



## Arizona Substance Abuse Task Force

March 23, 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 March 23, 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)

<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>Sherry Candelaria</b> , Mentally Ill Kids In Distress (MIKID)
<b>Michael Carr</b> , Department of Child Safety
<b>Jennifer Carussetta</b> , Health System Alliance of Arizona
<b>Peggy Chase</b> , Terros
<b>Haley Coles</b> , Community Member
<b>Denise Dain</b> , St. Luke Behavioral Health Center
<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>Robert Johnson</b> , Arizona Perinatal Care Center
<b>Susan Junck</b> , Arizona Health Care Cost Containment System (AHCCCS)
<b>Jonathan Maitem</b> , Honor Health
<b>Lee Pioske</b> , Cross Roads
<b>Dennis Regnier</b> , CODAC Health, Recovery and Wellness Inc.
<b>Thelma Ross</b> , National Council on Alcohol and Drug Dependency
<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

Staff/Guests Present (9)	Members Absent (1)
<b>Alexandra O'Hannon</b> , Governor's Office of Youth, Faith and Family	<b>Reuben Howard</b> , Pascua Yaqui Tribe
<b>Christina Corieri</b> , Governor's Administration	
<b>Sonya Pierce-Johnson</b> , Governor's Office of Youth, Faith and Family	
<b>April Miles</b> , Governor's Office of Youth, Faith and Family	
<b>John Raeder</b> , Governor's Office of Youth, Faith and Family	
<b>Sam Burba</b> , Governor's Office of Youth, Faith and Family	
<b>Steve Selover</b> , Governor's Office of Youth, Faith and Family	
<b>Billy Thrall</b> , Governor's Office of Youth, Faith and Family	
<b>Sharon Flanagan-Hyde</b> , Flanagan-Hyde Associates	

**A. CALL TO ORDER**

**Debbie Moak and Sara Salek, Co-Chairs**, called the Arizona Substance Abuse Task Force meeting to order at 3:00 p.m. with 28 members and nine (9) staff and guests present.

**B. OPENING REMARKS BY CO-CHAIRS**

**Debbie Moak** provided background on the Governor's commitment to addressing substance abuse and addiction in Arizona and shared information on the financial and personal impacts.

**Sara Salek**, Co-Chair and Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS), shared her personal background and credentials. She explained her role at AHCCCS and her commitment to helping the efforts of the Task Force.

**C. INTRODUCTIONS**

Task Force members introduced themselves and spoke briefly about their affiliations and interest in substance abuse prevention, addiction, and/or treatment.

**D. ARIZONA OPEN MEETING LAW**

**John Raeder** talked about his role at GOYFF and presented key points of the Open Meeting Law that apply to both the Task Force and Work Group meetings.

- A quorum (1/2 the membership plus 1) is required at each meeting.
- When responding to e-mails, do not select "reply all" because online discussion is considered a meeting if the number of participants is equal to or greater than a quorum. When sending an e-mail, put all recipients in the "blind copy" (Bcc) box to avoid a problem.
- The agendas of all meetings must be posted 24 hours in advance. They should list specific items. This helps keep discussions on point and avoid tangents.
- Minutes must be posted within 3 business days of each meeting.
- Each meeting will include a Call to the Public. Members of the public will be engaged at the appropriate time on the agenda. Members of the Arizona Substance Abuse Task Force may

ask staff to review the matter presented, and/or ask that the matter be placed on a future agenda.

## E. ARIZONA SUBSTANCE ABUSE TASK FORCE PLANNING

**Sharon Flanagan-Hyde**, Facilitator, explained the charge to the Task Force:

- Focus on addressing and reversing the growing epidemic of drug abuse and addiction in Arizona communities by finding the best treatments and reducing barriers to care.
- Provide recommendations on a variety of substance-abuse related issues, including:
  - Evidence-Based Practices
  - Neonatal Abstinence Syndrome
  - Medication-Assisted Treatment Best Practices

The objectives are to:

- Develop recommendations through facilitated monthly Task Force meetings and Work Group activities from March 2016 through October 2016.
- Present recommendations to Governor Ducey in November 2016.

Sharon thanked Task Force members for attending in person. For future Task Force and Work Group meetings, a teleconference line will be provided, but she encouraged people to make every effort to attend in person to enhance engagement and contributions.

Task Force members agreed to adhere to the following group norms:

- Help create an environment that allows all to speak candidly:
  - Listen with an open mind and a collaborative mindset.
  - Speak concisely and respectfully.
  - One person speaks at a time, as called upon by the facilitator.
- The full Task Force focuses on the overall goals; details and tactics will be handled by Work Groups.
- Stay focused on the topic at hand and self-monitor to avoid tangents.
- Work towards consensus on recommendations.

Sharon suggested members “leave titles at the door” and address one another by first name during meetings to create an environment that encourages all to offer thoughts and recommendations on an equal basis.

Suggested principles to guide the work included:

- Work toward action items in a strength-based, positive way.
- Keep discussions and recommendations:
  - Evidence-based
  - Data-informed
  - Informed by best practice
  - Culturally sensitive and competent
- Address prevention, early intervention, and treatment for those affected by substance abuse and addiction.

Commenting on these principles, **Jeff Taylor** addressed the concept of evidence-based practices and explained that approaches used by the Salvation Army, a faith-based organization, have stood the test of time and success, but are not evidence-based in the sense of research studies. Others said it is helpful to understand, without judging, the source of information. Evidence-based practices are not limited to data-driven or data-supported initiatives; rather, they are the intersection of research, clinical expertise, and the needs and desires of the individual.

