



**ARIZONA SUBSTANCE ABUSE TASK FORCE
Arizona Prevention and Early Intervention Work Group**

April 6, 2016

3:00

**Governor's Executive Tower
Suite – 230**

**1700 West Washington Street
Phoenix, Arizona 85007**

A general meeting of the Arizona Prevention and Early Intervention Work Group was convened on April 6, 2016 at 1700 Washington Street, Suite 230 Phoenix Arizona, 85007, notice having been duly given.

| Members Present (9) | |
|--|---|
| Debbie Moak , Governor's Office of Youth, Faith and Family | |
| Cindy Beckett , Flagstaff Medical Center | |
| Sherry Candelaria , MIKID | |
| Michael Carr , Department of Child Safety | |
| Jeff Taylor , Salvation Army | |
| Mary Hunt , Maricopa Integrated Health System | |
| Dawn Scanlon , Community Member | |
| Sherry Candelaria , MIKID | |
| Deb Gullett , Arizona Association of Health Plans | |
| | |
| | |
| Staff/Guests Present (2) | Members Absent (2) |
| Alexandra O'Hannon , Governor's Office of Youth, Faith and Family | Kate Brophy-McGee , Representative |
| Sharon Flanagan-Hyde , Flanagan-Hyde Associates | Jonathan Maitem , Honor Health |
| | |

A. Call to Order

Co-Chair **Debbie Moak**, called the meeting to order at 3:06 p.m.

B. Welcome and Introductions

Debbie Moak began the meeting by reminding members that Work Group meetings are considered open meetings and as a result, must follow open meeting law requirements. Specifically, she reminded members that:

- In the event that a community member comes into the meeting room to observe the meeting and/or requests to speak during the Call to the Public, Work Group members are prohibited from engaging the individual during the meeting.
- Members of the public are allowed to speak for two (2) minutes.

Sharon Flanagan-Hyde, external meeting facilitator, asked the members to introduce themselves. She reviewed the group norms and reminded members that they may not send a substitute participant when they are unable to attend a meeting. They are, however, permitted to bring in a content expert as a guest, as long as the agenda and meeting minutes reflect their participation. Sharon will coordinate the invitation of content experts.

Sharon asked for a volunteer to present on the Work Group's activities at the next Arizona Substance Abuse Task Force meeting; **Dawn Scanlon** offered to speak on the Work Group's behalf.

C. Evidence-Based Practices (EBPs)

Sharon and members reviewed a document that provided references to evidence-based programs and evidence-based practices. For the purpose of developing Task Force recommendations, the group elected to expand the National Registry of Evidence-Based Practices definition to include emerging and promising practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledges the importance of emerging and promising practices.

Sharon asked members to keep language clear and concise when talking about evidence-based practices as distinct from evidence-based programs, and to be mindful that the overall goal of EBPs is to improve program and treatment outcomes.

Cindy Beckett recommended the Work Group not limit its focus on quantitative data, but consider qualitative data, as well.

Michael Carr reminded members that financial feasibility should be taken into consideration because the goal is long-term sustainability.

D. Essential Topics

Sharon introduced the concept of essential topics, adding they will assist the Work Group to build a framework for their scope of work. She asked members to share what comes to mind when they think of prevention and early intervention. Their responses were:

- **Dawn Scanlon**- Community Outreach.
- **Jeff Taylor**- Service delivery and age appropriate messaging.
- **Sherry Candelaria**- Coordination of Care.
- **Claire Scheuren**- Create a working definition of prevention while considering the hierarchy of matrices (awareness, to skill building, to personal behavior).
- **Mary Hunt**- Defining prevention and determining where it begins. Also, identification of high-risk homes and creating support systems for parents, because kids who are treated for their condition still have to go home.
- **Michael Carr**- Engaging children and adolescents in skill building so they have the tools needed to respond when offered substances.
- **Cindy Beckett**- Focus on childbearing women.

- **Debbie Moak**- Focus on an age/target population as well as creating a school, climate and culture shift.
- **Deb Gullet**- Service delivery.

Sharon then asked members to categorize their responses; this resulted in the following six (6) essential topic categories:

1. Education and awareness
 - a. Culturally appropriate messaging that is impactful for various Arizona populations.
2. Delivery
3. Parental/caregiver engagement
4. Environmental strategies
5. Collaborative communication
6. Targeted strategies for prevention and interventions

Further discussion on each of the essential topics resulted in the following suggestions:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. Targeted strategies for prevention and interventions.
- 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 following barriers were identified as they relate 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.

E. Data Collection and Presentation

Sharon asked the members to think about the information and data they possess that could be helpful in the progression of the Work Group's process. Members were asked to email this data to her and she will use the information to create the agenda for the next Prevention and Early Intervention Work Group meeting. The following was discussed as part of Sharon's request:

- **Deb Gullett-** Recommended requesting a consultation from someone who works in the probation field. She agreed to research this further and will have someone participate as a guest in an upcoming Work Group meeting.

- **Debbie Moak**- Invite someone from the Juvenile Detention Alternatives Initiative program to an upcoming Work Group to provide technical assistance.
- **Mary Hunt**- Recommended contacting Dr. Rene Bartos to request data on prevention and intervention programs. Sharon committed to reaching out to her.

F. Call to the Public

There were no members of the public at the Work Group; subsequently, there were no requests to speak.

G. Adjourn

Debbie Moak adjourned the meeting at 4:44 p.m.

Dated the 6th of April 2016
Prevention and Early Intervention Work Group
Respectfully Submitted By:
Alexandra M. O'Hannon
Program Administrator, GOYFF