



## Arizona Substance Abuse Task Force

October 5, 2016  
Governor's Executive Tower  
2<sup>nd</sup> Floor Conference Room  
1700 West Washington Street  
Phoenix, Arizona 85007

A general meeting of the Arizona Substance Abuse Task Force was convened on October 5, 2016 at 1700 West Washington Street, Phoenix Arizona 85007, notice having been duly given. Present and absent were the following members of the Commission:

<b>Members Present (25)</b>	
<b>Debbie Moak</b> , Governor's Office of Youth, Faith and Family	
<b>Sara Salek</b> , Arizona Health Care Cost Containment System (AHCCCS)	
<b>Cindy Beckett</b> , Flagstaff Medical Center	
<b>Eddy Broadway</b> , Mercy Maricopa Integrated Care	
<b>Kate Brophy-McGee</b> , State House Representative	
<b>Michael Carr</b> , Department of Child Safety	
<b>Reuben Howard</b> , Pascua Yaqui Tribe	
<b>Peggy Chase</b> , Terros	
<b>Haley Coles</b> , Community Member	
<b>Doray Elkins</b> , Community Member	
<b>Elaine Ellis</b> , Phoenix Children's Hospital	
<b>Robert Johnson</b> , Arizona Perinatal Care Center	
<b>Mary Hunt</b> , Maricopa Integrated Health System	
<b>Dennis Regnier</b> , CODAC Health, Recovery and Wellness Inc.	
<b>Denise Dain</b> , St. Lukes Behavioral Health Center	
<b>Lee Pioske</b> , Cross Roads	
<b>Jeff Taylor</b> , Salvation Army	
<b>Sherry Candelaria</b> , Alcanza Servicios de Familia, Reach Family Services	
<b>Glenn Waterkotte</b> , Retired Medical Director, Banner Desert Medical Center	
<b>Thelma Ross</b> , National Council on Alcohol and Drug Dependency	
<b>Deb Gullett</b> , Arizona Association of Health Plans	
<b>Dawn Scanlon</b> , Community Member	
<b>Susan Junck</b> , Arizona Health Care Cost Containment System (AHCCCS)	
<b>Jennifer Carussetta</b> , Health System Alliance of Arizona	
<b>Claire Scheuren</b> , Pima Prevention Partnership	
<b>Staff/Guests Present (15)</b>	<b>Members Absent (4)</b>

<b>Alexandra O'Hannon</b> , Governor's Office of Youth, Faith and Family	<b>Michael White</b> , Community Medical Services
<b>Christina Corieri</b> , Governor's Administration	<b>Jonathan Maitem</b> , Honor Health
<b>Sharon Flanagan-Hyde</b> , Flanagan-Hyde Associates	<b>Frank Scarpati</b> , Community Bridges
<b>Deb Curt</b> , Guest	<b>Gagan Singh</b> , Banner Health
<b>Angie Geren</b> , Addiction Haven	
<b>Ed Upshaw</b> , Mesa Police Department	
<b>Sara Ruman</b> , Arizona Department of Health Services	
<b>Ann O'Brian</b> , Guest	
<b>Jacqueline Mathis</b> , Hacienda Children's Hospital	
<b>Kathy Davis</b> , Guest	
<b>Eric Thompson</b> , Guest	
<b>Jennifer Fost</b> , Hacienda Children's Hospital	
<b>Stephanie Niemyiski</b> , Hacienda Children's Hospital	
<b>Julie Read</b> , Guest	
<b>Shiela Sjolander</b> , Arizona Department of Health Services	

**A. CALL TO ORDER**

**Debbie Moak, Co-Chair**, called the Arizona Substance Abuse Task Force (Task Force) meeting to order at 3:01 p.m. with a quorum of twenty-five (25) members and fifteen (15) staff, presenters and guests present.

**B. WELCOME AND INTRODUCTIONS**

**Debbie** welcomed the commissioners and asked them to introduce themselves. She credited them for their ongoing commitment to the Task Force.

**C. APPROVAL OF MINUTES**

Members reviewed the meeting minutes for the Substance Abuse Task Force meeting that occurred on August 24, 2016. **Denise Dain** made a motion to approve the minutes as is, without modifications or corrections and **Dennis Regnier** second the motion. The minutes were approved as is, without modification or corrections.

**D. REVIEW OF DRAFT 2.1**

**Sharon Flanagan-Hyde** went over the group norms and explained that members will review Draft 2.1 and provide feedback and recommendations for modification/change. The following feedback and modifications were recommended by the Task Force members:

Methodology (pages 1-2)

- There were no changes recommended for this section.

Evidence-Based, Emerging and Promising Practices (page 2)

- It was agreed that recommendations made by **Michael Carr** in a separate email should be incorporated into the document. The language being proposed came from the Center of Disease Control.

- Additional language should be added; specifically: *The decision about which evidence-based practice to use should be left to the discretion of the provider.*

#### Cultural Competency (pages 2-3)

- There were no changes recommended for this section.

