



**ARIZONA SUBSTANCE ABUSE TASK FORCE
Arizona Access to Treatment Work Group**

**September 12, 2016
1:00 p.m.
Governor's Executive Tower
1700 West Washington Street, Suite 230
Phoenix, Arizona 85007**

A general meeting of the Access to Treatment work group was convened on September 12, 2016 at 1700 W. Washington Street, Suite 230 Phoenix, Arizona 85007, notice having been duly given. The following work group members were present and absent:

Members Present (16)	
Debbie Moak , Governor's Office of Youth, Faith and Family	
Jonathan Maitem , Honor Health	
Sherry Candelaria , Mentally Ill Kids In Distress (MIKID)	
Michael Carr , Department of Child Safety	
Jennifer Carusetta , Health System Alliance of Arizona	
Haley Coles , Community Member	
Lee Pioske , Crossroads	
Susan Junck , Arizona Health Care Cost Containment System (AHCCCS)	
Dawn Scanlon , Community Member	
Dennis Regnier , CODAC	
Robert Johnson , Arizona Perinatal Care Center	
Peggy Chase , Terros	
Jeff Taylor , Salvation Army	
Elaine Ellis , Phoenix Children's Hospital	
Mary Hunt , Maricopa Integrated Health System	
Denise Dain , St. Luke Behavioral Health Center	
Staff/Guests Present (4)	Members Absent (5)
Alexandra O'Hannon , Governor's Office of Youth, Faith and Family	Doray Elkins , Community Member
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	Eddy Broadway , Mercy Maricopa Integrated Care
Angie Last Name Unknown , Member of the Public	Reuben Howard , Pascua Yaqui Tribe
Name Unknown , Member of the Public	Michael White , Community Medical Services
	Frank Scarpati , Community Bridges

A. Call to Order

Co-Chair **Debbie Moak** called the meeting to order at 1:09 p.m. A quorum of sixteen (16)

members and four (4) staff and community members were present.

B. Welcome, Introductions, and Group Norms

Sharon Flanagan-Hyde asked the work group members to introduce themselves. She reminded the group about the meeting norms.

C. Approval of the Meeting Minutes

Members reviewed the meeting minutes for the work group that occurred on June 29, 2016. A motion was made and seconded to accept the minutes. The minutes were accepted without modification.

D. Presentation: What Stood Out?

Sharon asked work group members what stood out for them at the last full Task Force Meeting.

- It was interesting that different things are available in different parts of the state. We should make a recommendation that successful services should be implemented throughout the state.
- Agreement – there are nuances within each RBHA. Best and promising practices should cross boundary lines.
- In northern Arizona, especially tribal lands, it’s challenging to access treatment. People have to drive long distances.

E. Review, Discussion and Revision of Report Draft 1

Sharon and the work group members reviewed the document and made the following recommendations/requests for change:

Page	Line	Recommendations/Comments/Changes
25	25	CODAC should be modified to <i>CODAC Health Recovery Wellness</i> .
25	31	Salvation Army should be modified to <i>The Salvation Army</i> .
8	2	Peggy Chase recommended Intensive Outpatient and Early Intervention be added, and that Detox options be expanded. Michael Carr expressed the need to reestablish the CPS Expedited Substance Abuse Treatment Fund. Although required by legislature, this program has not been funded since 2009. Peggy offered to have her lobbyist look into this for the work group.
8	Unk	Michael recommended the Reference to Addicted Youth should move to line 20.
8	7	Expand this section.
8	11	Broaden this section to say that all medical providers (including nurse practitioners and physicians assistants) and community members should receive education on addiction. Lee Pioske said that law professionals should also receive training and education on substance abuse.
8	15-16	Peggy said Trauma Informed Care is critical, as is Motivational Interviewing.
8	18	Dawn recommended that the Regional Behavioral Health Authorities expand

