian	47%	46%	46%	41%	45%
	Asian/Pacific Islander	18%	13%	11%	14%	8%
	Black	30%	35%	30%	31%	28%
	Hispanic	37%	35%	35%	32%	27%
	Non-Hispanic White	14%	13%	12%	13%	11%
	All Races	26%	26%	25%	24%	21%
US	All Races	22%	22%	21%	19%	18%

Data Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2017 American Community Survey. These percentages were derived from American Fact Finder table C17001 (B,C,D,E,H,I)(factfinder2.census.gov/).

exceptionally high poverty rates. Poverty makes children vulnerable to poor health, education and safety risks. In contrast to their peers, children living in poverty, especially young children, are more likely to have cognitive, behavioral, and socioemotional difficulties.⁶

Health

Children's health is fundamental to their overall development. The concern for children's health begins prior to birth and includes the mother's nutrition and mental health, as well as her exposure to social conditions such as domestic violence and access to health care. This section examines four indicators of child health.

Low Birthweight

Low birthweight is defined as a child who is born weighing less than 2,500 grams, or 5.5 pounds. Babies born at a low birth weight are more susceptible to developmental delays and disabilities. Despite Arizona's decline in birthrate, the percentage of low birthweight babies has held constant from 2006 to 2015 at 7.1 percent and 7.2 percent respectively, which is lower than the national rate of 8.2 percent in 2016.

Babies born to black mothers, however, are much more likely to be low birthweight than children born to mothers of other races. The percentage of low birthweight children born to black mothers in Arizona has held constant from 12.2 percent in 2006 to 11.9 percent in 2015, lower than the comparative national rate of 13.2 in 2016.⁷

Infant Mortality

The first year of life presents the greatest risk for child death. Similar to the trend in low birthweight, the rate of children under one year-of-age who died due to a variety of causes decreased in Arizona from 6.3 per 1,000 live births in 2006 to 5.4 in 2016.⁸ Non-Hispanic whites and Asian or Pacific Islanders had the lowest infant mortality rates in 2016 at 3.9 per 1,000 whereas blacks had the highest rate at 11.4 per 1,000, followed by American Indian or Alaska Native at 8.3 per 1,000. Hispanics followed whites at 6.0 per 1,000 in 2016.

Health Insurance

Health insurance is associated with access to and utilization of health care.⁹ Across the nation, four percent of children lacked health insurance in 2016, compared to seven percent or 119,000 Arizona children. The numbers of uninsured in the nation, and in the state, are less than half of what they were a decade

⁶ Federal Interagency Forum on Child and Family Statistics. *America's children: Key national indicators of well-being, 2018*. Washington, DC: U.S. Government Printing Office.

⁷ PRB analysis of Centers for Disease Control and Prevention data: National Center for Health Statistics, CDC Wonder 2016 birth data. Retrieved from: <https://datacenter.kidscount.org/data/tables/9817-low-birth-weight-babies-by-race#detailed/1/any/false/870/4038,4040,4039,2638,2597,1353,4758/19108,19109>

⁸ Arizona Health and Vital Statistics (Various Years), Bureau of Public Health Statistics, Various Health Statistics, Deaths, Arizona Department of Health Services. Retrieved from: <https://pub.azdhs.gov/health-stats/menu/index.php?pg=deaths>; Table 5E-16.

⁹ Frederico, S. G., Steiner, J. F., Beaty, B., Crane, L. & Kempe, A. (2007). *Disruptions in Insurance Coverage: Patterns and Relationship to Health Care Access, Unmet Need, and Utilization Before Enrollment in the State Children's Health Insurance Program*. *Pediatrics*, 120(4), e1009-1016.

ago. In 2008, Arizona had 17 percent or 283,000 uninsured children, indicating significant progress over the past decade.¹⁰

Arizona's improvement on this measure is due in large part to the decision in 2016 to reinstate KidsCare health insurance for children from lower-income families who do not qualify for Medicaid and cannot otherwise afford insurance. Health insurance is important for obtaining preventive screenings for health and developmental milestones, and treatment of chronic and acute conditions as well as injuries. The absence of health insurance can cause delays in receiving care resulting in further health complications and places considerable stress on families.

Teen Mortality

As children enter their teenage years, they encounter new risks to their well-being. In Arizona, the adolescent mortality rate in 2017 was 53.7 per 100,000, this was 30.1 percent lower than in 2007. The highest causes of death among Arizona adolescents were unintentional injuries in accidents, suicide, homicide, and illness.¹¹ The rate of Arizona adolescents between the ages of 15 and 19 who died as a result of suicide varies greatly by gender, with males accounting for 80.6 percent of completed adolescent suicides in 2017. Whereas adolescent suicide rates have increased since 2007, 13.2 per 100,000 in 2017 compared to 8.5 in 2007, homicide rates have decreased. The rate of homicide in 2007 was 13.3 per 100,000 compared to 6.8 in 2017, however the rate remains higher for males (10.4) than females (3.1). The mortality rates for American Indian adolescents in 2017 was 174.4 compared to all groups at 53.7 per 100,000.¹²

Education

Similar to health indicators, children's educational outcomes also vary by race and income. Indicators of educational well-being can be tracked in early childhood and extend through high school graduation rates. This section examines two indicators of educational well-being, one at each end of the developmental continuum: 4th grade reading proficiency and four-year high school graduation rates.

4th-Grade Reading Proficiency

Reading is the foundation for learning. Until third grade, children are learning to read, by fourth grade children who have not learned to read are at risk of being left behind academically. In Arizona, 90 percent of American Indian fourth-grade public-school students scored below the proficient level in reading in 2017, as measured and defined by the National Assessment of Educational Progress (NAEP), compared to 80 percent of black and 82 percent of Hispanic students in public schools. In contrast, 42 percent of Asian or Pacific Islander and 54 percent of white children scored below proficient.¹³ Public schools include charter schools and exclude Bureau of Indian Education schools and Department of Defense Education Activity schools.

¹⁰ Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2008 - 2016 American Community Survey. These data were derived from American Fact Finder table C27001 (B,C,D,E,G,H,I). Retrieved from: factfinder2.census.gov

¹¹ Arizona Health Status and Vital Statistics 2017.

¹² Arizona Health and Vital Statistics (Various Years), Bureau of Public Health Statistics, Various Health Statistics, Deaths, Arizona Department of Health Services. Retrieved from: <https://pub.azdhs.gov/health-stats/menu/index.php?pg=deaths>; Table 5E-26.

¹³ For a more detailed description of education achievement, see: <http://nces.ed.gov/nationsreportcard/Reading/achieveall.asp>.

In addition to its relationship to race, educational disadvantage is related to family income. In schools, income disadvantage is measured using students' eligibility for National School Lunch Program (NSLP), a federally assisted meal program, sometimes referred to as the free/reduced-price lunch program. Free or reduced priced lunches are offered to students with family incomes below 185 percent of the poverty level. Of those students who were eligible for free or reduced price lunch, 83 percent scored below proficient in 4th grade reading, compared to 47 percent of children who were not eligible.¹⁴

Four-Year Graduation Rates

Race and income based educational advantage begins in early childhood and continues throughout high school and is evidenced by four-year graduation rates.¹⁵ Four-year high school graduation rates have been increasing in Arizona and nationally. Nationally, the 2015-2016 on time graduation rate was 84 percent, considerably higher than 79.5 percent in Arizona.¹⁶ Arizona's rate was up from 75 percent in 2008.¹⁷ Students of Asian descent had the highest four-year graduation rate at 89 percent, in contrast to a low of 67.7 percent for American Indian or Alaskan Native students, 84 percent for white, 76.4 for Hispanic, 75.5 percent for black, and 76.7 percent for economically disadvantaged students.¹⁸

Safety

Although families are children's main source of support and nurturance, they are also the most likely to perpetrate harm to children physically and psychologically. A family's circumstances can also put children at risk when they live in unsafe communities and do not have access to quality and affordable child care. Adverse childhood experiences (ACEs) are stressful and traumatic events that occur in childhood and that can disrupt a child's brain development and impair their ability to cope and function.

Adverse Childhood Experiences

Arizona has the highest rate in the nation for the percentage of children birth to 17 years who have experienced two or more ACEs.¹⁹ Parental separation and economic hardship are the most common ACEs reportedly experienced by Arizona children. Whereas half of Arizona children have experienced at least one ACE, 18 percent have experienced three or more.²⁰ The number of ACEs a child experiences

¹⁴ U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at <http://nces.ed.gov/nationsreportcard/>.

¹⁵ High school graduation membership in a cohort class is established at the time of the student's first enrollment in a high school grade. It is computed on the typical four-year expectation for graduation, based on the high school grade in which the student first enrolled. The student's identity with the cohort class remains the same, regardless of student transfers, credits earned, time spent out of state and out of school, and the time necessary for the student to complete requirements for graduation. When calculating the graduation rates for subgroups, membership in a subgroup depends on the student's information at his or her last enrollment of record. Graduates are students who have met the requirements to receive a high school diploma. Students are considered as graduating on time for the four-year graduation rate if they graduate any time prior to September 1st of the following school year.

¹⁶ U.S. Department of Education, Office of Elementary and Secondary Education, Consolidated State Performance Report, 2015-16. See Digest of Education Statistics 2017, table 219.46 Retrieved from: https://nces.ed.gov/programs/coe/indicator_coi.asp#info

¹⁷ Annie E. Casey. (2018). 2018 *Kids Count Data Book*.

¹⁸ ED Facts Data Groups 695 and 696, School year 2015-2016; October 25, 2017; National Center for Educational Statistics.

¹⁹ The Arizona ACE Consortium. (n.d.). *From ACEs to Action: Working Together to Educate, Engage, and Advocate for Positive Change*. Phoenix, AZ: Author.

²⁰ Ibid.

is positively correlated with health conditions such as depression, heart disease and diabetes as well as behavioral risks including poor academic performance and substance abuse. Child abuse and neglect, parental incarceration and sex trafficking are all examples of adverse childhood experiences.

Child Abuse and Neglect

Child maltreatment increases the risk of poor developmental, health, education, and economic outcomes that extend over the life cycle and affect future generations.²¹ The number of confirmed victims of child abuse and neglect in Arizona were down in 2016 (10,779) from 2015 (11,862).²² Non-Hispanic whites represented 32 percent of victims in 2016, Hispanics 37 percent, American Indians four percent, and blacks eight percent.²³ Comparing these proportions to the overall child population presented in Table 1, black children are noticeably overrepresented in the child maltreatment population. In addition to maltreatment, family circumstances such as parental incarceration can leave children vulnerable to safety concerns that include assault and sex trafficking.

Parental Incarceration

Incarceration of both men and women has become more prevalent across the country with an increasing number of children affected by parental incarceration. Research has shown that the rate of incarceration for black adults is nearly six times the rate of white adults, with black adults more likely to experience long sentences.²⁴ Latino families and families with low incomes are also disproportionately impacted by incarceration. In 2011-2012 it was estimated that 138,000 or nine percent of Arizona children had an incarcerated parent.²⁵ The impact of incarceration does not end when the parent is released. Children often continue to suffer the consequences in terms of stigma, housing restrictions, and long-term poverty that place them in low income and unsafe communities.²⁶

Sex Trafficking

Under federal law, the crime of sex trafficking is defined as the recruitment, harboring, transportation, provision or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age.²⁷ Tracking the number of child sex trafficking victims is a relatively new endeavor, and as a result it is unknown whether or not the incidence is increasing. According to the ASU Office of Sex Trafficking Research, there were 560 unique victims identified in Arizona in 2015 and 2016.²⁸ Sex trafficking places youth at risk of violence, and poor health, education, and social/emotional outcomes.

²¹ Sattler, K. M. P., & Font, S. A. (2017). Resilience in young children involved with child protective services. *Child Abuse and Neglect*, 75, 104-114.

²² Kids Count Data Book. Retrieved from: <https://datacenter.kidscount.org/data/tables/9909-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-race-and-hispanic-origin?loc=4&loct=2#detailed/2/4/false/870,573/2638,2601,2600,2598,2603,2597,2602,1353/19244,19245>

²³ Ibid.

²⁴ Fwd.us (December, 2018). *Every Second: The Impact of the Incarceration Crisis on America's Families*. Author.

²⁵ The Annie E. Casey Foundation. (April, 2016). *A Shared Sentence: The Devastating Toll of Incarceration on Kids, Families and Communities*. Author.

²⁶ Ibid.

²⁷ U.S. Department of Homeland Security. (n.d.). *What is Human Trafficking?* Retrieved from: <https://www.dhs.gov/blue-campaign/what-human-trafficking>

Summary

Families are smaller. Fertility patterns have changed. Women and men who are mothers and fathers are working more outside of the home. Families are increasingly diverse - including those who are isolated, extended, and single parent householders. Over time, society has become more accepting of diversity as evidenced by legislation affecting same sex parents' ability to marry and adopt and the gendered use of public bathrooms. Yet, children's relative advantage across the four outcome domains examined in this chapter is marked more by diversity than by chance.

Although its form and the specific ways in which it carries out certain key functions has changed over time, there has always been in recorded history a basic social unit called the family. Perhaps it is because family functions are often described in relation to children, e.g., procreation and socialization, that the concept of family is often pictured as some constellation of adults with dependent children. The family, as an institution, is considered more capable of fulfilling the physical and social needs of children than any other mechanism. For this reason, it is impossible to discuss child well-being without referencing the family.

As the structure and functions of the modern family have been questioned, it is not uncommon to hear the perspective that the family as we know it has deteriorated and is the root cause for many of society's ills including divorce, justice involvement, and drug use. Is this view nostalgia for the past, or objective reality? When we refer to current challenges facing the family, what families do we have in mind? If policies and programs are developed to "strengthen" families, how realistic is our view of the family? If children are the sole responsibility of the family, then how capable is the family to assure their well-being?

Overall, children in Arizona are not worse off than they were in the past as seen by improvements in indicators such as decreased teen birth and child poverty rates, increased rates of health insurance coverage, and decreased rates in low birth weight and infant mortality. The tendency, however, has been to treat such indicators as individual phenomenon and pay little attention to their connectedness and broader implications. There have been decreases in child poverty, however as seen in this chapter, the gains have not materialized for all groups. In health, more children are insured, however, similar to poverty, the increase is not consistent across groups. In education and safety, there is also disadvantage marked by race. As the Arizona child population becomes increasingly diverse, it is clear that large groups are relatively disadvantaged.

To avoid a society where those who have and those who have not are divided on the basis of race, any public response should consider the substantial variation among the different groups. The policies and programs to support children should take into consideration diversity in race and income and family circumstances that disadvantage children. Rates and averages that allow the examination of trends across time mask considerable subgroup disadvantage that is resistant to change. To move the needle on indicators of well-being for all children, discussions of policy and programmatic outcomes should pursue a nuanced approach that includes a focus on race.

²⁸ Roe-Sepowitz, D. Bracy, K., Hogan, K., & Bandak, L. (October, 2017). *Incidence of Identified Sex Trafficking Victims in Arizona: 2015 and 2016*. Phoenix, AZ: ASU Office of Sex Trafficking Intervention Research.

ADVERSE CHILDHOOD EXPERIENCES

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What Are ACEs?

Adverse Childhood Experiences (ACEs) are traumatic events that take place in a child's life before age 18 that harm children's developing brains and bodies so acutely that the effects show up decades later. The Centers for Disease Control along with Kaiser Permanente conducted a study in 1995 that collected data on more than 17,000 adults regarding their exposure to adverse childhood experiences.¹ In the ACE Survey, adults were asked whether they grew up exposed to any of the following:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Alcohol and/or drug abuse in the household
- An incarcerated household member
- Someone in the household who was depressed, mentally ill, institutionalized or suicidal
- Mother who was treated violently
- One or no parent
- Emotional or physical neglect

The number of "yes" answers yields an ACE score that represents a person's cumulative exposure to particular adverse conditions in childhood. If a person experienced none of these conditions in childhood, the ACE score would be zero; an ACE score of nine means that a person was exposed to all of the categories of trauma above.

The ACE study provides compelling evidence that certain health, social and economic risks result from childhood trauma. As the number of ACEs increases, so does the likelihood of cancer, depression, diabetes, alcoholism, smoking, heart disease and other conditions that most often show up in adulthood.² In fact, the ACE Study suggests that certain childhood experiences are major risk factors for the leading causes of illness and death in the U.S.³

Five Facts About ACEs

1. ACEs are common. Nearly two-thirds (64%) of adults have at least one.
2. ACEs are associated with adult onset of chronic disease, such as cancer and heart disease, as well as mental illness, addictions, violence, and being a victim of violence.
3. ACEs don't occur alone. If you have one, there's an 87% chance that you have two or more.
4. The more ACEs you have, the greater the risk for chronic disease, mental illness, addictions, violence, and being a victim of violence. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases.
5. ACEs are responsible for a big chunk of workplace absenteeism, and for costs in health care, emergency response, mental health, child welfare, and criminal justice.

Source: ACEs Too High. (n.d.). ACEs Science 101. Obtained from <https://acestoohigh.com/aces-101/>

¹ Centers for Disease Control and Prevention. (2016). *About the CDC-Kaiser ACE Study*. Retrieved from: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

² Ibid.

How Home Plays a Role

Children's bodies adapt and develop in direct relation to their environments. In fact, studies have shown a significant correlation between ACE scores and home environment. Higher ACE scores were found in children who:⁴

- Live in poverty.
- Live in unsupportive neighborhoods.
- Spend hours playing video games and watching television.
- Have a physically ill parent.
- Have problems at school.
- Have fewer family supports.
- Are an ethnic minority.

What's more, minority children have a disproportionately higher share of six or more ACEs.

The Negative Effects of ACEs Across the Lifespan

Research on the biology of stress shows that being exposed to "toxic" levels of stress harms the developing brain and other organs. Toxic stress occurs when a child experiences strong, frequent or prolonged adversity, such as extreme poverty, abuse or exposure to violence, substance abuse or mental illness, without the buffering presence of supportive adults.

ACEs activate the stress response system, disrupting brain and organ development and weakening the defense system against diseases.⁵ The more ACEs a child experiences, the greater the chance of health problems later in life. The good news is that although the impact of ACEs can last a lifetime, it doesn't have to.

Protective Factors Help to Mitigate Impact of ACES

Not all youth exposed to ACEs are affected in the same way, and in fact many children are resilient, are able to heal, and go on to thrive. Various risk and protective factors among the child, family, and community can impact the ways in which children process and understand the exposure to violence.

According to the Center for the Study of Social Policy, research has identified five protective factors that build family strengths and family environments that promote optimal child and youth development. These include: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

³ Centers for Disease Control and Prevention. (2016). *About the CDC-Kaiser ACE Study*. Retrieved from: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

⁴ Injury Prevention Center, Strong Families. (n.d.). *Adverse Childhood Experiences in Arizona*. Phoenix, Az: Phoenix Children's Hospital.

⁵ ACEs Too High. (n.d.). *ACEs Science 101*. Retrieved from: <https://acestoohigh.com/aces-101/>

Importance of Using a Trauma Informed Lens with Children and Families

Looking through a trauma-informed lens means being sensitive to the impact of trauma on others and yourself, understanding and utilizing tools to support self and others in regulating emotions during times of stress; as well as identifying and supporting the system change needed to reduce re-traumatization. Most of all, it seeks to prevent re-traumatization and to promote recovery and resilience through trauma-informed service delivery.

Trauma Informed Care (TIC) integrates core principles of neurodevelopment, trauma and attachment with mindful healing to support a comprehensive approach that can be used by clients, providers, and community members.⁶

Examples of Best Practices in Arizona

In 2016, Holiday Park Elementary School in the Cartwright School District embarked on a journey to become more trauma sensitive. Some of the changes they made included having teachers greet every child individually in the morning to assess the child's current state, structured recess games so all children have a chance to be involved, and incorporating 30-second brain breaks during the day to help the children calm down. In two short years, the impact has been remarkable. Holiday Park Elementary School has achieved 7 growth points on AzMerit going from a C school to a B (the only school in district to go up a letter grade). They have also increased teacher retention. They also saw improvements in some of the important data points they track. For example, when looking at Holiday Park's 2018 first quarter data compared to 2017 first quarter data, the school saw a 78 percent decrease in student office referrals and a 19 percent decrease in staff absenteeism.⁷

Arizona's Biggest Challenge in Addressing ACEs: Pay Now – or Pay More Later

Though our brains retain the capacity to change and adapt as we grow older, the neurological response to early toxic stress never goes away, with costly consequences for both children and society. In a nutshell, nurturing environments – or lack of them – affect the development of brain circuitry. Trying to change behavior or build new skills on a foundation of damaged circuitry requires more work, is more expensive and produces worse outcomes than providing nurturing, protective relationships and appropriate learning experiences earlier in life.

Arizona's future prosperity depends on its ability to foster the health and well-being of the next generation. Encouraging positive environments and experiences in our communities will pay dividends both in improving the health of the future adult as well as for the state as a whole.⁸

Important Considerations for Arizona

This is an exciting time for Arizona. The growing body of knowledge about ACEs and their impacts holds promise for our state's ability to improve its citizens' lives. The most effective treatment is to reduce young

⁶ Transitions Mental Health Association. (n.d.). Using a Trauma Informed Lens. Retrieved from: <https://www.t-mha.org/event-details.php?id=28>

⁷ For more information please view the following video <https://youtu.be/hkxxN67d2pA>

⁸ Injury Prevention Center, Strong Families. (n.d.). *Overcoming Adverse Childhood Experiences: Creating Hope for a Healthier Arizona*. Phoenix, AZ: Phoenix Children's Hospital.

children's exposure to adverse conditions, such as abuse, neglect, violence, or caregiver mental illness or substance abuse. However, even under stressful conditions, the negative consequences of toxic stress can be mitigated. Stable, nurturing relationships with caring adults can prevent or reverse the damaging effects of toxic stress. Therefore, it is also important to create safe spaces and strong, healthy communities for children.

Assuring safe, stable, nurturing relationships and environments for all children is essential for Arizona's future prosperity. That is why it is key to improve the health and well-being of children, families and communities across the state by working to address ACEs in the context of adverse community environments.⁹

Options for Addressing the Impacts of Toxic Stress

The growing body of knowledge about ACEs offers suggestions about how Arizona can respond and make a positive impact on its citizen's lives. To effectively address ACEs and toxic stress, it is important to understand the scope of the problem. Gathering data on the prevalence of ACEs throughout Arizona could be a first step. Other potential options include:¹⁰

- Educate leaders, policymakers, pediatricians, other healthcare professionals, and the public about ACEs, brain development and effective interventions.
- Promote and bring to scale research-informed, community driven and cost-effective trauma and adversity prevention and recovery strategies, services and programs.
- Engage elected and appointed officials, private-sector leaders and other influencers as champions for health, education, economic and related policy changes that improve community resilience, health equity and social justice.
- Build a comprehensive, integrated system for identifying, screening and treating adverse childhood experiences.
- Craft a statewide response to ACEs in Arizona.

⁹ Injury Prevention Center, Strong Families. (n.d.). *Overcoming Adverse Childhood Experiences: Creating Hope for a Healthier Arizona*. Phoenix, AZ: Phoenix Children's Hospital.

¹⁰ Injury Prevention Center, Strong Families. (n.d.). *Adverse Childhood Experiences in Arizona*. Phoenix, AZ: Phoenix Children's Hospital.

STRENGTHENING FAMILIES AND PROTECTIVE FACTORS

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Working with Families to Improve Long-Term Outcomes for Children

The prosperity and long-term success of Arizona depends on the healthy development of its children, who will become our future workers, decision-makers and leaders. A child's family is foundational to his or her development; the family is the context within which child development happens. Collectively working to strengthen families and increase family capacity to promote child development can be a way to invest in society's long-term success.

This section will present information on how to strengthen Arizona families by increasing family capacity to be resilient to stressors. It will also present information on how to promote child development so that children's needs are met and they are free from harm so that their brains and bodies are able to develop.

This chapter will first consider effective approaches to working with families. The chapter also contains examples of effective strategies that individuals, organizations and communities can use to strengthen families. Some programs are highlighted in this chapter to exemplify effective strategies.

Approaches to Family Support

In order to effectively work with families, the approach to the work is just as important as the work itself. Services offered to families are always conducted within the context of a relationship between a parent and a provider. The quality of this relationship matters. Without a relationship built on safety and trust, effective teaching will not occur. Therefore, in order to build a trusting relationship between parent and provider, consider the following approaches:

- **Focusing on Strengths** – A strength-based approach is an effective approach. Focusing on flaws or weaknesses does not provide the motivation or skills needed to create sustainable change. Systems and practices that focus solely on identifying and reducing risk may disengage families by causing them to feel stigmatized, judged and hopeless. In order to create effective and long-term change, families build upon their current strengths and utilize these strengths as a solution to their challenges.¹

¹ Center for the Study of Social Policy. (2018). *Strengthening Families: Increasing Positive Outcomes for Children and Families*. Retrieved from: cssp.org/our-work/project/strengthening-families/

- **The Trauma-Informed Approach** – The trauma-informed approach is a way of working with people who considers the impact of their past experiences on their current reality. Adverse Childhood Experiences (ACEs), including child abuse, alcohol abuse in the home, substance abuse in the home, or having an incarcerated family member, can create toxic stress, a long-term stress response that disrupts the healthy development of a child’s brain. This disrupted development increases a child’s risk of developing lifelong health and social problems.²

Basically stated, this is because early experiences build the brain. When the brain experiences chronic stress (such as stress caused by ACEs) without the buffer of positive, nurturing relationships, the parts of the brain responsible for responding to stress overdevelop, and the other parts of the brain that control other functions, such as impulse control, emotional regulation and decision-making, do not develop sufficiently. A child’s stress response becomes chronically over-reactive, and because it is harder to make thoughtfully reflective decisions when overwhelmed by stress, this child’s potential to succeed – now and in adulthood – suffers.³

Nearly half of Arizona children have experienced at least one ACE.⁴ These rates increase in populations experiencing poverty, as well as historically under-served demographics, including Native American, Black, and Latino populations.⁵

The trauma-informed approach considers the effect of trauma on the brain, and works to create safe, calming environments that assist individuals to regulate their stress responses and engage in learning and thoughtful reflection. Since effective work with families involves learning and reflection, the trauma-informed approach is critical to working with families.⁶

- **Respecting and affirming culture** – Culture plays a key role in parenting and effectively supporting positive parenting practices. Parents from any cultural background can benefit from learning new information as long as it is respectfully communicated and connects with their cultural traditions. When working with parents, it is preferable to utilize support professionals who have personal experience or understanding of the family’s cultural traditions and practices. If such a person is not available, it is important for any service provider to approach families with curiosity and a desire to learn, rather than forming judgements and assumptions. As long as children are nurtured, safe and thriving, parenting along the mainstream isn’t essential.⁷

² Felitti, Vincent J, et al. (May 1998). *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*. American Journal of Preventive Medicine. (vol. 14, no. 4). doi:10.1016/s0749-3797(98)00017-8.

