

# Arizona NAS Action Plan

**Addressing Maternal Opioid Use Disorder to Prevent and Reduce the Effects of Neonatal Abstinence Syndrome (NAS): Preventing NAS Learning Lab**

**October 2018**

(Final Draft: Approved 1/2/2019)



## EXECUTIVE SUMMARY

Since June 15, 2017, there have been more than 2 babies born per day that have suffered with possible drug-related withdrawal symptoms according to the Arizona Department of Health Services (ADHS), Enhanced Surveillance System set up under Emergency Declaration issued by Governor Doug Ducey on June 5, 2017 to reduce opioid deaths in Arizona. ADHS created the enhanced surveillance system to collect real time data on opioid related events that include cases of neonatal abstinence syndrome (NAS) reported by hospitals. Data collected indicate that 901 Arizona babies were born with possible drug-related withdrawal symptoms since June 15, 2017. Of those, 49% of the mothers of NAS cases were being medically supervised while taking opioids while pregnant and 51% of the mothers were using substances without a prescription and without medical supervision. (Source: [azhealth.gov/opioid](http://azhealth.gov/opioid)). Reported suspected NAS cases by hospital facility from June 15 – July 31, 2018 (901) indicate that 70% are from Maricopa County, Arizona facilities while the remaining 30% of cases are in outlying counties.

In Arizona, the incidence of Neonatal Abstinence Syndrome (NAS) among newborns has increased by 31% from 2015 (n=470) to 2016 (n=615). In 2016 there were 1,910 substance exposed newborns identified in Arizona through hospital discharge data, resulting in a total of 615 NAS cases (7.48 per 1,000 live births). Based on the number of NAS cases reported, maternal opioid use in 2016 was identified in 7% of 86,228 hospital births. Additionally, the rate of newborns exposed to narcotics increased more than 219%. (Source: ADHS Population Health and Vital Statistics <https://pub.azdhs.gov/health-stats/hip/index.php>). The state Medicaid System, the Arizona Health Care Cost Containment System (AHCCCS) represented 51% of all Arizona births between 2008 and 2014, but was the payer for 79% of the NAS births. The Arizona Department of Child Safety (DCS) had 3,736 case reports in FY16 and 4,239 case reports in FY17 with tracking characteristics indicating a substance exposed newborn (SEN). These data illustrate a clear health disparity among our most impoverished and vulnerable population and the need to develop sustainable solutions. On June 5, 2017, Arizona Governor Doug Ducey issued his first public health emergency declaration, which called for a statewide effort to reduce opioid deaths in Arizona. An Enhanced Surveillance Advisory following the declaration resulted in the reporting of 1,521 possible opioid deaths, and 10,141 possible opioid overdoses, of which 41% were women as of August 2, 2018.

In January 2018, the Arizona Department of Health Services collaborated with the Arizona Department of Child Safety, the Arizona Health Care Cost Containment System (AHCCCS) and the Arizona Governor's Office of Youth, Faith and Family to submit an application for the National Governor's Association (NGA) Learning Lab to address maternal opioid use disorder to prevent and reduce the effects of neonatal abstinence syndrome (NAS). The application was awarded in March 2018 to provide technical assistance on the development of a state action plan that addresses policy and financing strategies for programs to prevent and reduce the effects of opioid related NAS. The State Team was formed and convened a NAS Planning Meeting which included key stakeholders and community partners on May 30, 2018. The Arizona NAS Action Plan is a 3 year plan that is a culmination of the input provided at that meeting. It is intended to present strategies that will serve as a catalyst to reduce the number of babies born with possible drug-related withdrawal symptoms in Arizona. The Plan is a working draft document that will be modified as strategies are reviewed and progress is recorded.

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# ***Vision Statement***

Establish a coordinated approach to increase awareness and improve outcomes for families impacted by opioid use and substance use during pregnancy.

