



## Arizona Substance Abuse Task Force

May 25, 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 May 25, 2016 at 1700 West Washington Street, Phoenix, Arizona 85007, notice having been duly given. Present and absent were the following members of the Task Force:

### Members Present (27)

<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 Inc.
<b>Haley Coles</b> , Community Member
<b>Doray Elkins</b> , Community Member
<b>Elaine Ellis</b> , Phoenix Children's Hospital
<b>Deb Gullett</b> , Arizona Association of Health Plans
<b>Mary Hunt</b> , Maricopa Integrated Health System
<b>Susan Junck</b> , Arizona Health Care Cost Containment System (AHCCCS)
<b>Lee Pioske</b> , Cross Roads
<b>Dennis Regnier</b> , CODAC Health, Recovery and Wellness Inc.
<b>Dawn Scanlon</b> , Community Member
<b>Frank Scarpati</b> , Community Bridges
<b>Claire Scheuren</b> , Pima Prevention Partnership
<b>Gagan Singh</b> , Banner Health
<b>Jeff Taylor</b> , Salvation Army
<b>Glenn Waterkotte</b> , Retired Medical Director, Banner Desert Medical Center
<b>Michael White</b> , Community Medical Services
<b>Jennifer Carussetta</b> , Health System Alliance of Arizona
<b>Jonathan Maitem</b> , Honor Health
<b>Sherry Candelaria</b> , Alcanza Servicios de Familia, Reach Family Services
<b>Thelma Ross</b> , National Council on Alcohol and Drug Dependency
<b>Lee Pioske</b> , Cross Roads

Staff/Guests Present (15)	Members Absent (3)
<b>Alexandra O’Hannon</b> , Governor’s Office of Youth, Faith and Family	<b>Denise Dain</b> , St. Lukes Behavioral Health Center
<b>Christina Corieri</b> , Governor’s Office	<b>Robert Johnson</b> , Arizona Perinatal Care Center
<b>Sharon Flanagan-Hyde</b> , Flanagan-Hyde Associates	<b>Debbie Moak</b> , Governor’s Office of Youth, Faith and Family
<b>Danny McKone</b> , Guest	
<b>Jo Jones</b> , Guest	
<b>Leslie Blowers</b> , Guest	
<b>Kim Kelley</b> , Presenter and Guest	
<b>Steve Grams</b> , Presenter and Guest	
<b>Jeff Gray</b> , Guest	
<b>Monica Coury</b> , Arizona Health Care Cost Containment System	
<b>Vista Thompson</b> , Presenter and Guest	
<b>Virginia Hoaglan</b> , Presenter and Guest	
<b>Karen Hellman</b> , Presenter and Guest	
<b>Diane Aycock</b> , Guest	
<b>Sean Gunderson</b> , Guest	

**A. CALL TO ORDER**

**Sara Salek, Co-Chair**, called the Arizona Substance Abuse Task Force (Task Force) meeting to order at 3:11 p.m. with a quorum of twenty-seven (27) members and fifteen (15) staff, presenters and guests present.

**B. WELCOME AND INTRODUCTIONS**

**Sara Salek** welcomed the members and asked them to introduce themselves.

**C. APPROVAL OF MINUTES**

Members reviewed the meeting minutes for the Task Force meeting that occurred on April 13, 2016. The minutes were approved unanimously without modification or corrections.

**D. REPORT: PREVENTION AND EARLY INTERVENTION (PEI) WORK GROUP**

**Sherry Candelaria** provided an update on the PEI Work Group’s activities. **Jennifer Ortiz**, Detention Specialist/JDAI Coordinator and **Steve Tyrell**, Arizona Supreme Court, Administrative Office of the Courts, provided a presentation on the Juvenile Detention Alternatives Initiative (JDAI).

Details on the PEI Work Group that occurred on May 11, 2016 can be found at the link below:

[http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/prevention\\_and\\_early\\_intervention\\_meetng\\_minutes\\_5-11-16\\_posted\\_.pdf](http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/prevention_and_early_intervention_meetng_minutes_5-11-16_posted_.pdf)

#### **E. REPORT: NEONATAL ABSTINENCE (NAS) SYNDROME**

**Deb Gullett** provided an update on the NAS Work Group's activities. The NAS Work Group members were the recipients of a presentation on NAS data by guest presenter, **Jennifer Dudek**.

Details on the Neonatal Abstinence Syndrome Work Group that occurred on May 12, 2016 can be found at the link below:

[http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/draft\\_minutes\\_of\\_nas\\_5-12-16.pdf](http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/draft_minutes_of_nas_5-12-16.pdf)

#### **F: REPORT: ACCESS TO TREATMENT WORK GROUP**

**Susan Junck** provided an update on the Access to Treatment Work Group's activities. The Work Group members were the recipients of presentations by fellow members, **Doray Elkins** and **Dawn Scanlon**, who shared their family's experiences with substance abuse.

Details on the Access to Treatment Work Group that occurred on May 11, 2016 can be found at the link below:

[http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/access\\_to\\_treatment\\_meeting\\_minutes5-11-16\\_posted.pdf](http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/access_to_treatment_meeting_minutes5-11-16_posted.pdf)

#### **G. REPORT: MEDICATION-ASSISTED TREATMENT (MAT)**

**Haley Coles** provided an update on the MAT Work Group's activities. The Work Group members were the recipients of two (2) presentations; **Dr. Rick Sloan** and **Dr. Lenn Ditmanson** presented on different MAT modalities.