³ National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. Retrieved from: <http://www.developingchild.harvard.edu>

⁴ The Arizona ACE Consortium. (n.d.). *From ACEs to Action: Working Together to Educate, Engage, and Advocate for Positive Change*. Phoenix, AZ: Author.

⁵ Ibid.

⁶ Substance Abuse and Mental Health Services Administration. (27 Apr. 2018). *Trauma-Informed Approach and Trauma-Specific Interventions*. Retrieved from: www.samhsa.gov/nctic/trauma-interventions

⁷ National Alliance for Children’s Trust & Prevention Funds. (2012). *Bringing the Protective Factors to Life in Your Work– A Resource for Action*.

- **Including parents in decision-making** – It is easy to make assumptions about what parents and families need based on our own experiences, the theories we have learned, or the strategies we have been taught to apply. Even the most well-intentioned, educated family service professional can be ineffective if she does not include the parent in decision-making about the work they are doing together. Effective work with families is built upon a trusting, communicative relationship between the family and the provider. In order to create effective change, it is critical for family-serving agencies to include the voices of the families they serve in their decision-making processes.

All of these approaches work to build a trusting relationship between families and the people/professionals/organizations/communities who are working to support them. Without this foundational relationship, strategies will not be implemented effectively or sustainably.

Strategies to Work with Families: The Strengthening Families Protective Factors

The Strengthening Families™ Protective Factors Framework is a research-informed approach to working with families in a way that builds their strengths as a solution to their challenges. It was developed by the Center for the Study of Social Policy (CSSP) in Washington, D.C. in order to provide a framework for increasing family strengths, enhancing child development and reducing the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five key protective factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence of Children

The sections below will define each protective factor and offer strategies to help families build these strengths.

Parental Resilience

Parental resilience is the ability to recover after something hard or unexpected happens, and being able to cope with stress. It includes a parent's ability to recognize and navigate challenges, apply positive self-regulation behaviors, and continue to care for their children despite the inevitable stress that life and parenting present. Parents who are resilient are able to take good care of their children even when they are experiencing a crisis.⁸

Children learn about resilience by watching or being around their parents when they practice resilience. When parents exemplify self-regulation and stress-reduction strategies, co-regulation is able to occur. Co-regulation is the concept of a parent regulating their stress response, and by doing so, improving a child's ability to regulate their own stress response.

⁸ Center for the Study of Social Policy. (2018). *Parental Resilience: Protective and Promotive Factors*. Retrieved from: <https://cssp.org/wp-content/uploads/2018/08/HO-2.1a-CW-Parental-Resilience.pdf>

General Strategies to Build Parental Resilience

Individuals, communities and organizations can help build *parental* resilience by:

Responding to family crises – Noticing when families are going through challenges and connecting them to resources and support that address that particular crisis improves the likelihood of a positive outcome, and helps parents learn how to navigate a similar crisis in the future.

Resilience can be built before a crisis happens, or built as a crisis is happening. Promoting parental resilience means helping parents build traits and skills including help-seeking, communication, hope, self-confidence, self-awareness, and stress-reduction strategies. Parental resilience is predicted by certain qualities, including optimism, sense of purpose, spirituality, emotional awareness, emotional regulation, psychological endurance, compassion, social support, and generativity (giving back to the community). When we work with parents and caregivers to build these qualities, they are more likely to be resilient.

These qualities can be built through practices including exercise, journaling, establishing self-care routines, volunteering, engaging in social activities with other parents, and mindfulness meditation.⁹

Valuing and supporting parents – Having a generally respectful, kind, and non-judgmental demeanor increases the likelihood that a parent will reach out for help when they need it. Valuing and supporting parents also means implementing policies that value the role of parents in our community as children's first and most important teachers.¹⁰

General Strategies to Build Social Connections

Individuals, communities and organizations can help build social connections by:

Facilitating friendships and mutual support – Helping parents connect with each other and develop social networks helps improve their capacity to manage their stress, cope with challenges, and access resources in their community. *Social connections* among parents also help them learn from one other.

Although human beings need other human beings to survive and thrive, social connections are sometimes difficult to build, maintain and sustain. Being able to connect with others requires certain skills, including self-awareness, communication, and listening. Helping parents build these social skills may be the first step in supporting them to build *social connections*.

To help build *social connections* among parents, families need consistent opportunities to connect to one another. Community events, such as library story hours, festivals, faith gatherings and school-based socials all provide the space for parents to connect to one another. Communities can support family social connections by ensuring events are accessible, affordable, and relevant to families.¹¹

⁹ Center for the Study of Social Policy. (2015). *Core Meanings of the Strengthening Families Protective Factors*. Retrieved from: <https://cssp.org/resource/core-meanings-of-the-strengthening-families-protective-factors/>

¹⁰ Hamby, S., Grych, J., & Banyard, V. (2018). *Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity*. *Psychology of Violence*, 8(2), 172-183.

¹¹ Center for the Study of Social Policy. (2018). *Social Connections, Protective and Promotive Factors*. Retrieved from: https://cssp.org/wp-content/uploads/2018/08/SF_Social-Connections.pdf

Social Connections

Social connections are the people in our lives who help us be who we want to be. *Social connections* can provide positive emotional, spiritual, informational, and concrete support. *Social connections* are not just about having people to have fun with, they're about having people to turn to. Quality of connections, rather than quantity of connections, matters.

Being socially connected means having someone to call or contact in a time of stress or crisis. It includes the feeling of belonging and connection to community. Parents specifically need to have social connections they can talk to about parenting so that they may obtain tools, skills or ideas when facing parenting challenges.

Parents need social connections to be healthy. *Social connections* are a critical part of resilience, self-care, and

General Strategies to Build Knowledge of Parenting and Child Development

Individuals, communities and organizations can help build knowledge of parenting and child development by:

Promoting knowledge of parenting and child development – The wide availability of the internet has created a quickly accessible, vast and ever-growing body of information and misinformation about parenting and child development. Promoting *knowledge of parenting and child development* involves ensuring that parents have access to high-quality, factual, and reliable information and supporting parents to find the content that they need. Now more than ever, promoting knowledge of parenting and child development depends on the quality of the relationship between parent and provider. With the unprecedented access to both unreliable and reliable information, parents turn to people they trust to help them make parenting decisions.¹²

Parenting classes are a classic example of promoting knowledge of parenting and child development. These courses serve the dual function of teaching parenting skills and promoting social connections among parents. These classes, in order to be effective, should be at convenient times, provide child care, and be designed in response to the stated needs of the parents attending them.

Home visiting services, which offer families individual support through visits from a professional family support specialist, are another example of effective parenting education. These services are designed to work with parents in a way that specifically meets their unique family's needs. Both parenting classes and home visitation services will be discussed later in this document.

having a sense of hope. *Social connections* help relieve stress. Parents who model maintaining healthy relationships help their children learn what positive relationships look like.

Knowledge of Parenting and Child Development

Knowledge of parenting and child development is having the skills and information needed to nurture the healthy development of a child. It is understanding the child's current developmental needs and unique nature, and knowing what to expect for their future development. It includes the formation and maintenance of a secure attachment of the child to the parent, and the establishment of a consistent, nurturing relationship. Application of knowledge of parenting and child development requires the parent to have confidence, courage, and the ability to self-regulate.

¹² Center for the Study of Social Policy. (2018). Knowledge of Parenting and Child Development, Protective and Promotive Factors. Retrieved from: <https://cssp.org/resource/sf-knowledge-of-parenting-and-child-development/>

Concrete Support in Times of Need

Every family, at some point, will need help. Whether it is a sudden illness, a job loss, a new baby, or a move to a new community, parents will be faced with something that requires the support of others. When highly stressful things occur, and when parents don't have the knowledge, skills, or resources to face the situation's challenge, they need support. When families have *concrete support in times of need*, they are able to identify what they need, where to find help, and how to ask for help.

General Strategies to Build Concrete Support in Times of Need

Individuals, communities and organizations can help build concrete support in times of need by:

Linking families to services and opportunities – Anyone can help build concrete support in times of need by taking time to learn about the available resources in their community. This way, when a parent needs help, an individual is better able to refer a parent to needed support or services. Opportunities like parent resource fairs can help to inform parents of available resources. Oftentimes, however, a service is sought when there is an emergent need for it. Ensuring resource information is quickly obtainable with a quick internet search may be the most effective way to link modern parents to services and opportunities.

Again, the importance of relationships is paramount to a parent's ability to seek and find help. Asking for help is a vulnerable action, one that requires trust of the person being asked. Promoting trusting relationships between parents and providers works to ensure that parents will be able to ask for help when they need it.

Observing early warning signs of child abuse and neglect – Stress impedes good decision-making. When a parent experiences a high-level of stress, especially if they have experienced trauma in childhood, their biological stress response may cause them to act in an impulsive manner and prevent them from making sound decisions. Because of the biology of stress, strengthening families is largely about helping to manage stress.

When a parent is visibly stressed, this is the earliest warning sign of child abuse and neglect. This does not mean that all stressed parents will abuse or neglect their children, it means that the root of the vast majority of child abuse is caregiver stress. When a parent is observed as stressed, it is time to intervene to prevent the consequences of overwhelming stress on a family and child. Observing and responding to early warning signs of child abuse means reaching out to the parent to offer resources and support. As always, this is best done within an established trusting relationship.¹³

Accessing help in times of need requires a parent to believe that they deserve help and know that they will not be shamed for asking for this help. For that reason, building *concrete support in times of need* is as much about promoting help-seeking behavior as it is about promoting awareness of the availability of resources to help.

When parents don't have concrete support in times of need, the stress level caused by the unmet need can impede their ability to make reflective decisions, and they are more likely to behave in ways that may affect their family negatively.

¹³ Center for the Study of Social Policy. (2018). *Concrete Support in Times of Need, Protective and Promotive Factors*. Retrieved from: https://cssp.org/wp-content/uploads/2018/08/SF_Concrete-Support-in-Times-of-Need.pdf

Children's Social and Emotional Competence

The way that children act is usually a reflection of what's happening in their family and their world. The way that children act also affects their family. When a child has *social and emotional competence*, it positively affects how they act in the world and how the world acts towards them.

Children who have *social and emotional competence* have a strong sense of self-worth, are able to maintain positive relationships, and are able to manage their stress. Since most of human achievement is driven by relationships, social and emotional skills also propel their future success. Children that have these skills form healthier relationships, handle stress better, have better behavior, and do better in school. These skills also make them easier to parent, which reduces stress for the whole family.

General Strategies to Build Children's Social and Emotional Competence

Individuals, communities and organizations can help build children's social and emotional competence by:

Facilitating Children's Social and Emotional Competence – Social and emotional competence in children is built through interactions with positive, attentive, nurturing adults. Children learn how to treat others and themselves through observation and imitation. Since high stress and threats interfere with learning, in order to effectively learn social and emotional skills (or any other skill), children must first be in an environment that is safe.

Parents can nurture children's social and emotional learning with strategies including reading books together, teaching children a vocabulary for their emotions, and frequently taking time to give their child positive, undivided attention. Limiting screen time for children (such as smartphones and television), especially screen time without the presence of an adult to interact with, is also a good strategy to promote a child's social and emotional competence.

Promoting greater access to affordable high-quality child care is another critical strategy to promote social and emotional competence of children. High-quality early education settings focus on building a positive, nurturing relationship between educators and children, which is the foundation for social and emotional learning.¹⁴

¹⁴ Center for the Study of Social Policy. (2018). *Children's Social and Emotional Competence, Protective and Promotive Factors*. Retrieved from: https://cssp.org/wp-content/uploads/2018/08/SF_Social-Emotional-Competence-of-Children.pdf

CHILD ABUSE AND NEGLECT

By Darren DaRonco
Public Information Officer, Arizona Department of Child Safety

Child Safety Assessment

The Arizona Department of Child Safety (DCS) is entrusted with protecting all of Arizona's children from abuse and neglect. DCS receives and investigates allegations that a child is being abused or neglected, and provides services to strengthen families when abuse or neglect has occurred or is likely to occur. DCS is guided by three core principles.

- **Safety** – All of Arizona's children are safe and protected from harm.
- **Permanency** – All of Arizona's children live in safe, loving forever families.
- **Well-Being** – All of Arizona's children are given the opportunity to thrive through the support of strong families and their communities.

DCS by the numbers

- 149,071 communications (calls) were made to DCS during state fiscal year 2018.
- Of these 149,071 communications, 32% met the criteria for a report.
- Out of all children that received an investigation, 4,770, or about 10%, were removed from the home due to safety concerns.

Community members who are concerned that a child is being abused or neglected should contact DCS to report the concern. If the reported information meets the statutory definition of abuse and neglect, a DCS report is generated and forwarded to a local community DCS office for an investigation of the allegations and a family assessment. A Child Safety Specialist meets with the children, parents, and other adults in the home to determine if the children are safe in the care of their parents, evaluate risk of future abuse or neglect, and identify services that can support the parents and strengthen the family. Relatives, teachers, doctors, and others who know the family may also be interviewed to learn about the extent of abuse or neglect in the home, circumstances surrounding any abuse or neglect, the adults' functioning on a day-to-day basis, the children's functioning, and the general parenting and disciplinary practices in the home.

Following investigation, DCS determines if the report should be substantiated or unsubstantiated. When a report is substantiated, DCS has found probable cause to believe child abuse or neglect occurred. The parent or caregiver receives a letter explaining how an appeal of this decision may be requested and how to get a copy of the DCS report. A confidential record of all DCS reports and outcomes is maintained in a computer database.

After thorough information is gathered, the DCS Specialist and a DCS Supervisor review the information, determine whether the child is safe, and whether continued DCS involvement with the family is necessary to maintain the child's safety or reduce risk of future abuse or neglect. When the family will benefit from services or supports, the DCS Specialist engages with the family members to identify the best services to meet their needs.

Families referred to DCS are often struggling with mental health, financial, housing, or health problems and can benefit from supportive assistance. In most situations, DCS is able to provide information about services in the community, and end its involvement with the family. At times, DCS remains involved with the family and provides services in the home, or while the child resides with a relative or in foster care. Just over one of every ten children referred to DCS must be separated from the parents due to dangerous conditions in the home and lack of protective parenting.

The level of services provided to a family is determined on a case by case basis and/or by court determination. Some services that may be provided to families involved with DCS after the initial investigation are: counseling, substance abuse treatment, child care, housing assistance, parenting skills training, and assistance applying for financial benefits and medical care.

What Are Child Abuse and Neglect?

Child abuse and neglect can have long-lasting, negative health and economic consequences for a community. Abused and neglected children may suffer immediate physical injuries as well as lingering emotional and psychological problems even after the abuse ends.

Abuse and neglect can lead to children having trouble trusting others and forming nurturing relationships; developing anxiety and other mental health disorders; and interfering with their physical, emotional and educational growth. In Arizona, child abuse occurs when a parent, guardian or custodian inflicts, or allows someone else to inflict physical, sexual or emotional abuse on a child, or neglects or abandons a child. While child maltreatment includes all types of abuse and neglect of a child under 18, DCS categorizes abuse and neglect into four categories.

In fiscal year 2018, the Arizona Department of Child Safety (DCS) received 149,071 calls to its child abuse Hotline. Approximately 32 percent of these calls (48,046) met the statutory definition of abuse and neglect were investigated. DCS removed 10 percent of the children (9,670) involved in the reports that were investigated.

In Arizona, the number of children in out-of-home care has dropped 25 percent from a high of 19,000 children in March 2016 to 14,000 children in September 2018.

Neglect

Neglect is the most prevalent type of child abuse and is defined as an on-going pattern of inadequate care.

Neglect is usually reported by individuals who have close contact with a child. Doctors, nurses, and daycare workers frequently report neglect in newborns, toddlers and children too young to attend school. Relatives, police officers and teachers often report neglect of older children and teenagers.

Neglect occurs when parents fail to meet a child's basic physical and emotional needs. While neglect is often viewed in the general public as less harmful than physical or sexual abuse, it is the most frequent type of maltreatment and it can lead to consequences that are as equally detrimental as physical abuse.

Since neglect covers a broad spectrum, DCS divides neglect into four categories: failure to protect, medical, environment and general neglect.

Failure to protect includes subjecting a child to significant or repeated domestic violence incidents that could harm the child; parent allows a child to remain in a home where illicit drugs are manufactured; and a parent who is unwilling or unable to control a child whose behaviors threaten severe harm to the child or others.

Medical neglect involves a parent who is unwilling or unable to address a child's medical needs by either not seeking treatment when a child is sick or injured; or not administering doctor recommended treatments. It also includes medical diagnoses of malnutrition or failure to thrive that can't be explained by an underlying medical condition.

Environmental neglect relates to any surroundings in a home that could threaten a child's safety such as fire hazards, manufacturing illicit drugs, access to dangerous weapons or harmful substances, and extremely unsanitary or infested housing that poses a health hazard.

General neglect encompasses substance-exposed newborns; injuries due to neglect or failure to supervise; parent is unable or unwilling to meet the child's basic needs for shelter, food, or clothing; and the parent is absent and leaves children alone who can't care for themselves or with a person who can't provide adequate care for the children.

Severe neglect in either domain can have adverse impacts on a child's physical health, development, and psychological growth. DCS received 33,989 neglect reports in fiscal year 2018.

Physical Abuse and Sexual Abuse

Physical abuse is defined as the "infliction or allowing of physical injury, impairment of bodily function or disfigurement." This can include bone fractures, brain injuries, burns, bruises, cuts, abrasions or swellings that are inconsistent with the parent's or caregiver's explanation.

It also includes unreasonably confining a child such as locking a child in a cage or a confined space; or tethering a child to an object.

Child injuries that are sustained by allowing that child to enter or remain in a home or vehicle where dangerous substances are found or illicit drugs are manufactured are also considered physical abuse under Arizona law.

Children who suffer physical abuse experience emotional trauma long after the injuries have healed. In fiscal year 2018, DCS received 11,917 physical abuse reports.

Sexual abuse is when a parent or caregiver inflicts or allows "sexual abuse, sexual conduct with a minor, molestation of a child, sexual exploitation of a minor, incest or child sex trafficking."¹

¹ See Arizona Revised Statutes §8-201(2)(a) for the complete definition of sexual abuse.

Studies have shown sexual abuse is the least reported form of child abuse due to the stigma and secrecy that is often involved in these cases. Many sexually abused children are reluctant to reveal they are being abused. In many cases, they are deceived or threatened by their abusers to not talk about the abuse.

If a child does not disclose sexual abuse, there are indicators that DCS investigators look for.

Children who are sexually abused will display behavioral and emotional signs such as difficulty eating or sleeping; wetting their pants or bed; acting like a much younger child; crying excessively; and withdrawing from school or family activities.

They could have a sexually transmitted disease or complain of pain in the genital or anal areas.

Children who display persistent, highly sexualized behavior that is grossly age-inappropriate likely learned that behavior from sexual abuse.

DCS received 1,867 sexual abuse reports in fiscal year 2018.

Emotional Abuse

Emotional abuse is defined as a parent inflicting or allowing another person to cause serious emotional damage. Examples of emotional abuse include rejection, name calling, threats, shaming and domestic violence. These behaviors are either a one-time incident or a pattern of behavior by a parent towards a child that affects the child's normal daily behavior.

Children who suffer emotional abuse can display severe anxiety, depression, withdrawal or improper aggressive behavior. The effects of emotional abuse must be diagnosed by a medical doctor or a psychologist before DCS ascribes them to a parent's actions. DCS received 239 emotional abuse reports in fiscal year 2018.

Risk and Protective Factors

Examining risk and protective factors for child abuse is useful when creating prevention and early intervention strategies, and identifying families who could likely benefit from additional support services.

Risk factors for abuse and neglect are the measurable circumstances, conditions or behaviors that increase the probability that a family could experience child abuse or neglect in the future. Multiple risk factors are associated with child abuse. Some common risk factors include parental substance abuse, a history of domestic violence or crime, unemployment, lack of access to economic supports, and social isolation.

Protective factors moderate risks and promote child and family well-being. Every family contains both risk and protective factors to varying degrees. The interaction of several risk factors in combination with limited protective factors may increase the likelihood of child abuse and neglect. Strong protective factors in families can build resilience in children and parents.

When DCS case specialists work with families, they are focused on strengthening the five protective factors to ensure child safety. The protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. See the Strengthening Families and Protective Factors chapter for more information.

Conclusion

Child abuse remains a persistent problem in Arizona. Every month, DCS receives hundreds of calls reporting abuse and neglect of our most vulnerable children. Since child abuse and neglect are caused by a variety of individual, family, and environmental factors, it is imperative that different sectors of our community work together to ameliorate its impact on our children.

Child abuse prevention requires a coordinated effort from key sectors of our community such as health care, government agencies, schools, the legislature, social services, and the courts. Only together can we get a handle on this plight.

To report child abuse or neglect to the Department of Child Safety call: 1-888-SOS-CHILD (1-888-767-2445)

When reporting, the following information, if known, will be requested:

- name, age, and gender of child and other family members
- address, phone numbers, and/or directions to child's home
- parents' place of employment
- description of suspected abuse or neglect
- current condition of the child

SPOTLIGHT ON VIOLENCE IN FAMILIES

By Allie Bones

Former Chief Executive Officer, Arizona Coalition to End Sexual and Domestic Violence
Current Assistant Secretary of State to Katie Hobbs

Background

Domestic violence is a pattern of coercive control where one partner uses their power to control the other partner. Domestic violence can take many forms, including physical, sexual, emotional, and financial abuse. It is estimated that 1 in 4 women and 1 in 7 men will experience domestic violence in their lifetime.¹ If we extrapolate that out, in Arizona, this means that over 800,000 women and nearly 500,000 men will experience domestic violence in their lifetime. It is also important to note that Native American women experience domestic violence at rates 50 percent higher than other groups.² Domestic violence and Intimate Partner Violence (IPV) are often used interchangeably, but it is important to note that IPV refers to the narrower set of domestic violence incidents in which the people are involved in an intimate relationship (which excludes those involved in family violence).

The effects on children from exposure to IPV varies. Children react to the violence in a variety of ways, with a lot dependent upon the age of the child at the time of the exposure, the duration of the exposure, the severity and frequency of the violence, along with the presence of protective factors that exist in the child's life, especially supportive relationships with non-violent adults (including possibly the victim parent), as well as the child's own resiliency. Effects might be immediate, in relation to a violent incident, on-going throughout childhood and adolescence, or long-term into adulthood.³

There are a whole host of impacts that can be attributed to exposure to IPV in children. According to Futures Without Violence:

- A 2003 review of studies of child witnesses concluded that about 63 percent were faring more poorly than the average child who had not been exposed to domestic violence.⁴
- Child witnesses experienced more health complaints, in particular, more eating, sleeping, and pain problems and more self-harm than a population sample in a recent Dutch study.⁵

¹ Centers for Disease Control, National Center for Injury Prevention and Control, Division of Violence Prevention. (2010). *Preventing Intimate Partner Violence*. Retrieved from: <https://www.cdc.gov/violenceprevention/pdf/ipv-factsheet.pdf>

² Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). *Child Witnesses to Domestic Violence: A Meta-Analytic Review*. *Journal of Consulting and Clinical Psychology*, 71, 339-352. P. 345.

³ Lamers-Winkelmann, F., Schipper, J.C., Oosterman, M. (2012). *Children's Physical Health Complaints After Exposure to Intimate Partner Violence*. *Br J Health Psychol*. 2012 Nov;17(4):771-84. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/22490127>

⁴ Summers, A. (2006). *Children's Exposure to DV: A Guide to Research and Resources*. National Council of Juvenile and Family Court Judges. (pp 23-25). Retrieved from: <http://www.ncjfcj.org/sites/default/files/Childrens%20Exposure%20to%20Violence.pdf>

⁵ Yates, T., Dodds, M., Sroufe, A., & England, E. (2003). *Exposure to Partner Violence and Child Behavior Problems: A Prospective Study Controlling for Child Physical Abuse and Neglect, Child Cognitive Ability, Socioeconomic Status and Life Stress*. *Development and Psychopathology*, 15(1), 199-218.

- Overall, studies indicate that Post-traumatic stress disorder (PTSD) is a major concern for children who witness domestic violence, as well as increased experiences of negative emotions, such as anxiety and depression.⁶
- A prospective longitudinal study of high-risk families found that witnessing domestic violence in the preschool years was related to behavior problems at age 16 for both sexes; for boys, middle childhood exposure was related to contemporaneous behavior problems.⁷
- A recent study of college students compared those who had never witnessed interparental violence with those who had witnessed it a few times and those who had witnessed it frequently (more than 10 times). Frequent exposure to domestic violence was a significant risk factor for depression in young adulthood even when confounding variables (other adverse experiences) were controlled.⁸
- A national survey of youth found that more than half of dating violence victims and statutory rape/sexual misconduct victims had witnessed intimate partner violence.⁹
- In a prospective study, exposure to parental violence as a child was the strongest predictor of experiencing domestic violence in adulthood.¹⁰
- There is increasing evidence that early life stressors, such as abuse, witnessing IPV, and related adverse experiences, cause enduring brain dysfunction that, in turn, affects health and quality of life throughout the lifespan.¹¹

In order to reduce risk factors associated with exposure to domestic violence, it is important that we have opportunities to intervene with victims who are experiencing domestic violence. Access to an advocate to assist with safety planning for the victim and child is a key strategy for communities. We also need to look at enhancing interventions with those who use abuse to control and have power over their intimate partners.

Effective Treatments and Services

Victims' Services

Services for victims of domestic violence have traditionally relied upon the emergency shelter model. The anti-IPV community, as well as systems responders such as law enforcement, child protection, and hospitals/health care providers, have largely focused over the years on the need for victims to leave the violent situation by going into a shelter setting. This response, while critical for some, is limiting in its scope of what victims, survivors, children and those who abuse need for the violence to stop. It is a stopgap – an immediate response to the violence that it is happening, but for many victims, they do not want to take

⁶ Russell, D., Springer, K., & Greenfield, E. (2010). *Witnessing Domestic Violence in Childhood as an Independent Risk Factor for Depressive Symptoms in Young Adulthood*. *Child Abuse and Neglect* 34(6), 448-453.

⁷ Hamby, S, Finkelhor, D., Turner, H., & Ormrod, R. (2010). *The Overlap of Witnessing Partner Violence with Child Maltreatment and other Victimization in a Nationally Representative Survey of Youth*. *Child Abuse and Neglect* 34, 734-741.

⁸ Ehrensaft, M.K., Cohen, P., Brown, J., et al. (2003). *Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study*. *Journal of Consulting and Clinical Psychology* 79(4), 741–753.