## ***Goals Summary***

### **1. Coordinate across agencies to ensure buy-in and the most effective response.**

*Key Performance Metrics:*

- 1. By October 2019, identify any additional SUD/ODU and MAT service providers by county and neonatal abstinence syndrome (NAS) resources that may be included on the [www.substanceabuseaz.gov](http://www.substanceabuseaz.gov) website.*

### **2. Increase the knowledge base of healthcare providers and behavioral health providers regarding screening, diagnosis and treatment of OUD and substance use in pregnant and postpartum women.**

*Key Performance Metrics:*

- 1. By June 2019, develop a series of training modules and/or webinars on SUD/ODU NAS for physicians, nurses, other healthcare providers, SUD treatment and MAT providers, home visitors, and county court judges.*
- 2. By June 2019, ensure current and existing media campaigns include raising awareness and reducing stigma around SUD/ODU and women.*

### **3. Increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.**

*Key Performance Metrics:*

- 1. By June 2020, expand/increase temporary transitional housing resources for SUD/ODU pregnant women and women with children and include case management and wrap around services such as job training and transportation.*
- 2. By June 2020, expand the use of Peer Support Specialists at SUD/ODU and MAT treatment sites including on-going training.*

	<b>Goal # 1: Coordinate across agencies to ensure buy-in and the most effective response.</b>				<b>As of 10/15/19</b>
<b>Action Steps</b>	<b>Timeline/Due Date</b>	<b>Agency/Point Person(s)</b>	<b>Needed Resources</b>	<b>Notes</b>	<b>In Progress/Complete</b>
<p>1. Identify any additional SUD/ODU/ MAT providers by county that provide services for women of reproductive age including pregnant/postpartum women with children:</p> <ul style="list-style-type: none"> <li>a. Provide a list of service provider updates and/or stakeholder websites links to the GOYFF for consideration to be added to the Prevention Treatment and Recovery Locator website;</li> <li>a.1. Increase the number of providers certified to prescribe MAT</li> <li>b. Explore adding Neonatal Abstinence Syndrome resources and home visiting services links under</li> </ul>	October 2019	<p>Arizona Department of Health Services (ADHS)</p> <p>Arizona Health Care Cost Containment System (AHCCCS)</p> <p>Arizona Department of Child Safety (DCS)</p> <p>Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (Substance Exposed Newborn Prevention Task Force)</p> <p>BCBSAZ Mobilize AZ</p> <p>Department of Education (DOE)</p> <p>Arizona Alliance for Community Health Centers) (AACHC)</p>	<p>The Governor’s Office of Youth, Faith and Family (GOYFF) Treatment Locator is already in place. <a href="http://www.substanceabuseaz.gov">www.substanceabuseaz.gov</a></p> <p>No cost to put links on stakeholder websites to key websites including: <a href="http://www.azhealth.gov/opioid">www.azhealth.gov/opioid</a></p> <p>BCBS AZ funding for MAT Expansion Campaign</p> <p>ASU Center for Applied Behavioral Health Policy</p>	<p>GOYFF Treatment Locator in place. Stakeholders and Task Force to provide input and NAS information to be considered as needed.</p> <p>Information would be shared with the Arizona Substance Abuse Partnership (ASAP) led by the Governor’s Office of Youth, Faith and Family (GOYFF) as needed. Action steps have been added to ASAP strategic plan work groups - 616 prescribers to complete MAT training to be DATA 2000 waived ;</p>	<p>ON HOLD/POSTPONED: GOYFF has put on hold the SOW with a consultant to do updates to website; it was to include an NAS TAB and inventory of Providers; and to include resources on NAS and links to other resources. This has been put on hold due to recent information that AHCCCS is considering developing a treatment locator site.</p> <p>Quarterly Substance Abuse Treatment Capacity Reporting is being conducted through a Treatment Availability Survey Initiated by ADHS which may provide additional provider resources. GOYFF will coordinate information with survey results and with AHCCCS list of providers.</p>

