



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

**June 30, 2016**  
**3:00 p.m.**  
**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 June 30, 2016 at 1700 W. Washington Street, Suite 230 Phoenix Arizona, 85007, notice having been duly given. The following Work Group members were present and absent:

<b>Members Present (9)</b>	
<b>Debbie Moak</b> , Governor's Office of Youth, Faith and Family	
<b>Sherry Candelaria</b> , Reach Family/Alcanza Servicios de Familia	
<b>Michael Carr</b> , Department of Child Safety	
<b>Jennifer Carusetta</b> , Health System Alliance of Arizona	
<b>Deb Gullett</b> , Arizona Association of Health Plans	
<b>Dawn Scanlon</b> , Community Member	
<b>Claire Scheuren</b> , The Partnership	
<b>Cindy Beckett</b> , Flagstaff Medical Center	
<b>Jeff Taylor</b> , Salvation Army	
<b>Staff/Guests Present (8)</b>	<b>Members Absent (3)</b>
<b>Alexandra O'Hannon</b> , Governor's Office of Youth, Faith and Family	<b>Mary Hunt</b> , Maricopa Integrated Health System
<b>Sharon Flanagan-Hyde</b> , Flanagan-Hyde Associates	<b>Jonathan Maitem</b> , Honor Health
<b>Alma Cano</b> , Community Member	<b>Kate Brophy-McGee</b> , Legislator
<b>Andrea Smiley</b> , Terros Presenter	
<b>John Greenwald</b> , Terros Presenter	
<b>Linda Weinberg</b> , Community Member	
<b>Melissa Tudor</b> , Community Member	
<b>Ingrid Brown</b> , Community Member	

**A. Call to Order**

Co-Chair, **Debbie Moak** called the meeting to order at 3:00 p.m. A quorum of nine (9) members and eight (8) staff/guests were present.

## **B. Welcome and Introductions**

**Sharon Flanagan-Hyde** asked the Work Group members to introduce themselves. She reminded the group of their norms which include:

- Members are to speak candidly.
- One person should speak at a time.
- Be respectful.
- Self-monitor to ensure there are no tangents.
- Work toward consensus.

## **C. Approval of the Meeting Minutes**

Members reviewed the meeting minutes for the work group meeting that occurred on June 8, 2016. The meeting minutes required a modification. The motion to approve the meeting minutes is pending this correction.

## **D. Volunteer to Report at the Task Force Meeting**

**Sharon** asked for a volunteer to report on the Prevention and Early Intervention Work Group's activities at the Arizona Substance Abuse Task Force meeting that is scheduled to occur on August 24, 2016. **Michael Carr** offered to provide the updates.

## **E. Presentations: What Stood Out?**

The work group members were asked to think about the presentations they received and discuss those that stood out. The members provided the following feedback:

- **Claire Scheuren** recommended utilizing information provided by guest speakers who shared their personal stories.
- **Cindy Beckett** reported the delay in accessing treatment could be impacting outcomes.
- **Claire** reported emergency room (ER) doctors are not able to effectively treat overdoses. They lack basic training in addiction and there is no follow up. She recommended providing additional training for the doctors.
- **Debbie** reported that parents are being told to get their child help, but are not being offered help.
- **Sherry Candelaria** shared a situation where doctors did not hear her concern and continued to insist her child was fine.

## **F. Bridging the Gap-Offender Re-Entry Pilot Program?**

Terros staff, **Andrea Smiley** and **John Greenwald**, presented on their agency's Offender Re-Entry Pilot Program. The following programmatic information was shared:

- Terros has been serving Arizona for 50 years.
- The Offender Re-Entry Pilot Program is in its final year of its grant, and is restricted to implementation in Maricopa County.
- Staff meet with the patient prior to their release from jail, and then at least one (1) or two (2) times per week once they are released.
- 137 patients have been served by this program.
- *St. Joseph the Worker* program assists patients with finding employment.
- Terros has applied for another grant that could sustain the existing program, as well as expand it.

- In order to gain access to patients who are detained, Terros staff must complete a cumbersome Department of Corrections (DOC) application process that takes a long time to complete. This is problematic because access to the patient is key for their successful transition.
- The program assists patients with enrolling into the the Arizona Health Care Cost Containment System (AHCCCS)/Medicaid program. 30-40% of the pilot's patients are on AHCCCS within two (2) to four (4) weeks of release.
- Terros considers individuals who are enrolled in their programs to be patients for life.
- The DOC does not need to approve housing for people who are not on early release.
- The average length of stay in prison for individuals in the pilot is two (2) to four (4) years.
- Due to the need to pay for fees, patients often feel the need to get a job over getting treatment.
- Terros is currently in the evaluation component of their grant. They have contracted with Arizona State University to complete this function.
- The patient's family is permitted to participate in their treatment.

#### **G. What Recommendations should be in the Task Force's Report in October?**

**Sharon** asked the work group members to state what they would want to see in the Task Force's recommendations to Governor Ducey. The members made the following recommendations:

- **Sherry** indicated the need for quality transition or step down services.
- **Jeff Taylor** reported the need to work more closely with inmates and their families. Kids are more likely to go to prison if their parents did.
- **Claire** recommended bringing prevention programs into schools. The Board of Education should require that substance abuse be a part of the required health curriculum. She also recommended ER physicians receive proper training to ensure they have the skills needed to treat this population.
- **Debbie** explained the need for state-wide messaging, incorporating the Screening, Brief Intervention and Referral to Treatment (SBIRT) program into all appropriate settings, and having the resources readily available for individuals who are in need of treatment.
- **Sherry** reported the need to ensure services provided are culturally competent.
- **Cindy** recommended collaborating with AHCCCS providers on how to best treat pregnant women.
- **Michael** mentioned the importance of ensuring AHCCCS has a full service delivery network throughout the state.
- **Claire** reminded members that wait times for services results in lost opportunities to get someone into treatment. Capacity must be addressed.
- **Sherry** recommended having an effective information disbursement system so that information gets to communities.
- **Claire** suggested supporting "211".
- **Jeff** reported that a lot of young people are dying due to overdose and coroners are mislabeling the cause of death. The problem is hidden. He is aware of seven (7) kids who died in the past couple of weeks. A recommendation could be made to health departments that the cause of death is clear; this would assist in understanding the scope of the problem.

- **Cindy** recommended the Task Force accept Dr. McJunkin and Dr. Lynch's offer to assist with educating physicians on proper pain management techniques.
- **Jeff** recommended developing a Prison Oversight Committee that is tasked with serving as an advisory committee for the DOC.
- **Debbie** told the work group members that the Arizona Substance Abuse Prevention (ASAP) committee may be creating a DOC advisory committee as a new work group.

#### **H. What Additional Information Do You Need?**

**Claire** would like to have more discussion on evidence-based practices.

#### **I. Call to the Public**

There were three (3) community members who responded to the call to the public.

**Melissa Tucker** requested the work group consider treatment for families who are co-dependent. She reported that it takes two (2) to five (5) years of treatment in order to sustain wellness. People should get treatment beds instead of jail.

**Linda Weinberg** told the work group members that Cenpatico is working to reduce recidivism, and that there are evidence-based programs that are designed for rural areas.

**Claire Brown** from *Friendly House* encouraged the integration of prevention programs into schools. She also recommended creating strategies that increase parent participation. She added the need to collaborate with the Department of Education to develop messaging.

#### **J. Adjourn**

**Debbie** adjourned the meeting at 4:50 p.m.

Dated June 30, 2016  
Prevention and Early Intervention Work Group  
Respectfully Submitted By:  
Alexandra M. O'Hannon  
Program Administrator, GOYFF