⁹ Anda, R., Felitti, V., Bremner, J.D., Walker, J., Whitfield, C., Perry, B., Dube, S. & Giles, W. (2006). *The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology*. *Eur Arch Psychiatry Clin Neurosci*. 2005;256(3):174-86.

¹⁰ Hart, B. (2014). *Serving Valley Victims of Domestic Violence: Challenges and Choices*. Morrison Institute for Public Policy. Retrieved from: <https://morrisoninstitute.asu.edu/node/155>

¹¹ Anda, R., Felitti, V., Bremner, J.D., Walker, J., Whitfield, C., Perry, B., Dube, S. & Giles, W. (2006) *The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology*. P.2.

their children into a shelter, and the reality is that shelter is a limited resource that is not always available or appropriate to the situation.

In recent years, there has been a goal to expand access to domestic violence advocates throughout the state in settings that are not strictly shelter-based settings. There have been examples of service providers having advocates based in the community, especially in court or probation settings, yet, with one exception – Jewish Family and Children’s Services’ Shelter Without Walls – most advocates were either phone-based or in shelters. About five years ago, that changed when two domestic violence programs in the state, Eve’s Place in Phoenix and Emerge! Center Against Domestic Abuse in Tucson, expanded their services. Eve’s Place significantly reduced, and eventually eliminated their emergency shelter program and moved to a Mobile Advocacy Program model in which advocates meet with victims where they are – home, work, school, coffee shop, wherever. They set up support groups several nights a week at locations throughout the community that were open to anyone sheltered and unsheltered. The model has proven to greatly expand access to services for survivors. Emerge! closed 70 of their shelter beds (out of 120) and opened a community-based advocacy program, as well as a rapid rehousing program. They are now able to provide services to more victims as well as provide the short-term housing supports that many survivors need in order to achieve stability on their own.

In 2017, the Department of Economic Security (DES), the state agency that administers the state domestic violence prevention line item, made mobile and community based advocacy and rapid rehousing priority services under their contracts. While emergency shelter is still the largest allocation from DES, many programs expanded their services so that they too now offer mobile and community based advocacy services, with some programs also now offering a rapid rehousing program. Victims’ opportunities to access advocacy services have expanded greatly beyond shelter.

Batterer Intervention

The most common form of batterer intervention throughout the country, including here in Arizona, is the Duluth model. Curriculum typically addresses (the following topics in 2-4 hour sessions, typically over 26 weeks):

- Nonviolence
- Non-threatening behavior
- Respect
- Trust & Support
- Honesty and Accountability
- Sexual Respect
- Partnership
- Negotiation and Fairness

The primary focus is on dismantling behaviors outlined in the popular Power and Control Wheel, and not necessarily addressing the root causes of those behaviors.

The Duluth Model Approach

A commitment to shift responsibility for victim safety from the victim to the community and state

A shared collective mission and strategy regarding intervention that is based on a number of core philosophical agreements

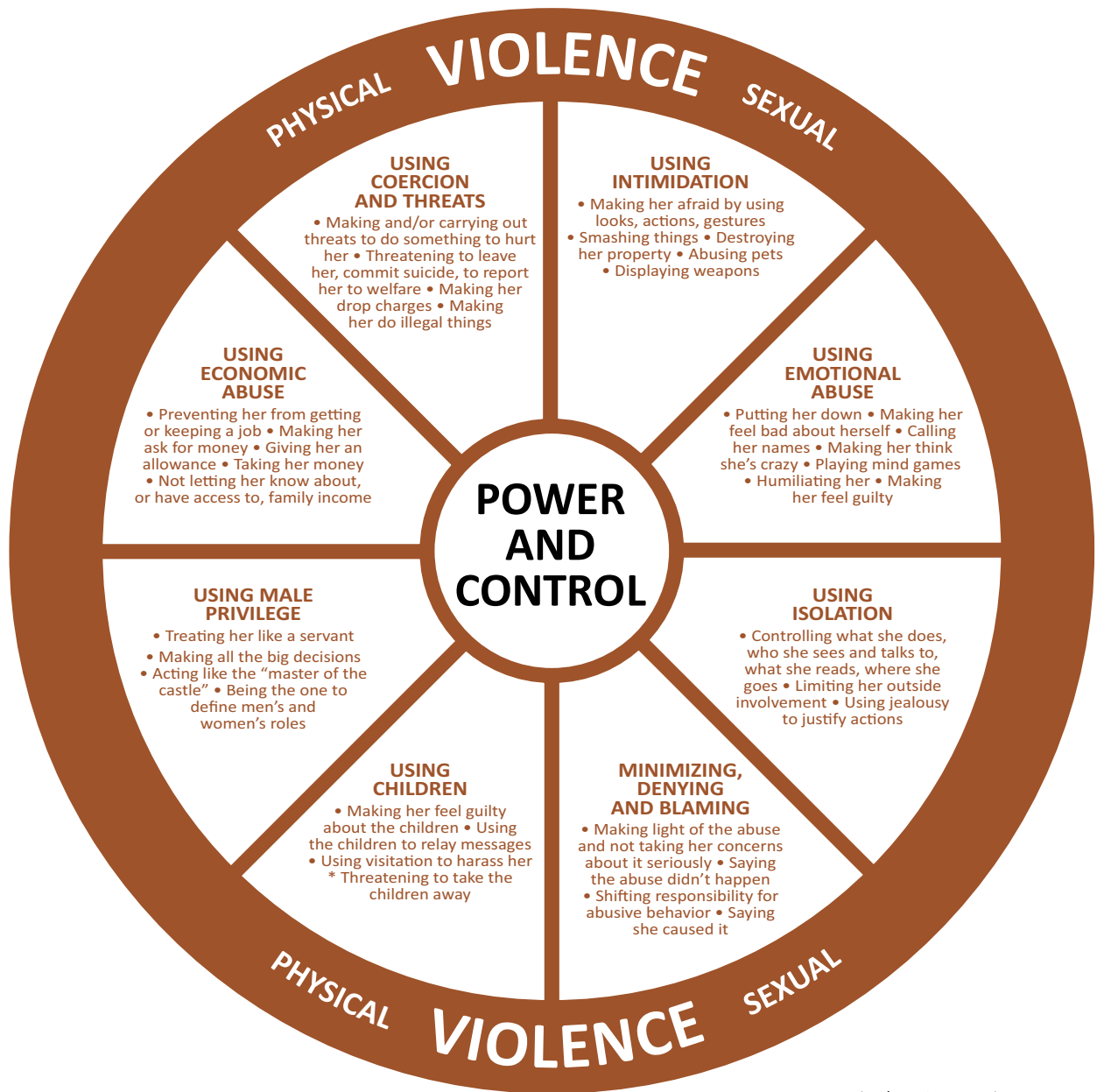
A shared understanding of how interventions are to be accountable to victim safety and offender accountability

A shared understanding of how each agency’s actions either support or undermine the collective goals and strategy of intervention

Shared definitions of safety, battering, danger and risk, and accountability.

Prioritizes the voices and experiences of women who experience battering in the creation of those policies and procedures.

Source: Domestic Abuse Intervention Programs. (N.D.). *What is the Duluth Model?* Obtained from <https://www.theduluthmodel.org/what-is-the-duluth-model/>



Domestic Abuse Intervention Programs
 202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781
www.theduluthmodel.org

Another model that has more recently been introduced is based on a program started by Men Stopping Violence (MSV), which was developed under the leadership of MSV founding Executive Director Kathleen Carlin and current Executive Director Shelley Serdahely. Emerge! in Tucson operates a program, Men's Education Project, based on the MSV model. MSV believes that an analysis of the interconnection of multiple forms of oppressions is critical to ending violence against women and girls. This belief informs their practice of building accountability among men and with communities. The knowledge, tools and resources developed by MSV are key in engaging and mobilizing men as catalysts for change, and building collaborative relationships with anti-violence programs and other social justice organizations. This program is relatively new, but is promising in its focus on addressing behaviors and root causes.

Challenges in Arizona's services

Like many social services in Arizona, the biggest challenge is insufficient resources. The programs serving victims of domestic violence are doing life-changing, and in many instances life-saving work, but the demand is greater than they are able to accommodate. Since the recession hit Arizona in 2008, the legislature has reduced services for people who are experiencing poverty, homelessness and abuse.

Additionally, while support exists for services that are meant to address victimization, services that address multiple factors are needed. For example, a victim of domestic violence, in addition to needing a safety plan, an advocate, and maybe an emergency shelter bed for a short period of time, may also need affordable housing, child care assistance, food security, financial assistance, access to quality healthcare, quality education for their children that includes adequate supports for academic achievement, community and social supports and activities.

In terms of addressing those who abuse, there needs to be more research about programs and interventions that work. The Administrative Office of the Courts can set standards for treatment programs, in partnership with the advocacy and counseling communities, by reviewing the options available and researching what is happening in other states.

Currently, programs for batterers are not readily available in all parts of the state, and ability to pay for participation in the program can be a burden even when programs are available.

When survivors have been surveyed about what they want to see happen, many indicate that they want the violence to stop, with counseling for themselves and counseling for the abuser in the top five services they wish they had.¹²

Conclusion

Intimate partner violence is a significant issue in Arizona. It impacts women, men, and children in a myriad of ways, from health issues, to mental health, to developmental and beyond. Service providers in Arizona are doing their best to meet the need, with recent expansions in the types of services being offered leading to more victims and their families being served. There is still much that needs to be done, especially with regards to prevention. There is much that can be done to respond to intimate partner violence and providing peace and a sense of security to families experiencing it.

¹² *Serving Valley Victims of Domestic Violence: Challenges and Choices*, Bill Hart, Morrison Institute for Public Policy.

SPOTLIGHT ON SUBSTANCE ABUSE

By Rosi Andrade, PhD

Associate Research Professor, The University of Arizona, Southwest Institute for Research on Women (SIROW)

Pregnant and Postpartum Women and Addiction

Background

Women with addictions, specifically pregnant and postpartum women with minor children, are a unique population. Multiple social and cultural beliefs and practices affect how women with addictions navigate social roles as mothers and wage earners, and at times limit opportunities to seek out treatment for themselves and services for their minor children.

In a 2011 Pima County sponsored community survey, both community members and stakeholders responded that out of 14 identified health behaviors, substance use had the greatest impact on the health of residents.¹ Many of the 28.2 percent of the women who do not receive prenatal care are thought to be substance involved.

According to a report by the National Center on Addiction and Substance Abuse in Women Under the Influence, "92% of women in need of treatment for alcohol and drug problems do not receive it. Stigma, shame, and ignorance hide the scope of the problem and the severity of the consequences."² This can be particularly true for women who are pregnant and parenting, yet pregnancy can also be a motivator for seeking treatment.³

Moreover, compared to men, women become addicted to alcohol, nicotine and illegal and prescription drugs, and in shorter period of time, develop substance-related diseases like lung cancer more quickly, and suffer more severe brain damage from alcohol and drugs like Ecstasy. Data on young mothers indicates that they are more likely than young women to smoke (35.0 vs 20.7 percent), and use marijuana (17.9 vs. 10.0 percent), and are just as likely to have used alcohol (25.3 vs. 24.6 percent).⁴

In order to better understand the needs of substance dependent women with children, the University of Arizona - Southwest Institute for Research on Women (UA-SIROW) held two focus groups in 2011, (1) with mothers currently in substance abuse treatment and (2) with working substance using mothers not in treatment.

¹ Pima County Community Health Assessment (2011). Prepared for the Pima County Community Health Assessment Task Force Meeting, Tucson, AZ. April 8, 2011.

² National Center on Addiction and Substance Abuse. (2006). *Women Under the Influence*. Columbia University.

³ Stevens, S. (2010). *Addressing Risk Behaviors of Drug Involved Women: A Gendered Perspective*. Southwest Interdisciplinary Research Center 8th Annual Research Conference, Phoenix, AZ. April 23, 2010.

⁴ Office of Applied Statistics (2011). *Substance Abuse among Young Mothers*.

The focus group findings noted that:

- Women were apprehensive about seeking residential treatment. Even though they knew that they needed treatment services, women continued using drugs until they hit bottom.
- Women did not enter residential treatment because they did not want to lose their job; one of the only positive aspects of their lives.
- Women were also apprehensive about leaving their children with others and feared that they would be reported to Child Protective Services if they enrolled in residential substance abuse treatment.

Mothers shared that contributing factors to their drug addiction and increased use were often related to the stress of holding a job, caring for children (including identifying/paying for childcare), and paying bills. The increased drug use caused additional problems at work leading to tardiness or absenteeism, falling asleep on the job, poor quality of work, and not caring about the work; eventually leading to losing the job or resigning to avoid drug screening. At least half of the women had held the same jobs for long periods of time. Losing a job because of drug use and other stressors, noted a focus group participant, “creates a downward spiral, not only for us as parents, but for kids as well.”

Women with addictions, however, recognize the impact of their addiction on their children. When asked how residential drug treatment programs could meet the needs of women and their children, they had several suggestions. Women thought a treatment program should provide transportation and have different types of counseling related to behavior/anger management, working on the self, and furthering of one’s education.

Personal Insights:

In focus groups, women with addictions questioned the ability of current residential drug treatment programs to meet the needs of mothers and children. Specifically, where programs are not prepared to receive their children beyond providing housing and food.

- “There needs to be formal daycare and recreational activities,” women emphasized.
- “Kids should have a class or program with structured activities and skilled babysitters.”
- “So that women can focus on drug treatment, and kids focus on their issues (i.e., trust, safety, behaviors); changing their way of life.”

Childcare Needs

Data from 2008 shows that Arizona was classified as being in the top (worse) category for not meeting the needs of persons 12 and older with illicit drug dependence,⁵ and the 2009 Arizona State profile shows that only 6.3 percent of all (outpatient and inpatient) substance abuse treatment facilities provide childcare for their clients’ children.⁶ Childcare and services for both women and children is a critical problem for pregnant and parenting women in need of substance abuse treatment. Moreover, in Arizona almost one third of adults have used illegal drugs in their lifetime with geographical differences in rates of use

⁵ Substance Abuse and Mental Health Services Administration (2011). *National Survey of Substance Abuse Treatment Services*. Retrieved May 30, 2011 from: <http://www.samhsa.gov/data>

⁶ Office of Applied Statistics (2011). *Substance Abuse among Young Mothers*.

(tobacco, alcohol, illegal drugs, misuse of prescription drugs) highlighting implications for addressing local needs.⁷ Chambers, Hughes, Meltzer, et al. (2005) found that speaking English and acculturation were significant predictors of increased alcohol use among low-income Latinas.⁸ This suggests that the factors reinforcing alcohol consumption in Latinas' early pregnancy need to be better understood and addressed through interventions.

Substance Use, PTSD, Trauma and Mental Health

Najavits (2004) writes that Post-traumatic Stress Disorder (PTSD), "the psychiatric disorder most directly related to trauma, is highly associated with SUD [Substance Use Disorder]."⁹ However, it continues to be the case that, "most SUD patients are not adequately assessed for PTSD nor given treatment for it."¹⁰ About 61 percent of men and 51 percent of women will experience at least one traumatic experience in their lifetime.^{11,12} Najavits notes that for many patients with SUD, learning about the PTSD diagnosis allows them to view their addiction in a new light, as a way to cope with overwhelming emotional pain; particularly as the PTSD usually occurs first.^{13,14,15} Najavits et al. suggest that 30-59 percent of women with SUD suffer PTSD, precipitated by childhood physical or sexual abuse, with the likelihood that women who are survivors of child sexual abuse will be at risk for sexual re-victimization in adulthood.^{16,17,18} Further, a study of cumulative experiences of trauma and stress of women enduring extreme poverty, addiction, incarceration, loss of parental rights, and domestic violence, points to women's social location and their identities and predicts that PTSD is likely to increase by 40 percent with each traumatic experience brought on by these stressors.¹⁹

Data show that younger persons (age 18 to 25) have a higher prevalence of serious mental illness in the past year (7.3 percent); as do women (6.3 percent) versus men (3.2 percent).²⁰ And likewise, in Arizona

⁷ Arizona State University, Southwest Interdisciplinary Research Center (2010). *Adult Substance Abuse in Arizona*, Phoenix, AZ.

⁸ Chambers, C.D., Hughes, S., Meltzer, S.B., et al. (2005). *Alcohol Consumption among Low-Income Pregnant Latinas*. *Alcohol Clin Exp Res* 11(29): 2022-2028.

⁹ Najavits, L.M. (2004). *Assessment of Trauma, Posttraumatic Stress Disorder and Substance Use Disorder: A Practical Guide*. In Wilson, J.P. and Keane, T. (Eds.), *Assessing psychological trauma and posttraumatic stress disorder* (2nd ed.,):466-491). New York, NY: Guilford Press.

¹⁰ Ibid.

¹¹ Kubiak, S.P., (2005). *Trauma and Cumulative Adversity in Women of a Disadvantaged Social Location*. *Am J Orthopsychiatry* Vol. 75, 4:451-46.

¹² Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., and Nelson, C.B. (1995). *Posttraumatic Stress Disorder in the National Comorbidity Survey*. *Arch Gen Psychiatry* 52:1048-1060.

¹³ Najavits, L.M. (2004). *Assessment of Trauma, Posttraumatic Stress Disorder and Substance Use Disorder: A Practical Guide*. In Wilson, J.P. and Keane, T. (Eds.), *Assessing psychological trauma and posttraumatic stress disorder* (2nd ed.,):466-491). New York, NY: Guilford Press.

¹⁴ Jacobsen, L.K., Southwick, S.M., & Kosten, T.R. (2001). Substance use disorders in patients with posttraumatic stress disorder: A review of the literature. *American Journal of Psychiatry*, 158: 1184-1190.

¹⁵ Najavits, L.M., Weiss, R.D., and Shaw, S.R. (1997). *The Link Between Substance Abuse and Posttraumatic Stress Disorder in Women*. *Am J Addictions* 6:273-283.

¹⁶ Ibid.

¹⁷ Messman-Moore, T.L. & Long, P.J. (2003). *The role of childhood sexual abuse sequelae in the sexual Revictimization of women*. *An empirical review and theoretical reformulation*. *Clinical Psychology Review* 23:537-571.

¹⁸ Messman, T. L., & Long, P. J. (1996). *Child sexual abuse and its relationship to revictimization in adult women: a review*. *Clinical Psychology Review*, 16(5): 397-420.

¹⁹ Kubiak (2005).

²⁰ National Survey on Drug Use and Health (2011). *2008 Data on Illicit Drug Unmet Needs 12 Years and Older*. Retrieved from: <https://nsduhweb.rti.org/respweb/homepage.cfm>

women report more mental health conditions than men (20 percent vs.14 percent).²¹ Alcohol and drugs and mental health problems are often co-occurring and there exists a higher percent of women with co-occurring disorders compared to men.^{22,23} Mental health issues can be particularly troubling for women who are both pregnant, newly postpartum, and specifically among substance abusing women. Importantly, women should be screened and treated for depression during pregnancy and for postpartum depression, an under-diagnosed disorder.²⁴

Key Points

- Pregnant and postpartum women with substance abuse addictions are a hidden population, struggling to maintain important aspects of their lives tied to family and work.
- Though pregnant and postpartum women may recognize the need for substance abuse treatment, they often continue drug use until they “hit bottom.”
- Pregnant and postpartum women fear that they would be reported to Child Protective Services should they enter substance abuse treatment or receive pre/postnatal care.

Conclusion

The condition of pregnant and postpartum women with addictions and their children calls for changes in treatment services. Specifically, programming that takes into account the unique conditions of gender and cultural roles for women and the dynamics of addiction, including histories of trauma and clinical and social services for women and their children while in treatment, aftercare, and recovery in the community.

²¹ Stevens, S., Andrade, R.A.C., and Ruiz, B.S. (2009). *Women and Substance Abuse: Gender, Age and Cultural Considerations*. *Journal of Ethnicity in Substance Abuse*, 8, 341-358.

²² Ibid.

²³ Stevens, S.J. and Wexler, H.K. (Eds.) (1998). *Drugs & Society*, 13 (1/2). *Women and Substance Abuse: Gender Transparency*. Binghamton, NY. The Haworth Press.

²⁴ Substance Abuse and Mental Health Services Administration (2009). *Substance Abuse Treatment: Addressing the Specific Needs of Women - A Treatment Improvement Protocol TIP 51*. Rockville, MD

SPOTLIGHT ON CHILDREN WITH DISABILITIES AND THEIR FAMILIES

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Many Arizona parents who have a child with a disability report that cost is an obstacle to their child's participation in community activities. Additionally, families report that stigma or negative reactions to their child in the community sometimes influences the family's decision to forego activities.¹

Disability places a child at additional risk for child maltreatment. Children with behavior problems are more at risk for physical abuse because parents may become more easily stressed by their child's demands. Children who do not speak are more likely to experience sexual abuse.² In 2013, 30 percent of the children in the Arizona Division of Child Safety system had a disability.³

Mothers who have children with developmental disabilities are at increased risk for higher levels of stress, poor sleep quality, and depression due to greater caregiving responsibilities.⁴

The two primary systems that serve children with disabilities and their families are the Exceptional Student Services (ESS) through the Arizona Department of Education (ADE) and the Division of Developmental Disabilities (DDD) through the Arizona Department of Economic Security. ESS and DDD have different criteria to qualify children for services.

To qualify for special education under ESS, the disability must have an adverse effect on the child's educational performance and require specially designed instruction in order for the child to access and make progress in the general education curriculum. In 2014, 11.6 percent of children in Arizona ages 5-21 were identified as having a disability under the Individuals with Disabilities Education Act (IDEA), the federal legislation that guarantees all children a free and appropriate education.⁵

Inclusion in the general education program has benefits for children with and without disabilities. It is an opportunity to build friendships, develop respect for others, and learn from peer models. In spite of these benefits, over one third of the students with disabilities were included in the general education

¹ The National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. (2018, January). *National Core Indicators: 2016-17 Child Family Survey, Arizona Report*. Retrieved from: https://www.nationalcoreindicators.org/upload/core-indicators/AZ_CFS_edits.pdf

² Center for Disease Control and Prevention. (2018) *Childhood Maltreatment among Children with Disabilities*, Retrieved from: <https://www.cdc.gov/ncbddd/disabilityandsafety/abuse.html>

³ McFadden, E.S., Fisher, K.W., Lee, S.E., Kovacs, M., & Barajas, M. (2016, January). *Comprehensive Review and Analysis, 2nd ed. Arizona's Services, Supports, and Unmet Needs for Individuals with Developmental Disabilities and their Families*. Prepared for the Arizona Developmental Disabilities Planning Council.

⁴ Lee, J. (2013). Maternal stress, well-being, and impaired sleep in mothers of children with developmental disabilities: A literature review. *Research in Developmental Disabilities*, 34, 4255-4273.

⁵ Arizona Department of Education. (2018). *Exceptional Student Services*, Retrieved from: <http://www.azed.gov/specialeducation/disability-categories/>

program with their peers for less than 80% of the school day.⁶

Children who are 3 to 5 years old and have a disability are served in school district preschool programs through Part B of the IDEA. Babies and toddlers with disabilities are served in home-based programs through Part C of IDEA administered by the Arizona Early Intervention Program (AzEIP).

School districts, particularly in rural areas of Arizona, have difficulty hiring and retaining qualified special education teachers and related services professionals.⁷ Students who are medically fragile or who have chronic health conditions may be put at risk when schools cut nursing services due to financial constraints.⁸

To qualify for DDD an individual must have a diagnosis (cerebral palsy, intellectual/cognitive disability, autism, epilepsy) that results in functional limitations in three or more life skills. DDD serves approximately 36,000 children and adults with developmental disabilities statewide acting as a managed care organization and delivering services such as respite,⁹ habilitation, and therapies through a large network of providers.¹⁰

Although 85% of the families reported that their child's DDD service plan included all the services and supports their child needed, only 65% reported actually getting these services. Almost all families that received the needed services and supports reported that this made a positive difference in the life of their family and improved their ability to care for their child.¹¹

A barrier to receiving needed services through DDD is the availability of qualified personnel. Direct support agencies that train and hire respite providers reported an annual turnover rate of almost half of their employees.¹² Agencies that contract with DDD struggle to pay respite providers a living wage and keep pace with changes in the state minimum wage laws.¹³ There is also a shortage of Occupational Therapists, Physical Therapists, and Speech Therapists to provide home and community based therapies through DDD.

⁶ OSEP Office of Special Education Programs. (n.d.) *GRADS 360 Site, State Performance Plan/Annual Performance Report, Indicator 5: Educational Environments (Children 6-21)*. Retrieved from: <https://osep.grads360.org/#report/apr/2016B/Indicator5/HistoricalData?state=AZ&ispublic=true>

⁷ Arizona Department of Education, Educator Retention and Recruitment Task Force. (2015, January). *Educator Retention and Recruitment Report*. Retrieved from: <https://www.azed.gov/wp-content/uploads/2015/02/err-initial-report-final.pdf>

⁸ Arizona Department of Education, Diane Douglas, Superintendent of Public Instruction. (2018). *AZ Kids Can't Wait: A Comprehensive Plan to Improve Arizona's Education System*. Retrieved from: <https://cms.azed.gov>

⁹ Planned care for an individual with special needs that provides temporary relief to family caregivers. Source: *Access to Respite Care and Help*. (n.d.). ARCH Home. Retrieved from: <https://archrespite.org/>

¹⁰ Arizona Department of Economic Security. (2018). *Division of Developmental Disabilities*. Retrieved from: <https://des.az.gov/services/disabilities/developmental-disabilities>

¹¹ The National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. (2018, January). *National Core Indicators: 2016-17 Child Family Survey, Arizona Report*. Retrieved from: https://www.nationalcoreindicators.org/upload/core-indicators/AZ_CFS_edits.pdf

¹² The National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute. (2018, January). *National Core Indicators: 2016 Staff Stability Survey Report*. Retrieved from: <https://www.nationalcoreindicators.org/indicators/domain/staff-stability/staff-stability/>

¹³ Duda, J. (2018, October 8) Developmental disabilities service providers say state funding for minimum wage increase lagging. *Arizona Mirror*, Retrieved from: <https://www.azmirror.com/2018/10/08/developmental-disabilities-service-providers-say-state-funding-for-minimum-wage-increase-lagging/>

SPOTLIGHT ON AMERICAN INDIANS IN ARIZONA

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Of the 7.17 million people living in Arizona, 5.3 percent (308,097) self-identify as American Indian or Alaskan Native only, (AI/AN), ranking it the state with the third highest number of AI/AN residents.¹ Twenty-one federally recognized tribes reside in Arizona.²

In this chapter we present health data for infants, children, adolescents, adults and the elderly and culturally relevant interventions and public health programs that serve them. We provide a snapshot of the health of Arizona AI/AN and the programs that promote healthy families and thriving children. Because many AI/AN households are multi-generational we present a perspective across the lifespan and include special concerns such as that of murdered and missing Indigenous women and girls that currently impacts Arizona.

