

**ARIZONA SUBSTANCE ABUSE PARTNERSHIP COUNCIL**  
**MAY 08, 2025, AT 1:00 PM // HYBRID**  
**GOVERNOR'S SECOND FLOOR CONFERENCE ROOM**  
**1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007**

A general meeting of the Arizona Substance Abuse Partnership was convened in a hybrid format on May 8, 2025, notice duly given.

MEMBERS PRESENT (12)	MEMBERS ABSENT (7)
Dr. Sara Salek, Vice Chair	Lindsey Cantelme
Matt Bileski, Proxy for Anthony Vidale	Ryan Thornell
Douglas Sargent*	Jesse Torrez
Alfreda Moore, Proxy for Tonya Hamilton	Vanessa Bustos
Merilee Fowler	Sheila Sjolander
Madelyn Nichols, Proxy for Jeremy Bloom	Jeffrey Glover
Shanda Breed*	David Klein
Kathy Grimes*	
Jessica Valadez, Proxy for Ben Henry	
Dawn Mertz	
Leah Landrum Taylor	
Courtney Bennett*, Proxy for Tobi Zavala	
<i>* indicates virtual attendance</i>	
STAFF & GUESTS PRESENT (7)	
Dr. Marisa Domino, Presenter	Dr. Martin Celeya, Presenter
Rosamaria Garcia, Presenter	Sergio Pacheco, Presenter
David Bridge, Presenter	Yesmina Luchsinger, Staff
Chantel Hutchinson, Staff	

**CALL TO ORDER**

- Vice Chair Dr. Salek called the Arizona Substance Abuse Partnership meeting to order at 1:02 PM. Twelve members present and seven absent.

**WELCOME/INTRODUCTIONS**

- Vice Chair Dr. Salek welcomed everyone and asked each member to introduce themselves before proceeding with the roll call for attendance.

## APPROVAL OF MINUTES

- **Vice Chair Dr. Salek** declared reaching a quorum and requested a review of the **February 27, 2025**, meeting minutes before requesting a motion to approve the meeting minutes as drafted.
  - **Leah Landrum Taylor** motioned to accept the minutes as drafted.
  - **Merilee Fowler** seconded the motion.
- The motion passed with no dissenting or abstaining votes at **1:06 PM**.

## ARIZONA HIDTA THREAT ASSESSMENT UPDATES

- **Vice Chair Dr. Salek** introduced **Dawn Mertz** from the [Arizona High Intensity Drug Trafficking Area](#) (HIDTA) to provide a brief overview of the HIDTA, including its purpose, the scope of its activities across the state, and impact nationwide and with tribal nations.
- **Dawn Mertz** provided an overview and update on the Drug Trafficking Threat Assessment for Arizona, with a particular focus on fentanyl trafficking and its impact on the broader United States (U.S.). Key discussion points included the cost-to-profit margin that makes synthetic fentanyl attractive for distribution, as well as the rise in methamphetamine seizures, and the increasing number of overdose fatalities.
- **Dawn Mertz** stated that the Southwest Border of Arizona continues to be one of the primary entry points for fentanyl into the U.S., with Arizona serving as a key transit area. The Arizona HIDTA is actively combating drug trafficking through initiatives such as the Opioid Monitoring Initiative (OMI) and the Naloxone Leave Behind Program, in collaboration with other agencies.
- **Vice Chair Dr. Salek** opened the floor to the members for questions.
- **Merilee Fowler** inquired about how the state can address the rise in methamphetamine overdose fatalities.
  - **Vice Chair Dr. Salek** responded, emphasising the importance of organizing prevention and primary prevention services funded primarily through the Substance Abuse and Mental Health Services Administration (SAMHSA) programs.
  - **Dawn Mertz** indicated that recent data show border security policy changes in the southern parts of the state have not impacted the increase of illegal substances into the U.S.
- **Yesmina Luchsinger** inquired about the continued flow of substances into the U.S.
  - **Dawn Mertz** explained that transnational criminal organizations adjust their methods of transporting illicit substances in response to changes in U.S. border security policies.
- To view the presentation, [click here](#).

