



Arizona Substance Abuse Task Force

August 24, 2016
Governor's Executive Tower
2nd Floor Conference Room
1700 West Washington Street
Phoenix, Arizona 85007

A general meeting of the Arizona Substance Abuse Task Force was convened on August 24, 2016 at 1700 West Washington Street, Phoenix Arizona 85007, notice having been duly given. Present and absent were the following members of the Commission:

Members Present (28)

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

Staff/Guests Present (24)	Members Absent (2)
Alexandra O’Hannon , Governor’s Office of Youth, Faith and Family	Claire Scheuren , Pima Prevention Partnership
Christina Corieri , Governor’s Administration	Susan Junck , Arizona Health Care Cost Containment System (AHCCCS)
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	
Shawn Nau , Health Choice Integrated Care	
Angie Geren , Addiction Haven	
Haley Horton , Cenpatico Integrated Care	
Theresa Baillie , ADAPT Pharma	
Danny McKone , Tether	
Jeff Gray , Axian	
John Koch , Guest	
Michelle Skurka , AHCCCS	
Gabriella Guerra , Mercy Maricopa Integrated Care	
Maria Fuentes , Casey Family Programs	
Kim Humphrey , Guest	
Jim Kreituz , Calvary Center	
Kevin Hughes , Guest	
George Patterson , Guest	
Justin Chace , Crisis Response Network	
Monica Coury , AHCCCS	
Frank , Guest	
Adella Cordova , Guest	
Lauren King , Tri-advocates	
Terry Stevens , Cenpatico Integrated Care	
Nick Savros , Community Medical Services	

A. CALL TO ORDER

Debbie Moak, Co-Chair, called the Arizona Substance Abuse Task Force (Task Force) meeting to order at 3:06 p.m. with a quorum of twenty-eight (28) members and twenty-four (24) staff, presenters and guests present.

B. WELCOME AND INTRODUCTIONS

Debbie welcomed the commissioners and asked them to introduce themselves.

C. APPROVAL OF MINUTES

Members reviewed the meeting minutes for the Substance Abuse Task Force meeting that occurred on June 22, 2016. **Doray Elkins** made a motion to approve the minutes as is, without modifications or corrections and **Dawn Scanlon** second the motion. The minutes were approved as is, without modification or corrections.

D. FINAL REPORT

Sharon Flannagan-Hyde provided an overview of what the last series of work group meetings and the final Task Force will consist of. Sharon will send the first draft of the key points to members later today (August 24, 2016). Members were instructed to review the entire report because it will reflect information discussed in each of the work groups, and to make recommendations for revisions. On October 5, 2016 the Task Force members will review the document section-by-section and should be ready to make recommendations.

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

Michael Carr provided an update on the PEI work group that was convened on June 29, 2016. Meeting minutes for the PEI work group can be found at:

The following updates were presented to the Task Force members:

- Personal stories were shared with the work group and members agreed the information was powerful and should be elevated to Governor Ducey.
- Emergency room doctors often do not have much training in the area of substance abuse and have instructed parents to get their children help, without directing them to a source for treatment/help.
- There is a need for quality transition services and stepdown programs.
- Screening, Brief Intervention and Referral to Treatment (SBIRT) should be incorporated into all appropriate settings.
- Treatment services should be culturally competent.
- Coroners are mislabeling deaths as accidental; subsequently, the data for substance related deaths may be underreported.
- In effort to reduce the likelihood of co-dependency, families of individuals who are living with a substance abuse disorder should also be provided treatment.
- Promote Evidence-based Practices in rural communities.

F. REPORT: NEONATAL ABSTINENCE SYNDROME (NAS) WORK GROUP

Kate Brophy-McGee provided an update on the NAS work group's activities. Meeting minutes for the NAS work group that occurred on June 30, 2016 can be found at:

http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/draft_minutes_of_nas_6-9-16.pdf

The following updates were presented to the Task Force:

- **Cindy Beckett** and **Renee Bartos** provided presentations on NAS.
- Mercy Maricopa Integrated Care (Mercy Maricopa) was credited for steps taken to meet the needs of this population.
- Screening protocols have not been updated in several years and should be reviewed.
- Arizona needs facilities that treat infants outside of hospital setting. The work group identified "*Lily's Place*" as being a model program that Arizona may want to look at and duplicate. The program is both cost-saving and clinically appropriate.
- Requirements for foster care parents are much more complicated than for biological parents.
- When a mother goes in for prenatal care and asks for help, she should be given a directory or resource list that identifies where she can go for treatment.
- Long-term outcomes of substance abuse were discussed.

- Screening protocol for universal urine drug screening at the time the patient presents for prenatal care and labor and delivery should be reviewed and updated.