The collection and reporting of health data for American Indians and Alaska Natives is a complicated and complex issue. Often data is incomplete due to issues in misclassification, under-reporting and aggregation of data.³ It is important to consider the source of the data and how it was collected. For example, medical records exclude the population that does not utilize that health resource; information that is collected by phone may exclude those in lower income brackets who cannot afford a phone; surveys may not ask questions in a culturally competent manner. How identity is determined can also be problematic, people may self-identify as AI/AN but not be an official member of a tribe.

Critical Health Disparities in Arizona AI/AN Health Across the Lifespan

Key health disparities exist between Arizona's AI population when compared to the non-Hispanic white or "All Races" rates of morbidity and mortality. Overall, compared to all groups in Arizona, AI mortality rates are dramatically disproportionate in four key areas, unintentional injuries, assaults, motor vehicle accidents, and alcohol: (1) three times higher for unintentional injuries (139.0 v. 48.1), (2) assaults (15.7 v. 5.6), (3) more than four times higher due to motor vehicle accidents (54.3 v. 12.6), and (4) more than six times higher due to alcohol (111.5 v. 17.5).⁴ Significant disparities exist for premature mortality across the

¹ *Quickfacts Arizona*. [cited 2019 April 10]; Retrieved from: <https://http://www.census.gov/quickfacts/az>

² *Federal and State Recognized Tribes*. 2018 [cited 2019 April 22]; Retrieved from: <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

³ Satter, D.E., Randall, L.L., and Solomon, A.T., *The Complexity of American Indian and Alaska Native Health and Health Reserach: Historical, Social, and Political Implications for Research, in Conducting Health Research with Native American Communities*, T.A.a.R. Solomon, L.L, Editor. 2014, APHA Press: Washington, D.C.

lifespan for AI when compared to all groups in Arizona, with rates three times as high among children age 1-14 (50.3 v. 15.4), twice as high among 15-19 year old youth (97.1 v. 47.5), almost three times as high among 20-44 year old adults (423.9 v. 146.6), and almost twice as high among those between the ages of 45-64 (1108.3 v. 641.0).⁵

Table 1. Comparison of Mortality in Arizona between AZ AI and State Average per 1,000 for infants and 100,000 for children, youth and adults, 2017.

	Mortality	
	State Average	AI Average
Infant	5.6	9.5
Neonatal	3.5	4.1
Postneonatal	2.1	5.3
Children and Youth		
Ages 1-14	18.2	39.2
Ages 15-19	53.7	174.4
Adult	679.3	1001.9

Data Source: Health Status Profile of American Indians in Arizona 2017 Data Book⁶

Maternal Health

The health of women during pregnancy can impact the health of the mother but also can influence the health of the child as well. Teen pregnancy rates for AI/AN are almost double that of the average rate for other Arizonans (27.3 v. 14.1/1000 for 15-17 yrs. and 90.8 v. 58.4/1000 for 18-19 yrs. old).⁷ American Indian pregnant women in Arizona have been found to use less tobacco than the rest of the AZ population (3.4 vs 4.7 per 100).⁸ However, AI women in Arizona experience higher incidence rates per 100 than the rest of the AZ population for no prenatal care (4.1 vs 2.9), gestational hypertension (11.2 vs 6.7), gestational diabetes (14.8 vs 7.7), and slightly more “gestational weight gain-excessive” (46.5 vs 46.2).⁹

Infants

Health disparities for AI infants include low birth weight, premature births and Sudden Infant Death Syndrome (SIDS). In 2017, there were a total of 4,870 American Indian children born, 160 fewer than the 5,030 births in 2016.¹⁰ While fewer Arizona AI infants need intensive care than the average rate for Arizona (6.5 vs. 7.1/1,000), rates for SIDS are twice as high (0.4 vs. 0.2).¹¹ Higher incidence rates for Arizona in 2017 include mortality

⁴ *Arizona American Indian Health Status Summary Report for Data Year 2015*, 2017, Arizona Department of Health Services.

⁵ *Ibid.*

⁶ Kemp, M.L.S., and Huang, Y. , *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

⁷ *Arizona American Indian Health Status Summary Report for Data Year 2015*, 2017, Arizona Department of Health Services.

⁸ Kemp, M.L.S., and Huang, Y. , *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ Kemp, M.L.S., and Huang, Y. , *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

rates for AI infants compared to all of Arizona and born too small or premature (low birth weight 7.7 vs. 7.5/1,000; preterm 10.9 vs. 9.3).¹²

Children/Youth

Higher mortality rates for AI children ages 1-14 are due to multiple issues. Suicide is a critical issue for AI nationwide and in Arizona as well. The problem is particularly damaging to communities when the victims are young. Almost double the percentage of AI/AN in Arizona (19 percent) reported a suicide attempt versus 10 percent of other races in Arizona.¹³ A higher percentage of AI/AN youth binge drink compared to other racial groups in Arizona (12 percent v. 19 percent).¹⁴ Alcohol abuse is a concern for adolescents for multiple reasons including high morbidity and mortality rates from accidents and injuries, and even liver cirrhosis among AI/AN adults.

Adults

American Indian men die 19 years younger, and AI women die 11 years younger than other Arizonans (median age 76).¹⁵ Heart Disease, accidents, cancer, diabetes, chronic liver disease and cirrhosis are the leading causes of AI mortality in Arizona.¹⁶ The leading causes of death for AI men are consistent with the all Arizona rates but for AI women, cancer is the leading cause of death, heart disease the second and accidents are the third leading cause.¹⁷

Table 2. Five Leading Causes of Death by Gender among American Indians (2015)

Rank	Female	Male	Combined
1	Cancer 112.4	Accidents (unintentional injury) 203.9	Accidents (unintentional injury) 139.0
2	Diseases of the heart 89.1	Diseases of the heart 158.9	Cancer 124.4
3	Accidents (unintentional injury) 82.7	Cancer 142.1	Diseases of the heart 119.1
4	Chronic liver disease & cirrhosis 66.1	Chronic liver disease & cirrhosis 91.8	Chronic liver disease & cirrhosis 77.6
5	Diabetes 65.3	Diabetes 85.6	Diabetes 73.9

Number of deaths per 100,000 population age-adjusted to the 2000 U.S. standard.¹⁸

Data Source: *Health Status Profile of American Indians in Arizona 2015 Data Book.*

¹² Kemp, M.L.S., and Huang, Y. , *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

¹³ Cunningham, J.K., T.A. Solomon, and M.L. Muramoto, *Alcohol use among Native Americans compared to whites: Examining the veracity of the 'Native American elevated alcohol consumption' belief.* *Drug Alcohol Depend*, 2016. 160: p. 65-75.

¹⁴ *Ibid.*

¹⁵ Kemp, M.L.S., and Huang, Y. , *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

¹⁸ Find Health Care. [cited 2019 April 10]; Retrieved from: <https://http://www.ihs.gov/findhealthcare/?CFID=140528741&CFTOKEN=63832242>

Twenty-one percent (21 percent) of AI/AN in Arizona report drinking alcohol.¹⁹ While the Arizona State Division of Health (2016) attributes high mortality rates from several diseases related to alcohol use, recent published data has found that AI/AN alcohol use rates nationally are comparable to those of non-Hispanic Whites (NHW), and that 59.5 percent of AI/AN report alcohol abstinence compared to 43.1 percent of NHW.²⁰ It also has been found that living on a reservation can be a protective factor for alcohol consumption.²¹ Similarly for smoking, cigarette use has been found to be lowest nationally among AI/AN living on tribal lands.²² Percentages of smokers in Arizona are the lowest for AI/AN (12.8 percent) than any other race in Arizona.²³

Elders and Other Family Members

A complete look at the AI/AN family unit includes extended family living in the same household such as grandparents who may be the sole caregiver for a grandchild. Nationally 7.6 percent of AI/AN live with grandchildren and of these, more than half are responsible for raising them, as the primary guardian (51.1percent).²⁴ In Arizona, 13 percent of AI/AN grandparents are the primary guardians, responsible for caring for grandchildren, almost twice the national percentage.²⁵ AI/AN elders may be providing care to their families but, they may also be in need of caregiving for cancer, chronic disease, and/or for frailty due to aging. In 2015, approximately 18 percent of the U.S. population report being an unpaid caregiver to someone in their family.²⁶ This survey, unfortunately, did not include AI respondents. In Arizona, 8.3 percent of the population reports as family caregivers.²⁷ Data on family caregivers in Arizona is limited, however, a recent study showed that approximately 20 percent of members of an Arizona tribe are family caregivers.²⁸ Respondents reported that they held a personal desire to take care of their elder family member and a cultural expectation to do so, was the main reason for being a caregiver.²⁹ Caregivers performed various duties and 43 percent reported receiving additional help caregiving from a family member under the age of 18, displaying multi-generations involved in family caregiving.³⁰ Caregivers worked longer hours, almost double the national percentage of caregivers providing more than 40 hours/week (43 percent vs 23

¹⁹ *Behavioral Health and Substance Abuse Among American Indians in Arizona, Nevada and Utah*, 2018, Inter Tribal Council of Arizona (ITCA), Epidemiology Center.

²⁰ Cunningham, J.K., T.A. Solomon, and M.L. Muramoto, *Alcohol use among Native Americans compared to whites: Examining the veracity of the 'Native American elevated alcohol consumption' belief*. *Drug Alcohol Depend*, 2016. 160: p. 65-75.

²¹ *Ibid*.

²² Cunningham, J.K., Ritchey, J., Solomon, T.A., and Cordova-Marks, F.M., *Cigarette use among American Indians and Alaska Natives in Metropolitan areas, rural areas, and Tribal lands*. *Journal of Public Health Practice and Management*, In Press.

²³ Annual Report, Smoking in Arizona 2018. Retrieved from: <https://http://www.americashealthrankings.org/explore/annual/measure/Smoking/state/AZ>

²⁴ *Indian Health Services, Adolescent Treatment Centers*. [cited 2019 April 20]; Retrieved from: <https://http://www.ihs.gov/phoenix/adolescenttreatmentcenters/>

²⁵ *Grandfacts, State fact sheets for grandparents and other relatives raising children*. 2019 [cited 2019 April 18]; Retrieved from: <https://http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>

²⁶ *Federal and State Recognized Tribes*. 2018 [cited 2019 April 22]; Retrieved from: <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

²⁷ *State of the States in Family Caregiver Support, Arizona State Profile*. [cited 2019 April 17]; Retrieved from: <https://www.caregiver.org/caregiving-across-states-50-state-profiles-2014>

²⁸ Cordova, F.M., et al., *Caregiving on the Hopi Reservation: Findings from the 2012 Hopi Survey of Cancer and Chronic Disease*. *J Community Health*, 2016. 41(6): p. 1177-1186.

²⁹ Cordova-Marks, F.M., et al., *Characteristics of American Indian Female Caregivers on a Southwest American Indian Reservation*. *J Community Health*, 2019. 44(1): p. 52-60.

³⁰ *Ibid*.

percent).³¹ They also reported being a caregiver for more years than the national average (5.5 vs. 4 years).³² While they reported that they have stress, it was also found that increasing levels of resilience in caregivers decreased stress.³³ Half of the caregivers reported having “high resilience” levels and few caregivers were classified as “low resilience.”³⁴

Access to Healthcare

American Indians and Alaska Natives in Arizona can utilize Indian Health Services (IHS), Arizona’s Medicaid-Arizona Health Care Cost Containment System (AHCCCS), and private insurance to access healthcare. However, in 2015, 25 percent of AI/AN children and 28 percent of AI/AN adults in the United States reported being uninsured; 35 percent of AI/AN adults reported insurance coverage through AHCCCS.³⁵ The three most common sources of payment for labor and delivery services in 2017 for AI/AN in Arizona included AHCCCS (68 percent), IHS (16.8 percent), and private insurance (12.9 percent).³⁶

Arizona is home to three IHS Areas, with Area Headquarters located in Phoenix, Tucson and on the Navajo reservation. The Phoenix Area has 10 IHS health facilities, Tucson has five, and 6 are located on the Navajo reservation, and 23 IHS tribally operated 638 programs/clinics are located in Arizona.³⁷ These IHS facilities have locations in urban areas and on reservations in Arizona and offer a variety of services. Dental clinics are located at 15 of the IHS facilities, 11 facilities are classified as Hospitals, and there are three behavioral health centers located in Whiteriver, Parker and Sacaton.³⁸

In Arizona, 79.05% of AI/AN were insured, and 20.95% were uninsured in 2017. “Health insurance coverage for these percentages includes: employer/union based insurance, insurance purchased directly, TRICARE/other military insurance, medicare, Medicaid/other government assistance, or VA. Persons with only Indian Health Services coverage are not considered to be insured because such coverage is not always comprehensive.” In 2017, the percentages of AZ AI/AN covered with public insurance was 49.76%, private insurance was 34.02%, with 15.8% having only IHS coverage.^{39,40}

³¹ Cordova-Marks, F.M., et al., *Characteristics of American Indian Female Caregivers on a Southwest American Indian Reservation*. J Community Health, 2019. 44(1): p. 52-60.

³² Ibid.

³³ Cordova-Marks, F.M., *Hopi Adult Caregiver Survey*, 2018.

³⁴ Ibid.

³⁵ Alker, J., Wagnerman, K., and Schneider, A., *Coverage trends for American Indian and Alaska Native Children and Families*, 2017, Georgetown University Policy Institute.

³⁶ Kemp, M.L.S., and Huang, Y., *Health Status Profile of American Indians in Arizona 2017 Data Book*, 2017, Arizona Department of Health Services.

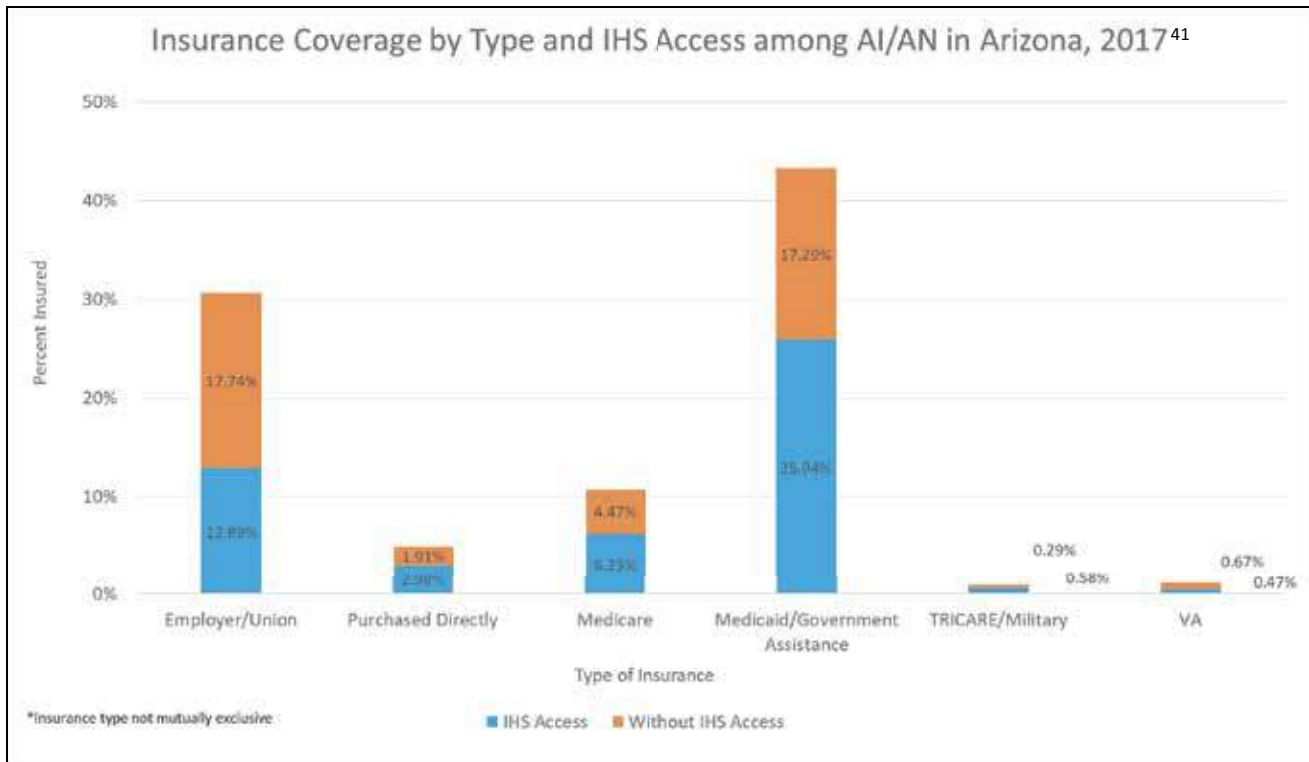
³⁷ *Find Health Care*. [cited 2019 April 10]; Retrieved from: <https://http://www.ihs.gov/findhealthcare/?CFID=140528741&CFTOKEN=63832242>

³⁸ Ibid.

³⁹ Source: US Census – 2017 ACS 1-year Public Use Microdata Samples (PUMS) https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_csv_2017&prodType=document

⁴⁰ J., Ritchey, F. Cordova-Marks, E.Gottlieb., Personal Communication. May 17, 2019.

Table 3. Insurance by Type, 2017



⁴¹ J., Ritchey, F. Cordova-Marks, E. Gottlieb., Personal Communication. May 17, 2019.

Data Source: Population Division, U.S. Census Bureau. Data presented for 2010 through 2017 are Vintage 2017 population estimates. Each year the U.S. Census Bureau revises their post-2010 estimates. Therefore, data presented here may differ from previously published estimates. Figures for 2010 represent revised population estimates for July 1, 2010 - not actual Census counts from April 1, 2010.

Programs to Strengthen Families in Arizona

Health from a Cultural Perspective

Tribes and Indigenous people believe that AI/AN health concerns, health prevention, screening and treatment should be viewed through a cultural lens. The American Indian and Alaska Native Cultural Wisdom Declaration (CWD) adopted by multiple tribes and tribal organizations, is published in the National Tribal Behavioral Health Agenda and the National Tribal Public Health Agenda.⁴² The CWD states “We know our Native ways are effective. We know that these ways are different from the Western worldview. We know we are experts in practicing and implementing our traditional ways to enhance the health of our people.”⁴³ Programs that are narrowly focused and are community driven or employ community resources have been found to be effective in improving the health of Indigenous people.⁴⁴

Some examples of Arizona programs to address AI/AN health issues by including cultural programming influenced by cultural wisdom:

⁴² *The National Tribal Behavioral Health Agenda, American Indian and Alaska Native Cultural Wisdom Declaration*, 2019, Substance Abuse and Mental Health Service Administration.

⁴³ Ibid.

⁴⁴ Geana, M.V., et al., *Improving Health Promotion to American Indians in the Midwest United States: Preferred Sources of Health Information and Its Use for the Medical Encounter*. J Community Health, 2012. 37(6): p. 1253-63.

Suicide prevention:

- Native Americans for Community Action, Inc.⁴⁵
- Navajo IHS- liná Ayóó'íí'íní, (Love Your Life) campaign⁴⁶

Drug prevention, cessation and treatment:

- Desert Visions Youth Wellness Center⁴⁷
- Holistic Wellness Counseling and Consultation Services⁴⁸
- Tucson Indian Center-White Bison Sobriety Group⁴⁹
- Native Americans for Community Action, Inc.⁵⁰
- Phoenix Indian Center-Living in 2 Worlds Program⁵¹

Cancer prevention, screening, support:

- Hopi Office of Cancer Support Services⁵²
- Tohono O'odham Cancer Prevention Program⁵³

Diabetes screening, prevention or treatment:

- Hopi Wellness Center⁵⁴
- Navajo Nation Special Diabetes Program⁵⁵
- Pascua Yaqui Diabetes Prevention and Treatment Program⁵⁶

Tobacco use prevention, cessation:

- Hopi Office of Cancer Support Services-Tobacco Program⁵⁷

Strengthening families:

- Phoenix Indian Center-Parenting in 2 Worlds Program⁵⁸

⁴⁵ *Behavioral Health Services for Everyone*. Retrieved from: <http://www.nacainc.org/behavioral-health.html>

⁴⁶ *IHS Navajo Area Launches Navajo-and English Suicide Prevention Multimedia Campaign*. 2016 [cited 2019 April 22]; Retrieved from: https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/NavajoAreaSuicidePreventionCampaign.pdf

⁴⁷ *Indian Health Services, Adolescent Treatment Centers*. [cited 2019 April 20]; Retrieved from: <https://www.ihs.gov/phoenix/adolescenttreatmentcenters/>

⁴⁸ *Holistic Wellness and Consultant Services, Our Mission*. [cited 2019 April 15]; Retrieved from: <https://www.hwccsonline.com/default.html>

⁴⁹ *Events, White Bison Recovery Group*. [cited 2019 April 15]; Retrieved from: <http://www.ticenter.org>

⁵⁰ *Behavioral Health Services for Everyone*. Retrieved from: <http://www.nacainc.org/behavioral-health.html>

⁵¹ *Living in 2 Worlds*. [cited 2019 April 12]; Retrieved from: <https://phxindcenter.org/>

⁵² Joshweseoma, L., F.M. Cordova-Marks, Editor 2019.

⁵³ *Cancer Prevention Program*. [cited 2019 April 14]; Retrieved from: <http://www.tonation-nsn.gov/health-human-services/community-health-services/cancer-prevention-program/>

⁵⁴ Joshweseoma, L., F.M. Cordova-Marks, Editor 2019.

⁵⁵ *Navajo Nation Special Diabetes Project*. [cited 2019 April 15]; Retrieved from: http://www.nnsdp.org/About_Us.aspx

⁵⁶ *About the Diabetes and Prevention Program*. [cited 2019 April 11]; Retrieved from: <https://www.pascuayaqui-nsn.gov/index.php/diabetes-prevention-treatment-program>

⁵⁷ Joshweseoma, L., F.M. Cordova-Marks, Editor 2019.

⁵⁸ *Parenting in 2 Worlds*. [cited 2019 April 12]; Retrieved from: <https://phxindcenter.com/prevention-services/parenting-in-2-worlds/>

Policies and Laws that Make a Difference

The American Indian Child Welfare Act

American Indian and Alaska Native children are often pulled into foster care by social workers who remove children from their homes before exhausting all familial and tribal opportunities for placement. The harmful effects of alienating AI/AN children from their communities, families, and cultural identities are important to child and family wellbeing.⁵⁹ In 1978, Congress passed the Indian Child Welfare Act (ICWA) to address the disproportionately high percentage of Native children being placed by public and private entities in non-Native homes especially through fostering and adoption. In the years leading up to the passage of ICWA, research showed that one in four Native children were being removed from their homes and 85 percent were being placed in non-Native homes.⁶⁰

This practice echoed the federal policy of forced assimilation of American Indian children implemented in the late 1800s through government-sanctioned boarding schools. Congress acknowledged the historical and ongoing impact of such separations in its statement of ICWA's policy goals: "to promote the stability and security of Indian tribes and families ... [through] placement of [Native] children in foster or adoptive homes which will reflect the unique values of Native culture (25 U.S. Code § 1902)."

ICWA works by giving tribal authorities a legal role in determining where Native children are placed.

ICWA was created to put restrictions and guidelines in place that protect the heritage of Native children as well as their best interests. The legislation has continued to be litigated in state and federal courts, including Arizona. Legal challenges have often involved parties arguing that the Act impermissibly creates a racial preference by requiring Native families to be considered over non-Native families.⁶¹

Defenders of the act have emphasized the status of tribes as distinct sovereign entities with political relationships with the federal government rather than as merely constituents of a racial category.⁶² The challenges notwithstanding, ICWA remains an effective means for tribal, state, and federal governments to ensure that Native children can grow up in environments that best support their interests in becoming healthy and productive members of their communities and broader society.

The Violence Against Women Act and Murdered and Missing Indigenous Women and Girls

The most recent reauthorization of the Violence Against Women Act (VAWA) in 2019 will look further into a critical issue in Arizona of murdered and missing Indigenous women and girls. The Urban Indian Health Institute (UIHI) has estimated that 506 women and girls between the ages of one to 83 from American

⁵⁹ *ICWA Talking Points Guide*. 2019 [cited 2019 April 11]; Retrieved from: https://www.nicwa.org/wp-content/uploads/2019/02/2019-02-12-ICWA-Talking-Points-Guide_NICWA-FINAL.pdf

⁶⁰ Cross, T.L. *The Indian Child Welfare Act: We Must Still Fight for Our Children*. 2013; Retrieved from: <http://www.nrc4tribes.org/news.cfm?a=325>

⁶¹ Fischer, H. *Arizona Supreme Court limits right of tribes to intercede in adoption case*. 2017 [cited 2019 April 13]; Retrieved from: <https://azcapitoltimes.com/news/2017/06/13/arizona-supreme-court-limits-right-of-tribes-to-intercede-in-adoption-cases/>

⁶² Baker, B.J. *Louisiana solicitor general "grossly mischaracterized" federal law, letter to the editor*. 2019 [cited 2019 April 15]; Retrieved from: https://http://www.theadvocate.com/baton_rouge/opinion/letters/article_8ca457f0-50c3-11e9-abb5-438ad9076b9b.html

Indian and other Indigenous communities have gone missing or been murdered in the United States.⁶³ Data from Flagstaff, Phoenix, Tempe and Tucson indicate 54 Indigenous women and girls from Arizona are missing or have been murdered, Arizona is ranked third state in the nation and Tucson was ranked third (tied) among all cities in the nation with 31 cases.⁶⁴ Nationally, “The 506 cases identified are likely an under-document of missing and murdered Indigenous women and girls in urban areas” due to the limited number of agencies responding to the UIHI data request.⁶⁵ In April of 2019, the Arizona state senate passed legislation authorizing a task force to investigate the problem of murdered and missing Indigenous women and girls in the state;⁶⁶ Signed by Governor Doug Ducey May 2019.⁶⁷

In 2015, the VAWA reauthorization of 2013 included the Special Domestic Violence Criminal Jurisdiction, which allowed crimes against AI women committed on tribal lands (including domestic, dating and criminal violence) by tribal and non-tribal members to be investigated, prosecuted, convicted and sentenced by Tribes.^{68, 69} Since 2015, 18 tribes in the United States have put this jurisdiction into action, including the Pascua Yaqui Tribe in Arizona.⁷⁰

⁶³ *Missing and Murdered Indigenous Women and Girls*, 2018, Urban Indian Health Institute.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Oldham, G. Ducey signs bill into law that will study missing, murdered Indigenous Women. Arizona Republic. Retrieved May 18, 2019 from: <https://www.azcentral.com/story/news/politics/legislature/2019/05/14/missing-and-murdered-indigenous-women-bill-signed-into-law/3671997002/>

⁶⁸ Gibson, E. Arizona Senate Votes to End Task Force on Missing and Murdered Indigenous Women. [cited 2019 April 15]; Retrieved from: <https://news.azpm.org/p/news-articles/2019/4/11/149478-arizona-senate-votes-to-form-task-force-on-missing-and-murdered-indigenous-women/>

⁶⁹ *Special Domestic Violence Criminal Jurisdiction*. [cited 2019 April 10]; Retrieved from: <http://www.ncai.org/tribal-vaawa/sdvcj-overview/faqs>

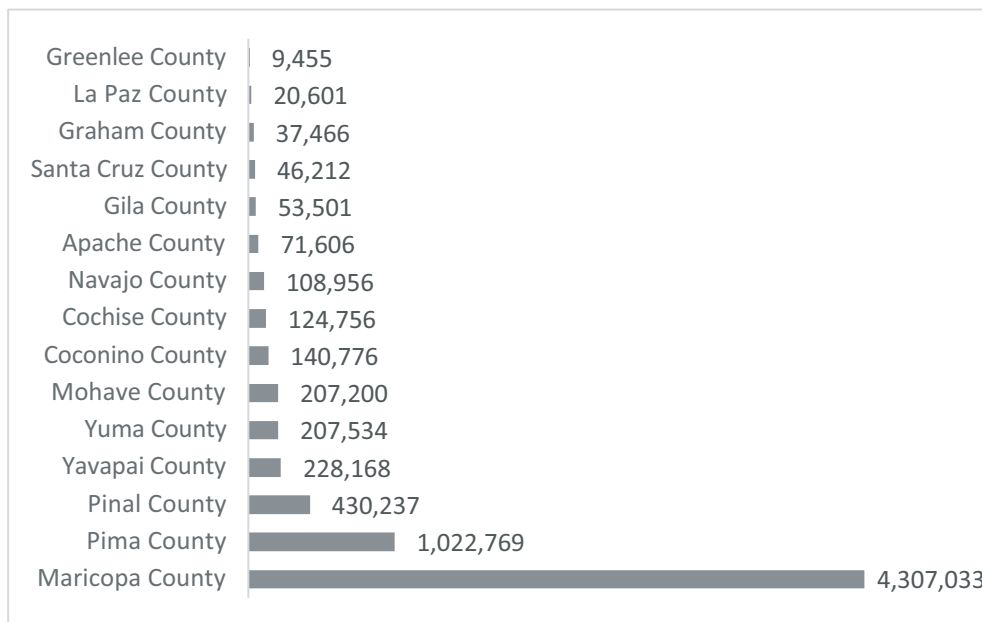
⁷⁰ Ibid.