## SUBSTANCE USE PREVENTION TREND ANALYSIS

- **Vice Chair Dr. Salek** introduced **Dr. Marisa Domino** from the [Center for Health Information and Research](#) (CHiR) in the College of Health Solutions at Arizona State University (ASU).
- **Dr. Domino** provided an overview of the partnership between the Arizona Criminal Justice Commission (ACJC) and the CHiR. Together, they developed a state-level dashboard to monitor substance use trends across various demographics. She emphasized that the statistical data may not reflect everyone who is experiencing issues with substance use or

misuse. The dashboard only includes data for individuals who have received a formal diagnosis and/or treatment and enrolled in the Arizona Health Care Cost Containment System (AHCCCS) health insurance plans.

- **Dr. Domino** showcased different views of the dashboard as she emphasized essential data and findings related to youth substance use disorders (SUD), excluding opioid use disorder (OUD). The data visualizations illustrated the diagnoses and treatments for alcohol, tobacco, cannabis, and stimulants, organized by county, age, gender, race, and ethnicity.
- **Vice Chair Dr. Salek** opened the floor to members for questions.
- **Matt Bileski** expressed gratitude to **Dr. Domino** for the ongoing collaboration with the ACJC and for her expertise in analyzing large data sets, making the information accessible to policymakers and the community.
- **Shanda Breed** highlighted internal data from the Adult Probation Department (APD) that shows unique challenges faced by justice-involved young adults, mainly those in late adolescence to early adulthood. These challenges include maintaining sobriety, managing daily responsibilities such as employment and financial management, and accessing preventative health and behavioral healthcare services. The data also indicated a trend of more severe offenses within this age group, raising questions about how state agencies can enhance support for these individuals. After presenting this information, she solicited feedback from ASAP members on strategies to better address the needs of this demographic.
- **Vice Chair Dr. Salek** recognized the unique needs of the transition-age demographic and highlighted the services available and funded through AHCCCS to support them. She mentioned community behavioral health organizations that offer programs like Transition to Adulthood (TAP) and Transition to Independence (TIP). **Vice Chair Dr. Salek** emphasized the importance of meeting young adults “where they are” and helping them develop the skills they need for success. She also discussed the necessity of continued collaboration among state agencies to ensure these services are available and effectively implemented in rural and remote areas. Additionally, she referenced the ASAP meeting in September, which will include an update from AHCCCS on progress related to the Consolidated Appropriations Act (CAA).
- To view the presentation, [click here](#).

## MERCY CARE JUVENILE JUSTICE ENGAGEMENT TEAM

- **Vice Chair Dr. Salek** introduced **Rosamaria Garcia**, **Sergio Pacheco**, and **David Bridge** of the [Mercy Care](#) Juvenile Justice Engagement Team (JJET).
- **Rosamaria Garcia** began the presentation by providing an overview of Mercy Care JJET and how it supports youth in the juvenile justice system.
- **David Bridge** explained how a youth’s entry into detention affects the funding stream for support services during their transition out of detention.
- **Sergio Pacheco** shared information about how children and young adults can still access services while in detention, even if their AHCCCS health insurance has been suspended, they are underinsured, or they lack insurance altogether. The JJET program utilizes funding from the [Mental Health Block Grant](#) (MHBG) and the [Substance Use Block Grant](#) (SUBG) to support eligible youth in the justice system.
- **Ms. Garcia** clarified how insurance coverage is affected when youth are detained, outlined JJET’s role in coordinating services, and described the process for youth

entering and exiting the [Arizona Department of Juvenile Corrections](#) (ADJC).

