



Arizona Substance Abuse Partnership
June 6, 2019
1:30 PM
State Capitol Executive Tower
 2nd Floor Conference Room
 1700 W. Washington St., Phoenix, AZ 85007

A general meeting of the Arizona Substance Abuse Partnership (ASAP) was convened on June 6, 2019. The public meeting was hosted at the State Capitol Executive Tower, the 2nd Floor Conference Room - 1700 W. Washington St., Suite 230, Phoenix, AZ 85007, notice having been duly given.

Members Present (18)	
Bill Montgomery , Chairperson, Maricopa County Attorney's Office	
Maria Cristina Fuentes , Governor's Office of Youth, Faith and Family	
Alberto Gutier , Governor's Office of Highway Safety	
Andy LeFevre , Arizona Criminal Justice Commission	
Cara Christ , Arizona Department of Health Services	
Charles Ryan , Arizona Department of Corrections	
Dawn Mertz , High Intensity Drug Trafficking Area	
Deborah Jones , Substance Abuse Epidemiology Work Group	
John Cocca , Arizona Department of Liquor Licenses and Control	
Kathy Grimes , Graham County Substance Abuse Coalition	
Shanda Breed , Administrative Office of the Courts [Proxy for Kathy Waters]	
Lawrence LaVeque , Business Community	
Lee Pioske , The Crossroads	
Magdalena Jorquez , Arizona Department of Child Safety [Proxy Gregory McKay]	
Maureen Curley , Tribal Liaison	
Shana Malone , Arizona Health Care Cost Containment System	
Tobi Zavala , Arizona Board of Behavioral Health Examiners [Telephonic]	
Tony Mapp , Arizona Department of Public Safety [Proxy for Frank Milstead]	
Staff/Guests Present (21)	Members Absent (6)
Samuel Burba , Governor's Office of Youth, Faith and Family	David Klein , US Department of Veteran Affairs
Angie Geren , ACE Consortium	Jeff Hood , Arizona Department of Juvenile Justice
Robert Rhoton , Arizona Trauma Institute	Leah Landrum-Taylor , Arizona Department of Economic Security
Anthony Amezquita , Saguaro Evaluations	Merilee Fowler , Matforce
Seksit Thongmak	Thomas Kelly , Apache Junction Police Department
Angela Paton , Arizona Attorney General's Office	Wanda Wright , Arizona Department of Veterans Services
Shannon Scheel , Maricopa County Sheriff's Office	
Stacy Paul , Arizona Department of Corrections	
Maria Magane	

Tracey Cruickshank , Maricopa County Department of Public Health	
Rebeca Peralta	
Tom Nuara	
Sheila Sjolander , Arizona Department of Health Services	
Jamie Jeffords , Arizona Criminal Justice Commission	
Christy Dargus , The Crossroads	
Joanna Jauregui , The McCain Institute	
Machelle Farrell	
Susan Alameda , Governor's Office of Youth, Faith and Family	
Jennifer Woods	
Malcolm Hightower , Governor's Office of Youth, Faith and Family	
Alexandra O'Hannon , Governor's Office of Youth, Faith and Family & Arizona Health Care Cost Containment System	

Call to Order

- **Bill Montgomery, Chairperson**, called the Arizona Substance Abuse Partnership (ASAP) meeting to order at 9:31 AM with 18 members and 21 staff and guests present.

Welcome/Introductions

- **Maria Cristina Fuentes, Co-Chairperson** introduced **Deborah Jones, Ph.D.**, as the new chair of the Substance Abuse Epidemiological Work Group and newly appointed member of the Arizona Substance Abuse Partnership. **Dr. Jones** also oversees continuous improvement at the Department of Juvenile Corrections.
- **Co-Chairperson Fuentes** requested members to introduce themselves and the agency they represent.

Approval of Minutes

- **Chairperson Montgomery** requested a final review of the November 26, 2018 meeting minutes.
 - **Alberto Gutier** motioned to accept the February 26, 2018 minutes without revision.
 - **Charles Ryan** seconded the motion.
 - The motion passed with no dissenting votes.