SPOTLIGHT ON FAMILIES IN RURAL ARIZONA

By Maria-Elena Ochoa, MBA
Deputy Director, Against Abuse, Inc.

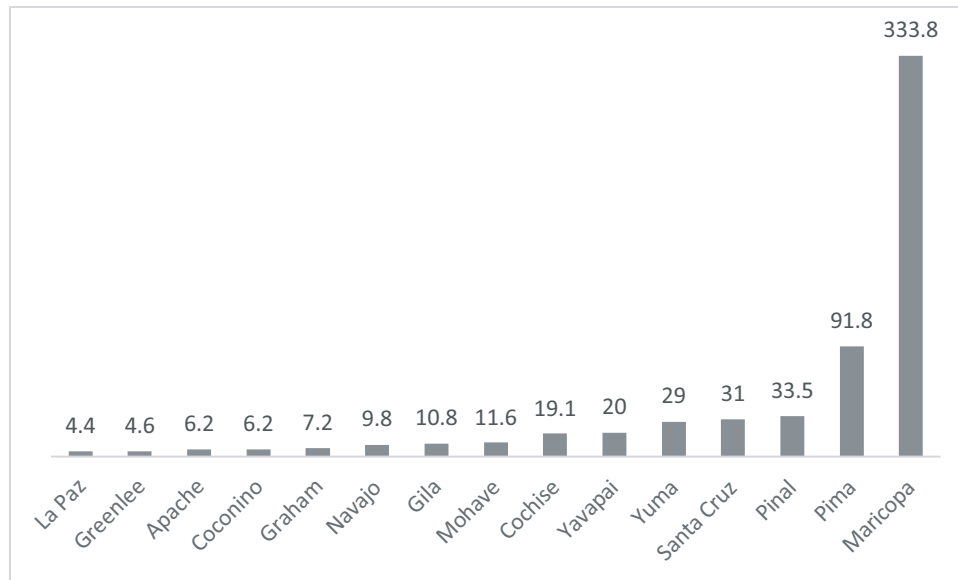
This chapter explores challenges specific to rural families and service provision in rural Arizona areas. In Arizona, rural counties are sparsely populated, and families are met with large deficits in resources, services, and supports. For example, Greenlee County has a population of 9,455 people as compared to Maricopa County, with 4,307,033. Furthermore, population density for each county (number of people per square mile) illuminates the rurality of most counties in Arizona. For example, La Paz has 4.4 people per square mile compared to Maricopa County, with 333.8 per square mile. For this document, based on population and population density, all Arizona counties are considered rural except Maricopa and Pima Counties. Figures 1 and 2 below show these county-level differences.

Figure 1. Population Estimates by County.



Data Source: Population Division, U.S. Census Bureau. 2017 Population Estimates. Data may contain sampling error. Sampling error and margin of error may render some of the differences between geographies statistically insignificant.

Figure 2. Persons by Square Mile by County.

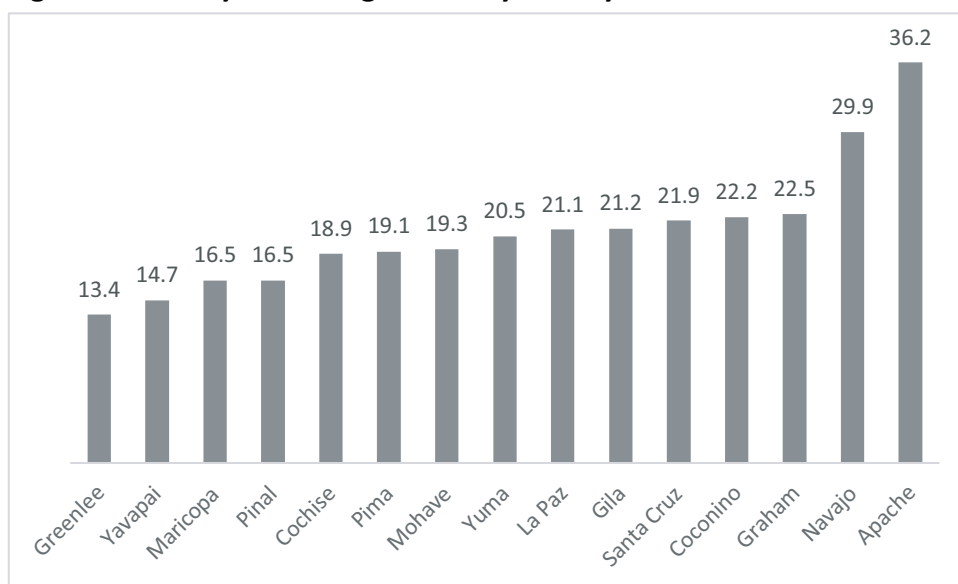


Data Source: Arizona State Data Center, Phoenix

Rural Challenges

Although the average poverty rate in Arizona is 17.7 percent, poverty rates are higher in most of rural Arizona, with 11 of 15 counties experiencing rates of poverty greater than 17.7 percent, and one (Apache County) being more than double the average rate. Figure 3 shows these differences. Opportunities for employment that pay a living wage are scarce, even for the lowest paying jobs. For families who are fortunate enough to find employment at all, they often hold multiple jobs just to make ends meet. This puts a burden on families with children who resort to those same children to babysit or, as one agency director shared, “a boyfriend takes care of the baby.” It is not uncommon for individuals to hold part time jobs, making them ineligible for health insurance. Unfortunately, when they are working multiple part time jobs, they don’t have time to practice self-care or provide a nurturing environment for children.

Figure 3. Poverty Percentage Rates by County.



Data Source: Welfareinfo.org, 2019.

In La Paz County, the only available career center closed, so there is no help in locating employment or providing employment skills training for those who are isolated and have never held a job or been on an interview (such as in the case of victims of domestic violence, whose abusers have, by design, fostered their isolation). Even when those living in poverty are actively involved in rebuilding their lives within their community, they have no other option but to accept a bus ticket, uproot their (new) lives, and relocate to a more urban location where employment opportunities are better.

Hunger and Violence

Hunger is an issue in rural Arizona. Even though food banks provide food for anyone who needs it, families in extreme poverty still experience some level of food insecurity. In addition, although many children are eligible for school meal programs, these same children may go hungry after school and during the weekend.

For survivors of violence to achieve their new normal, they work with advocates and case managers to help them find employment, finish school, get a GED, go to medical/dental/behavioral health appointments, court appointments, etc. These endeavors pose a particular challenge for survivors with children. In many rural counties, day care is not available after 6:00 pm or on weekends within a 100-mile radius. There are no after-care programs for youth and teens. In some counties, there is simply no day care available for children under the age of two. As a result, people with low income and survivors who have no day care available resort to unlicensed day care or, with no day care at all, are not able to take the necessary steps to make strides to rebuild their lives.

Distance

Distance is a barrier in rural Arizona, where there are huge stretches of desert, farm country, dirt roads, and as an agency director observed, “feeling of being in the middle of nowhere.” One-way travel to critically needed services and supports can take 3-4 hours. For example, to get a Sexual Assault Nurse Exam (SANE), victims of sexual assault in Gila County need to travel all the way to Scottsdale. This often dissuades survivors from getting medical forensic exams, which are necessary for the collection of potential evidence and important for providing sexual assault survivors with medical care. Survivors with intensive behavioral health needs are required to travel 3-4 hours for the nearest substance abuse residential treatment. The long drives are emotionally taxing and discouraging, and often resulting in survivors changing their minds along the way to forego the SANE exam or necessary behavioral health treatment. A rural agency reported that during those long trips for gas or other needs, survivors often change their minds and take that opportunity to leave. In addition, in-home care workers who provide services such as housekeeping, personal care, attendant care, and respite for seniors and individuals with disabilities, are harder to find and require more pay per hour due to the distances between homes.

Many clients served don't have their own transportation. In rural Arizona, there is very limited transit or even bus services, as rural communities can't afford the high cost of providing transportation services. Using Pinal County as an example (5,374 square miles), there are two small human service transit systems. Without public transportation, it is difficult for individuals, such as seniors, to get much needed basic services, such as grocery shopping, medical appointments, or picking up medications. In Yavapai County, only Cottonwood has a local bus system. To further compound the issue, in Casa Grande, the Greyhound bus service recently ceased. The United Way of Pinal County provided bicycles as an option for survivors of domestic or sexual violence and homeless individuals to get to where they need to be. Individuals have

been known to ride these bikes on long stretches of poorly lit rural roads with no bicycle lanes, in the middle of the night to get to their jobs.

Housing

Housing is also critical for many low-income families and the challenges for housing are multifaceted. In many counties, such as Pinal, Cochise, Santa Cruz, and La Paz Counties, there is simply a lack of affordable housing. When affordable housing is available, single individuals with full time jobs, earning minimum wage, are overqualified for subsidized housing. Some housing programs have a limit on the number of children they allow. Larger homes to accommodate larger families are very difficult to find. As a result, it is harder for families with large numbers of children to find housing.

In some rural counties, there are housing locators, focused on finding landlords that will work with service providers to help people find homes. Over time, some of those landlords stop working with agencies because people who are homeless may not have a job or have a poor credit history and they would rather not rent to them. As a workaround, service providers negotiate with these same landlords with partial rent payments, with the caveat that the agency will work with renters to find jobs.

Felony convictions pose one of the greatest barriers to housing. Even if those felonies are not drug, violence, or weapons related, often times a felony record makes people ineligible for affordable housing. They feel they have nowhere to go. In addition, housing is becoming more and more expensive. In Pinal County many apartments that used to be under the Low-Income Housing Tax Credit are now charging market rates vs. subsidized rates and making housing that much more difficult to obtain. In Yavapai County, rents have exploded. For example, a two-bedroom apartment rent starts at \$1,200 per month and many single parents can't afford rent plus childcare.

Sexual Assault

Survivors of sexual assault face a severe lack of sexual assault services and sexual assault nurse examiners (SANEs) to complete a forensic exam. In Gila, Cochise, Santa Cruz, Mohave, and La Paz Counties, there is no access to a SANE nurse. Arizona has no stand-alone rape crisis centers, and some counties lack sexual assault specific services entirely. Moreover, there are very few Sexual Assault Response Teams (SART) in Arizona's rural counties. Service providers are more often limited to informal collaborations with underdeveloped, if any, interagency protocols to help survivors of sexual assault.

Survivors need legal services as they navigate their circumstances, such as divorce, immigration, supervised visitation and safe exchange, custody, and orders of protection. In most rural counties, there is a severe shortage of affordable legal services. In 2018, Catholic Social Services lost their grant to provide free legal services for victims in Southern Arizona. Their only options may be the rare volunteer attorney or lay legal advocates, who can help, but who are restricted from performing even simple legal services such as completing forms.

Behavioral Health

There is an increase in the need for services for individuals with behavioral health, serious mental illness (SMI) or substance abuse issues. According to the ADHS Individuals with a Serious Mental Illness Annual Report (2015), the majority (52 percent) of members with SMI reside outside of Maricopa County. They are

predominantly female (55.5 percent) and only 13.4 percent are employed. These are extremely difficult to address in rural Arizona. For example, in La Paz, Gila, and Cochise counties, intensive counseling or substance abuse services are severely limited or unavailable. Globe has lost their regional behavioral health authority (SEABHS). For those needing residential behavioral health or substance use treatment, services are available in Phoenix or Tucson -- a 3- or 4-hour one-way trip. In Yavapai County, the only substance abuse center is in Prescott. The center doesn't accept children, so parents with children are not able to get the treatment they need. Anecdotally, as a demographic group, individuals with SMI experience high rates of domestic and/or sexual violence. That reality is illustrated by the number of increasing number of individuals with SMI in domestic and sexual violence crisis shelters. Unfortunately, although staff do everything they can to wrap services and supports around families, services are scarce, and staff (outside of the behavioral health arena) are not trained or equipped to address exceedingly emergent behavioral health or substance abuse needs.

Immigrants

Immigrants have additional barriers that place them in situations where they are forced to make decisions that are not conducive to their well being or safety. Rural agency directors report that the increased presence of border patrol officers in their areas frequently keep families from seeking assistance. In Cochise and Santa Cruz counties, four border checkpoints constrict access to services, as families who are fearful of deportation and/or family separation choose not to cross those checkpoints into Tucson. When immigrants can connect to services and supports, it is challenging for organizations to provide culturally responsive services due to the difficulty in finding staff who are bilingual and bicultural.

Rural cities and towns are experiencing lower revenues from varied funding sources or big business. They have historically depended on tax revenue and contributions from industries, such as mining. Mining, however, is presently experiencing a reduction in production and jobs. As a result, nearby cities and towns are forced to prioritize available funds for basic needs, such as water, roads, police, and fire, placing family services and supports lower on the priority for available funding. That budgetary realignment then results in fewer jobs and a reduction of family support systems, such as for seniors, individuals with disabilities and working parents. They are negatively impacted because family members leave their rural homes for urban areas where there are better employment opportunities and pay.

Funds from foundations and philanthropic endeavors are not usually available or focused on rural communities. Those that are, such as the United Way of Pinal County, have changed their focus and no longer provide funding for some things, such as for meal programs and employment related expenses (such as vehicle insurance and repairs, uniforms, etc.) as they once did.

Population

In Pinal and Yavapai counties, the senior population (60-years and older) has doubled in the last 20 years. One agency director characterized the problem as a "growing tidal wave of an elderly population with less resources." A reality is that funding from federal and state government for meal programs and support for in-home care services has not increased commensurate with the increase in demand, leaving agencies little to work with. In addition, due to geographic isolation, it is harder to get the word out to seniors about fraudulent schemes and scams, making our frail and vulnerable elders more at risk for exploitation and neglect.

Service Providers

Service provider agencies are met with the challenge of recruiting, training and retaining staff that have the experience, education and qualifications needed. For many agencies, it can take as long as three months to fill an open position. Even when staff is available, retention is a challenge, as rural organizations lose staff to urban areas where there are significantly higher paying jobs. In the medical and behavioral health arena, psychiatrists, nurses and licensed counselors are very limited and very difficult to hire. A few organizations in rural Arizona have begun to implement teleconferencing to increase access to practitioners otherwise not available in their area. However, technology and information infrastructure are not always available.

As services and supports are assessed on a statewide basis, it is critical that the rural factor be extrapolated and considered. Funding should include rural modifiers to account for additional costs associated with characteristics of rurality, such as poverty, distance, resources, services and supports, inadequate workforce, and transportation needs. Service providers will need to continue developing innovative solutions as well as collaborations and partnerships to ensure families and survivors of domestic and sexual violence receive the services and support they need. When collaborations and partnerships are not enough, service providers may need to consider increased use of teleconferencing to mitigate a lack of service professionals in rural Arizona.

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Maria-Elena Ochoa, Deputy Director, Against Abuse, Inc.
Mary Duarte, Associate Director, Against Abuse, Inc.
Rene Carter, Shelter Director, Against Abuse, Inc., Casa Grande
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Katrina DeViny, Program Coordination Specialist, Pinal Regional Partnership Council, First Things First

SPOTLIGHT ON ADDRESSING REFUGEE FAMILY NEEDS

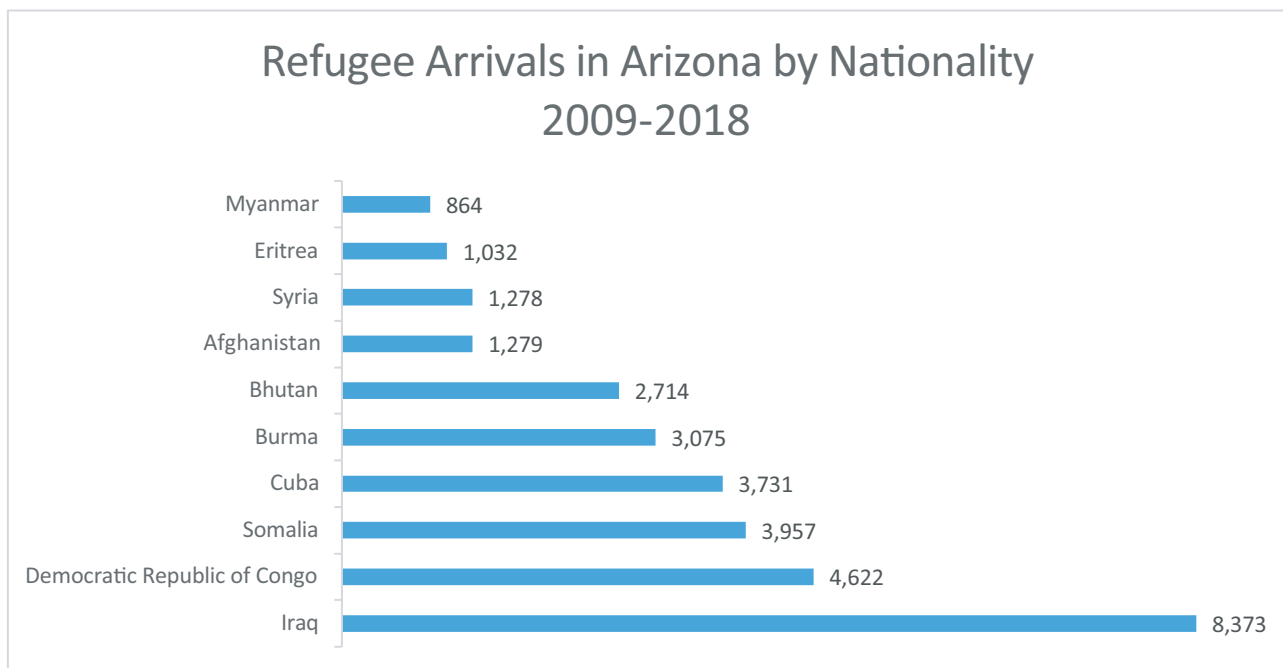
By David Schlinkert
Policy Analyst, Morrison Institute for Public Policy

Access, Understanding and Institutional Responses

Refugees face similar familial, domestic violence and abuse challenges as Arizona's general public. However, they face additional hurdles in accessing services and integrating into their communities because of language barriers, cultural norms and Arizona's institutional responses.

Refugees are defined as people who are persecuted in their home countries because of their race, religion, nationality, political opinion, or membership in a particular social group.¹ They often flee under duress, immediate risk or emergency – due to violence and war. All refugees that come to the United

Figure 1.



Data Source: Department of Economic Security's Arizona Refugee Resettlement Program²

¹ United Nations General Assembly. (1951). Convention Relating to the Status of Refugees. Retrieved October 20, 2018 from: <http://www.refworld.org/docid/3be01b964.html>

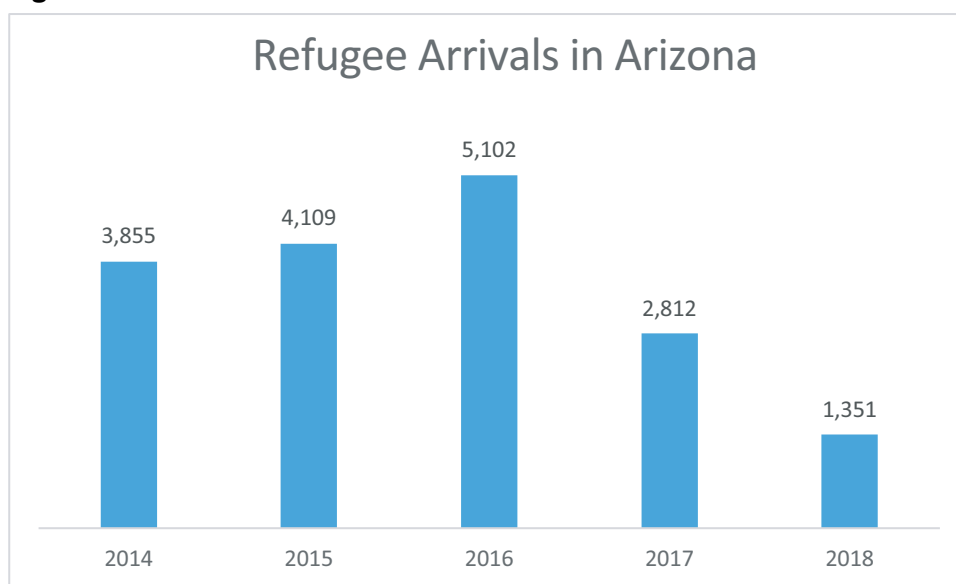
² Department of Economic Security. (2019). Arizona Refugee Resettlement Program. Retrieved from: https://des.az.gov/sites/default/files/Refugee_Arrivals_Report.pdf

States go through the U.S. Department of State's comprehensive legal and medical vetting process before resettlement.³ All refugees in the U.S. are here legally and are eligible for a Green Card (permanent resident card) one year after their presence in the country, and they can apply for citizenship five years after arrival.

Since 1981, Arizona has resettled 82,982 refugees from 102 different countries.⁴ Figure 1 shows the top ten most resettled nationalities in Arizona over the last ten years.

Due to federal changes in the number of refugees allowed to enter the country,⁵ and a travel ban,⁶ there was a decrease in the number of refugee arrivals in 2017 and 2018. Overall, refugee arrivals in Arizona have decreased by 65% since 2014 (Figure 2).

Figure 2.



Data Source: Department of Economic Security's Arizona Refugee Resettlement Program⁷

Access and Understanding

When refugees arrive in the U.S., they have access to rapid-employment and case management services for 90 days after arrival. Many refugees can receive case management and employment services for up to five years through the agency that resettled them. There are nine resettlement agencies in the U.S.; four of them operate in Arizona.

³ U.S. Department of State. (2019). U.S. Refugee Admissions Program. Application and Case Processing. Retrieved March 13, 2019 from: <https://www.state.gov/j/prm/ra/admissions/>

⁴ Refugee Arrivals by Nationality and FFY of Resettlement. (2019). Arizona Refugee Resettlement Program. Retrieved March 18, 2019 from: https://des.az.gov/sites/default/files/Refugee_Arrivals_Report.pdf

⁵ Presidential Determination on Refugee Admissions for Fiscal Year 2018. (2017). Federal Register. National Archives. Retrieved March 18, 2019 from: <https://www.federalregister.gov/documents/2017/10/23/2017-23140/presidential-determination-on-refugee-admissions-for-fiscal-year-2018>

⁶ Gladstone, R., Sugiyama, S. (2018). Trump's Travel Ban: How It Works and Who Is Affected. The New York Times. Retrieved March 18, 2019 from: <https://www.nytimes.com/2018/07/01/world/americas/travel-ban-trump-how-it-works.html>

⁷ Department of Economic Security. (2019). Arizona Refugee Resettlement Program. Retrieved from: https://des.az.gov/sites/default/files/Refugee_Arrivals_Report.pdf

Some refugees come to the U.S. with limited English proficiency, low educational attainment, and a lack of formal and documented work experience. This may exacerbate health, housing, education and integration challenges. However, according to an Urban Institute study, despite these challenges, refugees' economic contributions outweigh their costs after several years in the country, and their children's high school graduation rates are similar to their U.S. born peers.⁸

Language Access During Domestic Violence and Abuse

Despite educational and economic successes, refugees still struggle to find adequate language interpretation in Arizona, especially when they are experiencing a family emergency or speak a unique language or dialect that lacks trained interpreters. Healthcare, safety and public service providers in Arizona require additional training and support to understand the cultural and political contexts refugees come from in order to provide culturally relevant services, and secure the assistance of trained language interpreters when needed.

If refugee families enter into the Department of Child Safety (DCS) or a Domestic Violence (DV) shelter, they can face additional language and cultural understanding and competency barriers. Staff at DV homelessness shelters may not be aware that many countries where refugees come from do not have specific laws against domestic violence, sexual harassment or marital rape.⁹

A Refugee's Experience with Domestic Violence in Arizona

In 2014, a refugee mother was assaulted by her husband in Maricopa County. When she tried to add her children to her order of protection, the court delayed her case twice because it was unable to find an interpreter that spoke her dialect. This lack of proper interpretation, coupled with her community's desire for her to return to her husband, contributed to ongoing abuse.

