



Arizona Substance Abuse Task Force

April 13, 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 April 13, 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 (26)

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
Denise Dain , St. Luke Behavioral Health Center
Doray Elkins , Community Member
Elaine Ellis , Phoenix Children's Hospital
Deb Gullett , Arizona Association of Health Plans
Mary Hunt , Maricopa Integrated Health System
Robert Johnson , Arizona Perinatal Care Center
Susan Junck , Arizona Health Care Cost Containment System (AHCCCS)
Lee Pioske , Cross Roads
Dennis Regnier , CODAC Health, Recovery and Wellness Inc.
Thelma Ross , National Council on Alcohol and Drug Dependency
Dawn Scanlon , Community Member
Frank Scarpati , Community Bridges
Claire Scheuren , Pima Prevention Partnership
Gagan Singh , Banner Health
Jeff Taylor , Salvation Army
Glenn Waterkotte , Retired Medical Director, Banner Desert Medical Center
Michael White , Community Medical Services

Staff/Guests Present (13)	Members Absent (3)
Alexandra O'Hannon , Governor's Office of Youth, Faith and Family	Sherry Candelaria , Mentally Ill Kids In Distress (MIKID)
Christina Corieri , Governor's Administration	Jennifer Carussetta , Health System Alliance of Arizona
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	Jonathan Maitem , Honor Health
Deborrah Miller , Governor's Office of Youth, Faith and Family	
John Raeder , Governor's Office of Youth, Faith and Family	
Sam Burba , Governor's Office of Youth, Faith and Family	
Steve Selover , Governor's Office of Youth, Faith and Family	
Sarah Rumann , Arizona Department of Health Services	
Eddie Sissons , Guest	
Monica Coury , Arizona Health Care Cost Containment System	
Danny McKone , Guest	
Sarah Esperanza , Guest	
Ivan Pembarlan , Guest	

A. CALL TO ORDER

Sara Salek, Co-Chair, called the Arizona Substance Abuse Task Force meeting to order at 3:09 p.m. with a quorum of twenty-six (26) members and thirteen (13) staff and guests present.

B. WELCOME AND INTRODUCTIONS

Sara Salek, Co-Chair and Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS), welcomed the commissioners and asked them to introduce themselves.

C. APPROVAL OF MINUTES

Members reviewed the meeting minutes and approved them; there were no modifications or corrections required.

D. OVERVIEW OF AGENDA AND GROUP NORMS

Sharon Flanagan-Hyde provided an overview of the agenda and reminded members about the group norms; specifically, she noted:

- As a courtesy to others, only one person should speak at a time;
- Be respectful and speak concisely; and,
- Keep an open mind and remember the overall goal is to reach consensus.

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

Dawn Scanlon, provided an update on the Prevention and Early Intervention Work Group's activities. The PEI Work Group:

- Reviewed the definition of Evidence-Based Practices (EBPs) and concluded that for the purpose of developing Task Force recommendations, the National Registry of EBPs definition

should be expanded to include emerging and promising practices. This is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- Will be focusing 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.
- After brainstorming about what comes to mind when they think of prevention and early intervention, the six (6) essential elements/topic categories identified were:
 - Education and awareness that is inclusive of culturally appropriate messaging that is impactful for various Arizona populations
 - Service Delivery
 - Parent/Caregiver Engagement
 - Environmental Strategies
 - Collaborative Communication
 - Targeted Strategies for Prevention and Interventions
- Further Discussion on each of the essential topics resulted in the following strategies:
 - Education and Awareness
 - Work on prevention as a whole.
 - Educate on how to identify early substance use in youth. Encourage frequent drug testing and intervene according to the substance used.
 - Utilize young messengers because youth can relate to them.
 - Utilize well-trained youth peers to engage youth.
 - When a fetus is exposed to alcohol or drugs they are at risk of becoming addicted to that substance as they progress through life. They are frequently born with conditions such as Attention Deficit Hyperactivity Disorder.
 - Having individuals and their families share their stories has historically proven to be impactful.
 - Keep the message simple and to the point; example- "If you brush your teeth you can avoid pain and expensive dental work."
 - Put more effort into educating kids and their families so they understand that prescription medication can be addictive.
 - Service Delivery
 - Evaluate for basic needs. Support the needs of the family and the individual.
 - Pay attention to return on investment and simple interventions that are inexpensive, but still impactful.
 - Pay attention to the individual's signs and symptoms of use.
 - Instead of schools suspending kids for seven (7) days, reduce the number of days suspended and replace them with intensive treatment for half of those days. This practice is consistent with a popular treatment program, "Teen Intervene."
 - Address Vaping.
 - Ensure there are services available to send the patient to after he/she has screened positive.
 - Utilizes EBPs that have had positive outcomes with this population.