#### Working Definition of Prevention (page 4)

- **Kate Brophy-McGee** recommended that lines 12 and 13 be modified to include medical practices and healthcare settings.

#### Reducing Stigma (page 4)

- Line 28 should be modified to state: *This requires shifting from a culture of shaming to one of recovery.*

#### Prevention (pages 4-8)

- Discussion occurred around the recommendation that funding be shifted from one agency to another. It was decided that it was not within the Task Force's scope to make such recommendations. The group decided that the following statement should be added in lieu of the original recommendation: *Increase funding to support prevention and early intervention.*
- Page 5 Line 6 should be modified to state: *Supporting Arizona schools with drug education and resources can go a long way toward addressing early substance use and school culture.*
- **Kate** suggested Recommendation 3a be modified to state: *Prescription pain medications can be addictive and should only be used as prescribed.*
- Page 5 Line 32 should be modified to state: *Engage children and adolescents in building their social skills, character, and coping skills, so they have the tools needed to decline when offered substances.*
- **Peggy Chase** recommended Page 5 Line 34 be modified to include the following language: *Engage youth to take the lead in educating their peers about the consequences of drug use by connecting them with education and supportive resources like "Safe Talk for Teens.*
- **Kate** recommended that the substanceabuse.azgov be added to Page 5 Line 40.

#### Prescriber Education and Guidelines (pages 6-8)

- **Kate** recommended Page 7 Line 7 be modified to state: *Prescribers in Arizona are required to access and update the Controlled Substance Prescribing Monitoring Database (CSPMD) before prescribing a controlled substance to a patient.*
- Page 7 Lines 31-35. Task Force members discussed the inclusion of specific providers (**McJunkin** and **Lynch**) into the document as an example of a promising practice/best practice. **Denise Dain** recommended reviewing information from the Center of Excellence for alternative, non-medication based ways to manage pain.
- **Ruben Howard** suggested that either **McJunkin** and **Troy's** presentation be included in the Task Force's final report, or that readers be directed to where they can find their presentation.

- **Doray Elkins** recommended having **McJunkin** and **Troy** included as an example of a treatment option.
- Page 7 Line 37 should be modified to state: *Educate patients and the general public on non-narcotic options to manage pain including complementary and alternative medicine.*
- Page 8 Lines 1-20 should be moved to lines 18-20.
- Page 8 Line 18 **Sara Salek** reported having discussed the measurement of pain as the fifth vital sign with Director Betlach who recommended removing this recommendation.
- The members discussed efforts to integrate the Health Information Exchange and the CSPMP. It was agreed that the program should be more user friendly. **Christina Corieri** agreed to propose language for inclusion into the final report.

#### Data Collection on Overdose Deaths (page 8)

- **Peggy** recommended the following language be added: *Encourage jurisdictions to identify the drug(s) through a toxicology analysis for inclusion on the death certificates of individuals who die from drug overdose. Have medical examiners appropriately and consistently identify drug use of overdose as a cause of death.*

#### School-based Prevention Programs (pages 8-9)

- Add the recommendation that the *Healthy Families- Healthy Youth* program be expanded to include all middle schools.
- Add a recommendation that substance abuse education should become a routine part of the education curriculum.

#### Transition from Intervention to Treatment (page 10)

- **Debbie** reported on the long-term cost savings associated with the Screening, Brief Intervention and Referral to Treatment (SBIRT) process. **Sara** agreed the process is valuable, but may require the addition of upfront resources.
- Page 10 Line 15 should be modified to state: *Increase affordable resources for readily available services.*
- Page 9 Line 32 d. should be modified to state: *As a part of the required health curriculum, prescreen for potential substance use precursors using Adverse Child Experiences and screen for substance abuse using the adolescent SBIRT process.*
- Work group members agreed to move this section to the Access to Treatment section of the report.

#### Overdose Treatment (page 11)

- Page 11 Line 7 should be modified to include the following language: *Treatment of overdoses is incomplete without a referral to a substance abuse treatment provider.*
- A general statement was made about the need to engage hospital physicians in training on generating referrals to substance abuse and mental health providers.

#### Addiction Treatment (page 12-13)

- Page 12 Line 22 should be modified to include the following language: *Assess for the 24/7 availability of appropriate treatment levels.*

- Page 12 Line 25 should include: *outpatient detox, inpatient detox and outpatient providers.*
- Page 13 Lines 1-2 replace the words “substance abusers” with strength-based language such as *individuals living with a substance abuse disorder.*
- Page 13 Lines 7-9 should be modified to state: *AHCCCS should consider developing contract requirements around having the Regional Behavioral Health Authorities (RBHAs) expand contract options.*
- Page 13 Line 10 should be modified to include commercial plans and managed care organizations.

#### Criminal Justice System (page 13)

- There were no changes recommended for this section.

#### Diversion Programs (page 13)

- Members recommended this section be deleted.