<p>the Resources tab of the Prevention Treatment and Recovery Locator website.</p>				<p>MAT Waiver Training being provided October 22, 2019 by ASU Center for Applied Behavioral Health Policy</p>	<p>In Progress: ADHS is adding an NAS tab under the Office of Injury Opioid site under <a href="http://www.azdhs.gov">www.azdhs.gov</a></p> <p>Complete – Expanded the number of individuals who can receive Buprenorphine by increasing number of certified providers</p>
<p>2. Explore the development of applying a trauma informed approach for treatment for SUD/ODU and NAS across treatment providers, law enforcement, aftercare, and sheriff's departments</p> <ul style="list-style-type: none"> <li>a. Identify and share best practices for treatment of SUD/ODU pregnant women</li> <li>b. Identify and share best practices on treatment of NAS and recommend hospital policies be developed</li> <li>c. Identify and share best practices for law enforcement if available</li> </ul>	<p>June 2019</p>	<p>Arizona Department of Health Services (ADHS)</p> <p>Arizona Health Care Cost Containment System (AHCCCS)</p> <p>Arizona Department of Child Safety (DCS)</p> <p>Arizona Perinatal Trust (APT)</p> <p>Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (Substance Exposed Newborn Prevention Task Force)</p>	<p>Agency In-kind staff time. Stakeholder involvement.</p> <p>Stakeholders to assist with identifying any best practices for law enforcement with pregnant/parenting women</p>	<p>AHCCCS has been working on this and implementing approach with the RHBA's.</p> <p>Banner Hospital System is educating their hospitals regarding ESC Model.</p> <p>Task Force to reach out to law enforcement to invite to Task Force meetings.</p>	<p>AHCCCS has worked with RHBA's to implement a Trauma Informed Care approach.</p> <ul style="list-style-type: none"> <li>a. Complete</li> <li>b. Complete at certain hospitals within Banner System; variation at other hospital systems</li> <li>c. Complete Arizona Angel Initiative (AAI) project provided by GOYFF. Works with police departments in Mesa, Scottsdale and Phoenix.</li> </ul>

<p>3. Improve and expand the data collection of NAS cases from diverse/multiple sources to build on data currently available to identify and improve prevention intervention strategies and report cost burden.</p>	<p>December 2019*</p>	<p>Arizona Department of Health Services (ADHS)</p> <p>Arizona Health Care Cost Containment System (AHCCCS)</p> <p>GOYFF ASAP Epi Work Group</p>	<p>Agency In-kind staff time. Involvement of key agencies.</p> <p>ADHS working on revising Opioid site web pages</p> <p>New Birth Defects grant opportunity to add NAS to surveillance</p>	<p>Improved data collection to include more detailed information on women and opioid/substance use will identify and improve prevention intervention strategies and report cost burden.</p>	<p>In Progress: Review of data points and identification of additional variables is being planned. Birth defects surveillance may expand to include NAS. Review of CSTE NAS Standardized Definition.</p> <p>GOYFF grant will be used to fund ACJC project to enhance general statewide data profiles</p>
<p>4. Explore the convening of community forums in high risk counties to gain feedback from community stakeholders on the availability of NAS and SUD/ODU prevention education and treatment services for women and infants.</p>	<p>June 2019</p>	<p>ADHS DCS Substance Abuse Coalitions across the state in the counties</p>	<p>Agency In-kind staff time Obtain buy-in from the Local Coalitions.</p>	<p>Discussion being held with Courts regarding Mapping Project for Maricopa County under QIC grant.</p>	<p>Complete: Opioid Action Plan Planning Meeting held April 26, 2019. OAP and Recommendation Brief updated for 2019 by ADHS June 2019.</p> <p>Complete: ACEs, Trauma and Substance Exposure Conference September 25, 2019. A planning process was included.</p>
<p>5. Explore the development of consistent contractual language across the state agencies with subcontractors to address services with SUD/ODU pregnant women and infants such as verbal/paper screening of women;</p>	<p>June 2019</p>	<p>Community and State Agencies</p> <ul style="list-style-type: none"> <li>• AHCCCS – Health Plans</li> <li>• ADHS – Home Visiting</li> <li>• DCS –</li> <li>• Correctional Institutions</li> </ul>	<p>Agency In-kind staff time.</p>	<p>ADHS – language regarding ATOD screening required in home visiting contracts. AHCCCS doing work on this and has included language in</p>	<p>Complete</p>