- Parental/Caregiver Engagement
 - Do not focus solely on or single out the user; instead, incorporate the family.
 - Be mindful that the Health Information Portability and Accountability Act (HIPAA) prevents medical staff from speaking to a youth's parents.
 - Address why kids are looking to use substances and eliminate easy access to prescription medications.
 - Family Strengthening has proven to work and it is cost effective. The cost averages \$400-\$500 per family and the program has a 90+ percent participation rating. Utilizing extremely well trained adolescents is imperative.
 - Monitor kids and have them drug tested. Do not use test results as a reason to kick them out of school; instead, use this as an opportunity to help them.
 - Because problems are deeply rooted (family, genetic pre-dispositioning, etc.) it is recommended that addressing substance abuse occur comprehensively and include relational supports outside of the individual.
 - Utilize motivational interviewing when assessing/interacting with youth and their families.
- Environmental Strategies
 - Integrate services that are free, such as charity and faith-based services.
 - Address substance abuse as a health issue and work to eliminate shame associated with addiction. When a child is addicted to substances, they are not happy about it and shaming causes them to hide it.
 - Take a multi-layered approach to educating the community; beginning with prescribers so they understand the impact of prescribing practices.
- Collaborative Communication
 - Continue to support Governor Ducey's messaging and find other champions who are willing to speak out in support.
 - Agencies and programs should stop working in silos; instead, they should collaborate with all system stakeholders. Consider taking a public safety or financial savings position to gain the public's support.
- Targeted Strategies for Prevention and Intervention
 - Intervene early using appropriate supportive strategies; avoid being punitive.
 - Increase the use of EBPs and early intervention services.
 - Interventions must be very specific and cross-functional.
 - Because 90 percent of substance abuse begins in the teen years, it is recommended that this population be targeted.
 - Shift dollars to support substance abuse prevention programs.

The PEI Work Group identified the following barriers to creating change:

- Agency reluctance to spend money on prevention and intervention programs.
- Prevention is a relatively invisible process, which can make rolling out programs challenging.

When considering currently available data that could prove helpful in the progression of the Work Group's process it was recommended the PEI Work Group:

- Request a consultation from someone who is employed in the probation field.

- Invite someone from the Juvenile Detention Alternatives Initiative to provide technical assistance for the Work Group.
- Request data on prevention and intervention from Dr. Rene Bartos.

F. REPORT: NEONATAL ABSTINENCE (NAS) SYNDROME

Cindy Beckett, provided an update on the Neonatal Abstinence Syndrome Work Group's activities. In regards to EBPs the NAS Work Group:

- Agreed to acknowledge both "emerging" and "promising" practices in their definition of EBPs.
- Recommended the standards identified in the document titled, "Report of the Autism Spectrum Disorder Advisory Committee" should be adopted by all of the Work Groups.
- Acknowledged the importance of how EBPs are defined for the Work Group's final submission to the Substance Abuse Task Force.

The Work Group members were asked to inform the group of one to two things that they believe need to be represented and addressed in the final report from the Task Force in regards to NAS. The following elements were identified:

- Early intervention for both the mother and the child are crucial, as are having a formalized best practice for treatment of NAS.
- Increase education on how to interact with Department of Child Safety.
- Provide nurses and doctors with a standardized approach for treating NAS.
- Eliminate stigma associated with NAS.
- Understand that NAS cases require long-term care for both the mother and the baby.
 - Recognize that the hospital is often the starting place for the continuum of care for NAS cases.
 - Work to collectively to ensure the mother and baby's needs are being met.
 - Have a clear understanding that once a NAS baby is born, that is where the work begins.
- At birth, women are more open to treatment, which presents an opportunity to get the mother substance abuse treatment.
- The Healthy Families program is designed for mothers with children birth to five-years-old. It would be beneficial to see a provider network where providers can give direct, timely and meaningful resources to the mother.
- Be mindful that the earlier a practitioner is able to intervene in the mother's prenatal care, the better for both the mother and the baby. There are different treatments for the baby in utero that could be considered, but he believed that this group's time would be better served focusing on training opportunities for obstetricians along with a clear standard network of resources. It is critical to train and educate obstetricians.
- When a woman is using opiates, the obstetricians keep the mother on a regulated and stable dosage to help mitigate further harm to the child.
- Increased education for prescribers is needed. Some doctors do not consider alternative treatment options for pregnant women.
- The Work Group should not forget other drugs such as stimulants, alcohol, etc.
- There is current legislation of Arizona's Controlled Substance Prescription Monitoring Program (CSPMP); still, how have other states addressed this?
- The NAS Work Group categorized their needs-based discussion to include:
 - Awareness

