



**Substance Abuse Task Force
Neonatal Abstinence Syndrome Work Group**

**April 7, 2016
1:00 p.m.**

**GOYFF Conference Room B
1700 West Washington Street, PHOENIX, ARIZONA 85007**

A general meeting of the Neonatal Abstinence Syndrome Work Group of the Substance Abuse Task Force was convened on April 7, 2016 at the Governor's Office of Youth, Faith and Family, Suite 230, 1700 West Washington Street, Phoenix, Arizona 85007, notice having been duly given.

Members Present (7)	
Debbie Moak , Governor's Office of Youth, Faith and Family	
Cindy Beckett , Flagstaff Medical Center (Telephonic)	
Jennifer Carusetta , Health System Alliance of Arizona, Emergency Department	
Deb Gullett , Arizona Association of Health Plans	
Thelma Ross , National Council on Alcohol and Drug Dependency	
Glenn Waterkotte , Neonatal Abstinence Syndrome Doctor, Retired (Telephonic)	
Michael White , Community Medical Services	
Staff/Guests Present (3)	Members Absent (2)
Samuel Burba , Governor's Office of Youth, Faith and Family	Kate Brophy-McGee , Legislator
Sharon Flanagan-Hyde , Flanagan-Hyde Associates	Elaine Ellis , Phoenix Children's Hospital
Sara Rumann , Arizona Department of Health Services	

Call to Order

- **Debbie Moak, Co-Chair**, called the Neonatal Abstinence Syndrome (NAS) Work Group of the Substance Abuse Task Force to order at 1:05 pm with five (5) members and three (3) staff and guests present.

Welcome/Introductions

- **Debbie Moak, Co-Chair**, welcomed everyone and reminded the Work Group that it will be functioning under Arizona Open Meeting Law. As such, there will be a call to the public at the end of each meeting. Public members that wish to address the Work Group may complete a "request to speak" form and place it in the basket at the sign-in table. During the call to the public, the public member will be given two (2) minutes to address the sub-committee.
- **Debbie Moak, Co-Chair**, reminded the Work Group of the importance of their work and that all of their recommendations will be given to the Substance Abuse Task Force and will ultimately go before the Governor and his administration.

- **Sharon Flanagan-Hyde, Facilitator**, thanked Co-Chair Debbie Moak for her comments and asked the Work Group members to introduce themselves.
- **Sharon Flanagan-Hyde, Facilitator**, informed the Work Group of the following items:
 - Task Force members who are unable to attend in person may teleconference in;
 - Task Force members are not allowed to send or assign a designee to attend in their place;
 - And Task Force members may suggest experts for issue-specific presentations to the Work Group. Suggestions are to be given to Sharon and she will then consult with Co-chairs Debbie Moak and Sara Salek, who will issue invitations.
- **Sharon Flanagan-Hyde, Facilitator**, requested a member of the Work Group to give a report-out to the Substance Abuse Task Force meeting on April 13th. Sharon assured the members that she would be available to coach them and would provide the meeting minutes in advance of the meeting. **Cindy Beckett** volunteered to give the report out at the next Substance Abuse Task Force meeting on April 13th.

Evidence-Based Practices, Sharon Flanagan-Hyde, Facilitator

- **Sharon Flanagan-Hyde** introduced the agenda item and informed the Work Group that the purpose of the agenda item was to ensure that all four Work Groups use a common definition of Evidence-Based Practices (EBPs).
- **Sharon Flanagan-Hyde** introduced a document that included the Report of the Autism Spectrum Disorder Advisory Committee, a statement from the Substance Abuse and Mental Health Services Administration (SAMHSA), and web links and definitions provided by Task Force member Claire Scheuren. The document gives examples of how the Work Group may choose to define terms such as Evidence-Based Practice and Evidence-Based Programs while acknowledging “emerging” and “promising” practices.
 - **Glenn Waterkotte** stated that he had, in fact, received the document prior to the meeting and believed it to be an excellent working example of how the Work Group should choose to define evidence-based practices while acknowledging both “emerging” and “promising” practices.
 - **Debbie Moak** agreed with Glenn Waterkotte that the document was an excellent example for consideration by the Work Group.
 - **Glenn Waterkotte** suggested that the document be used in each of the Work Groups to form the standard definition for the final report.
 - **Cindy Beckett** agreed with both Debbie Moak and Glenn Waterkotte on the benefit and importance of the definition for the final deliverable from the Substance Abuse Task Force.
- **Sharon Flanagan-Hyde** asked each Work Group member 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.
 - **Thelma Ross** stated that there are many good yet fragmented approaches to NAS. Consolidation of efforts and treatments around NAS is crucial. Thelma continued by stating that early intervention is crucial for both the mother and child as well as having a formalized best practice for treatment for NAS.
 - **Glenn Waterkotte** asked Thelma Ross to clarify early intervention and whether she was referring to prenatal or postnatal interventions.
 - **Thelma** clarified that while both interventions are important; she was specifically referring to prenatal interventions.
 - **Michael White** stated that more training for DCS interaction and standardized approaches for treating NAS for doctors and nursing staff are needed.
 - **Debbie Moak** stated that caring for the mother is vitally important.
 - **Michael White** stated that DCS has a pilot program in Tucson focused on support services for the mother that we may want to encourage the use of at a statewide level.
 - **Debbie Moak** agreed with Michael that a standardized pilot program for effective strategies would be greatly beneficial for the state considering that most NAS babies are on Medicaid.