According to research from Arizona State University Assistant Professor Karin Wachter, multiple factors limit refugee women's access to supportive services including gaps in information, silence and stigma surrounding violence against women, economic concerns, family and community dynamics, and communication challenges.¹⁰ Refugee DV survivors in the U.S. will often need additional education about their legal rights, the U.S. legal system, housing, and job supports so they can remain physically and financially safe.

When a refugee family becomes involved with the DCS system, and children are removed from the home, it can be incredibly challenging for them to get their children back. DCS court cases may require that parents attend treatment, support groups, and other services that are oftentimes not available in the client's native language, or are not available in a culturally relevant form. This makes it difficult for refugee families to follow DCS guidelines, learn from their mistakes and overcome their previous cultural norms to reunify with their children. This increases the number of children in Arizona's DCS and foster care systems.

⁸ Bernstein, H., DuBois, N. (2018). Bringing Evidence to the Refugee Integration Debate. Urban Institute. Retrieved March 18, 2019 from: https://www.urban.org/sites/default/files/publication/97771/2018_05_15_bringing_evidence_to_the_refugee_integration_debate_finalized.pdf

⁹ The World Bank. (2017). Gender Equality. Achieve gender equality and empower all women and girls. The World Bank. Retrieved from: <http://datatopics.worldbank.org/sdgatlas/archive/2017/SDG-05-gender-equality.html>

¹⁰ Wachter, K. & Dalpe, J. (2018). *Bridging the Gaps: Addressing Refugee and Immigrant Women's Experiences with Domestic Violence and Sexual Assault*. New York, NY: International Rescue Committee.

English Proficiency and Knowledge of U.S. Systems

Command of the English language also plays a significant role in refugee household power dynamics. Arizona's refugee resettlement agencies do an excellent job of enrolling refugee children in school. The challenge for refugee children, then, is not enrolling in school, it is adapting to their new role as a language interpreter for their parents. Despite challenges with English-only immersion programs in schools, the advantage for refugee children is that they learn English before their parents – primarily because refugee parents begin working within their first 90 days in the country and may not receive adequate language instruction. This puts children in the position where they become cultural brokers, capable of communicating with the outside world for their parents. This can create tensions in the home, as parents feel that they lose control over their children. The children's newfound knowledge of English can also lead to medical and legal providers inappropriately using children as interpreters for their parents during complicated and confidential affairs because providers do not know of, or refuse to contact, proper interpretation services, which are required by law.¹¹

Another major barrier to refugees accessing services can be their lack of understanding of the U.S. government, institutions and civil society. Oftentimes refugees are afraid of government authorities in the U.S. due to their experiences with authoritarian governments in their home countries. Many refugees may also lack the self-advocacy skills needed to work through complex government agencies and bureaucracies to access the services they need to get started in the U.S.

Institutional Responses

Many of Arizona's employers, government agencies, universities, nonprofits, churches, health clinics, and immigration and advocacy groups work with refugees. Because refugees come from a diverse array of countries, it is difficult to train all of these groups on how to best work with each refugee nationality group.

One successful area, however, can be large-scale targeted changes to policies and eligibility requirements. For example, one challenge for refugee families in Arizona is access to services from Arizona's Division of Developmental Disabilities (DDD).¹² When an individual with a developmental disability qualifies for DDD services, they can receive case management services along with a plethora of additional supports.¹³ To qualify for these DDD services, an individual must have proof that their developmental disability began before they turned 18. Some refugees arrive in the U.S. with a disability that would qualify them for DDD services, but because they did not receive the proper medical documentation before they turned 18 (oftentimes, proper medical care is nonexistent in their home countries), they will live the rest of their lives without the same services afforded to individuals born in the U.S. And, according to the Centers for Disease Control and Prevention, "children with disabilities may be at a higher risk for abuse or neglect than children without disabilities."¹⁴ This may make these refugee families more susceptible to abuse.

¹¹ Chen, A., Youdelman, M., Brooks, J. (2007). The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond. US National Library of Medicine. National Institutes of Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2150609/>

¹² The Division of Developmental Disabilities is a division within Arizona's Department of Economic Security.

¹³ Arizona Department of Economic Security. (2019). Available DDD Services & Supports. Division of Developmental Disabilities. Retrieved March 18, 2019 from: <https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services>

¹⁴ Centers for Disease Control. (2019). Safety and Children with Disabilities. Childhood Maltreatment among Children with Disabilities. Retrieved March 19, 2019 from: <https://www.cdc.gov/ncbddd/disabilityandsafety/abuse.html>

Another promising response to refugee family needs is empowerment programs. Since 2012, ASU professors Dr. David Androff and Dr. Barbara Klimek have partnered with nine grassroots refugee community-based organizations comprising newly arrived refugees from Burma, Bhutan, Congo, Iraq, and Somalia to provide education about community integration in a culturally sensitive manner. This ASU Refugee Empowerment Project built the capacity of refugee organizations to deliver their own cultural orientations, increasing the knowledge level of newly arrived refugees attending the orientations, and fostering social entrepreneurship among refugees. The project contributed to a social transformation among refugees, exemplified by the creation of the New American Community, Inc., the first intra-refugee cooperative in Arizona.

Refugees are resilient, capable and motivated individuals.¹⁵ And with welcoming communities and supportive policies and institutional responses they can get access to quality resources, education and jobs, which will enable them to build stable and unified families that can prosper in Arizona.

¹⁵ Hutchinson, M., Dorsett, P. (2012). What does the literature say about resilience in refugee people? Implications for practice. *Journal of Social Inclusion*. Retrieved April 3, 2019 from: <https://josi.journals.griffith.edu.au/index.php/inclusion/issue/view/34>

GOVERNMENT SYSTEMS AND CAPACITY

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System Integration: From a Child Welfare Perspective

Families are complicated, each in their own unique way. The challenges of raising children, working, keeping a roof overhead and simply keeping the wheels moving day-to-day can be a struggle for many. When a family reaches a crisis point and the Department of Child Safety (DCS) - Arizona's child welfare agency - becomes involved, the stressors of the situation, coupled with the labyrinth of often stand-alone programs, can seem nearly too complex to navigate.

Integration of services and supports needed by a family in the DCS system is a complicated, difficult goal. If it were simple, the silos would have been torn down in any of the previous incarnations of the child welfare system.

However, there are examples throughout the community of small-scale collaboration and integration that are making a difference for families. Understanding current system challenges, as well as localized successes, can provide a pathway to a more meaningful and widespread integration of services for families in the DCS system (see text box 'Why focus on families with DCS?' for population focus of chapter).

Why focus on families involved with DCS?

The universe of families experiencing crisis and vulnerability is vast. Families can experience financial emergencies, housing loss, health and wellness crises or hunger. Families engaged with the Arizona Department of Child Safety are uniquely positioned to often experience a mix of these issues concurrently. In order to provide situational expertise and specific examples of integration difficulties and successes, this chapter will focus specifically on DCS families and the variety of systems they interface with in working towards safety and stability.

A Brief Snapshot of Vulnerability

Families engaged with the DCS system rarely are dealing with one issue or addressing a single challenge. Substance abuse, domestic violence and mental health issues are often present and DCS must work with the family to tackle all simultaneously.

Underlying many of these issues for families involved with DCS is also poverty. "The well-being of children is tied generally to poverty because families without material resources often struggle to raise children without assistance."¹ As a result, many families in the DCS system are working to access cash benefits (TANF), food stamps (SNAP), Subsidized Child Care, Safe Housing and other basic need services.

¹ Chapin Hall at the University of Chicago (2015, June 26). *Arizona Department of Child Safety Independent Review*.

These programs are administered by the state’s Department of Economic Security (DES). However, currently there is no direct connection between the state’s child welfare department and the designated DES divisions. As a result, families applying for TANF and SNAP must provide a large amount of information: the downloadable paper application is 50 pages in length. While this application can be completed online and allows a family to simultaneously apply for TANF, SNAP and medical assistance (Medicaid), it is cumbersome, extensive and requires a large time commitment.

In addition to the application questions, families must provide a variety of required documents including, but not limited to: proof of citizenship, social security numbers for everyone in the home and proof of relationships in the home.

Once this is complete, individuals are still required to schedule an in-person or phone interview. Finding time to do this requires time away from work - likely from jobs that do not provide paid time off - and can be yet another burden.

This large application also allows a family to apply for medical assistance. Until very recently, the application would have only covered benefits for physical health. However behavioral health services have recently (October 1, 2018) been integrated with physical health services, allowing a family to apply for both kinds of coverage with one form. It is too soon to tell if this example of service integration is providing the easier access intended.

Finally, for these three critical support services, with exceptions for emergency need, families can wait up to 30-45 days for a determination.

This example demonstrates the time commitment and barriers a family can experience accessing just one system - the system serving the most basic of needs. It also illustrates how important effective system integration is in supporting the success of a family involved with DCS. Efforts are being made to prioritize access to services for families involved with DCS. While this is a worthy effort, it does not address the need for services to prevent the need for DCS intervention.

Sample Services for Vulnerable and At-Risk Families

Service	Agency Responsible
Child Safety	Department of Child Safety
Cash Benefits	Department of Economic Security – Division of Benefits & Medical Eligibility
Food Stamps	Department of Economic Security – Division of Benefits & Medical Eligibility
Social Security Administration Disability	Department of Economic Security – Division of Benefits & Medical Eligibility
Child Care Subsidies	Department of Economic Security – Child Care Administration
Medical Benefits – Physical & Mental Health	Department of Economic Security – Division of Benefits & Medical Eligibility (<i>Application</i>) Arizona Health Care Cost Containment System – Division (<i>Application & Administration. Program dependent upon who is covered</i>)
Developmental Disabilities	Department of Economic Security – Division of Developmental Disabilities
Women, Infants, and Children Food and Nutrition Service	Department of Health Services – Division of Nutrition & Physical Activity

Frontline Voices

Families in the DCS system don’t just interact with their DCS case manager. They are required to engage with a variety of services, designed to provide support and treatment as necessary. As a result, community providers are the frontline of service for families involved with DCS. They most often carry the burden

of working within a system that is not integrated or at times even coordinated. It is these community providers who have a front-row seat to the challenges faced when a family is trying to address multiple issues and when children and their caregivers need multiple services.

In the following section, these providers share their insights into where some of the most pressing current challenges are within the system; where there are bright spots and localized integration; and finally, where Arizona can leverage opportunities to integrate services for families in the child welfare system.² This list is not intended to be exhaustive but it does provide real-world insights that can be used as a springboard to systemic improvements.

System Challenges: Families Out of the Driver's Seat

Providers who shared their experience with the DCS system and service integration often saw challenges as opportunities and opportunities fraught with challenges. However, each articulated that there were clear barriers to integration that were impacting children and caregivers in the DCS system.

An overarching theme is the value of prevention services and the devastating impact the loss of many of those services has had on families. Fully funded, wisely administered and easily accessible prevention services can keep families out of the child welfare system. The erosion of financial support, and the prevention services that support funded, was a key challenge identified by the provider group.

Unpredictable and diminished funding for family support services was another foundational challenge noted. Discussion participants pointed to a state revenue base that has slowly been chipped away over many years by tax reductions. As a result, when the Great Recession struck and state revenue plummeted, Arizona saw unprecedented numbers of children in out-of-home care.

The way funding, much like services, is siloed also creates barriers. When dollars are narrowly designated and how they must be used is limited, community providers often take a competitive rather than collaborative stance with one another. This creates an environment in which the community cohesion needed for integration has difficulty taking root.

DCS staff turnover also came up frequently as a challenge to effective service and systems integration. Caseworkers often receive low-pay for working in an extremely high-stress, high-visibility profession. This creates a workforce that is in churn and often largely unaware of what services exist and how to access them.

The need for culturally sensitive and culturally specific services was also highlighted as critical to ensuring successful outcomes.

Additionally, regardless of the specific support or system, providers highlighted that how, when, where and by whom services are delivered is dictated by the system, not by the family or child. A further layer of challenge exists in that each of these individual programs often has a designated case manager responsible for driving their unique approach or treatment. This can result in overlapping or conflicting guidance for

² The following is a summary based on a discussion with individuals engaged directly with the DCS system. Participants: Janet Garcia, Casey Family Programs, Facilitator; Pete Hershberger; Doreen Nicholas, Arizona Coalition to End Sexual and Domestic Violence; Ken McKinley, United Methodist Outreach Ministries (UMOM); Jakki Kolzow, Casey Family Programs.

families leading to confusion and potential burnout. An integrated system allows for individualization and flexibility, with families being the center of a holistic process where partners come together and provide the services the family needs, rather than selecting from a pre-determined list of available services.

Just as concerning for providers was how services and delivery are often shaped by arbitrary requirements. For example, there is an expectation that the day a youth turns 18 s/he is suddenly ready to exit the DCS system. Developmental milestones, not years, should drive services. Fortunately, there is movement away from this mindset, but there are still a multitude of programs that are driven by arbitrary and unmovable guidelines.

Additionally, youth aging out of the DCS system specifically are challenged by a lack of focus on helping youth establish “permanency” in support and social networks when they leave the DCS system. Research shows that youth who age out (turn 18 without obtaining legal permanency through reunification, adoption or guardianship) are much more likely to experience negative outcomes including incarceration, homelessness, teen births. However, current incentives and programs can encourage older youth to age out. For example, youth must age out of the system to be eligible for a living stipend or state funded health insurance.

Providers also shared that policymakers and programs don’t utilize research that demonstrates the value of integrated services and coordinated systems. Best practices research should play a part in guiding family case plans. FosterEd, a program shown to improve educational outcomes for youth in foster care, leveraged valid research to expand its program by highlighting the documented achievement gap for those in foster care. Overall, however, participants feel like there are not enough examples of research-driven policy.

A lack of understanding and integration of research and best practice with families experiencing domestic violence was discussed. Specifically, providers find that when there is domestic violence occurring in a family, the DCS case plan often focuses on only engaging the victim parent and placing a variety of requirements on that parent. Requirements such as securing affordable housing and establishing safe childcare are often difficult to meet and can feel like a “full-time job” for the victim parent. This process often misses the criticality of also including the perpetrator parent in the case plan.

Those youth identified as the hardest to serve were also discussed as a key system challenge. Often providers simply view their aging out of the system as the best approach when in reality they are the most in need of targeted, integrated services.

While meeting the physical and dental health needs of families involved with DCS can be difficult, access to behavioral health care was the most dominant issue raised by providers. Providers said that while the recent integration of behavioral health services with physical health services through Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid agency, could bring about better coordination, there is not a lot of optimism in the community. While there may be benefits from removing layers of administration for those in need of services, providers felt that the driver behind the change was financial savings, not true system integration.

Finally, providers said that access to childcare is a key challenge for families involved with DCS. Lack of access to affordable childcare is often a contributing factor to families coming to the attention of DCS. Once children are taken into care, the caregivers qualify for a child care subsidy administered by the Department of Economic Security. However, the subsidy often does not cover the full cost of childcare. Additionally,

once a parent successfully completes their case plan, the subsidy for the child(ren) comes to an end. At that time, the parent will need to re-apply for a subsidy and prove financial eligibility. This requires the completion of an eight-page application along with the provision of information on employment or income from other sources. For teen parents, proof of school attendance is also needed. The parent then waits up to 30 days for their application to process. This process is cumbersome and could result in the family experiencing instability while waiting to receive approval.

Bright Spots: Small-Scale Coordination

While system integration is a long-reaching and difficult goal, there are a variety of localized examples where providers are coordinating for the benefit of families involved with DCS. One notable success is the overall reduction in Arizona children in out-of-home care. While providers agree more can be done, there is recognition of the state's improvement.

Providers also recognized that throughout the system there is an emerging recognition of the impact of trauma and the need to utilize trauma-informed care with families involved with DCS. Practice still lags behind understanding, but the provider community's recognition of trauma's impact was an improvement identified by all discussion participants. Community awareness of the reality and impact of human trafficking was another example of increased knowledge and understanding cited by the group.

While there is still a long-standing expectation that youth are ready to transition out of the DCS system at 18, there is growing recognition that 18 doesn't automatically confer readiness. Youth who do age out may voluntarily continue DCS services including case management, independent living stipend and financial assistance for college if they meet certain criteria. Unfortunately, the majority of youth do not opt in for ongoing services and, when they do, are often unable to comply with the requirements to remain eligible. More emphasis is being placed on legal and relational permanency for older youth so that the ongoing support of caring adults is present to assist youth in navigating the challenges of young adulthood.

Other changes that have served to improve service delivery to DCS youth and families include a move away from a law enforcement approach in crisis situations to a more therapeutic response. There is also a recognition that DCS children need a sense of "normalcy" in addition to safety. This includes allowing social opportunities their non-DCS peers access and providing the chance to experience traditional milestones, such as receiving a first cell phone or learning how to drive.

Finally, providers shared that beyond the traditional system players such as government and community agencies, the engagement and commitment of Arizona's philanthropic community is a positive that should not be overlooked.

Providers did share several specific efforts they saw as community "bright spots" that could provide lessons learned for more large-scale integration.

Cradle to Crayons: A Maricopa County program, Cradle to Crayons is led by the courts and brings together therapeutic providers, DCS, service coordinators and other professionals to work collaboratively to expedite reunification or other permanency options for children birth to three.

KARE Family Center: A program jointly administered by Casey Family Programs and Arizona Children's Association in Tucson, the KARE (Kinship and Adoption Resource and Education) Family Center is a known

community resource for kinship caregiver support and families in the DCS system. Services for families include assistance in system navigation and support groups along with case management.

FosterEd: Beginning as a pilot in Pima County and leveraging research demonstrating the achievement crisis for foster youth, FosterEd recognizes that successful education outcomes for foster youth are key to their long-term success and well-being. Driven by a mission that foster youth graduate high school with an array of future possibilities, FosterEd seeks to work with education systems not used to working with foster children through on-site professionals, coordinated teams and student-centered engagement.

First Things First: First Things First funds programs serving children birth to five years in areas including quality childcare, health and family support. Applying a localized approach, First Things First uses community-led councils in regions across the state to identify needs and fund corresponding services.³

Arizona Families F.I.R.S.T.: A program established through a partnership between state agencies, Families F.I.R.S.T. “helps parents address substance abuse issues that are affecting their ability to care appropriately for their children or to get and keep a job. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of permanency for children, family reunification and self-sufficiency.” Providers work in collaboration with DCS and the family to provide substance abuse treatment as part of the DCS case plan.

Arizona Faith Community: Providers shared that the faith community works in a collaborative way to help fill gaps where more formal services are not available. Specifically, the Open Table and Care Portal programs were highlighted. Open Table engages community in providing a “wrap-around” support system for youth who have aged out of the DCS system. The Care Portal has evolved from a system that only served foster families to one that is now also designed to fill the prevention gap. Started by the Governor’s Office and in Maricopa and Pima counties, DCS case managers can use a computerized system to share family need and the system then identifies churches local to the family who fill that need. The Care Portal is designed to not just provide the requested items, but for that provision to hopefully keep the family from entering the DCS system.

Collective Impact for Child Safety and Well-being: A community-driven collaborative supported by multiple philanthropic entities and community stakeholders, the Collective Impact effort brings together community leaders from across the continuum of care for children in the child welfare system with philanthropy, business and other stakeholders. The group is focused on creating a common agenda that will guide multi-agency, multi-sector approaches to working with families who come into contact with DCS. The focus of the effort is prevention of removal or re-removal of children from their family.

Direct Provider Relationships: The impact of provider-to-provider connections was highlighted in the collaboration between UMOM New Day Centers and Phoenix Children’s Hospital. When youth come into the UMOM program, within 24-hours Phoenix Children’s Hospital is at the program site providing a physical health assessment.

³ Created by Arizonans, First Things First partners with families and communities to help Arizona’s youngest children be ready for success in kindergarten and beyond. With statewide oversight and accountability, decisions about how to invest early childhood funds are made at the local level by community leaders serving on regional councils who rely on data and invest in proven programs that address the development, education and health needs of children from birth to age 5.

Other potential pilot efforts occurring at the direction of the Governor's Office include integration of developmental disabilities services with acute and behavioral health for families; and a potential supportive housing program for mothers with substance-exposed newborns that will allow mothers to receive treatment while staying with their babies.

Opportunities

Building on community strengths, providers identified a number of opportunities to establish connections between programs with a goal of better system integration.

Comprehensive integration that addresses and centers family needs, encourages provider cooperation and creates community collaboration needs participation from multiple levels within a system.

Policymakers can craft policy that is research and best-practices driven, provides incentives for collaboration and coordinated case management and does not create arbitrary requirements.

Funders can allocate funding in a way that encourages community collaboration while meeting program needs. It is important to also provide adequate supports for those on the frontlines providing the service, including competitive pay.

Community agencies who are providing services can keep family needs at the center and build and strengthen relationships with other providers in a way that is collaborative.

Families can buy-in to the process and be able to access services that meet their individual needs.

Continuing to advocate and fund prevention services is a key opportunity for better service provision and reduction of the number of children in out-of-home care. The federal Family First Prevention Services Act will allow for more flexibility in funding and coordinating services. By focusing on preventing families from entering the child welfare system, the Act will allow for states to seek reimbursement for mental health, substance abuse treatment and in-home parenting supports for families at imminent risk of child removal to the foster care system. Services are available to birth families, kinship caregivers and adoptive families. Family First also includes financial incentives to keep children in family settings whenever possible, utilizing high quality congregate care settings only when it is therapeutically necessary based on an independent assessment.

Building on the recognition of trauma's impact, there is an opportunity to take that understanding

and use it to increase trauma-informed services and trauma-informed practice. Continuing to use research on best practices to guide both integration and service provision is another opportunity.

Leveraging existing examples of small-scale integration can also provide an opportunity to scale these systems. For example, Arizona Families F.I.R.S.T. provides an integrative model for substance abuse treatment that could be applied to other service needs. The Safe & Together framework for working with families experiencing domestic violence could be another opportunity for more integrated service provision. Finally, FosterEd provides a roadmap for integrating foster youths' educational needs with other services.

The Child Family Team (CFT) model of decision-making and service provision within behavioral health could also be a focus point for further integration. As an existing care team, this model could expand the circle of family members and providers to facilitate integrated service to families involved with DCS.

Continuing to build on the strength of the faith and philanthropic communities could also be an opportunity for increased community engagement and integration.

Ultimately, elevating the family voice in service provision is critical to success. DCS is working to reinvigorate parent advisory committees, which will create an opportunity for insight from the most important participants in the process - the families.

Families Back in the Driver's Seat

Ultimately, service integration is a difficult, long-term and important goal. To move forward in creating positive outcomes for families involved with DCS, service integration will require stakeholders to:

Tackle long-standing competition between providers for funding and clients and reframe relationships as cohesive and connected.

Recognize community strengths while not shying away from existing challenges to identify and leverage opportunities for integration and collaboration.

Work with all system levels, from policymakers to funders to those served, to ensure integration is firmly entrenched top to bottom.

Re-orient and re-design services to place the family in the driver's seat and allow the services to follow the family, not the other way around.

INCREASING FAMILY CAPACITY: PROGRAMS AND SERVICES

By Claire M. Louge, M.Ed.
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Child Care Access and Affordability

In order to both maintain financial stability and promote optimal development of their children, Arizona families need access to high-quality, affordable child care. Sixty-one percent of Arizona children live in a household where all available parents are working, meaning that if the child lives in a single-parent household, that parent is working, and if the child lives in a two-parent household, both parents are working.¹ High-quality child care not only serves as a safe place for children to go when their parents are working, it also provides an educational setting where children can build the foundation for a lifetime of learning.

Ninety percent of a child's brain architecture develops before the age of five, meaning that the vast majority of foundational brain development occurs before a child's first day of kindergarten. Child care settings present an opportunity to promote optimal brain development during one of the most critical and influential periods of a child's life.

In early education, quality matters. High-quality early education programs go beyond basic health and safety and include the following elements:

- Teachers/caregivers who are educated on child development and know how to work with young children
- Environments that nurture language, pre-literacy skills, social and emotional competence, and cognitive development of every child
- Positive, predictable, nurturing relationships between teachers and children
- Hands-on learning activities that promote brain connections in children
- Strong communication between teachers and parents.

Child care settings can also create opportunities to build protective factors. Child care providers usually have frequent, brief interactions with parents during drop-off or pick up times, these moments can be used to gauge a parent's need for support or to connect parents to resources. Parents can meet the parents of other children at the center, facilitating social connections. Some child care programs host parenting education classes or other events, promoting knowledge of parenting. Early educators often serve as models or coaches of parenting strategies. Child care centers usually have a resource area where parents can pick up resource information or parent education materials based on their family's needs.

¹ Center for the Study of Child Care Employment. (2018). *Early Childhood Workforce Index 2018 - Arizona*. University of California, Berkeley. Retrieved from: cscce.berkeley.edu/files/2018/06/2018-Index-Arizona.pdf

Not only do high-quality child care centers care for children, they strengthen the whole family.²

High-quality care, however, costs more and most Arizona families cannot afford the cost of high-quality child care. In order to best support more families and children, affordability of child care is an important component of the issue.³

Program Example: Quality First

Quality First is a signature program of First Things First,⁴ the voter-created Arizona state agency dedicated to the health and school readiness of young children age five and under. Through coaching, assessment, and resources, Quality First works with regulated early childhood providers in Arizona to build the quality of their child care center or preschool to promote learning and development. The program also offers information to parents on what to look for when searching for child care, and the elements that promote the optimal development of their child.

Quality First also offers scholarships to assist some families afford the cost of child care. In 2017, 8,700 Arizona children were able to attend a high-quality early educational setting with the help of a Quality First Scholarship, allowing their parents to work or attend school.

Despite this large investment from First Things First, the need is greater than the available resources.⁵

Parenting Education

Parenting is partly intuitive and partly learned. Parenting education provides an opportunity for parents and caregivers to acquire knowledge, skills, and tools for their job as a parent. Parents acquire parenting knowledge and practices through a variety of means, including from family, friends, literature, media, and the internet. Parenting education classes ensure that knowledge is factual, applicable, and developmentally beneficial to children.

The core concept of all parenting education is the strong relationship between parent and child. As is the case with all helping and teaching professions, relationships are the vessel in which knowledge and support is delivered. Parenting education can focus on a wide variety of topics, including forming realistic expectations of children, guiding child development, promoting social and emotional skills, discipline, and addressing challenging behaviors. A fundamental component to many parent education models is the focus on engaging the primary caregiver with their children in developmentally appropriate activities that encourage bonding and early learning for the child. Many programs also focus on helping parents develop problem-solving skills and learn about child development.

