



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

**May 11, 2016
1:00 p.m.
Governor's Executive Tower
Suite – 230
1700 West Washington Street
Phoenix, Arizona 85007**

A general meeting of the Access to Treatment Work Group was convened on May 11, 2016 at 1700 Washington Street, Suite 230 Phoenix Arizona, 85007, notice having been duly given.

Members Present (15)	
Debbie Moak , Governor's Office of Youth, Faith and Family	
Jonathan Maitem , Honor Health	
Sherry Candelaria , MIKID	
Michael Carr , Department of Child Safety	
Jennifer Carussetta , Health System Alliance of Arizona	
Denise Dain , St. Luke Behavioral Health Center	
Haley Coles , Community Member	
Lee Pioske , Cross Roads	
Doray Elkins , Community Member	
Mary Hunt , Maricopa Integrated Health System	
Susan Junck , Arizona Health Care Cost Containment System (AHCCCS)	
Dawn Scanlon , Community Member	
Sherry Candelaria , MIKID	
Dennis Regnier , CODAC	
Robert Johnson , Arizona Perinatal Care Center	
Staff/Guests Present (2)	Members Absent (6)
Alexandra O'Hannon , Governor's Office of Youth, Faith and Family	Reuben Howard , Pascua Yaqui Tribe
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	Peggy Chase , Terros
	Michael White , Community Medical Services
	Jeff Taylor , Salvation Army
	Eddy Broadway , Mercy Maricopa Integrated Care
	Frank Scarpati , Community Bridges

A. Call to Order

Co-Chair **Debbie Moak** called the meeting to order at 1:00 p.m.

B. Welcome and Introductions

Sharon Flanagan-Hyde asked the work group members to introduce themselves. She reminded the group of their norms which included:

- Members are to speak candidly
- One person should speak at a time
- Be respectful
- Self-monitor to ensure there are no tangents
- Work toward consensus

C. Volunteer To Report at the Task Force Meeting

Sharon asked for a volunteer to report on the Access to Treatment work group's updates at the Arizona Substance Abuse Task Force meeting that is scheduled to occur on May 25, 2016. **Susan Junck** offered to provide the updates.

D. "Our Stories": Lives Impacted by Substance Abuse

Doray Elkins spoke about her experience with her daughter and her identification of the need for a transitional pathway to aid those who have detoxified from heroin maintain their sobriety.

Dawn Scanlon shared her family's story with addiction and explained why she continues to advocate for improving substance abuse treatment in the state of Arizona.

The work group commended both **Dawn** and **Doray** on sharing their stories and had further discussion regarding sober living homes. Concern was expressed about:

- The homes not being required to be licensed nor regulated.
- They have little experience in working with substance abuse.
- Patients bring illegal substances into the home which challenges residents' ability to maintain sobriety.
- Homes are often poorly maintained and in areas where drugs are readily available.
- Treatment facilities/homes are able to avoid licensure requirements because they send patients to other providers who are licensed for treatment, and the home essentially functions only in the capacity of sleeping quarters.

Michael Carr reported there are no programs for youth that are evidence-based. Facilities that claim they are using evidence-based practices are not using them to their fidelity. Youth do have access to treatment when they are in detention; however, they have no access to effective intensive outpatient programs.

Denise Dain explained that people who go to sober living usually have to go to homes that are located in problematic areas because they have felonies on their record.

Debbie stated she would like to hear a presentation from licensure to talk about the licensure process. She will work with the Governor's Office administration to arrange this. She would

also like to know if other states regulate sober living homes. **Alexandra O'Hannon** agreed to research the answer to this question.

Lee Pioske reported that in 2013, treatment centers were offered the opportunity to become unregulated. This resulted in a decrease in the quality of services delivered. Since patients were sent out of the home to get clinical/therapeutic treatment, the homes no longer needed to be licensed.

Lee also informed the group that insurance companies are being taken advantage of. The treatment programs contract with individuals who search for addicts on the facility's behalf, and the facility then gives them money for doing so. These types of referrals are illegal.