#### Youth Detention (page 14)

- Delete Lines 23-26.

#### Prison Transition and Recidivism Prevention (pages 14-16)

- Page 15 Line 38 should be modified to state: *Destigmatize substance abuse and focus on treatment.*
- Page 16 Lines 1-2 should be deleted and replaced with: *Explore grant funds to pay providers to deliver treatment services in jails and prisons.*
- Page 16 Lines 9-11 should be modified to: *Ask the Governor’s Office of Youth, Faith and Family to convene a work group to decide what Arizona’s version of “Ban the Box” should look like. Christina made work group members aware that research has indicated that “Ban the Box” has had adverse consequences for minorities.*
- Page 16 Line 13 should reflect *Substance Use Disorder* instead of Substance Abuse Disorder.
- Page 16 Line 14 should be modified to state: *Change the culture of over-institutionalization of individuals living with a substance use disorder (SUD). Offer mandatory treatment as an option in lieu of incarceration for individuals who are not a fugitive from justice. Consider alternative programs like the Arizona Angel Initiative as a means to provide treatment instead of imposing legal consequences.*
- Page 16 Lines 27-29 should be modified to read: *Support and expand programs that assist patients with navigating different levels or care/step down programs, and ensure that services are quality-based.*
- Page 17 Lines 11-12 should be modified to state: *Encourage and educate police departments throughout Arizona to implement an Angel Initiative program that includes coordination with Medication-Assisted Treatment (MAT) providers.*
- Page 17 Line 13 should be modified to state: *Expand the Arizona Angel Initiative to additional counties to better assist individuals to secure treatment during their “moment of clarity” while reducing costs for law enforcement.*

#### Sober Living Homes (pages 17-18)

- **Doray** recommended a committee be formed to address the impact of House Bill 2107.
- Page 17 Line 37 should be modified to state: *Review the Sober Living Network and identify minimum quality standards for a Sober Living Home.*

#### Supporting Families and Caregivers (page 18)

- Delete lines 13-16.

#### MAT Modalities (pages 19-21)

- There were no changes recommended for this section.

#### MAT Issues (page 21)

- Sara reported that AHCCCS is looking at misuse of MAT medications.

#### Adolescents and Young Adults (page 21)

- Page 21 Line 31 should be modified to include the following language: *Opportunities for developing leadership skills through the sharing of substance use treatment.*

#### Medicaid Coverage (page 21)

- **Sara** will provide language to replace lines 33-37.

#### Increase the Availability of MAT Providers (pages 22-23)

- There were no changes recommended for this section.

#### Comprehensive Addiction and Recovery Act (CARA) (page 24)

- There were no changes recommended for this section.

#### Worker's Compensation and Prescriptions (page 24)

- There were no changes recommended for this section.

#### Example of an Outpatient MAT Protocol (pages 25-27)

- Page 26 Lines 29-31 should include the following language: *Expand contracted providers for MAT and expand the availability and use of non-opiate MAT programs.*
- Page 26 Line 32 should be modified to state: *Create and maintain a real-time statewide locator for available detox service providers, who incorporate appropriate assessments and treatment modalities.*
- Page 26 Lines 33-35 should be deleted.
- Page 27 Line 8 should include the following language: *One example of a potential grant funded resource is the Gilead Sciences, Inc. Frontlines of Communities in the United States (FOCUS) program. This program provides funding for the human immunodeficiency virus and hepatitis C testing as a standard testing protocol in integrated care settings.*
- General comment: Strengthen language around public health issues and have resources to educate patients so they can learn about their conditions.
- General comment: It is not appropriate to tell prescribers when and what they should prescribe.

Neonatal Abstinence Syndrome (page 28)

- **Jeff Taylor** recommended strengthening language around the availability of day care.

**E. CALL TO THE PUBLIC**

Four (4) members of the public requested to speak to the Task Force.

- **Julie Reed** spoke about the Substance Abuse and Re-entry program. She informed members of her concern that her community has changed due to programs that are not well monitored.
- **Eric Thompson** also spoke to members about the Substance Abuse and Re-Entry program and he expressed concerns about improper management and the risks this creates for the community.
- **Ann O'Brien** spoke about the Substance Abuse and Re-Entry program in her community. She expressed concerns about their poor supervision of patients who reside there.
- **Jennifer Frost** informed work group members about Hacienda Children's Hospital. This hospital offers provides an environment for addicted infants who need a low stimulant environment. She reported that hospitals prefer to keep these babies because they benefit financially.

**F. Debbie** asked members for a motion to adjourn the meeting; **Dawn Scanlon** made the motion to adjourn and **Elaine Ellis** second the motion. The meeting was adjourned at 5:09 p.m.

Dated the 7<sup>th</sup> day of October, 2016  
**Arizona Substance Abuse Task Force**  
Respectfully Submitted By:  
Alexandra M. O'Hannon  
Program Administrator  
Governor's Office of Youth, Faith and Family