- **Ms. Garcia and Mr. Bridge** shared information about Arizona's [Reach In Initiative](#), highlighting the importance of collaboration among various agencies to ensure no service interruption across different care systems. Teams work together to provide behavioral health support that is available before releasing a child or young adult from incarceration. **Mr. Pacheco** added that grant funding can support service provision when health insurance or private payment is not feasible. Regardless of an individual's health plan or insurance status, a collaborative protocol is in place for sharing information and coordinating efforts among agencies.
- **Vice Chair Dr. Salek** thanked Mercy Care JJET for providing essential support to Arizona's young adults in navigating various care systems. She then opened the floor to the members for questions.
- **Vice Chair Dr. Salek** inquired about the team's most significant challenges and priorities.
  - **Mr. Pacheco** emphasized the importance of ongoing education for behavioral health technicians who work with youth involved in the justice system.
  - **Ms. Garcia** highlighted the necessity of collaborating with parents and equipping them with the skills and tools to navigate the care systems effectively.
  - **Mr. Bridge** discussed the advantages of child and family teams that work collaboratively across agencies, communicating regularly to keep everyone informed and aware of the progress in the young person's treatment.
- **Vice Chair Dr. Salek** thanked the Mercy Care JJET for their time and for sharing the information with the Council.
- To view the presentation, [click here](#).

## ADHS OPIOID UPDATE

- **Vice Chair Dr. Salek** introduced **Dr. Martin Celaya** of the [Arizona Department of Health Services](#) (ADHS).
- **Dr. Celaya** provided an overview of the ADHS opioid activities, detailing the opioid crisis in Arizona, its impact on women's and children's health, potential intervention opportunities to reduce fatalities, and highlighting available resources. ADHS emphasizes collaboration, data and surveillance, clinical engagement, and harm reduction strategies.
- **Dr. Celaya** reviewed trends in opioid overdoses over time in Arizona, discussing both fatal and non-fatal overdoses, the drugs involved, regional variations, and demographics affected. In 2024, approximately four Arizonans die from opioid-related causes each day. Additionally, the number of opioid prescriptions dispensed in Arizona has decreased from 2019 to 2024.
- **Dr. Celeaya** highlighted the importance of monitoring fentanyl and methamphetamine due to their link to overdoses in Arizona. In 2023, methamphetamine was the most common stimulant involved in overdose deaths, with Arizona ranking 7th in the nation for methamphetamine-related fatalities that year. Furthermore, in 2024, 35% of non-fatal opioid incidents also involved methamphetamine. Data from 2023 indicates that 66.5% of all overdose deaths in Arizona included at least one stimulant. **Dr. Celeaya** also pointed out that the combination of illegally manufactured fentanyl and methamphetamine was responsible for 30.1% of overdose deaths. He emphasized that the highest rates of non-fatal and fatal overdoses occurred among individuals aged 25 to 34, aligning with **Shanda Breed**'s earlier concerns regarding the needs of the transition-age youth population.

- **Dr. Celaya** discussed intervention points related to both fatal and non-fatal overdose incidents. He highlighted potential opportunities for intervention in cases of drug overdose deaths, including the presence of a bystander during the overdose, the availability of Naloxone, and access to medical and behavioral health care. Notably, **Dr. Celaya** pointed out that 60% of drug overdose fatalities in Arizona had at least one potential intervention opportunity. In half of the reviewed overdose fatalities, another person was either present or had recently been present at the time of the overdose.
- **Dr. Celaya** also described how opioid-related issues specifically affect the health of women, infants, and children, including Child Fatalities, Maternal Mortality, and Neonatal Abstinence Syndrome (NAS).
  - **Maternal Mortality:** Between 2018 and 2019, SUDs were significant contributors to both pregnancy-associated and pregnancy-related deaths. Among all pregnancy-associated deaths, SUDs accounted for 47.7% of cases, while mental health conditions were responsible for 38.3%. Among pregnancy-related deaths, SUDs contributed to 41.9% of deaths, compared to 39.5% for mental health conditions.
  - **NAS:** NAS rates in Arizona have consistently increased since 2016 and have surpassed the national rate. From 2017 to 2021, the NAS rate per 1,000 birth hospitalizations was highest in Gila, Pima, and Maricopa counties.
- **Dr. Celeya** closed the presentation by highlighting the following resources:
  - [ADHS Opioid Dashboard](#): This platform provides data and visualizations related to the opioid epidemic in Arizona, including information on overdoses, naloxone administration, and opioid prescriptions. The data is updated weekly.
  - [Opioid Assistance and Referral Line \(OAR\)](#): This is a confidential, 24/7 hotline that offers free support for individuals struggling with opioid use, as well as for their loved ones. Licensed nurses and pharmacists can assist and connect callers to care. Healthcare providers can also utilize the OAR line for real-time consultations regarding patient care, which includes topics such as chronic pain management, drug interactions, opioid withdrawal, and medication-assisted treatment.
  - [AHCCCS Opioid Service Locator](#): This tool helps individuals find services related to opioid addiction and treatment in Arizona. It provides a directory of treatment centers, healthcare providers, and support services for those facing opioid use disorders.
- **Vice Chair Dr. Salek** opened the floor to the members for questions.
- **Dawn Mertz** inquired about clarification around the data source for the fatality statistics.
  - **Dr. Celaya** clarified that fatality data originates from local medical examiners, highlighting limitations due to differing training and classification practices at the local level. He elaborated on the data collection process and noted specific data exclusions.
- **Merilee Fowler** inquired about infant fatality classifications, mentioning a recent case of infant mortality in their county related to an overdose.
  - **Dr. Celeya** clarified the information sources and improvements to reporting tools that allowed researchers to distinguish between those related to opioids and those connected to medications like methadone.
- To view the presentation, [click here](#).