Complex Developmental Trauma and Addiction – What it is, GOYFF Initiatives and Coalition Resources

- **Co-Chairperson Fuentes** introduced the first agenda item and invited **Robert Rhoton, Ph.D.**, to give a presentation and overview of complex developmental trauma.
- **Dr. Rhoton** began his presentation by explaining how people develop neuro structures and record experiences. He further explained that human beings look for conformation not disconfirmation. The quality of the pattern built is rarely evaluated. Therefore, very little self-reflection or self-evaluation exists on habituated neuro-networks. This is why it is difficult for individuals to overcome childhood trauma.
- **Dr. Rhoton** explained that if an environment is adverse, the pathways are built based on those experiences. Children have three primary patterns - relational, emotional, cognitive and physical. Once patterns are in place, it becomes procedural and children respond

accordingly. This is problematic for children with early life trauma because it results in procedural memories that are adaptive to the original trauma. Thus, when adults expect children to behave outside of what they have become neurologically designed to do they more often than not receive an adverse outcome. Society takes such children and place them into therapy because society wants them to comply instead of understanding that if change is to occur the environment and/or adult must change; otherwise, society is placing the responsibility for the behavior on the child. Doing the latter sends the message that the child is defective or exhibiting wrong behavior instead of doing exactly what is normal for them. When they are stressed, those pathways come forward. The following must occur in order to create positive change:

- The environment must be stabilized;
- The adults in the child's life must be able to regulate themselves, even when uncomfortable; and
- One must be able to stay focused, be intentional and deliberate to create and kind of positive change.
- When a traumatized child enters a high or toxic stress environment, they experience a sympathetic system dominance of a limbic shift. Biologically, this shift is characterized by: constricted diaphragm muscles; accelerated the heart rate; constricted blood vessels that raise blood pressure, muscle tension, physical sensation amplification; inhibition of insulin production to maximize fuel availability; cold hands and feet; and headaches.
- The state of the body influences behavior, emotions and thinking. When the body moves into arousal it physically impacts a child. Adults expect them to be quiet, sit still and be rational during a moment when they are responding to immediacy and it is normal to be irrational, have little self-reflection and immediate.
- **Dr. Rhoton** stated, "services provided for children need to be community and family based, aimed at changing the environment. [...] It is a fundamental evidence of the massive failure of adults to live intentional, deliberate, lives that are well-regulated, self-evaluation and self-reflecting. We live in a reactionary society rather than a society of intentionality, and until the adults evolve, it is fairly certain children will not."
- **Co-Chairperson Fuentes** clarified that when trauma informed care understands that there is right and wrong behavior by societal standards, though someone's actions may be the result of a sympathetic response. Thus, it is important for our direct service providers, including law enforcement, receive trauma-informed services designed to best support the individual and ensure the safety of our communities.
- **Co-Chair Montgomery** inquired whether **Dr. Rhotan** has worked with youth in the juvenile correction system.
- **Dr. Rhoton** responded that although working with the youth who are detained is slower, they have been successful and have had lower rates of recidivism. The challenge is in the inability to adjust the youth's response to the environment that they are returned to. The child is the least capable of creating change.
- **Co-Chairperson Fuentes** introduced **Angie Geren** as the next presentation for the agenda item. **Ms. Geren** provided a presentation on the trauma-informed training modules being developed through the State Targeted Response grant.
- **Ms. Geren** stated that the goal of the project is to empower community coalitions in trauma-informed strategies that increase effectiveness of prevention, treatment, and recovery programs by cultivating relationships with community stakeholders. Thus, the presentations were designed using SAMHSA's four-prong model for trauma-informed systems - Realize, Recognize, Respond, and Resist re-traumatization.

- **Ms. Geren** further explained that the modules reflects the assumption that messaging is at the core of creating sustainable change within communities. Community coalitions are will provided training coaches and training to further assist them in developing trauma-informed partnerships and initiatives with schools, faith-based organizations, direct service providers and the criminal justice system. After the initial training and programmatic implementation, online training modules will be made available for sustainability and future reference. To ensure program effectiveness, the entire project and direct work with the coalitions is being evaluated by Arizona State University.
- Each of the modules will include the following:
 - Overview of trauma
 - Stakeholder specific questions and resources
 - Examples of successful programs in Arizona
 - Trauma informed strategies
- **Kathleen Grimes** thanked Angie for the training and stated that this is exactly what the coalitions need.