a. Identify and meet with state agencies to discuss contract wording and changes		(Jails – Juvenile Services)		AMPM 410 Maternity Services policy GOYFF – in contracts with ASU for SBIRT through Collegiate Recovery Act	
6. Explore the possibility of identifying an informal point person/ Program Manager that will inform and coordinate services between State agencies involved in NAS projects and /or program services.	June 2019	ADHS DCS AHCCCS GOYFF	Identify informal point person that will be available to provide NAS and/or project updates at agency meetings and other groups.	All agencies to provide updates Group is serving in this capacity. ADHS Office of Injury is lead for all Opioid Projects/Programs	Complete: NAS Core Team continuing to meet monthly and provide updates. Coordination with ADHS Office of Injury.
7. Reach out to DOE, the Universities, and community colleges to identify what strategies are in place to educate and address SUD/ODU in women and children	December 2019*	GOYFF AHCCS DOE ADHS azhealth.gov/opioid	Funding for University level curriculum provided through State Targeted Response grant funds.	ADHS has developed a curriculum for use at Arizona medical schools, PA and Nurse Practitioner training programs.	Complete: Curriculum is being provided and implemented at professional schools. GOYFF is engaging schools and youth. AHCCS reaching out to local chapter of ASAM.

\*Timeline/Due Date extended

Status of Goal 1: Of the seven strategies, five have been completed and two (1, 3) are still in progress.



<b>Goal # 2: Increase the knowledge base of healthcare providers and behavioral health providers regarding screening, diagnosis, and treatment of OUD/SUD in pregnant and postpartum women</b>					<b>10/15/2019</b>
<b><u>Action Steps</u></b>	<b><u>Timeline/Due Date</u></b>	<b><u>Agency/Point Person(s)</u></b>	<b><u>Needed Resources</u></b>	<b><u>Notes</u></b>	<b><u>Progress</u></b>
<p>1. Develop a series of training modules and/or webinars as needed on the following: a) overview of Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) and effects on women/infants; b) screening for SUD/OUD of women of reproductive age including motivational interviewing, stigma, ACEs, Trauma Informed Care; c) information on referral resources and home visiting programs; d) offer CME and /or Certificate of Completion to physicians, nurses other medical providers, SUD treatment and MAT providers, home visitors, county court judges</p>	September 2019*	AHCCCS GOYFF Arizona Department of Economic Security (DES) Courts ADHS	State Targeted Response Carry-Forward funds.	<p>Webinar Training modules for providers being developed by GOYFF, ADHS and DES. The training would be sustained via on-line webinar modules which may include enhancement of existing on-line training or development of new modules.</p> <p>Resource list for referrals needs to be developed and provided as part of training</p> <ul style="list-style-type: none"> <li>• Need provider champions from ACOG/AAP and Arizona Perinatal Trust</li> </ul>	<p>Complete: State Targeted Response Carry- Forward funds were utilized to develop Trauma Informed Care training including:</p> <ol style="list-style-type: none"> <li>1. Completed -Online course for home visitors</li> <li>2. Completed - Video Series is being developed to provided training for medical providers, ACE's, trauma informed care, MAT and to reduce stigma in caring for women and NAS babies.</li> </ol> <p>In Progress – posting of the training and video series</p>
<p>2. Promote universal screening of women of reproductive age, pregnant women at prenatal and well woman appointments</p>	June 2020	AACHC – Federally Qualified Health Centers (FQHC's)	NGA provided information on payment options for screening services.	TMC is doing universal screening of moms. AHCCCS may include recommendation in training. Health Choice	In Progress: Substance Abuse Service Expansion HRSA Grant administered by AACHC will provide SBIRT training

