



**ARIZONA SUBSTANCE ABUSE TASK FORCE  
Neonatal Abstinence Syndrome Work Group**

**June 30, 2016**

**1:00 p.m.**

**Governor's Executive Tower**

**Suite – 230**

**1700 West Washington Street**

**Phoenix, Arizona 85007**

A general meeting of the Neonatal Abstinence Syndrome Work Group was convened on September 8, 2016 at 1700 Washington Street, Suite 230 Phoenix Arizona, 85007, notice having been duly given.

**Members Present (8)**

**Debbie Moak**, Governor's Office of Youth, Faith and Family

**Beckett, Cindy**, Flagstaff Medical Center

**Kate Brophy-McGee**, Legislator

**Jennifer Carussetta**, Health System Alliance of Arizona

**Deb Gullett**, Arizona Association of Health Plans

**Rick Sloan**, Compassionate Care Centers

**Glenn Waterkotte**, Retired Neonatal Abstinence Syndrome Doctor

**Thelma Ross**, Community Member

**Staff/Guests Present (2)**

**Sharon Flanagan-Hyde**, Flanagan-Hyde Associates

**Kathy Davis**, Member of the Public

**Members Absent (2)**

**Elaine Ellis**, Phoenix Children's Hospital

**Michael White**, Community Medical Services

**A. Call to Order**

Co-Chair **Debbie Moak** called the meeting to order at approximately 1:00 p.m.

**B. Welcome, Introductions and Group Norms**

**Sharon Flanagan-Hyde** asked the work group members to introduce themselves. She reminded the group of their norms.

**C. Approval of the Meeting Minutes**

The meeting minutes for the June 30, 2016 meeting were approved without modification/change.

#### **D. Presentation: What Stood Out?**

- Dr. Salek and the three RBHAs presented at the last Task Force meeting
- Wanted the Angel project brought up in the Task Force meeting; didn't see it in report recommendations
- Wouldn't be in the current draft because the report was written prior to the meeting
- Angel Initiative seemed integrated and effective - Dr. Waterkotte wondered if it will be in the report
- Angel Initiative originated in Gloucester, Massachusetts
- If individuals turn themselves in they receive treatment rather than incarceration
- Launched 2 weeks ago in Maryvale (very soft launch)
- Wanted to walk through system to make sure there were no gaps before flood gates open
- You must be a Maryvale resident to be eligible for the current program
- There are many other communities and counties that have already formalized a team to launch
- Meetings going well and information is being disseminated to other teams to start Arizona Angel Initiative
- Chandler wants to launch in January or February
- In access to treatment section there could be a recommendation to support the expansion of Angel Initiative
- Will this be talked about at art of recovery? yes
- Where are RBHAs at in terms of support?
- Wonderful meetings with MMIC and Eddie
- In addition to initial team over 120 letters to show detox providers that signed up to be part of the launch of the Angel Initiative
- Wall of honor for providers who donate services to the Initiative
- Some will present with private insurance or be able to enroll in Medicaid and others can utilize the donated services
- Meeting with Chandler; they are already doing this
- Everyone can come under Arizona Angel Initiative which could raise money to a government fund and distribute to municipalities who come under the program
- Chandler has gone as far as to write criteria for treatment centers
- RBHAs and doctors did a good job highlighting different things and presentations were terrific.
- Like what is in the document, revising SEN guideline as well as insurance plan protocol for managing population, could be best practices or tools for moving us forward
- When will the draft be ready? Done by end of September
- The group is moving in the right direction and recommendations should be actionable

#### **E. Review, Discussion and Revision of Report Draft 1**

- Could add references/ table of abbreviations
- 25,8 No hyphen between Brophy and McGee and LD 28, Arizona state representative
- 25,26 alcoholism
- 25, 32 Cardon Children's Hospital