Discussion and Next Steps: Arizona Substance Abuse Partnership Role in the Opioid Epidemic

- **Sheila Sjolander** provided a history of the opioid epidemic in Arizona and overview work completed through the state of emergency deceleration and legislative action. In 2018, the Department of Health Services released the first iteration of the Opioid Action Plan. This plan received strategic oversight from Governor Ducey's Goal Council on Health. In order to update the one-year plan, the Department of Health Services hosted an Opioid Planning Summit on April 16, 2019 to draft recommendations from participants. Following the Summit, ADHS sent a follow-up survey as a means to further prioritize recommendations. ADHS is currently drafting the 2019-2021 Opioid Action Plan.
- The current proposed actions for the 2019-2021 Opioid Action Plan include:
 - **Improving referrals to treatment**
 - ADHS will complete new rules for voluntary certification of CHWs by September 2020
 - Payors should consider reimbursement of CHW and peer support services
 - Provide information on availability of peer support, how to access, and how to become a peer (AHCCCS)
 - Implement evidence-based practice in peer support training and formalized graduate placement services (AHCCCS)
 - Stigma reduction campaign
 - Integrating Peer Support/community supports
 - Reimbursement/tuition incentives
 - Improving Access to Medication-Assisted Treatment (MAT)
 - **Improving Access to MAT**
 - Launch a MAT mentoring program for newer DATA-waivered providers (ADHS & U of A Center for Rural Health)
 - ADHS will work with licensing boards to adopt a curriculum as meeting DATA-waiver requirements per SB 1029
 - Promote the OAR line (ADHS & Poison Control Centers)
 - Expand initiation of buprenorphine in emergency departments (AHCCCS)
 - AHCCCS to consider barriers to co-location of services/all-in-one clinics
 - AHCCCS to consider payment structures for telehealth services
 - **Improving Access to Naloxone**

- Work with hospitals to implement best practices for discharges of patients who have overdosed or have an identified substance use disorder
 - Expand access to naloxone in emergency department and upon hospital discharge (ADHS)
 - ADHS will identify hospitals with low referrals to behavioral health services and provide technical assistance
- ADHS will review statutes and policies and look at other states to advise on what would be needed to implement a “leave behind” program for EMS in Arizona
- **Improving Work with Priority Populations**
 - Engage in a public campaign to educate on drug use and MAT when pregnant and parenting (tie to NAS Plan or Substance Exposed Newborn Taskforce)
 - Explore more MAT treatment and recovery options for pregnant women
- **Improving Trauma Informed Care**
 - Provide training for all professionals on trauma-informed care with uniform message, language, and materials (GOYFF)
 - Leverage Goal Council breakthrough project work
 - ADHS and other state agencies build and implement agency action plans to address ACEs and trauma-informed care
- **Improving Diversion Programs**
 - Reducing stigma towards individuals who are living with a SUD
 - Promote the OAR line as a single point of contact to be connected to services
 - Train all members of the criminal justice on the benefits of diversion and TIC
- **Addressing Illicit Drug Use/Trafficking**
 - Increase education on the effectiveness of opioid treatment services and reduction of stigma
 - Modernize and expand ports of entry
 - Provide rapid drug testing options
- **Update the Rx Community Toolkit and Resources for Coalitions**
 - Expansion of the existing toolkit
 - Create implementation manuals
 - Expand the kit to include the five major AZ HIDTA threats
 - Implementation of youth focused toolkit (peer to peer)
- **Ms. Sjolander** proposed the following next steps:
 - Work with partner agencies to complete the Opioid Action Plan.
 - ASAP consideration of adopting the oversight of the Opioid Action Plan.
 - Regular reporting on the progress from partnering agencies at future ASAP meetings.
- **Chairperson Montgomery** opened discussion on ASAP providing oversight of the 2019-2021 Opioid Action Plan.
- **Dawn Mertz** inquired whether there is a plan to include other drugs that are also used to overdose in the Action Plan.
- **Co-Chairperson Maria** responded that while the name of the Opioid Action Plan will not be changed, ASAP will look at overdose with a broader lens.