		ADHS - Family Planning Services – Title V and Title X Centers for Medicare and Medicaid Services (CMS) Certified Rural Health Clinics		Integrated Care (HCIC) is receiving SBIRT funding to do screening and brief intervention training/implementation in Flagstaff at North Country and university health centers; using NIDA quick screen and the Opioid Risk Tool <ul style="list-style-type: none"> <li>(consider lab testing in addition to paper/verbal screening)</li> </ul>	
3. Expand the use of screening and brief intervention services to patients	August 2019	AHCCCS	NGA provided information on payment options for screening services.	Explore reimbursement opportunities with AHCCCS and other health plans. Plans should be assessing if there is a concern and doing look-ups on CSPM. AHCCCS Policy AMPM 410 Maternity Services	No Further Action Anticipated (Not feasible at this time re: AHCCCS Plans). This will be discussed at the FQHC level.
4. Identify and promote best practices for the development of consistent guidelines on screening of pregnant women and infants at birthing hospitals <ol style="list-style-type: none"> <li>Explore diagnosis and coding of SEN</li> </ol>	August 2019	ADHS APT DCS Substance Exposed Newborn Prevention Task Force TMC	Request APT to include recommendations in site visits. Involve ADHS Licensing in any discussion.	Difficult to agree upon the tools to use at the hospital level to screen pregnant women for substance use and babies for NAS due to legal and risk management policies at hospitals. Difficult to	No Further Action Anticipated at this time. AHCCCS Plan Physicians required to check CSPMP for all pregnant members.  In Progress: APT revisions to Site Visit Checklist to include screening and

<p>infants to ensure all are captured</p>			<p>Sending Guidelines to APT Board Member.</p>	<p>implement due to legality at hospital level. AHCCCS Policy AMPM 410 Maternity Services provides screening through CSPMP.</p>	<p>testing protocols (provided suggested guidelines for future discussion with APT).</p>
<p>5. Utilize information gained from community forums (if convened) to develop a community education plan in high risk counties and provide in person and/or on-line training education on Substance Use Disorders/Opioid Use Disorder and the impact on Women and Infants and families</p> <ul style="list-style-type: none"> <li>a. Focus on reducing stigma, ACEs, trauma informed care, alienation, fear of DCS</li> <li>b. Increase community level training for peer support staff to combat stigma on MAT</li> </ul>	<p>August 2019*</p>	<p>ADHS DCS Utilize existing local county partners, coalitions and task forces to emphasize the needs of women, children and families Local level providers</p>	<p>Agency In-kind staff time.</p>	<p>Promotion by local ACOG, AZ Academy of Pediatrics, County Partners under Prescription Drug Overdose Prevention for States grant to help push out community education. Convening meeting planned September 25, 2019 – ACEs, Trauma &amp; Substance Exposure – Standards of Care for Infants and Toddlers. Conference will inform future interventions and collaboration. Sessions may be recorded to share throughout the state.</p>	<p>Complete: State Targeted Response Carry- Forward funds utilized</p> <ol style="list-style-type: none"> <li>1. Develop/enhance NAS educational materials to use in community education.</li> <li>2. Complete - Develop an NAS Community Training Kit and other NAS related materials.</li> <li>3. Convening meeting/conference held September 25, 2019   served as community forum.</li> </ol>

<p>6. Explore the possibility of planning future educational events on SEN and NAS to educate providers and communities</p>	<p>June 2019</p>	<p>DCS ADHS AHCCCS SEN Prevention Task Force</p>	<p>Funding for events is needed. QIC Grant funds activities through Courts and supports SHIFT Collaborative Team discussions.</p>	<p>State agencies will provide input to events or will share links to webinars addressing related topics. QIC Grant Activities providing subject matter experts and mapping of service area in Maricopa County to identify gaps and reduce stigma.</p>	<p>Complete/In Progress: State Opioid Response funds or SUPPORT funds have been provided to support on-going convening meetings- SOR Funds to be used for 2020 SEN Convening; QIC Grant funds other activities.</p>
<p>7. Provide childbirth and parenting classes to those in SUD/ODU treatment through home visiting or other programs</p> <p>a. Convene home visiting providers and MAT providers to discuss and incorporate into HV and MAT curriculum</p>	<p>June 2019</p>	<p>AHCCCS Behavioral Health Providers ADHS DCS Local Service Providers</p>	<p>Funding for classes is needed. Ensure information is consistent throughout all programs.</p>	<p>Tara Sundem is doing support groups through CMS. DCS will be providing support.</p> <p>Maricopa County Department of Public Health received CDC Overdose Data to Action grant to impact SEN and develop care coordination with SHIFT Collaborative</p>	<p>In Progress : Home Visiting Program providers providing presentation at Pregnancy and Birth to 5 Resource Fair at AHCCCS on 11/7/2019</p>
<p>8. Ensure current and future media campaigns include raising awareness and reducing the stigma around SUD/ODU and women</p>	<p>September 2020*</p>	<p>GOYFF ADHS DCS</p>	<p>State Opioid Response (SOR) Funding.</p> <p>Request to AHCCCS by ADHS for funds</p>	<p>Raise awareness and address fear and bias, and increase referrals to treatment. AHCCCS to ensure member education materials to Health Plans are appropriate.</p>	<p>In Progress:</p> <ol style="list-style-type: none"> <li>1. Youth oriented media campaign launched 2018</li> <li>2. SOR funds being used to create 3 phase stigma reduction media campaign addressing all populations;</li> </ol>