The suggested Work Group topics were:

1. Access to Treatment
2. Evidence-Based Practices (EBP)
3. Neonatal Abstinence Syndrome (NAS)
4. Medication-Assisted Treatment (MAT)

All Task Force members are expected to participate in at least one Work Group. If a member would like to participate in more than one, Sharon asked that careful thought be given to having the time available to attend meetings. If people sign up for a Work Group and are unable to attend, that can impact being able to hold a meeting. Members may participate via teleconference. At its first meeting, each Work Group will develop a statement of goals and a timeline of tasks.

A question was asked about guests at Work Group meetings. Sharon asked that guests not be invited to the first meeting of each group, but thereafter, the group may invite experts to participate in specific meetings in order to provide information on their areas of expertise.

**Gagan Singh** asked that consideration be given to adding a Prevention and Early Intervention Work Group. Sharon explained that because meeting dates and facilitation are in place for four groups it would be logistically difficult to add a fifth group, but perhaps topics could be combined. **Debbie Moak** explained the different programs on Early Intervention and Prevention Work Group currently underway.

After extensive discussion, the Task Force reached consensus that Evidence-Based Practices (EBP) will be replaced by a Prevention and Early Intervention Work Group. EBP will be incorporated as relevant into the work of all four groups. The Work Groups will be:

1. Access to Treatment
2. Prevention and Early Intervention
3. Neonatal Abstinence Syndrome (NAS)
4. Medication-Assisted Treatment (MAT)

A question was asked about the GOYFF's thoughts on the scope of the Access to Treatment Work Group. **Debbie Moak** replied that it encompasses a range of barriers to treatment, including lack of available beds, delays in receiving appointments, lack of insurance, and gaps in treatment services. **Michael White** provided an example of the lack of transportation from jail to a treatment facility.

Additional conversation and points made by the Task Force include:

- **Kate Brophy-McGee** inquired about what will happen if consensus cannot be reached or there is a difference in opinion. She also wondered if people within a given Work Group would be likely to all have the same point of view. **Sara Salek** said that her experience with the Governor's Autism Spectrum Disorder Advisory Committee suggested that there would be a

wide divergence of perspectives, even among professionals in the same field, and that the facilitated discussion process would likely result in consensus on final recommendations.

- **Claire Scheuren** recommended that each Work Group have a common definition of EBP. She will provide one definition to Sharon, who will ensure that each Work Group consider and revise, if needed, the definition at the first Work Group meeting. Sharon will consolidate suggested revisions for the Task Force's consideration and approval.
- **Jeff Taylor** suggested that some information should be sent to the Governor as soon as possible because lives are at risk.
- **Haley Coles** talked about the importance of addressing access to treatment to prevent deaths.
- **Eddy Broadway** brought up workforce issues and the importance of ensuring that trained treatment providers are available and connected to appropriate positions.
- Other comments were made about the role of schools in this process and the importance of correcting misperceptions.
- Regarding Neonatal Abstinence Syndrome (NAS), **Kate Brophy-McGee** wants to focus on what happens to babies after they are born, and **Christina Corieri** encouraged the NAS Work Group to look into helping pregnant women before the children are born.
- **Doray Elkins** talked about her daughter's lack of success with Suboxone and Methadone. After much research, Doray learned about Vivitrol, an extended release injectable medication that blocks the high of opioids. Her daughter has been successful using Vivitrol. Doray is concerned about giving patients with opioid addiction more opioids (Suboxone and Methadone).
- **Cindy Beckett** mentioned decriminalizing substance abuse and focusing on treatment.
- **Dawn Scanlon** talked about the importance of treatment in prisons because they have a captive audience. **Michael White** reported that jails do provide Methadone. **Thelma Ross** said that jails are making good progress, but more needs to be done. **Debbie Moak** recommended that the Access to Treatment Work Group look into this.
- **Eddy Broadway** suggested looking at the available data, including specific prevalence in Arizona and national data. **Sara Salek** will provide data to the Task Force. **Deb Gullet** said that Arizona Department of Health Services (ADHS) is implementing the State Health Improvement Plan (SHIP). **Debbie Moak** will obtain data for the Task Force.
- **Cindy Beckett** said that it's important to take diversity into consideration, given Arizona's ethnic and cultural diversity.
- **Jeff Taylor** discussed the cost of incarceration. Prevention, early intervention, and effective treatment may be able to save the money associated with incarceration.
- **Doray Elkins** talked about the loss of foster families and the removal of children from families due to lack of treatment.
- **Michael White** recommended refocusing on Adult Recovery Teams (ART).

**Sharon** talked about ongoing communication through <http://substanceabuse.az.gov>. She can be reached at [sharon@flanagan-hyde.com](mailto:sharon@flanagan-hyde.com).

**F. CALL TO THE PUBLIC**

No public members submitted a request to speak.

**G. FUTURE MEETING DATES**

The next Task Force meeting is Wednesday, April 13, 2016 (Note that there was a typo on the list of dates).

**H. ADJOURN**

Sara Salek adjourned the meeting at 4:59 p.m.

Dated the 24th of March, 2016

**Arizona Substance Abuse Task Force**

Respectfully Submitted By:

Alexandra M. O'Hannon

Governor's Office of Youth, Faith and Family Program Administrator