- 25-5 CHRC after LCCE, Director for Northern Arizona Healthcare Office of Research and Research Compliance
- 26 take out hyphen for Brophy McGee, change Palo Verde to Compassionate Care Centers, add Rick to NAS
- 20,6-7 median cost and length of stay skewed by those at risk of neonatal monitoring
- Disagreement between AHCCCS and DHS on cost numbers
- Dr. Waterkotte: those at risk usually sent home until unmanageable and come back
- Number might be a little low but for report purposes; it at least introduces that it is expensive
- More information is needed and AHCCCS is getting some data
- Cindy may have updated numbers and will pull references
- AHCCCS should have a report next week and Cindy will reach out for consistency between the reports
- Leave the word approximately regardless of change
- Is this data just NAS? Could be good to differentiate
- Ensure any clarification doesn't make the introduction too confusing
- 21, 9-11 work group members said AHCCCS has taken the lead and the largest hurdle will be private/commercial medical providers. Remove "and not AHCCCS"
- Jennifer- Change standard of care wording, perhaps to say "for insurers"
- 21, 27 we want to have options available, whether it's a mother stays or a place for foster care, need to have a broader menu
- Need support for foster care
- Include Lily's Place as example and add broader language
- Washington model is a foster care model
- Make sure population without available mothers is included in this introductory section
- Deb- can redo 18-33 and email to Sharon
- Should have language which states a preference that mother stays with the baby
- 22, 13 revise to be consistent with data, the incidence is rising across Arizona. 235% more, keep sentence consistent with introduction
- 22,27 said they would step up and be the portal. Get people to that space. There is a bigger scope than developing and promoting. Add the portal which is a repository of information and review hospitals for compliance. Rework the paragraph and strike engage as the verb.
- 23, 12 – case management is provided through the RBHAs, Mercy Care Plan has responsibility for most of the babies and doesn't have authority to provide case management. Should say AHCCCS/health plans and would need waiver for. Deb to phrase into a sentence.
- 23, 20- Should say AHCCCS/health plans and should include Health-e Connections. Has money people and permission. Deb can write as well.
- November AHCCCS meeting will have common outcomes discussion. Consistent data collection process.
- 23- need for obstetricians to have information on where to direct mothers who need treatment Include obstetricians in early intervention

- Recommendation for alternative setting when appropriate for babies and mothers/foster parents
- No code at AHCCCS to pay for babies at alternative setting
- Even if Lily's Place was built they couldn't bill AHCCCS
- AHCCCS could create a code
- Need recommendation for alternative settings and ability to pay for it
- Deb to draft
- 23, 24 Change encourage to be stronger, mandate DCS to provide liaisons
- 23, 27- require DCS to
- 23, 31- discourage to prohibit
- 23, 35 stronger word than encourage
- Establish a case status code for DCS so that cases may be open longer to ensure compliance and provide needed support to families which are reunified or kinship placements
- 23, 25 Concern that women are already afraid to speak up when on drugs and increasing DCS involvement could increase fear
- Clarify who the liaisons are
- Liaisons have nothing to do with the removal decisions
- Liaisons would triage and determine services
- Liaison would need to be a designated person, training is vital to approach the unique situation with recent birth etc.
- Language about alternative placements should encourage partnership between alternative placements and DCS, Jennifer to work with Deb
- Legislation requiring parents of babies with medical issues to go through the same training as kinship parents to deal with medical issues. Refers to parents on the fringe of DCS.
- Physician writing order to discharge to parents has the responsibility that parents have demonstrated that they can fulfill the care needs of the child
- 24 Healthy Families has evidence backed practices but not scaled; is there a way to incentivize more families to enter the program?
- Healthy Families needs to scale up
- Healthy Families is an option presented to parents in NICU
- Is it treated as a step or option? It is encouraged but doctors know little to nothing about it and rely on social workers, so it depends on the individual knowledge of the case worker. Some may not know of programs while others think everyone should do it.
- Two populations consist of before the birth and after the birth; everyone is involved after the birth but very few are involved prior to the birth
- 23, 35 Should say scale up and fund
- Take out reference to DCS to expand scope
- Think about where the program is placed
- Talk about vibrant partnerships between DCS, DES, and AHCCCS
- Anything to strengthen or add?
- Need to strengthen the verbs in order for this document to be helpful

- The report could use the language “DCS as a supportive preventive program” as a reminder of their role
- Moms need to know there is hope and the future is not just a train coming at them
- Regardless of all the prevention, that baby is coming, so what happens after they leave the hospital is just as important as what happens before and during
- Is there any recommendation from the NAS group that we could be challenging First Things First to somehow be more inclusive?
- Challenge First Things First to be a part of the solution
- Put them on prevention
- 22, 19- Deb and Jennifer and others to discuss requiring pregnancy test or other ways to strengthen CSPMP proposal
- Doctors need to recognize addictive property of opioids
- Address pain as a fifth vital sign/ CMS article down to early intervention and prevention
- Number/alphabetize the recommendations rather than bullets

#### **F. Call to the Public**

**Kathy Davis** answered the call to the public.

- From the NAS conference the language should not read “babies who are addicted” but “babies who are passively dependent”
- Announced that first alternative NAS facility in Arizona was opened in Tucson privately by an RN

#### **K. Adjourn**

**Debbie** adjourned the meeting at approximately 2:45 p.m.

Dated September 12, 2016  
Arizona Neonatal Abstinence Syndrome Work Group  
Respectfully Submitted By:  
Kyle Sawyer  
Arizona Health Care Cost Containment System