G: REPORT: ACCESS TO TREATMENT WORK GROUP

Jeff Taylor provided an update on the Access to Treatment work group meeting that occurred on June 29, 2016. Meetings minutes for this work group can be found at:

http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/6-29-16_final_draft.docx_rev.pdf

The following updates were presented to the Task Force:

- The Department of Corrections (DOC) is developing a work group that may be able to oversee recidivism and problematic policies that keep inmates detained for minor infractions that occur while in the DOC's custody.
- People are released from prison with the same addictions they entered the facility with.
- The work group met with two program developers who have designed a multi-purpose (detox, long term treatment, social detox, etc.) facility based on AHCCCS rates. The facility is scheduled to open once it becomes licensed.
- The work group members offered recommendations to the provider which included:
 - The facility should be able to address dual diagnosis.
 - The facility should not be co-ed.
 - The facility should incorporate the use of opiate antagonists.
- The system should shift funding from the DOC to prevention and treatment so that patients do not recidivate due to substance related reasons.
- Naloxone should be distributed to the community at no cost to individuals who need it.
- Affordable day care is needed for mothers who are in recovery and have rejoined the workforce.
- There is a need for intensive outpatient treatment for kids. At this time, kids who are in need of this service are being sent out of state.

H: REPORT: MEDICATION-ASSISTED TREATMENT (MAT) WORK GROUP

Haley Coles provided an update on the MAT work group's activities. The meeting minutes for the MAT work group that occurred on June 30, 2016 can be found at:

The following updates were presented to the Task Force:

- Managed Care Organizations (MCO) should monitor their MAT providers to ensure they have the capacity to take patients.
- All physicians should be educated on MAT.
- The system has not been responsive to parents who ask for help.
- Integrated trainings are needed to educate a variety of different providers because they are all treating the same patients.
- There are limitations to the number of patients MAT providers are allowed to have in their care, based on the medication used to treat them.
- Physician's comfort with treating addiction and co-occurring conditions is important.

- The expansion of AHCCCS and the shift to move block grant dollars from the Regional Behavioral Health Authorities (RBHAs) is a factor that impacts ongoing discussion about MAT.
- AHCCCS pays for naltrexone.

I. PRESENTATION: OVERVIEW OF THE MEDICAID SERVICE DELIVERY SYSTEM FOR SUBSTANCE USE DISORDERS IN ARIZONA

Dr. Sara Salek and **Michelle Skurka** provided a presentation on the Medicaid service delivery system which was inclusive of the Substance Abuse Block Grant (SABG). The details of the presentation are contained within the PowerPoint, which can be located at the following link:

http://substanceabuse.az.gov/sites/default/files/meeting-documents/Substance%20Abuse/minutes/pei_draft_meeting_minutes.pdf

J. RESULTS OF THE QUESTION AND ANSWER SESSION

- Use of the Block Grant dollars is specific. The dollars can no longer be used for Flex Funds which have in the past, assisted with a variety of expenses such as helping a patient make a deposit on an apartment or purchasing items they need to set up an apartment (dishes, linens, etc.).
- Block grant dollars cannot be used to provide treatment services in the detention system.

K. REGIONAL BEHAVIORAL HEALTH AUTHORITIES (CENPATICO INTEGRATED CARE, HEALTH CHOICE INTEGRATED CARE, AND MERCY MARICOPA INTEGRATED CARE)

Representatives from all three RBHAs: **Terry Stevens**, **Ryan Kivela** and **Gabriella Guerra**, presented on the topic of service delivery in each of their regions. The details of the presentation are contained within the PowerPoint, which can be located at the following link:

L. DISCUSSION

The Task Force members asked questions throughout the RBHA representatives' presentations. Among the discussion that occurred was the following:

- A concern was expressed that Navajo Nation is geographically as large as Connecticut and yet, the RBHA does not provide treatment on the reservation. It was explained that the RBHA has made attempts to enter into memorandums of understanding with the Tribes, but the offers were declined. Some services are being provided to the Havasupai tribe.
- Cenpatico has secured a Jail Liaison in the jail. This staff is responsible for assisting the detained with transitioning back into the community. The importance of getting people enrolled in AHCCCS so that treatment is not interrupted was noted.
- Medicaid services cannot be provided when an individual is in jail. For those who are on AHCCCS at the time of confinement, coverage is suspended while the individual is detained and can be resumed once AHCCCS is notified of the person's release. This is a critical factor in ensuring the continuation of treatment.
- Mercy Maricopa's CCHP model focuses on keeping members healthy and stabilized by managing the full spectrum of care to minimize the need for more expensive interventions.

M. WRAP UP

Sharon reminded members to review the document she will be sending later in the day and to make recommendations/suggestions. The document will be discussed at each of the upcoming work groups. The Task Force will discuss final recommendations at the meeting scheduled to occur on October 5, 2016.

N. CALL TO THE PUBLIC

Three members of the public requested to speak to the Task Force.

- **Kim Humphrey** informed members that facilities are engaging in unethical practices in effort to gain patients. He reported that people are being paid a commission by the facilities to find patients. In some cases patients who are in recovery are told they will receive part of a commission if they were to relapse. Mr. Humphrey recommends the development of a “Tip Line” so that these practices can be investigated.
- **Theresa Bailey** informed the group about the nasal spray version of Narcan that ADAPT Pharma is the sole proprietor. She would like to collaborate with the community to get the medication out to the public.

O. Debbie asked members for a motion to adjourn the meeting; **Dr. Johnathan Maitem** made the motion to adjourn and **Eddy Broadway** second the motion. The meeting was adjourned at 4:58 p.m.

Dated the 26th day of August, 2016
Arizona Substance Abuse Task Force
Respectfully Submitted By:
Alexandra M. O’Hannon
Program Administrator
Governor’s Office of Youth, Faith and Family