		their detox options because having a single provider does not offer the patient choice.
8	33	Peggy recommended adding language that states the provider will remain responsible for the patient until the patient has successfully been transitioned to another provider. Debbie supported Peggy's recommendation and reminded the work group members that patients are often lost in the shuffle because they do not know they have the right to receive help.
10-11	All	Jeff Taylor recommended combining the sections titled, <i>Prison Transition and Recidivism Prevention</i> ”.
10	24-28	Jeff and Peggy agreed that on paper, the Department of Corrections appears to have the appropriate programs and systems in place to successfully transition inmates into the community; however, the program has limited impact because the detained outnumber the available resources. Sharon summarized that it is important to ensure the Department of Correction's plan has been implemented. Jeff recommended that Terros Health expand its existing program, because it has proven successful.
11	31	Lee recommended language be added recommending that the state and county government systems work together and better leverage resources.
11	31	Add language that reflects recognizing a substance abuse disorder as a disease, and not personal deficiencies. Lee recommended that all first time non-violent offenders be offered diversion programs. Jeff reported that Bill Montgomery has a program like this titled, the Felony Pre-trial Intervention Program.
12	13	Peggy reminded participants that Medicaid dollars cannot be used to provide services in jails or prisons. She recommends exploring funding through grants, or shift funds with the 1115 waiver.
12	24	Peggy reported there is a need for sober living environments.
12	24	Debbie recommended writing criteria that must be met in order for the provider to be paid. Lee, Dawn Scanlon and Jeff reminded the group that the treatment homes are not required to be licensed because they send patients outside of the home to receive treatment and are essentially, functioning as a boarding house. Jeff added the development of these types of environments is tricky because they must adhere to Housing and Urban Development (HUD) requirements.
12	Unk	Debbie asked the group what they would like to make a recommendation specific to the Sober Housing. The members' responses were as follows: <ul style="list-style-type: none"> • Dr. Jonathan Maitem recommended shifting funding to drive treatment.

		<ul style="list-style-type: none"> • Dennis Regnier reported this is complicated because there are a few providers who are licensed. • Debbie asked the group whether a work group should be formed to develop standards. Peggy responded that because they are unlicensed and private pay providers, they are not required to adhere to standards put forth by the state. • Lee recommended the criteria that was in place until October 2013 be reinstated.
13	Unk	<p>Jeff reported that Arizona is removing a lot of kids and putting them into the Department of Child Safety's (DCS) custody.</p> <p>Michael reported the system waits for abuse to occur before they help families. He recommends the system be proactive and offer the families help to prevent the need to remove children from the home. Treatment providers should assist/educate families, including children and adults.</p> <p>Peggy stated that supports are critical and Jeff pointed out that DCS should enter into relationships collaboratively instead of as a regulator.</p> <p>Mary Hunt recommended that a support system be developed for families that can help navigate the system. Families do not always know there are services available.</p> <p>Sherry Candelaria reported that there is a volunteer program that helps people to better understand the patient and their family.</p> <p>Dawn informed the group that Florida has a bill that addresses illegal sober living environments.</p>

Additional discussion that occurred outside of the recommendations are:

- **Denise Dain** acknowledged the Governor's Office of Youth, Faith and Family's Treatment Locator and added that the state needs a single locator that runs well and is consistently updated. 211 does not function well because it has not been updated. She also reported that programs like Terros Health's *Connect to Care* help families navigate the system.
 - **Peggy** added that there was discussion of having an 811 phone line at one time. The line would be used to address substance abuse and behavioral health calls.
- **Debbie** informed the group that she is inviting police chiefs to have breakfast with Gloucester Massachusetts Police Chief Campanello.
- **Jeff** added that police need to reinvest themselves in their communities so that relationships can be formed/reestablished

F. Call to the Public

One community member requested to speak. **Angie** (last name unknown) reported that licensed providers can only report what they are licensed to provide. **Noah Campbell** may bring ethical marketing back. She recommends a “tip line” be created and added that **Senator Bartos** and **Representative Brophy McGee** are working on this.

G. Adjourn

Debbie asked for a motion to adjourn; **Jonathan** motioned and **Dawn** seconded the motion. **Debbie** adjourned the meeting at 2:48 p.m.

Dated September 12, 2016
Arizona Access to Treatment work group
Respectfully Submitted By:
Alexandra M. O’Hannon
Program Administrator, GOYFF

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