## ANNUAL REPORT - COUNCIL INPUT OPPORTUNITIES

- **Vice Chair Dr. Salek** reminded Council members of the annual requirement to produce a report for the Council, due in July. She emphasized the importance of their unique areas of expertise and the benefits of their collaborative efforts across various sectors to improve substance use and wellness outcomes in the state.
- **Vice Chair Dr. Salek** invited the Council to share any immediate thoughts on the report; however, no members had comments. She then asked GOYFF Staff member **Yesmina Luchsinger** for additional information or details that the Council might consider.
- **Ms. Luchsinger** referenced the Council's updated [Executive Order 2025-05](#), amending and superseding [Executive Order 2023-17](#), included in members' meeting materials. She highlighted the specific areas of the Executive Order that have changed from the previous version, mainly the section concerning the Council's responsibilities and duties. The report will align with the requirements outlined in the Executive Order.

## UPCOMING EVENTS & ANNOUNCEMENTS

- **Alfreda Moore, the GOYFF Substance Use Manager**, provided information about upcoming events, resource releases, and awareness months related to substance use/misuse.
  - May is Mental Health Awareness Month, a chance to engage communities with trauma-informed strategies for health and healing. Explore SAMHSA's national toolkit [here](#) or create one tailored to your community.
  - Resource Release: The GOYFF Substance Use Prevention Toolkit is live on the GOYFF website and available to implement throughout Arizona communities. Download the [complete toolkit](#) or view it on the [GOYFF website](#).
- **Ms. Moore** turned the floor over to the council to share upcoming events or announcements.
  - **Dawn Mertz** announced a change in venue for the Arizona Drug Summit in September. The Summit will occur in Chandler at the Sheraton Grand Wild Horse Pass. For more information or to register, [click here](#).
  - **Yesminda Luchsinger** mentioned that today's meeting materials included a recruitment flyer for the Governor's Youth Commission (GYC). The GYC seeks membership representation from high school sophomores, juniors, and seniors from all 15 counties in Arizona. The application deadline is May 26. For more information or to apply, [click here](#).

## NEXT MEETING DATES

- **Vice Chair Dr. Salek** announced that the next ASAP meeting will be on Thursday, **September 25, 2025, at 1:00 PM.**
- Additional meeting times for 2025 include:
  - Thursday, September 25, 2025
  - Wednesday, December 3, 2025

## FUTURE AGENDA ITEMS

- **Vice Chair Dr. Salek** noted that the September ASAP Meeting will include an update from AHCCCS about progress on the CAA.



## ADJOURN

- **Vice Chair Dr. Salek** asked if there was any other business to discuss before requesting a motion to adjourn the meeting; no members raised business for discussion.
  - **Merilee Fowler** motioned for adjournment.
  - **Matt Bileski** seconded the motion.
- The meeting adjourned at **2:46 PM**.

Dated the 8th of May 2025  
Arizona Substance Abuse Partnership Council  
Respectfully Submitted By:  
Yesmina Luchsinger  
Program Administrator, GOYFF