Details for the Medication-Assisted Treatment Work Group that occurred on May 12, 2016 can be found at the link below:

[http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/mat\\_5-12-16\\_draft\\_minutes\\_posted.pdf](http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/mat_5-12-16_draft_minutes_posted.pdf)

#### **H: PRESENTATION ON PRISON TRANSITIONS (Steve Gramms)**

- **Steve Gramms** of Sage Counseling was the first presenter to speak on the topic of Prison Transitions.
  - Sage Counseling's Transition Program was originally designed to treat first-time offenders; however, the program has evolved and now serves anyone who is considered to be a low risk offender. The program is no longer limited to clients with substance related offenses.
  - The program is structured to:
    - Allow an offender to be released 90 days earlier than their court ordered sentence.
    - Provide both counseling and case management services. As participants tend to struggle 6-8 weeks after their release, counseling and case management help to keep the client focused.

- Primarily collaborates with the criminal justice system; however, their largest contract is with the Department of Child Safety (DCS).
- Clients are not charged for services rendered. Program funding is based on money saved by releasing the inmate 90 days early. Inmates also pay five (5) percent of dollars earned while institutionalized, toward their post release treatment. 90 percent costs related to the program come from these two (2) sources.
- 75-80 percent of individuals finish the program.
- Recidivism is low (approximately 16 percent). Individuals who are newly released are carefully monitored because recidivism is most-likely to occur when the inmate is newly released.
- The average case load size is 15 clients per case manager. Case managers average approximately 1.5 hours per week, per client.

#### **I: PRESENTATION ON PRISON TRANSITIONS (Karen Hellman)**

- **Karen Hellman**, Arizona Departments of Corrections (ADC) presented on Prison Transitions.
  - The Transition Program for Non-Violent Drug Offenders is a legislated program that also allows inmates to be released 90 days early. It, like that of Sage Counseling, is funded in-part by inmates and through a Transition Fund.
  - A description of the organization's structure was provided via PowerPoint, as was an ADC Prison Operation Overview.
  - Personality characteristics, lack of family, school, or work and poor choice of recreational activities are identified as factors that contribute to an inmate's risk for recidivism.
  - ADC conducts needs assessments to ensure case managers coordinate appropriate services and resources once the inmate is released. This is done in collaboration with community agencies.
  - Transition preparation is critical. Many inmates no longer have access to their driver's licenses, social security cards, etc., and they will need these documents in order to be hired by an employer. Case managers assist their clients with obtaining these documents.
  - Another critical component of transitioning the inmate is access to medical and psychiatric services. Upon an inmate's release, they are given a 30 day supply of medications. If the inmate does not have an appointment with a medical or psychiatric prescriber, they may decompensate and/or experience an adverse outcome.
- **Haley** inquired about the rate of overdoses in the ADC program. Karen responded that she will check on this information and provide it in the future.

#### **J: PRESENTATION ON PARITY (Vista Thompson)**

- **Vista Thompson**, Blue Cross Blue Shield, presented on "Parity and Commercial Insurance".
  - Parity is applicable to health insurance plans beginning on and after July 1, 2014.

- Mental Health Parity (MHP) law has exemptions for small group plans that were grandfathered in. Non-grandfathered small group plans were swept in by the Affordable Care Act (ACA) and must offer essential health benefits.
- Parity does not force a plan to cover mental health or substance abuse treatment; instead, it mandates that should a health plan elect to cover this type of treatment, they must cover it as equally as they cover medical and surgical benefits.
- Financial requirements include deductibles, co-pays, and coinsurance.
- Insurance companies can use “any reasonable method” to determine the dollar amount. Based on allowed amount, not plan payment only.
- A plan can’t apply coinsurance on BH / SUD in-network outpatient benefits unless the plan applies coinsurance on at least  $\frac{2}{3}$  of all medical in-network outpatient benefits.
- Typically there are no limits on BH / SUD benefits; however, insurance companies may implement:
  - Medical management standards limiting/excluding benefits based on medical necessity/investigational/experimental.
  - Network tier design (for plans with multiple network tiers - preferred, participating, etc.).
  - Standards for provider network admission and participation, including reimbursement rates.
  - Step therapy and “fail first” therapy protocols.
  - Exclusions based on failure to complete a course of treatment.
  - Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits.
  - Criteria for medical necessity determinations.

#### **K. CALL TO THE PUBLIC**

Three members of the public requested to speak.

- **Diane Aycock** spoke to the Task Force about the loss of her son to heroin on June 5, 2013. Ms. Aycock reported her son was not given treatment because he did not have insurance. Ms. Aycock wanted to know what she can do to prevent any other families from having to experience what she has.
- **Joe Jones** spoke to the Task Force about the loss of her son and her commitment to creating a facility for NAS babies so that those who parent or foster them can also learn how to meet their complex needs.
- **Sean Gunderson** inquired about whether the Task Force will be publishing, creating, or recommending any Evidence-based Practices.

#### **L. ADJOURN**

**Sara Salek** adjourned the meeting at 4:58 p.m.

Dated the 27<sup>th</sup> day of April, 2016  
**Arizona Substance Abuse Task Force**  
Respectfully Submitted By:  
Alexandra O’Hannon  
Program Administrator  
Governor’s Office of Youth, Faith and Family