- **Thelma Ross** agreed that it is important for both the mother and baby to reduce the stigma associated with NAS.
- **Michael White** stated that a complicating factor to this discussion and the care of the mother is that due to the loss of the menstrual cycle when using heroin, the mother may not know that she is even pregnant until twenty-four weeks.
- **Cindy Beckett** stated that the Perinatal Trust has spoken about standardizing practices for NAS cases.
- **Jennifer Carusetta** stated that prevention of NAS is critical. Understanding that in NAS cases there is a need for long-term care for both the mother and baby, the Work Group should consider the following:
 - The hospital is part of and often times the starting place for the continuum of care for NAS cases.
 - The Work Group should work to network providers together to ensure that the mother's and baby's needs are being met.
 - Have a clear understanding that once a NAS baby is born, that is where the work begins.
- **Cindy Beckett** stated that at birth, women are more open to treatment, which presents an opportunity to get the mother substance abuse care.
- **Debbie Moak** asked when the Department of Child Safety's Healthy Families program is available to the mother and family. Is the program offered while the mother pregnant or must she first give birth?
- **Thelma Ross** stated that the Healthy Families program is designed for mothers with children birth to five-years-old. There are several treatment providers that are equipped to work with women in situations like this. I would like to see a provider network in which providers can give direct, timely and meaningful resources to the mother.
- **Glenn Waterkotte** stated that he believed the group was on track as to the most important categories to focus on. **Glenn** then stated that it is important to keep in mind 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 of care and network of resources. It is critical to train and educate obstetricians.
- **Debbie Moak** stated that she was stunned to hear that doctors knowingly prescribe opiates to pregnant women.
- **Glenn Waterkotte** stated that women are often already using opiates and the obstetricians keep the mother on a regulated and stable dosage to help mitigate further harm to the child.
- **Jennifer Carusetta** stated that increased education for prescribers is needed. Many doctors simply do not consider alternative treatment options for pregnant women.
- **Cindy Beckett** stated that while opioids are of public concern, we cannot forget other drugs such as stimulants, alcohol, etc.
- **Debbie Moak** stated that current legislation of Arizona's Controlled Substance Prescription Monitoring Program (CSPMP) begs the question, "what are other states doing to identify/protect women of childbearing age?"
- **Glenn Waterkotte** stated that he was not aware of what other programs nationwide are doing to identify and protect women of childbearing age. However, Robert Johnson (member of the Substance Abuse Task Force) might be able to answer the question about what other states are currently doing.
- **Sharon Flanagan-Hyde** began to organize the Work Group's content onto a flipchart. The categories are as follows:
 - Awareness
 - Education of women regarding consequences of NAS
 - Resources to services

- Education for prescribers
 - Intervention during pregnancy
 - Continuum of services
 - Early involvement of DCS programs such as the AZ Families First program
 - Standardization across hospitals and DCS
- Group conversation began concerning the categories listed on the flipchart. The conversation is outlined as follows:
 - **Michael White** stated in reference to the AZ Families First program that the Medical Director with DCS would be more than happy to consider extending the scope of the AZ Families First program to include pregnant women.
 - **Sharon Flanagan-Hyde** stated that it sounded like standardization of care for the mother and child is a continuing theme in this afternoon's discussion.
 - **Michael White** stated that encouraging DCS to be more involved in NAS cases will help with the standardization of care and resources for the mother and child.
 - **Debbie Moak** stated that 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.
 - **Jennifer Carusetta** stated that 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.
 - **Thelma Ross** stated that she can provide a list of states that employ effective methods of involving DCS.
 - **Debbie Moak** stated that she was concerned about trying to change the culture of DCS and would prefer that this Work Group and report focus on systems that are outside of DCS.
 - **Jennifer Carusetta** stated that 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.
 - **Debbie Moak** stated that there are two initiatives currently being considered by the Governor's Commission on Child Safety and Family Empowerment.
 - **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.
 - **Debbie Moak** continued by stating that potential initiatives allow for strong and meaningful collaboration between state agencies and faith communities.
- **Sharon Flanagan-Hyde** reviewed the categories for the Work Group to consider. When you think about those, I would like to go around the room and have you think ahead to October. What are the topics that you would like to see in that report?
 - **Michael White** stated the treatment of mothers.
 - **Thelma Ross** stated more 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.
 - **Glenn Waterkotte** said a resource/requirement to identify use/abuse early in pregnancy is as important as identifying venereal disease.
 - **Cindy Beckett** agreed with **Glenn** that practitioners need a resource toolkit to use early in pregnancy to better identify at-risk women.
 - **Glenn Waterkotte** stated that this type of toolkit will help strengthen families.
 - **Jennifer Carusetta** stated that 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.
 - **Cindy Beckett** shared a story of a Fetal Alcohol Syndrome (FAS) baby. The mother was told not to drink during pregnancy by her obstetrician so she stopped drinking hard liquor. However, she did