Facilities are also signing patients up for insurance when they admit them. Once the patient leaves the facility and they have collected their payment from the insurance company, they will then drop the patient's insurance policy.

Doray told the members that her daughter approached the owner of the treatment program she is currently in and asked them to create an "Alumni" program so she would not have to go to a home where other residents are using drugs.

The Phoenix Rescue Mission's Changing Lives Center for Women & Children, a faith-based recovery program in Phoenix, was mentioned as a safe and effective model for a long-term, comprehensive approach to sober living.

Sharon asked the members if they had concerns about the percent of individuals for whom Vivitrol was not an option. **Doray** explained that she has conducted research on this topic and has interviewed judges, police officers, physicians and police chiefs; and as long as the patient is opiate free, the medication is not contraindicated.

Mary Hunt stated she would like to see more pregnant women treated with Suboxone.

Haley Cole would like to see diversity in Medication-Assisted Treatment (MAT), adding admission into programs and homes are sometimes contingent upon their MAT status. Some programs and homes require individuals to be off MAT to be admitted.

Haley further reported that patients who go in and out of treatment are at greatest risk for dying.

E. Discussion: Leading Change 2:0

Sharon asked the work group for their thoughts on this article. Work group members reported there was consistency between the article and the direction the Arizona Health Care Cost Containment System is going in.

Jennifer Carusetta stated integration will impact the current programs because in their current context, the system is too complicated and people give up. Integration provides a pathway to better care. Systems need to find ways to partner because it will make patients' lives better.

Sherry Candelaria reported if doctors are not aware of what is going on and the patient is not educated, there may be negative outcomes. It is best to share medical records.

Michael suggested the use of screening toolkits.

Jonathan Maitem agreed with **Michael's** comment and cautioned that doctors are already overly taxed [in conducting the necessary screenings and examinations/diagnoses during visits]. It is best that patients become accustomed to self-reporting. Self-initiated discussion enhances commitment on the patient's behalf.

Mary recommended having staff other than the doctor also participate in the screening process. She also reminded members that the substance abuse and mental health treatment programs are not black and white.

Michael added that work force limitations have resulted in credentialing non-licensed staff who see patients. As long as providers have access to Motivational Interviewing, oversight, and evidence-based practices to follow, he is not concerned.

Debbie stated she envisions an Arizona where everyone, from providers to family members, has some knowledge about substance abuse. She then inquired about the cost of treatment. **Mary** responded that to some extent, patients have the ability to negotiate their rates. It was recommended that patients have across the board knowledge of what services cost and that there should be consistency.

Lee added that everyone needs to pitch in, even if it means providers have to negotiate lower rates.

F. Review of Questions/Key Information

Sharon reviewed the key elements that were touched on during the meeting.

Jonathan stated that sometimes fifty percent of the emergency room is full of patients with substance abuse and mental health issues, and that he had a patient who was in the facility for 14 days without substance abuse and mental health treatment because he was waiting for a treatment bed.

Haley added there needs to be separate dollars available to create additional beds. **Dawn** responded there would be additional dollars if the system stopped funding expansion of prison beds.

Denise reported it is unrealistic to think a patient will detox in three days. She recommended working to change how insurance companies think about detox.

Michael pointed out that teens tend to do better in intensive outpatient treatment in lieu of inpatient programs. **Denise** suggested programming should include after school outpatient treatment programs because missing school is not an option.

Doray stated this type of change starts on top with laws, regulation and accountability. There are many pieces at play.

G. Other Business

Debbie announced Governor Ducey will sign the Naloxone and Controlled Substances Monitoring Program Bill tomorrow. The Neonatal Abstinence Syndrome work group will be invited to witness the event. **Haley** was recognized for her diligent efforts to work on this issue.

Members were informed that there will be a special on CNN news about pain medications tonight.

H. Call to the Public

There were no members of the public at the Work Group; subsequently, there were no requests to speak.

I. Adjourn

Debbie adjourned the meeting at 2:56 p.m.

Dated May 12, 2016
Arizona Access to Treatment Work Group
Respectfully Submitted By:
Alexandra M. O'Hannon
Program Administrator, GOYFF