² First Things First. (2018). *Quality Matters in Child Care and Preschool*. Retrieved 2018 from: <https://www.firstthingsfirst.org/resources/quality-first/>

³ Center for the Study of Child Care Employment. (2018). *Early Childhood Workforce Index 2018 - Arizona*. University of California, Berkeley. Retrieved from: cscce.berkeley.edu/files/2018/06/2018-Index-Arizona.pdf

⁴ Created by Arizonans, First Things First partners with families and communities to help Arizona's youngest children be ready for success in kindergarten and beyond. With statewide oversight and accountability, decisions about how to invest early childhood funds are made at the local level by community leaders serving on regional councils who rely on data and invest in proven programs that address the development, education and health needs of children from birth to age 5.

⁵ *The Path to Success Begins at Birth: First Things First 2018 Annual Report*(Rep.). (2018). Retrieved 2018 from: <https://www.firstthingsfirst.org/2018/10/annual-report-details-impact-of-arizonas-early-childhood-investments/>

Parenting education can be delivered through other services, such as within a doctor’s appointment, home visit or parent-teacher conference. Parenting education can also be delivered passively, by making literature available in waiting rooms or lobbies of service organizations. Parenting education is also delivered in the form of single seminars or series of classes, both in person or online. The added benefit of having parents attend in person is the opportunity to form social connections to other parents.⁶

Program Example: Triple P

The Triple P – Positive Parenting Program® is an evidence-based parenting and family support program focused on addressing and preventing behavioral and emotional problems in children and teenagers. Triple P has a tiered approach with various levels of service that are flexible based on the needs of the family. It can be delivered through one-time in-person or online parenting seminars, or more intensely through individual work with families. This tiered approach makes it ideal for scaling the intervention across service delivery sites in public and private agencies with the common language of positive parenting.

Triple P aims to normalize help-seeking behavior in parents, and equip parents with the “skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.”

Research shows that Triple P decreases parent stress, parent anxiety, parent depression, child behavior problems, and improves parenting competencies, family communication skills, and family relationships. At a community level, Triple P decreases rates of child maltreatment, decreases out-of-home placements, and decreases child injuries due to maltreatment.⁷

Currently in Arizona, Triple P services are offered in-home, in the clinic/hospital, within schools and faith-based organizations, shelters, prisons, and online. An outcome evaluation last year indicated that over 1,400 parents/caregivers received Triple P services across the state.

Home Visiting

Home visiting programs provide parenting education and support in the child’s primary environment – the home. Through home visiting programs, professional parent support specialists make regular visits to homes and engage families in individualized parent education, resource referral, goal-setting and skill-building based on their needs, culture, and circumstances.

Home visitation programs work to build protective factors in families and reduce the likelihood of child abuse and neglect. Home visiting professionals strengthen parental resilience by working with parents to build their own coping and self-regulation skills. Home visitation provides a family with a trustworthy, knowledgeable social connection- the home visitor – and many of these programs also hold parent connection events for families to get together, learn, and socialize. Home visiting programs partner with parents to determine the parenting skills they would like to work on, and routinely provide information to families based on the age and developmental stage of the child or children. The home visitor also acts as an ambassador to other community resources, and refers parents to other services as needed.

⁶ National Alliance for Children’s Trust & Prevention Funds. (2012). *Bringing the Protective Factors to Life in Your Work- A Resource for Action*.

⁷ Triple P in a nutshell. (n.d.). Retrieved 2018 from: <https://www.triplep.net/glo-en/find-out-about-triple-p/triple-p-in-a-nutshell/>

Like all effective family support programs, home visiting focuses on strengthening the relationship between parents and children. Home visitors serve as models, coaches and mentors. Since early childhood lays the foundation for the rest of a child's life, most home visiting programs focus on families with children ages five and under. Making home visitation programs widely available for voluntary participation is one of the most effective ways to prevent child abuse and neglect.⁸

Examples of home visiting programs in Arizona include Arizona Health Start, Early Head Start, Healthy Families Arizona, Nurse-Family Partnership, Parents as Teachers, Family Spirit, High Risk Perinatal Program/ Newborn Intensive Care Program, and SafeCare.⁹

⁸ Daro, D and Harding, K. (1999). *Healthy Families America: Using Research to Enhance Practice. The Future of Children.* Home Visiting: Recent Program Evaluations. Volume 9(1), pp. 159-167, 177. Los Altos, CA: David and Lucille Foundation Packard Foundation.

⁹ Strong Families AZ. (2018). Programs to Help Parents in Arizona. Retrieved 2018 from: <https://strongfamiliesaz.com/programs/>

Program Example: Healthy Families

Healthy Families is a home visiting program designed to help families face challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence. To maximize the positive impact of services, families are enrolled before the child is three months of age, and receive visits weekly until the child is six months old. After that, visits are conducted with the frequency needed by each family until the child is five years old.

Healthy Families home visitors provide culturally-sensitive, relationship-based parenting education and mentorship designed to promote positive parent-child relationships and healthy attachment. Home visitors also conduct routine child developmental and maternal depression screenings, resource referral, and goal-setting in collaboration with the family.¹⁰

Evaluation results from more than 20 states, including 12 randomized control trials, show that Healthy Families effectively reduces the likelihood of child maltreatment; improves child health, parent-child interaction, children's school readiness, and family self-sufficiency.¹¹

Healthy Families has been in existence in Arizona for more than 25 years, and made available through funding from the Arizona Department of Child Safety, the Arizona Department of Health Services, and First Things First.

In 2016, there were approximately 84,000 births in Arizona.¹² Every year, about 52 percent of these births are paid for by the Arizona Health Care Cost Containment System (AHCCCS), meaning that the family is low-income.¹³ Forty-five percent of these births are to single parents.¹⁴ Sixty-four percent of Arizona parents have a history of trauma in their own childhoods.¹⁵ These risk factors (poverty, social isolation and history of trauma) are some of the strongest predictors of child abuse and neglect.¹⁶ When considered together, approximately 40,000 Arizona families have risk factors that would qualify them to benefit from the Healthy Families program. In 2018, 4,330 Arizona families were served by Healthy Families.

¹⁰ The Healthy Families America Strategy. (2015). Retrieved 2018 from: <https://www.healthyfamiliesamerica.org/the-hfa-strategy-1/>

¹¹ The Research into Healthy Families America. (2015). Retrieved 2018 from: <https://www.healthyfamiliesamerica.org/research-articles/>

¹² Live births according to selected maternal, prenatal care and delivery characteristics, birth weight, plurality, child's sex, birth order, and birth complications, Arizona, 2006-2016. (2016). Retrieved December, 2018 from: <https://pub.azdhs.gov/health-stats/report/ahs/ahs2016/pdf/1b2.pdf>

¹³ Births covered by AHCCCS, (Medicaid). (2016). Retrieved 2018 from <https://datacenter.kidscount.org>

¹⁴ Live births according to selected maternal, prenatal care and delivery characteristics, birth weight, plurality, child's sex, birth order, and birth complications, Arizona, 2006-2016. (2016). Retrieved December, 2018 from: <https://pub.azdhs.gov/health-stats/report/ahs/ahs2016/pdf/1b2.pdf>

¹⁵ ACEs in Arizona Adults. (2016). Retrieved from Phoenix Children's Hospital, Injury Prevention Center, Strong Families.

¹⁶ Risk and Protective Factors for Child Abuse and Neglect. (Feb 2004). Child Welfare Information Gateway. Retrieved from: <https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf>

HEALTHY RELATIONSHIP EDUCATION

By Chris Panneton, M.Ed.

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How Intentional Conversations Benefit Our Children and Families

As the class was wrapping up, I looked over the faces of the high school students sitting in front of me, and thought to myself, “We have been talking about healthy relationships for a while, I wonder if this information is sinking in?” Upon asking them, one girl shouted out, “Heck ya. My ex-boyfriend texted me this weekend, wanting to get back together. I told him, ‘No way, dude.’ I realized that how he was treating me was not right.” Another girl shared, “I thought it was normal...that’s how I see my mom and dad act.” It became clear to me that these young ladies were grasping the concept of healthy relationships.

Children are not innately born with the skills and expertise to successfully sustain healthy and satisfying relationships.¹ Open communication, mutual respect, trust, honesty, and self-responsibility are a few of the essential elements that must be intentionally taught to children. Children observe and experience the interaction, behaviors, and norms within the family unit, which can become hardwired in their brain and impact the social construct of their adult relationships. Whether their childhood experiences are based on love and compassion, codependency and passivity, or power and control, these cycles tend to continue into adulthood.

To break the cycle of violence and empower interdependence, the need for healthy relationship education is apparent today more than ever. According to the Center for Disease Control, “Nearly 1.5 million high school students nationwide experience physical abuse from a dating partner in a single year.”² “Girls and young women ages 18 to 24 historically experience the highest rate of intimate partner violence.”³ Healthy relationship education investments in our youth through programs that teach about recognizing types of abuse, understanding the cycle of violence and why people stay, developing healthy communication strategies, identifying codependency and boundary issues, and establishing mutual trust and respect help teens and young adults develop the skills needed as they navigate through life.

Healthy relationship education can also have a positive impact on families by teaching parents how to recognize the warning signs of abuse. “Though 82 percent of parents feel confident that they could recognize the signs if their child were experiencing dating abuse, 42 percent could not correctly identify all

¹ Perry, Bruce D. M.D., Ph.D. (1997). *Incubated in Terror: Neurodevelopment Factors in the ‘Cycle of Violence.’* In: Children, Youth, and Violence: The Search for Solutions (J Osofsky, Ed.). Guilford Press, New York, pp 124-148.

² Centers for Disease Control and Prevention. (May 19, 2006). *Physical Dating Violence Among High School Students— United States, 2003.* Morbidity and Mortality Weekly Report. Vol. 55, No. 19, 532-535.

³ U.S. Department of Justice, Bureau of Justice and Statistics. (Nov. 2012). *Intimate Partner Violence in the United States, 1993-2010.* Washington, D.C.

the warning signs of abuse.”⁴ When we are intentional about learning and modeling healthy relationships, the entire family unit benefits. This intentionality creates an environment in the home where open and honest conversations can take place, especially about issues that are frequently shrouded in secrecy.

Arizona provides various healthy relationship programs to teens, families, and communities that address dating, sexual, and domestic violence. Protecting their Innocence, 101-401 by the Southwest Family Advocacy Center (www.swfac.org), Healthy Relationship Education by Arizona Youth Partnership (www.azyp.org), Safe Dates by Touchstone (www.touchstonehs.org), Safe Teens AZ through the Maricopa County Attorney’s Office (www.safeteensaz.org/dating-violence), and Kaity’s Way (www.kaitysway.org), are a few of the healthy relationship education programs found throughout Arizona. The Arizona Coalition to End Sexual and Domestic Violence (www.acesdv.org) provides numerous resources that promote public awareness through information, training, awareness campaigns, events, and the media.

When we take a proactive approach and intentionally educate our children, families, and communities about healthy relationships, we make a positive impact, enabling our children to be self-aware, compassionate, and healthy members of society.

⁴ Fifth & Pacific Companies, Inc. (Liz Claiborne, Inc.), Conducted by Teen Research Unlimited. (May 2009). *Teen Dating Abuse Report 2009: Impact of the Economy and Parent/Teen Dialogue on Dating Relationships and Abuse*.

EXPERIENCES THAT HELP FAMILIES THRIVE

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with contributions from Dale Larsen, Cynthia Brown, Alex Laing, Stacy Beadle, Wendy Resnick, Samantha Coffman, Leah Fregulia

Participation in social recreational activities like team sports and other group activities can help to promote the protective factor of social and emotional competence of children by promoting psychosocial adjustment and social skills. (For more information about protective factors see the Strengthening Families and Protective Factors chapter.)

Sports

Approximately 70 percent of youth in the United States participated in a team or individual sport in 2017, making youth sport a key area for potential youth development.¹ Existing research points towards a number of areas where sport participation can have positive benefits. Physically, youth sport participants generally have increased cardio and respiratory functions and increased flexibility and stamina compared to non-participants. In addition, youth sport participants are more likely to engage in healthy behaviors outside of sport (e.g. healthy eating) and less likely to engage in unhealthy behaviors (e.g. drug abuse) than non-participants. In addition to the physical benefits, youth participants may also benefit from increases in self-esteem, positive identity development, increased social relationships, and leadership and teamwork development.²

Sport Trends

Although traditional team sports (e.g. basketball, baseball, football, and soccer) continue to be popular, sports such as ice hockey, lacrosse, volleyball, and track and field are drawing an increasing number of participants. Based on the most recent data, baseball and basketball represent the most popular sports among children ages 6-12 with approximately 4 million participants nationwide in each sport. Soccer and tackle football experienced the most substantial declines in participation, witnessing approximately 10 percent drop in participation in the most recent year. In fact, for the first time, the number of youth flag football participants now exceeds the number of tackle football participants (with slightly less than 1 million youth participating in each).³

¹ Aspen Institute (2018). *State of Play 2018: Trends and Developments*. Retrieved from: https://assets.aspeninstitute.org/content/uploads/2018/10/StateofPlay2018_v4WEB_2-FINAL.pdf?_ga=2.227871069.1788462421.1545413940-204763750.1542138282

² Legg, E. (2018). *Community Recreation Programs*. In S.G. Arthur-Banning (Ed), *Youth sports in America: The most important issues in youth sports today* (pp. 92-100). Santa Barbara, CA: ABC-CLIO

³ Search Institute. (n.d.). *Search Institute's Youth Development Research*. Retrieved from: <https://www.search-institute.org/our-research/youth-development-research/USA> Life Expectancy (2017, December 20).

Of particular concern to youth sport providers, participation rates based on household income continues to reflect the rising costs of youth sport. Only 34 percent of children in families making under \$25,000 per year participate in youth sport, and that number steadily increases to nearly 70 percent of children in families making greater than \$100,000.⁴ These rates also correspond with physical activity, as children in families with lower incomes are the least physically active among all income groups. Rising costs are a result of both increased fees to participate (largely resulting from cuts to municipal funding), and also to an increased emphasis on more competitive opportunities, which often require additional funding for travel, equipment, and in some cases advanced coaching.⁵

Participation by gender has remained largely unchanged in the past seven years, with approximately 62 percent of male children participating in a team sport, and approximately 52 percent of female children participating.⁶

Context Matters

Though it is evident that participation in youth sport programs can lead to numerous positive benefits for youth, it is also important to note that participation does not automatically lead to benefits. The majority of youth sport coaches are volunteers, often with no experience or training in coaching or youth development principles. As such, even well-meaning coaches, often engage in behaviors that may not leverage youth sport to its maximum positive benefit. Similarly, news stories abound with stories of poor parent behavior. Poor coaching and negative parent behavior are a few of the reasons contributing to the high dropout rate in youth sport program, with approximately 70 percent of youth dropping out by the age of 13.⁷ If youth sports are to be an environment for positive benefits, it is critical that the overall context of programs is addressed.

Parks and Recreation

Parks and recreation program exist within most Arizona municipal governments, and provide community programs for youth and adults, as well as parks, fields, and trail management and maintenance. In addition, nonprofit organizations such as the YMCA or Boys and Girls Clubs often offer similar programs.

From a facilities perspective, parks and recreation organizations provide community centers including programs that may be teen or senior specific, aquatic centers, parks, and sport facilities. These facilities offer a wide variety of programming for all ages, including senior adults, teens, elementary and pre-school, as well as specialty programs such as nature or art programs.

Teen Programs

Parks and recreation agencies also offer a number of programs geared specifically toward teens. Like many parks and recreation services, teen programs experienced substantial cuts during the 2008 recession.

⁴ The Aspen institute. (2018). *State of Play 2018: Trends and Developments* (p. 5). Retrieved from: https://assets.aspeninstitute.org/content/uploads/2018/10/StateofPlay2018_v4WEB_2-FINAL.pdf?_ga=2.227871069.1788462421.1545413940-204763750.1542138282

⁵ Ibid.

⁶ Ibid.

⁷ National Alliance for Youth Sports. (2015).

However, today organizations are increasing teen offerings in a variety of areas. Teen programs range from after school programs to programs in youth development and leadership or STEM programs. For example, PHX Teens offers activities created by teens for teens, and Code PHX also offers coding, robotics, and 3D Modeling education for youth of all ages.⁸ YMCAs also offer programs for teens with a focus on building self-esteem and self-confidence, learning healthy lifestyle choices in a safe, supportive and engaging environment.⁹

Nationally, teen programming is moving away from an “at-risk” model to a model focused on positive youth development (PYD). In traditional “at-risk” models, teen programming emphasize youth deficits and attempts to remedy those deficits. In contrast, a PYD model focuses on youth as resources to be developed, rather than problems to be solved. One popular model of positive youth development is Developmental Assets. Developmental Assets represent a list of 40 assets (20 internal and 20 external) that youth may have. A wide body of research suggests that the more of these assets a youth possesses, the more successful they will be in life. As such, a number of teen programs have begun to focus on building assets, rather than addressing problems.¹⁰

Elementary and Tot

Elementary and tot programs, most frequently in the form of afterschool programs, represent a key part of the mission of parks and recreation. Afterschool programs (frequently referred to as “out of school” time) may be general in nature, offering a variety of activities on any given day, or specialized. While most elementary programs in parks and recreation as well as YMCAs and Boys and Girls Club present the more general model, private organizations and schools may provide specialized programs with an area focus such as science or art. Tot programs often include parents directly in the program. Families interested in finding options for elementary and tot programs can find online listings of many programs through Raising Arizona Kids (www.raisingarizonakids.com) or the Arizona Center for Afterschool Excellence (www.azafterschool.org).

Nature Programs

While parks and recreation programs are often organized around age groups, certain areas often offer programs across ages. One of the most common types of programs is nature programs. Nature programs frequently reside within a nature center and are generally operated by either a local or federal agency or a non-profit organization. For example, Willow Bend Environmental Education Center in Flagstaff, Arizona offers programs for elementary through college age, as well as programs specifically for teachers.¹¹ Programs cover a wide range of topics including geology, plant life, fire ecology, and indigenous cultures. Similarly, Maricopa County Parks and Recreation offers nature programs at Estrella Mountain Regional Program such as guided hikes, birdwatching, and mountain biking.¹²

⁸ Retrieved from: <https://www.phoenix.gov/parks/teens>

⁹ Retrieved from: <https://valleymca.org/programs-activities/teens/>

¹⁰ Search Institute. (n.d.). Search Institute’s Youth Development Research. Retrieved from: <https://www.search-institute.org/our-research/youth-development-research/>

¹¹ Retrieved from: <https://willowbendcenter.org/>

¹² Retrieved from: <https://www.maricopacountyparks.net/park-locator/estrella-mountain-regional-park/>

Aquatics Programs

Aquatics programs are offered through municipal parks and recreation agencies, non-profit organizations (primarily the YMCA), as well as for-profit providers. Though aquatics programs may include swim teams and master's swimming programs, the most common aquatics programs are learn to swim programs. Arizona ranks as one of the worst states for drowning deaths, and thus learn to swim programs represent an especially important program for children and families. As with many recreation programs, many aquatics programs as well as open swim hours were cut during the 2008 recession.¹³ However, most municipalities continue to offer learn to swim programs from ages 6 months through adults. Most programs occur daily for approximately 30 minutes over a two-week period. Swim lessons often follow nationally established lesson plans including Red Cross programs and Starfish learn to swim.^{14,15}

Special Events

It is also worth mentioning that parks and recreation agencies are often the organizers of community special events. Special events range from outdoor movie nights to larger events such as Fourth of July festivals or the Thunder Valley Rally in Arizona.

Libraries

Though libraries are most often associated with providing books, they also provide a wide variety of community services. Libraries help address literacy, school readiness, the digital divide, and out-of-school enrichment. Statewide, there are over 200 public libraries.¹⁶ Library programs serving children and families generally fall into one of four categories: school readiness, out-of-school enrichment, teens – civic engagement, workforce literacy and volunteerism, and teens – college access. Each of these is outlined below.

School Readiness

The bread and butter of library programming is storytime. Thousands of children participate every week in carefully constructed early literacy programs that are not only entertaining, but provide modeling for parents on how to develop pre-reading skills at home. Phoenix Public Library, for example, offers approximately 80 separate programs for babies, toddlers and preschoolers every week.¹⁷ Some programs also incorporate sign language as a great way to speed language development in pre-verbal children.

Phoenix Public Library offers Kindergarten Bootcamp, which is a seven-week program for children about to enter kindergarten.¹⁸ In Bootcamp, parents learn what skills children need to be successful in school and

¹³ USA Life Expectancy. (2017, December 20). *USA Drownings Death Rate By State*. Retrieved January 4, 2019 from; <https://www.worldlifeexpectancy.com/usa/cause-of-death/drownings/by-state/>

¹⁴ Retrieved from: <https://www.redcross.org/take-a-class/swimming/swim-lessons/kids-swim-lessons>

¹⁵ Retrieved from: <http://starfishswimschool.com.au/>

¹⁶ Retrieved from: <https://publiclibraries.com/state/arizona/>

¹⁷ Retrieved from: <https://www.phoenixpubliclibrary.org/>

¹⁸ Phoenix Public Library. (n.d.). *Kindergarten Bootcamp*. Retrieved January 7, 2019 from: [https://www.phoenixpubliclibrary.org/kids/Pages/Kids Programs/Kindergarten-Bootcamp.aspx](https://www.phoenixpubliclibrary.org/kids/Pages/Kids%20Programs/Kindergarten-Bootcamp.aspx)

easy ways to develop those skills in the months before school begins. The program is modeled on Arizona Early Learning Standards, as well as the College and Career Standards for kindergarten. More than 2,000 children have “graduated” from Bootcamp over the last three years.

Out-of-school Enrichment

From book clubs to makerspaces, Arizona libraries provide engaging and educational learning opportunities for school-age children. Summer reading is a universal public library offering that attempts to keep children reading during the summer break. It’s especially important for beginning readers, so they don’t lose the fluency and decoding skills they’ve learned in school. It’s widely recognized that this “summer slide” disproportionately affects children from low-income households and contributes to lower than average third grade reading proficiency scores.¹⁹ Maricopa County Library District developed an online summer reading program (with support from the Arizona State Library) that supports summer reading success for all residents of Maricopa County. Science, Technology, Engineering, Art and Math, or STEM programs, are also popular in libraries. Making slime, building with Lego® blocks, designing robots and catapults provides fun, hands-on learning.

Libraries may also assist in addressing basic needs of youth. For example, Kid’s Café is a nutrition and education program provided in partnership with St. Mary’s Food Bank that provides free meals to children at six libraries during the school year (expands to eight libraries during summer). During the meal service, a variety of educational activities are provided.

Teens - Civic Engagement, workforce literacy & volunteerism

Libraries often offer dedicated spaces, computers and collections for teens. Burton Barr Central Library in Phoenix, for example, provides 5,000 square feet of dedicated space for a teen library called Teen Central. While there are entertaining programs for teens, such as movie nights and video gaming, libraries also offer teens a chance to learn and grow. From poetry slams to resume writing, teens have an opportunity to explore their interests and acquire new skills. Volunteering in libraries is also a way that many teens learn valuable job skills. Every summer, Phoenix Public Library engages 300-400 teens as volunteers.

Teens - College Access

Libraries also serve as a valuable source for college preparation. College Depot is a free, full-service college access center located at the Burton Barr Central Library in Phoenix. College Depot staff provide assistance with college planning, college applications, financial aid, scholarship searches, ACT/SAT test results interpretation, and much more. Most of College Depot’s patrons are low-income and 45 percent speak Spanish at home. Middle school students, high school students, and adults all use their services, sometimes from the same family.

¹⁹ Smith, L. (2011-2012). *Slowing the Summer Slide*. Educational Leadership, 69(4), 60-63. Retrieved January 7, 2019 from: <http://www.ascd.org/publications/educational-leadership/dec11/vol69/num04/Slowing-the-Summer-Slide.aspx>

²⁰ Arizona Commission on the Arts. (2016). *Strengthening Schools Through Arts Partnerships Evaluation Summary: First Cohort, 2013-2015*. Retrieved from: <https://azarts.gov/grant/strengthening-schools-through-arts-partnerships/>

Fine and Performing Arts

Fine and performing arts programs are often offered through schools. However, approximately 35 percent of K-8 students lack access to arts and music.²⁰ Thus, private nonprofit programs offer an important bridge to fill the gap between school programming and arts access. Prominent organizations offering arts programming include Phoenix Center for the Arts, Rosy House, Phoenix Conservatory of Music, Rosie's House, and Harmony Project. Phoenix Center for the Arts programs include both summer camps as well as camps throughout the year during school breaks, festivals, and mobile arts programs. Rosie's House is a community music school with a focus on children from economically challenged backgrounds, and includes musical instrument lessons, choir, and a college readiness program. For theater options, organizations such as Rising Youth Theater, Valley Youth Theater, Spotlight Youth Theater, Actors Youth Theater, offer opportunities for youth in the Phoenix area to participate in live theater through live shows as well as camps and classes. The focus of Act One is to provide arts experiences to those who otherwise could not afford it. To fill this mission, Act One provides field trips to arts performances to youth in Title One Schools. In addition, Act One sponsors the Culture Pass. The Culture Pass is available in libraries and offers free access to cultural attractions throughout Arizona.

GOVERNOR'S OFFICE PERSPECTIVE ON FAITH COMMUNITIES

Arizona Governor's Office of Youth Faith and Families

A Crucial Link to Family Well-Being

Throughout the world, temples, churches, mosques, synagogues, and religious communities help support and strengthen the well-being of families. Faith communities provide critical support and serve families in the areas of health care, education, economic stability, social justice, and spiritual development, often in close collaboration with civil society and governmental agencies.¹ While the United States upholds the separation of church and state, numerous and varied opportunities exist for intentional and effective partnerships between public, private, non-governmental agencies and faith communities.

Faith as a Protective Factor

It is estimated that over 5.8 billion adults and children in the world adhere to a religion.² Over 70 percent of adults in Arizona have a religious affiliation.³ Research shows that religious affiliation and belonging to a faith community can mitigate the effects of trauma experienced by the adherents. Positive religious coping has been associated with decreased psychological distress in survivors of child abuse, sexual violence, intimate partner violence, community violence, and war.⁴

The Center for the Study of Social Politics' Strengthening Families (CSSP-SF) is a research-informed approach to increase family strengths through the development and cultivation of protective factors. These protective factors are recognized as, "characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development."⁵ Five key protective factors can be cultivated and reinforced as a result of belonging to, or being supported by, a faith community. The protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. (See Strengthening Families and Protective Factors chapter for more details on the protective factors.)

¹ Hammer, S., Greenberg, A., Keshavarian, G. (2009). *Religious Communities Take the Lead for Children*. Dharma World Magazine. Quarterly, 2009, Vol. 36, April-June 2009.

² Bryant-Davis, T. Wong, E.C. (2013). *Faith to Move Mountains: Religious Coping, Spirituality, and Interpersonal Trauma Recovery*. American Psychologist, Vol. 68, pp. 675-684.