not know that beer and wine are alcohol so she continued to consume during pregnancy. The baby was born with debilitating FAS. This story highlights the need for continued provider and patient education.

- **Debbie Moak** asked, “Who requires pregnant mothers to take a drug screen? Is there a way to require AHCCCS providers to conduct drug and alcohol screens?”
- **Glenn Waterkotte** stated that suggestions like this have traditionally come through the medical community; however, there are also many examples of mandatory screens coming through women’s advocacy groups.
- **Jennifer Carusetta** stated that suggestions like this are best accepted as “best practice” after being adopted by a medical community rather than top down through governmental regulation.
- **Debbie Moak** stated that she would like to see the CSPMP and screens for mothers included in the final report. She also stated that she would like to see a culture change and a reduction of stigma, in which society stops shaming people for addiction and there is more treatment of the disease.
- **Glenn Waterkotte** stated that he sympathized with **Debbie Moak**; however, it is important that resources are voluntarily adopted.
- **Debbie Moak** stated that sometimes exposing or forcing treatment can have positive outcomes.
- **Glenn Waterkotte** agreed with **Debbie Moak** and acknowledged her experience in substance abuse.
- **Thelma Ross** stated that she agreed with **Debbie Moak**. Thelma would also like to see a focus on women with addiction and the serious mental illness (SMI) populations represented in the final report.
- **Sharon Flanagan-Hyde** asked for any additional comments before moving on to the next agenda item. None were made.

Data Collection and Presentation, Sharon Flanagan-Hyde, Group Facilitator

- **Sharon Flanagan-Hyde** asked the group what articles, information, and data should be brought to this table for group consideration.
 - **Cindy Beckett** stated that the group should consider beginning by identifying what is currently available, what’s working and not working. Then build upon that information to create a list of available resources.
 - **Cindy Beckett** stated that she will send the Statewide Task Force on Prenatal Exposure to Alcohol and Other Drugs report to Sharon Flanagan-Hyde for group dissemination and consideration. Cindy Beckett then gave an overview of the Statewide Task Force and document.
 - **Glenn Waterkotte** stated that he felt that the group should provide hospital social workers with a standard referral process for reporting. Glenn then asked what the hospital’s actual legal responsibilities were.
 - Conversation began over the legal responsibility of the hospital versus the social worker’s discretion to report NAS. **Jennifer Carusetta** volunteered to reach out to her contacts in the hospitals for further clarification.
 - **Deb Gullet** stated that the Statewide Task Force on Prenatal Exposure to Alcohol and Other Drugs has done great foundational work from which this group can benefit. This group has the opportunity to further advance the idea of standardized practices.
 - **Cindy Beckett** stated that the largest hurdle in the advancement of standardized practice will not be AHCCCS but will be the private/commercial medical providers.
 - **Glenn Waterkotte** agreed with Cindy Beckett.
 - **Deb Gullet** stated that this highlighted the need to utilize private and commercial relationships to educate and get them to use the same standardized practices.
- **Sharon Flanagan-Hyde** asked for any further comments before moving on to the next agenda item. No comments were made. **Thelma Ross** stated that there is so much and the issues are so complex that this

work will be extremely challenging. Sharon Flanagan-Hyde then expressed gratitude for the work completed during this meeting and informed the group that their work would be shared at the next Task Force meeting.

Call to the Public

- **Debbie Moak** made a call to the public. No comments were made.

Adjourn

- **Debbie Moak** called for a motion to adjourn.
 - **Deb Gullet** moved for the adjournment.
 - **Thelma Ross** seconded the motion.
 - The motion passed with no dissenting votes and the meeting adjourned at 2:30pm.

Dated the 8th day of April
Neonatal Abstinence Syndrome Work Group of
the Substance Abuse Task Force
Respectfully Submitted By:
Samuel Burba
Program Administrator, GOYFF