- **Chairperson Montgomery** validated both comments adding that ASAP should consider lessons learned from the opioid epidemic and consider future planning on similar approaches that could be considered for other substances.
- **Dr. Christ** explained that implementation of efforts and action is envisioned to occur at the sub-group level and progress would be reported into the ASAP.
- **Chairperson Montgomery** clarified that ASAP would not manage but would receive updates and help agencies and workgroups stay focused on the implementation of the plan.
- **Andy Lefevre** stated that data sharing must be an integral part of the partnership and any oversight activities of the 2019-2021 Opioid Action Plan.
- **Chairperson Montgomery** agreed and stated that ASAP would need to ensure clear definition on what data is needed, where it resides and who has access to it.
- **Dr. Christ** explained that historically, the agencies would create metrics and report them to the group. In this case, data would be added to a score card and reported on a quarterly basis.
- **Mr. Lefevre** affirmed **Dr. Christ** and **Chairperson Montgomery** comments and elaborated that relationships with other agencies are key to sharing data and engaging in strategic planning.
- **Chairperson Montgomery** entertained a motion for ASAP to partner with the Department of Health Services in providing oversight of the Opioid Action Plan.
 - **Alberto Gutier** moved the motion.
 - **Andy Lefevre** seconded the motion.
- **Dawn Mertz** asked if there was room in the plan for an agency to pilot a program and receive guidance from ASAP.
- **Chairperson Montgomery** affirmed that this was a possibility.
- **Dr. Christ** confirmed that the Action Plan would allow for this type of activity.
- **Chairperson Montgomery** requested a vote on the proposed motion. The motion passed with no dissenting votes and the partnership with the Department of Health Services to provide oversight of the 2019-2021 Opioid Action Plan was established.

Work Group Updates

Arizona Substance Abuse Epidemiology Workgroup

- **Deborah Jones, Ph.D.** reported:
 - A majority of Epi's work has been on establishing the Data Profile for Complex Trauma. The Epi has elected to adopt a broad scope when looking at data and to look at as many populations as possible. The group elected to adopt a simple methodology that is easy to read and use by the general public. The analysis will include information on:
 - Relationship between trauma and SA
 - Prevalence
 - Geographic Analysis while considering both Risk and Protective Factors/Offsets
 - Agency Gap Analysis
 - An outline of the report has been created and the work group has expanded its membership to include **Robert Rhotan, Ph.D.**, and **Sarah Lindstrom Johnson, Ph.D.** While significant progress has been made, the Epi will need to adjust its timeline for the report due to the time needed for the development of the framework and methodology. The Epi Work Group will complete a data gap analysis by December 2019 and submit the full report in July 2020.

Community Outreach and Training Workgroup

- **Tracy Cruickshank** reported:
 - The workgroup has reviewed and updated the project A3. Through the National Guard, the workgroup has conducted an inventory of free national and statewide toolkits and community resources to be included in the online resource hub to be hosted on the GOYFF website (SubstanceAbuse.AZ.gov). These tools will be included on the website as a link. The scope of this inventory was limited to federal and state resources to ensure reliability of the tools.
 - The National Guard developed and the workgroup reviewed the web-based wire frame for the digital platform. The current wire frame allows the end user to choose the target audience that best fits their need (community prevention, Family Prevention, School Prevention, Business Prevention and Treatment) and specific drug concern (opioids/heroin, methamphetamines, marijuana and e-cigarettes). Resources are then categorized by materials and tool kits, drug facts and readings, online webinars and videos, and PowerPoints. The goal is direct the end user to the agency that has the most relevant information and training for their specific needs.
 - The workgroup is currently working on developing introductory language for each section of the resource hub. Additionally, the group is evaluating the five strategies used in the Prescription Drug Misuse and Abuse Toolkit. The goal is to refine existing strategies address all substances of abuse and to use the updated strategies to train and equip the Arizona prevention and coalition work force.

Recidivism Reduction Workgroup

- **Michael Mitchell** reported:
 - The RR Work Group has two primary goals:
 - 1) to serve as a steering committee for the ADOC Recidivism Reduction Grant from DOJ/BJA; and
 - 2) to develop a statewide substance abuse strategy to reduce substance abuse offenses.
 - The RRW is currently collecting a list of technology based treatment and recovery systems designed to be implemented with incarcerated individuals by contacting federal entities, reviewing websites and national repositories on evidence based treatment services. The primary criteria will include: technology based, partially to fully automated system, strong evaluation/research, substance abuse treatment and trauma-informed modalities.
 - Partnering agencies are sending potential technology based platforms to GOYFF to be compiled into a master list that will be shared with and reviewed by the group.
 - On April 23 and 24, 2019, 63 ADC corrections officers were trained in motivational interviewing, and has trained approximately 100 corrections officers in 2019, bringing the total number trained with the grant funding in 2018 and 2019 to 650.
 - ADC is working with the University of Cincinnati to also provide Effective Practices in Community Supervision (EPICS) training for corrections officers.
 - On April 30, 2019, ADC staff submitted the Year 3, 2nd Quarter grant report to BJA.