³ Pew Research. (2018). *Religious Landscape Study*. Retrieved from: <http://www.pewforum.org/religious-landscape-study/state/arizona/>

⁴ Bryant-Davis, T. Wong, E.C. (2013). *Faith to Move Mountains: Religious Coping, Spirituality, and Interpersonal Trauma Recovery*. American Psychologist, Vol. 68, pp. 675-684.

⁵ Center for the Study of Social Politics. (n.d.) *Strengthening Families Increasing Positive Outcomes for Children and Families*. Retrieved from: <https://cssp.org/>

Supporting Families

Military Families

Collectively, the military personnel of the Department of Defense, Active Duty, National Guard and Selected Reserve is approximately 2.25 million in the U.S. There are an additional 3.13 million family members who are impacted by their loved one's service.⁶ Arizona is home to over 600,000 service members, veterans and their families. Faith communities have been meeting the needs of military families in America for more than a century. The Continental Congress established the military chaplaincy on July 29, 1775. The Chaplain Corps has grown to almost 3,000 chaplains representing more than 130 different faiths and denominations. Chaplains offer spiritual support to military members of all faiths and their families.

Active duty military families greatly benefit from this type of societal support due to chronic relocation, parental deployment, living in war-impacted communities, and combat-related trauma. Faith communities are able to minister to these needs by creating support groups, assisting with child care, praying for and sending care packages to deployed members, providing safe and caring environments for spiritual growth and healing, and collaborating with other agencies to provide wrap-around care. Christ Community Church in Tucson serves active duty members and their families from local Air Force and Army bases, Air National Guard, University of Arizona ROTC programs, and other local Reserve bases. They also have veterans on staff and as members on their elder board. Congregations are able to meet the social and communal needs of military families.

Veterans also have unique needs. Due to the realities of war and military life, many veterans struggle with finding housing and employment, getting health care, and re-entering civilian life. These challenges can lead to family separation, homelessness, and financial and food insecurity. They can also lead to or exacerbate mental health issues. In the U.S., more than 6,000 Veterans committed suicide each year from 2008-2016.⁷ In 2016, 227 veterans in Arizona committed suicide.⁸ Research shows that spirituality can improve post-trauma outcomes in veterans by mitigating their impact.⁹ Faith communities help veterans by providing information and referral services, spiritual counseling, financial and nutrition assistance, and social support. The Arizona Coalition for Military Families partners with faith communities across the state and provides resource navigator trainings and informs clergy on best practices for serving military families and veterans.

Families with Disabled Children

Developing supportive social networks and providing hope and optimism during adversity are functions of faith communities that especially benefit people with disabilities and their loved ones. For example, the

⁶ Military Family Research Institute at Purdue University. (n.d.). *How to Help Series*. Retrieved from: <https://www.mfri.purdue.edu/resources-and-research/how-to-help-series/>

⁷ U.S. Department of Veteran Affairs. (2018). *VA National Suicide Data Report 2005-2016*. s.l. Office of Mental Health and Suicide Prevention.

⁸ U.S. Department of Veteran Affairs. (2016). *Arizona Veteran Suicide Data Sheet 2016*. s.l. Office of Mental Health and Suicide Prevention.

⁹ Military Family Research Institute at Purdue University. (n.d.). *How to Help Series*. Retrieved from: <https://www.mfri.purdue.edu/resources-and-research/how-to-help-series/>

frequency of attendance to religious services for children with special needs was found to be positively correlated with their parents' rating of family life. Being better able to cope with the day-to-day demands of raising children with special needs was included in the list of positive outcomes for these families. Parents of children with special needs who experienced love and acceptance reported their congregations were sources of great strength and support.¹⁰

Beth Tefillah, a Jewish congregation in Scottsdale, Arizona, supports their members with special needs and their families in various ways. They offer inclusion support, community education and training, social groups for children and adults, a monthly inclusionary service, sign language interpreters for community events and religious services, and adult residential support.¹¹ Scottsdale Bible Church's Special Ministries provide safe place for more than 100 of their members with special needs to worship together and build community.¹² They have classes for adults and children with disabilities twice a week at their Shea campus.

Families in Crisis

Families Experiencing Homelessness

According to the U.S. Department of Housing and Urban Development, 554,000 people in the nation were homeless in 2017. Based on reports from Maricopa, Pima, and rural counties in 2017, Arizona's homeless population was estimated to be over 37,000. Almost two-thirds (59 percent) were in Maricopa County. Faith communities have been consistent in addressing homelessness throughout history. Caring for vulnerable and homeless populations is a universal mission for faith communities and faith-based organizations (FBOs) around the world.

Almost 30 percent of homeless people in Maricopa County are families, mostly single mothers with children.¹³ In 2017, the Phoenix/Mesa metro area ranked in the top ten cities for highest number of homeless individuals and families in the U.S.¹⁴ Due to the domino effect of homelessness, families need stabilizing resources and services that assist with housing, employment, childcare, transportation, parenting and education. Several FBOs and local congregations have established programs to prevent and reduce homelessness in Arizona. One example is the Phoenix Rescue Mission, located in downtown Phoenix. They operate several programs that serve the hungry and the homeless, providing food, lodging, substance abuse treatment, social support, and spiritual transformation. Their Changing Lives Center for Women and Children is the only faith-based recovery program in the region that offers long-term, comprehensive services to women and children.¹⁵

Families Impacted by Substance Use

Substance abuse continues to have an adverse and lasting impact in the lives children and families nationwide. Recently, the opioid epidemic in the U.S. has spurred government and civil leaders to action.

¹⁰ Religioninsights.org. (2018). *7 Ways Congregations Can Embrace People with Special Needs*. Insights into Religion.

¹¹ Beth Tefillah. (2018). *Gesher Disability Resources*. Retrieved from: bethtefillahaz.org

¹² Scottsdale Bible Church. Special Ministries. Retrieved from: scottsdalebible.com

¹³ Traylor, M. (2017). *Homelessness in Arizona Annual Report 2017*. Phoenix : Homeless Coordination Office Arizona Department of Economic Security Division of Aging and Adult Services.

¹⁴ Henry, M., Watt, R., Rosenthal, L., and Shivji, A. (2017). *The 2017 Annual Homeless Assessment Report to Congress*. s.l. U.S. Department of Housing and Urban Development Office of Community Planning and Development.

¹⁵ The Phoenix Rescue Mission. *Homelessness*. Retrieved from: <https://phoenixrescuemission.org/homelessness/>

In Arizona, Governor Doug Ducey, with unanimous support, signed the Arizona Opioid Epidemic Act into effect, designating \$10 million for addiction treatment and setting a notable example for other states. Governor Ducey supports partnerships with the faith community in addressing many of the state's social issues.¹⁶ Several Arizona FBOs, along with other community organizations, have been resourced to provide opioid prevention and treatment programs.

According to the Substance Abuse and Mental Health Services Administration, faith is a key component to coping and recovery. There are several ways in which faith communities serve families impacted by substance use. Many local congregations open their sanctuaries and meeting rooms to the public for substance use recovery support groups. Approximately 70 churches in Arizona host Celebrate Recovery groups, a faith-based 12 step program. Through a partnership with the Arizona Governor's Office of Youth, Faith and Family, Terros Health and Sonoran Prevention Works, Celebrate Recovery regional leaders across the state were trained and equipped with naloxone, an opioid overdose reversal medication.

Families in the Child Welfare System

There is a strong, positive relationship between child welfare and religion. Compassion for children and a commitment to family life are common ground between the faith community and professionals concerned about the well-being of children.¹⁷ Taking responsibility for one another and caring about their neighbors is a hallmark of many faith communities' beliefs and value systems. Therefore, their mission inherently calls them to improve the quality of life for families and children.¹⁸ In recent years, child welfare agencies and coalitions have published guides and tool kits that outline best practices for collaborating with faith partners. In their guide, *Finding Common Ground: A Guide for Child Welfare Agencies Working with Communities of Faith*, AdoptUSKids highlights ways in which communities of faith play a significant role in human services and offers 12 partnership practice principles for agencies and systems to strengthen their collaborations with the faith community.

In 2017, the U.S. had over 440,000 children in foster care, with almost 270,000 entering and more than 247,000 exiting care.¹⁹ In part, through collaboration with the faith community, Arizona has seen a decrease of 16 percent in the number of children and youth in out-of-home care (from 16,700 in 2017 to 14,059 as of November 2018).²⁰ The vast majority of children and youth in out-of-home care in Arizona reside in family-home settings (38 percent with relatives/kin and 42 percent in licensed family foster homes). Arizona's Faith communities and FBOs combine resources to ensure children are placed in safe and nurturing environments - foster or adoptive. Arizona 1.27, an interfaith initiative emerged to encourage and support foster and adoptive parenting, exemplifies such collaboration. The organization provides statewide trauma-informed training and technical assistance to lay people to help them develop and sustain ministries that provide specialized care for foster and adoptive families. Currently ninety churches in Arizona are affiliates of Arizona 1.27.

¹⁶ Kennedy, N. (August, 2018). *Most Recent*. Retrieved from: <http://www.sharedjustice.org/most-recent/2018/8/13/the-faith-community-in-action-a-response-to-the-opioid-crisis>

¹⁷ Mikula, G. R., Anderson, J. (2012). *Spirituality and Religion in Child Welfare Practice*. Retrieved from: nacsw.org/Download/CSW/ChildWelfare.pdf

¹⁸ Cipriani, M. J., Henneman, K., McKenzie, J.K. (2012). *Resources*. Retrieved from: http://www.adoptuskids.org/_assets/files/NRCRRFAP/resources/finding-common-ground.pdf

¹⁹ U.S. Department of Health and Human Services, Administration for Children and Families. (2018). *AFCARS Report #25*. Retrieved from: <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

²⁰ Arizona Department of Child Safety. (Dec., 2018). *Department of Child Safety - Monthly Operational Report_Dec 2018*.

Families involved with the child welfare system also benefit from established agencies that have offered comprehensive services for decades. Local and national FBOs such as Catholic Charities, Jewish Family & Children Services, Christian Family Care, and Harvest of Hope operate programs in Arizona that support families with varying levels of child welfare involvement. Contracted with the Arizona Department of Child Safety, these organizations provide group homes, access to foster and adoptive families, family preservation, counseling, therapy, and behavioral health services with the goal of keeping families together.

CarePortal

Faith communities have proven to be dynamic and essential partners for families at risk of entering the child welfare system. Nationally, 1,735 churches partnering with CarePortal have served 33,336 children in eighteen states, to date.²¹ By partnering with CarePortal, congregations have an opportunity to serve at least one of ten purposes that support the well-being of children and families. Those purposes include strengthening biological families, preventing foster care entry, reunifying families, supporting or preserving foster, kinship, or adoptive placement and supporting transitioning youth.

In Arizona, the CarePortal Project is a partnership between the DCS, CarePortal and FBOs. CarePortal equips caseworkers at DCS with a network of local congregations through a communications platform that allows case workers to notify partnering churches of a family's specific need. Congregations then identify members who are able and willing to assist the family. The needs of the families can vary; and whether it's a request for baby items or home repairs, the faith community responds to the call.

Arizona faith communities that partner with CarePortal are bridging gaps to help families comply with DCS standards of safety to prevent children from entering the foster care system. From inception to December 2019, 4,409 children have been served through CarePortal in Arizona with an estimated economic impact of \$1,561,011. Currently, 113 churches are participating in the Arizona counties of Pima, Maricopa, and Yuma (with plans for additional expansion in 2019).

Arizona Trauma-Informed Congregation Movement

Adverse Childhood Experiences (ACEs) and trauma are common and impact people in American communities regardless of socioeconomic status, ethnicity, age, or gender. Arizona holds the less-than-distinguished honor of leading the nation in the percentage of children who have experienced between 3-8 ACEs.²² SAMHSA describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."²³ Health care providers, educators, business professionals, and government officials are all becoming more aware of and sensitive to the widespread effects of trauma on society and daily life.

With the increased awareness of trauma and its impact on individuals, families, and communities, the faith communities in Arizona are collaborating to inform and train clergy and lay people on identifying, addressing, and preventing trauma in their congregations. Pastor Sanghoon Yoo of the Faithful City is

²¹ Arizona Department of Child Safety. (Dec., 2018). *Department of Child Safety - Monthly Operational Report_Dec 2018*.

²² CarePortal. (n.d.). *Home*. careportal.org. Retrieved from: <https://careportal.org/>

²³ Substance Abuse and Mental Health Administration. (n.d.). *Trauma & Violence*. Retrieved from: <https://www.samhsa.gov/trauma-violence>

leading the effort with the Arizona Trauma Informed Faith Community. Pastor Yoo, through collaboration with the Arizona ACE Consortium, has rallied several congregations across the state, creating regional trauma-informed congregation leaders. These leaders champion the movement and recruit clergy and congregations in their area, and train, equip, and support them in becoming trauma-informed ministries. There are monthly meetings and trainings held in each region that members can attend to stay up to date on key issues related to trauma and ACEs, network with other trauma-informed congregations and receive on-going support. As this movement gains ground, many families in Arizona will be better supported by their faith communities.

Governor's Office of Youth Faith and Families

Communities can benefit from better coordinated supports when federal, state, and local agencies recognize the value in creating sustainable partnerships with faith communities and FBOs. In Arizona, these partnerships aim to improve the quality of life for all Arizonans - especially the most vulnerable. In recognition of the important link between family well-being and the faith community, the Council on Child Safety and Family Empowerment (CSFE) was authorized under Executive Order 2015-08.²⁴ Staffed by the Governor's Office of Youth, Faith and Family, the Council consists of 29 members appointed by the Governor and is chaired by First Lady Angela Ducey. The Council's mission is to align, leverage, and coordinate faith-based and community resources to address challenges faced by vulnerable children and families within the child welfare system. In addition, the Council provides additional supports to strengthen families that are caring for both foster and adopted children.

From 2015 to 2018, the Council on Child Safety and Family Empowerment has born witness to the excellence and dedication of Arizona's faith communities and FBOs in their provision of prosocial support, services, and resources for all families; including families with special needs or those that are in crisis. Faith communities and FBOs are invaluable partners in bolstering family well-being through their involvement and advocacy in social issues such as substance abuse, homelessness, and child welfare.

²⁴ Office of the Arizona Governor, Doug Ducey. (2019). Council on Child Safety and Family Empowerment. Governor's Office of Youth, Faith and Family. Retrieved from: <http://faithandcommunity.az.gov/faith-and-community/faith-and-community/council-child-safety-and-family-empowerment>

COMMUNITY CAPACITY

*By Virginia Watahomigie, M.ADM
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Nonprofits

Arizona nonprofit agencies play a crucial and cost-effective role in the state's prevention strategies and response to child welfare issues. Generally, missions of nonprofit agencies are geared toward meeting the long-term needs of our children and families, making nonprofits a strong defense and response system for the needs of our communities.

Nonprofits Expand Financial Capacity of Communities

Nonprofits are often engaged in multiple fundraising avenues including seeking grants and donors, thereby allowing them to expand their financial resources from the State beyond the bounds of the annual general fund allotment for services. The increase of funding to services through fundraising of nonprofit agencies is tremendous. For example, there have been drives for homeless and runaway youth in Northern Arizona, donations for pajamas and holiday parties for foster families in Southern Arizona, and the influx of large federal grants for programming across the state.

Nonprofits Expand Social Capital of Communities

Nonprofits are committed to change and engage in community outreach and because of this, they attract volunteers, supporters and community members who are interested in banding together to provide support for the needs of our communities. The collective impact of nonprofits and individuals banding together in a cause exemplifies and showcases the magnitude of response that is possible when varied groups come together. The nature and missions of nonprofits become natural lightning rods to attract the support of various members of the community toward a cause.

WORKING TOGETHER

The Foster and Adoptive Council of Tucson worked together to support a strong recruitment and retention strategy for foster families in Pima County by:

- Creating a strong informational presentation
- Monthly orientations with agencies taking turns giving the presentation and all agencies presenting to answer questions, allowing a one-stop for interested families
- Marketing and advertising of orientation events
- Planned retention strategies such as Foster Care Appreciation Events and "Blue Ribbon" Campaigns
- Referrals among agencies to support best fit of services based on client need
- Support and coordination for drives and giveaways to support families

Nonprofits Expand Service Availability and Accessibility for Communities

Crucial services such as Parent Aid, Foster Care Recruitment and Supervision, Shelter Services and In-home services are provided by nonprofit agencies throughout the State. For example, these programs provide:

- Supervised family visitations that are required when a child is removed
- Connections to foster families for placement of children in unsafe situations
- Shelter for a parent removing him or herself from a domestic violence situation
- In-home therapy and counseling needed to help families heal while allowing children to remain with family

These nonprofits work hard to meet the challenges of providing quality services, meeting regional demands and develop solutions to counteract the numerous challenges that may be faced.

Many non-profits that don't have contracts with the State of Arizona still provide support to families in ways that support the state as a whole. Some of the services these non-profits provide address families' basic needs such as clothing, food and utility support funds. Communities are benefitting tremendously when programs are lifting individuals up through meeting various needs.

Submitted by Arizona's Children Association

A father was referred for Parent Aide Services in September of 2017. As a young parent and having little engagement with his child, he expressed concern and an overall lack of self-confidence in his ability to parent a young child, but consistently expressed his love and care for his daughter. He was actively involved in services from the beginning and worked hard to engage positively with his daughter's current placement, her maternal grandmother, who had been her consistent caregiver for most of her young life. He expressed his overall satisfaction and gratitude for having the opportunity to engage in Parent Aide Services, citing the skills sessions as providing the support he needed to gain confidence in his ability to build a meaningful relationship with his daughter. This is a story of success, where a young child was able to maintain a permanent home with the caregiver she has always known, while still having regular contact with her father who is now a consistent, supportive adult in her life.

Nonprofits Facilitate Collective Impact and Best Practice Adoption

Arizona benefits by having nonprofits committed to best practice, quality programs, ongoing staff development and long-term strategies to promote healing, sustainability and support to our communities (combined with the nonprofit agency's ability to raise funds for these high-quality programs).

Additionally, nonprofits are integral in creating systems of collective impact where many different nonprofits come together and pool their resources and capacity to extend the reach and services available to a given population. For example, in Southern Arizona, Foster and Adoptive Council of Tucson (FACT) was instrumental in creating recruitment and retention strategies for foster and adoptive families. This collaborative approach expanded the abilities, reach, scope and sophistication of strategies to meet the need compared to what any one agency could have done on their own.

Northern Arizona has the Coconino Coalition for Children & Youth (CCC&Y). Through cooperation and targeted strategies, non-profits, governmental entities and businesses are working together in this group to impact the prevention of child abuse and community response to trauma.

One success the CCC&Y realized was bringing Kevin Campbell, an internationally known child welfare expert, to Northern Arizona in 2017 for a project related to family finding and “changing casework as usual.” Mr. Campbell provided coaching and high-level training focused on creating a culture shift towards best practice work among the staff of nonprofit agencies and systems in Coconino County. This approach had been tried in the past but the effectiveness was limited to individuals that received training within their nonprofit, and did not extend to any outside partners. The Kevin Campbell project in Northern Arizona was different as the goal was to train as many agencies and personnel as possible across the county. Child welfare operates on a system of teams for the child (case managers, behavioral health, education, community, etc.). The level of coordination achieved on the Kevin Campbell project would not have been possible without the tremendous support and cooperation of numerous nonprofit partners.

Many Challenges Threaten Nonprofits

Frequent Changes in Mandates to Nonprofits Causes Inefficiency and Instability

A large challenge for nonprofits is the shift in goals, services or outcomes that happen frequently, sometimes suddenly, and often with little input of the affected nonprofits. Nonprofits often work diligently, and at much cost to recruit, train, develop and monitor their teams. They often make technological investments that allow for data and outcome collection. They create policies and systems to support the best practice and meet contractual requirements. When there are large shifts, newly created policies and systems often have to be scrapped and restarted at large costs in terms of dollars and time.

For example, after the recession, nonprofits that provided visitation services for parents with children in out-of-home care (a required service by law) stopped receiving referrals from the state. These nonprofits had just recently started this contract and had large and new teams. The lack of referrals resulted in massive layoffs across the state. However, because it is a required service, nonprofits were shortly thereafter instructed to rehire so that referrals could once again resume.

Anyone who is responsible for managing staff members understands how draining a problem like this is to an entire system. Aside from the personal toll this took on the workers and families, the cost to nonprofits was tremendous.

Cost Savings Mindset Threatens Quality and Innovation

The current focus on cost savings in Arizona over quality is another challenge for nonprofits. Many nonprofits struggle to provide needed services for their current contracts with the state, but at the same time see how much services could improve if stakeholders were willing to invest in quality services.

This lack of investment requires nonprofits to make difficult decisions that can impact quality. Yet, many nonprofits choose to invest in quality, regardless of difficulties. These investments are evidenced by staff credentials, training, ongoing development, and going above and beyond basic contractual requirements. Nonprofits focused on quality are able to maximize opportunities by working together to provide the highest level of service possible. If given additional funds, these high quality nonprofits could be trusted to do more and create even better outcomes.

Conversely, many nonprofits have noticed that some of their peer agencies do not meet the same high-quality standards. For example, when nonprofits do not invest in recruiting, hiring and developing a

high-quality work force they create teams of individuals who lack needed skills and knowledge to perform their jobs. A lack of knowledgeable and skilled workers limits a family's ability to achieve positive outcomes. For example, it is crucial that staff have a solid understanding of human development to identify abuse and trauma and effectively promote and monitor the highest quality of care for children. Unfortunately, quality nonprofits and nonprofits meeting minimum standards work on the same state contracts because there is an emphasis on cost over a nonprofit's quality and level of service.

Conclusion

Nonprofits provide much needed services to the state and they expand the dollars available to provide these services through their fundraising efforts. Careful, fully informed decisions are important prior to changing policies because nonprofit agencies will invest significant resources to make any new process function well.

Sometimes change is necessary, especially as new advancements are made, and it is important to seek nonprofit input prior to making changes. Nonprofits have valuable information both in terms of best practice, what is already being done, what is possible, and the cost to do business. It is also crucial to make "quality" a guiding value. There is ample evidence that shows us clearly the cost to society (homelessness, incarceration, mental and physical health concerns) when we do not safely and appropriately meet the needs of children and youth. The impacts of our decisions today have generational consequences for decades to come. While it is important to save on costs wherever possible, it is important to consider other guiding values.

This is an exciting time in Arizona because we are learning how to be a trauma informed state, we are reducing our numbers of foster children and we are assessing how to best provide child abuse and neglect prevention services, which will offer long-term savings. As we move forward with these exciting changes, we must remember that nonprofits, especially when supported through proper policy and practice, are an invaluable part of a strong, cost-effective, and outcome driven system of child welfare.

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ARIZONA TOWN HALL PUBLICATIONS

**Indicates publications no longer in print*

Town Hall	Date	Subject	Town Hall	Date	Subject
1.*	Oct. 1962	Arizona's Tax Structure	61.	Oct. 1992	Free Trade: Arizona at the Crossroads
2.	Apr. 1963	Welfare Policies & Administration	62.	Apr. 1993	Hard Choices in Health Care
3.*	Oct. 1963	Elementary & High School Education	63.*	Oct. 1993	Confronting Violent Crime in Arizona
4.	Apr. 1964	Arizona's Water Supply	64.*	May 1994	Youth At Risk: Preparing Arizona's Children For Success In The 21st Century
5.*	Oct. 1964	Revision of Arizona's Constitution	65.	Oct. 1994	American Indian Relationships in a Modern Arizona Economy
6.*	Apr. 1965	Gearing Arizona's Communities to Orderly Growth	66.	May 1995	Making the Grade: Arizona's K-12 Education
7.	Oct. 1965	Public Land Use, Transfer & Ownership	67.	Oct. 1995	Public Spending Priorities in Arizona: Allocating Limited Resources
8.*	Apr. 1966	Crime, Juvenile Delinquency & Corrective Measures	68.	May 1996	Arizona's Growth and the Environment—A World of Difficult Choices
9.*	Oct. 1966	Higher Education in Arizona	69.	Oct. 1996	Building a Community of Citizens for Arizona
10.	Apr. 1967	Do Agricultural Problems Threaten Arizona's Total Economy	70.	May 1997	Forging an Appropriate Transportation System for Arizona
11.*	Oct. 1967	Arizona's Tax Structure & Its Administration	71.	Oct. 1997	Ensuring Arizona's Water Quantity and Quality into the 21st Century
12.*	Apr. 1968	Mental Health & Emotional Stability	72.	May 1998	Meeting the Challenges and Opportunities of a Growing Senior Population
13.	Oct. 1968	Traffic & Highways	73.	Oct. 1998	Who Is Responsible for Arizona's Children?
14.*	Apr. 1969	Civil Disorders, Lawlessness & Their Roots	74.	May 1999	Future Directions in Arizona Health Care
15.	Oct. 1969	Economic Planning & Development	75.	Oct. 1999	Uniting a Diverse Arizona
16.	Apr. 1970	The Future of Health & Welfare in Arizona	76.	May 2000	Higher Education in Arizona for the 21st Century
17.*	Oct. 1970	Preserving & Enhancing Arizona's Total Environment	77.	Oct. 2000	Values, Ethics and Personal Responsibility
18.*	Apr. 1971	The Arizona Indian People & Their Relationship to the State's Total Structure	78.	May 2001	Moving All of Arizona into the 21st Century Economy
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24.*	Apr. 1974	Land Use Planning for Arizona	84.	Jun. 2004	Pre-K - 12 Education: Choices for Arizona's Future
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48.	May 1986	Social Services in Arizona: Increasing Needs—Changing Resources	108.	April 2016	Arizona & Mexico
49.	Oct. 1986	Arizona's Changing Economy	109.	Nov. 2016	Financing Arizona's Future
50.	May 1987	Culture & Values in Arizona Life	110.	Nov. 2017	Funding preK-12 Education
51.	Oct. 1987	Arizona's Relations with Northern Mexico	111.	Nov. 2018	Criminal Justice in Arizona
52.	May 1988	Air Quality in Arizona	112.	Nov. 2019	Strong Families Thriving Children
53.	Oct. 1988	Civil Justice in Arizona/How Much? For Whom?			
54.	May 1989	SOS: Save Our Schools . . . Save Our State			
55.	Oct. 1989	Of Dreams, Deeds & Dollars . . . Achieving Better Mental Health Care in Arizona			
56.	May 1990	New Directions for Arizona: The Leadership Challenge			
57.	Oct. 1990	The Many Faces of Economic Development in Arizona			
58.	Apr. 1991	Arizona's Taxing Choices: State Revenues, Expenditures & Public Policies			
59.	Oct. 1991	Preserving Arizona's Environmental Heritage			
60.	Apr. 1992	Harmonizing Arizona's Ethnic & Cultural Diversity			



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