- Education of women regarding consequences of NAS
- Resources to services
- Education for prescribers
- Intervention during pregnancy
- Continuum of services
 - Early involvement of Department of Child Safety (DCS) programs such as the Arizona Families First program
- Standardization across hospitals and the DCS
- Elaboration on the categories resulted in the following discussion:
 - Continuum of services
 - The DCS' medical director would be more than happy to consider extending the scope of the AZ Families First program to include pregnant women.
 - It is important to garner DCS involvement as it will help change the perception of what DCS does and how it offers great resources and serves the State of Arizona.
 - Awareness
 - There are two initiatives currently being considered by the Governor's Commission on Child Safety and Family Empowerment that allow for strong and meaningful collaboration between state agencies and faith communities.
 - Care Portal – the pilot in Tucson has been able to keep more than one hundred kids out of DCS.
 - Angel Initiative – Commission is interested in targeting this potential initiative to engage women in high-risk areas.
 - These initiatives allow for strong and meaningful collaboration between state agencies and faith communities.
 - Increased awareness for people and agencies that interact with pregnant women. People need to understand what the mother is going through, and offer positive interventions to best support the mother and child
 - Reduce stigma
 - Focus on women who are dually diagnosed (seriously mentally ill and substance abuse) in the final report.
- Intervention during pregnancy
 - Providers often talk about DCS. We would like for mothers to see DCS as a tool rather than a “stick” or punitive entity.
 - Often times providers will use DCS as a threat. This group should help change the way that providers talk about DCS. We would like for mothers to see DCS as a tool rather than a “stick” or punitive entity.
 - Resource toolkit to use early in pregnancy to better identify at-risk women.
 - Early intervention is not just about engaging the obstetrician but health providers as a whole. Health providers need to be trained to identify at-risk women before pregnancy.
- Standardization across hospitals and the DCS
 - Encouraging DCS to be more involved in NAS cases will help with the standardization of care and resources for the mother and child.
 - It is important to evaluate tools that families need to succeed and to ensure that every family has access to the necessary tools and resources to succeed. This may lead to changing the culture of DCS.

- Resource/requirement to identify use/abuse early in pregnancy is as important as identifying venereal disease.
- Requiring mothers to be drug screened. Some debate on this intervention occurred with members having different perspectives regarding having a mandate that providers screen pregnant women. Members noted:
 - Such action is best accepted as “best practice” after being adopted by a medical community rather than top down through governmental regulation.
 - A recommendation that requiring mothers be screened be included in the final report to the Substance Abuse Task Force, citing it would promote culture change and a reduction in stigma, as well as increase treatment for the disease.
 - It is important that resources are voluntarily adopted.
 - Sometimes exposing or forcing treatment can have positive outcomes.
- The largest hurdle in the advancement of standardized practices will not be the Arizona Health Care Cost Containment, but private/commercial medical providers.
- Utilize private and commercial relationships to educate and get them to use the same standardized practices.

When considering currently available data that could prove helpful in the progression of the Work Group’s process it was recommended the NAS Work Group:

- Consider beginning by identifying what is currently available, what is working and not working, and then build upon that information to create a list of available resources.
- The “Statewide Task Force on Prenatal Exposure to Alcohol and Other Drugs” report will be sent to the facilitator for group dissemination and consideration.
- The group should provide hospital social workers with a standard referral process for reporting. It is unclear what the hospital’s actual legal responsibilities are.

G: REPORT: ACCESS TO TREATMENT WORK GROUP

Doray Elkins, provided an update on the Access to Treatment Work Group’s activities. The Work Group:

- Reviewed the definition of Evidence-Based Practices (EBPs) and concluded that for the purpose of developing Task Force recommendations, the National Registry of EBPs definition should be expanded to include emerging and promising practices. This is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Will be focusing 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.
- After brainstorming about what comes to mind when they think of prevention and early intervention, the six (6) essential elements/topic categories identified were:

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.

F. CALL TO THE PUBLIC

No public members submitted a request to speak.

G. FUTURE MEETING DATES

The next Task Force meeting is Wednesday, May, 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 4th of April, 2016

Arizona Substance Abuse Task Force

Respectfully Submitted By:

Alexandra M. O'Hannon

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