



ARIZONA SUBSTANCE ABUSE TASK FORCE
Arizona Prevention and Early Intervention Work Group

September 12, 2016
3:00 p.m.
Governor's Executive Tower
Suite 230
1700 West Washington Street
Phoenix, Arizona 85007

A general meeting of the Arizona Prevention and Early Intervention 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 (11)	
Debbie Moak , Governor's Office of Youth, Faith and Family	
Sherry Candelaria , Reach Family/Alcanza Servicios de Familia	
Michael Carr , Department of Child Safety	
Jennifer Carussetta , Health System Alliance of Arizona	
Deb Gullett , Arizona Association of Health Plans	
Dawn Scanlon , Community Member	
Claire Scheuren , The Partnership	
Mary Hunt , Maricopa Integrated Health System	
Jonathan Maitem , Honor Health	
Cindy Beckett , Flagstaff Medical Center	
Jeff Taylor , Salvation Army	
Staff/Guests Present (2)	Members Absent (1)
Alexandra O'Hannon , Governor's Office of Youth, Faith and Family	Kate Brophy-McGee , Legislator
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	

A. Call to Order

Co-Chair, **Debbie Moak** called the meeting to order at 3:00 p.m. A quorum of eleven (11) members and two (2) staff/guests were present.

B. Welcome and Introductions

Sharon Flanagan-Hyde asked the Work Group members to introduce themselves. She reminded the group of their norms.

C. Approval of the Meeting Minutes

Members reviewed the meeting minutes for the work group meeting that occurred on June 30, 2016. **Michael Carr** made a motion to approve the meeting minutes and **Sherry Candelaria** second the motion. The meeting minutes were approved without modification.

D. Discussion: Presentations-What Stood Out?

The work group members did not discuss this topic.

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/Modifications/Comments
2	24	Cultural Competency will need to be clearly defined.
2	22-31	Claire Scheuren stated the wording is too strong. She recommends incorporating the phrase, “Challenging to implement with fidelity.”
25	Table	Dr. Maitem requested his affiliation be modified to reflect, “HonorHealth.”
3	5-10	Cindy Beckett recommended adding the words, “As defined by the Task Force” to the definition. Also, clarify that there is inappropriate use of prescription medications because in the current state, it implies that prescription medications are inappropriate.
3	13-30	Cindy recommended the section reflect the words, “Alcohol and Drug Use” Also, replace the term “addict” with “individual living with a substance abuse disorder.”
3	30	Modify the word, “stores” to say “stories”
3	31-32	Modify/clarify the sentence.
4	1-3	Deb Gullett recommended the first bullet be clarified. She suggests adding “Add or shift priorities of dollars.” The goal is to take existing jail and prison dollars and use them to support prevention activities.
4	8	Eliminate the term “Essential Messaging.”
4	25	Claire recommended adding, “disseminate substance abuse prevention tools to schools, the public and primary care providers.”
4	27-28	Claire recommended changing the language to state, “Mental health issues/disorders that may lead to a substance abuse condition. Jeff Taylor recommended moving “homelessness” to the end of the consequences, OR change the language to state, “Exasperate the challenges faced by someone who is living with an addiction.”
4	35-38	Michael recommended changing the sentence to include county juvenile and adult probation and the Department of Correction.
4	40	Change to state, “engage support”.
5	17	Deb recommended adding, “The State will ensure the use of the CSPMP is robust and user friendly.”
5	17	Mary Hunt suggested adding language, “Standardize education is available for providers on the Governor’s website.” The easier it is to use, the more frequently providers will use it.

5	16-34	<p>Dawn Scanlon recommended increasing education about substance use in medical schools.</p> <p>Cindy suggested working to also educate dental, nurse practitioner and physician assistance schools.</p> <p>Mary added that all schools that have residency programs should be educated. Deb supported that position and added that curriculum should be developed.</p> <p>Claire suggested educating patients and the general public on non-narcotic options to manage pain. Deb made the workgroup members aware that this may prove problematic with payers and insurance companies, who may find physical therapy and other forms of pain management expensive.</p> <p>Mary Hunt added that the Health Plan’s methodologies for treatment must include evidence-based practices. Physicians will need to be educated on how to document the need for non-prescription therapies.</p>
6	8-9	<p>Claire recommended replacing the word “municipalities” with a better term. She further reported that school-based prevention programs are not mandated in the state of Arizona, thus there is no systemic prevention education program.</p> <p>Debbie provided an update on the Governor’s Office of Youth, Faith and Family’s (GOYFF) “Healthy Family- Healthy Youth Program”. The program is going extremely well and she looks forward to rolling it out in every middle school. She further stated that suspending children for using substances is not effective; schools should implement programs such as “Teen Intervene”.</p> <p>Debbie also informed the work group that the GOYFF intends to put out a Release For Grant Award that that will allow schools to implement the prevention program or after school program of their choice. She would like to promote the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) program. Other work group participants added that legislators should require schools offer prevention programs. Connecticut requires their schools to choose their program from a menu of prevention programs.</p>
7	10-33	<p>Michael recommended having children assessed or screened on a routine basis, and referred to treatment if warranted. He also suggests providers be encouraged to use Early Intervention programs.</p>

Discussion that occurred outside of the recommendations specific to messaging. included:

- **Debbie** informed the work group of the GOYFF’s intent to offer a Youth Treatment Locator soon. This locator will function much like the Provider Treatment Locator.

- **Claire** recommended developing a flyer that includes various area specific treatment providers, and offering it to primary care physicians and pharmacies.
- **Dr. Jonathan Maitem** informed that thirty (30) percent of Emergency Room physicians' income will be directly correlated to a patient survey. It was noted that this may reflect poorly on physicians who limit the use of narcotic pain medications out of concern for the patient's wellbeing.
- **Debbie** shared the GOYFF's social media strategies, "OvercomingAwkward.org" and "I'veGotSomethingBetter.org"

F. Call to the Public

Not required as there were no members of the public present.

G. Adjourn

Jonathan made a motion to end the meeting and **Dawn** seconded the motion. **Debbie** adjourned the meeting at 4:17p.m.

Dated September 12, 2016
Prevention and Early Intervention Work Group
Respectfully Submitted By:
Alexandra M. O'Hannon
Program Administrator, GOYFF