- On May 1, 2019, ADC held a Town Hall event at the Perryville Prison.
- In May 2019, ADC staff and ASU held meetings with the following coalitions: Salt River Indian Community; Gila Valley Reentry Project; Coconino Criminal Justice/Mental Health; Navajo County Reentry Project; and the Yavapai Justice and Mental Health Coalition. On June 28, 2018, ASU submitted an annual report on the progress of the Second Chance Grant, and specifically assessed the impact that training 285 correction officers in motivational interviewing during 2017 had on the prison population.
- On May 30, 2019, ADC and ASU held a coalition development meeting in Phoenix.
- ADC staff and ASU plan are planning a Reentry Summit prior to the ASU Summer Institute in Flagstaff on July 15 or 16, 2019.
- Coalition Recruitment. Identifying coalition members is challenging. Any persons or organizations interested in joining a county coalition should contact ADC Grant Manager Kerry Hyatt or a member of the Work Group. Coalition members should be active in their communities and able to assist inmates with specific needs, such as substance abuse treatment, transportation, employment, housing, and education.
- The workgroup will be presented with a list of programs, descriptions and scoring rubric at its next meeting on July 17, 2019.
- Motivational interviewing and EPICS training will continue in 2019.
- Coalition building will continue in 2019.
- On Tuesday, July 16th, the Department of Corrections through ASU Center for Applied Behavioral Health Policy (CABHP) will host the ADC Reentry Summit. The Summit will allow the different regions of AZ to hear from a National Speaker on successful strategies concerning reentry, then work together in small groups to draft a plan, or “action contract”, creating regional and local coalitions that aid former inmates. This Summit is positioned to be a pre-conference to the Arizona Summer Institute in Flagstaff also hosted by ASU CABHP.
- The Working Group’s next meeting is Wednesday, July 17, 2019 at 4:00 p.m. The workgroup is considering hosting the meeting in Flagstaff so members are able to participate in the Reentry Summit and the RRW.

Program Inventory Workgroup

- **Lee Pioske** reported:
 - The Program Inventory Work Group continues to work on the funding inventory for state and federal dollars supporting substance abuse prevention and treatment services.
 - The National Guard has agreed to assist the workgroup in the collection and analysis of data from state agencies.
 - The workgroup has developed and agreed upon a method for collecting and analyzing the data and has reviewed GOYFF prevention data.
 - GOYFF, the National Guard and AHCCCS are working to clarify the level of data the National Guard requires to produce a meaningful report with recommendations to ASAP.
 - The scope of work for GOYFF to conduct a programmatic inventory of substance abuse treatment centers and services for pregnant women and women with children born exposed or dependent on substances is currently

on hold. This prohibits progress being made on achieving this portion of the ASAP strategic plan.

- Receive and analyze AHCCCS substance abuse treatment and prevention data.
- Develop standard data request for partnering agencies.
- Support from agency leadership in releasing funding information on substance abuse treatment of prevention services is needed.

Policy Workgroup

- **Maria Cristina Fuentes** reported:
 - The Policy Workgroup held its first meeting on Friday, April 26th.
 - The Workgroup has begun discussing priorities, timelines and deliverables for ASAP on specific recommendations.
 - The workgroup is developing group priority areas within ASAP strategic plan and timeline for submitting recommendations.

2019 Meeting Dates

- **Co-Chairperson Fuentes** asked participants to mark their calendars for the rest of the year and let **Samuel Burba** know if any conflicts in dates arise.

Call to the Public

- **Chairperson Montgomery** conducted a call to the public. No members of the public addressed the Partnership.

Adjourn

- **Chairperson Montgomery** requested a motion to adjourn the meeting.
 - **Maria Cristina Fuentes** made a motion to adjourn the meeting.
 - **Andy LeFevre** seconded the motion.
 - The meeting adjourned at 3:24 PM.

Dated the twenty-eighth day of June 11, 2019
Arizona Substance Abuse Partnership
Respectfully Submitted By:
Samuel Burba
Director of Substance Abuse Initiatives
Governor's Office of Youth, Faith and Family