			was initiated in August 2019.		Phase 1: What is stigma has been launched.
<p>9. Explore the possibility of broadening use of Provider Rx Drug Misuse &amp; Abuse Toolkit to include:</p> <ul style="list-style-type: none"> <li>a. Additional content related to pregnancy risks and SUD/ODU and NAS</li> <li>b. Expand use in additional counties</li> <li>c. Arizona Health Plans Best Practice Guidelines developed by Mercy Maricopa Integrated Care (MMIC) for pregnant women with OUD, possibly through MCO contracts</li> </ul>	December 2019	<p>ADHS Office of Injury Substance Exposed Newborn Prevention Task Force GOYFF AHCCCS Mercy Maricopa Integrated Care (MMIC)</p> <p>UA Center for Rural Health</p>	State Targeted Response Carry-Forward funds.	<p>Review and approval of additional content for Toolkit by GOYFF Core Group is needed prior to posting. Provider Toolkit is circulated in 9 counties; determine support to increase circulation and push out of NAS materials Leverage ACOG guidelines to be released in the fall. Identify Arizona ACOG and AAP representatives. Connect with MMIC to see how they might be able to support this process (1.5 months). Track ACOG guidelines and compare to existing Mercy toolkit. ADHS has funded UA to develop a Opioid Overdose Recognition and Naloxone Administration for CHW's draft Workbook</p>	<p>Complete:</p> <ol style="list-style-type: none"> <li>1. Development of NAS Local Partner Training Tool Kit educational materials to use in community education are complete.</li> <li>2. Approval by GOYFF COT Workgroup obtained 8/13/2019; County Partners under Prescription Drug Overdose Prevention for States grant may assist with distribution of NAS education materials.</li> </ol> <p>In Progress: draft Naloxone training workbook for CHW's and training unit</p>
<p>10. Facilitate trainings/mentorships by OB providers currently providing MAT</p> <ul style="list-style-type: none"> <li>a. Create a network of support for</li> </ul>	June 2020*	<p>Medical Assisted Treatment (MAT) Providers ACOG Arizona Representative OB/GYN Providers ADHS</p>	Funds from State Opioid Response (SOR) application are planned to be used for these activities.	Goal is to have peers encourage and support additional OBs in providing MAT. AACHC Opioid Grant and UA Rural Health Office will be	<p>In Progress:</p> <p>Follow-up needed with CMS and MIHS regarding mentorships with providers. AHCCCS awarded UA College of Medicine funds</p>

<p>providers interested/willing to provide MAT</p> <p>b. Increase provider education on prescribing Suboxone in high risk areas</p> <p>c. Include patient Peer Support Specialists in training</p>		<p>Will establish a MAT Data Waiver</p> <p>State Opioid Assistance and Referral Line (OAR) line to provide case management</p>		<p>conducting training on MAT and SBIRT. ADHS will 1) develop a MAT mentoring program 2) develop academic detailing where current MAT certified physicians will mentor new physicians.</p> <p>Oxford House model will remove barriers and include support services for women and children.</p>	<p>to increase access to MAT care coordination, treatment and integrated care for pregnant and parenting women; Dr. Maria Manriquez is facilitating project.</p> <p>Peer Support training provided by RHBA contracted providers.</p>
<p>11. Promote UA CME on-line course for Managing Opioid Misuse Disorder during Pregnancy and Neonatal Care and coordinate with development of other on-line training developed</p>	<p>August 2019*</p>	<p>ADHS Office of Injury ADHS</p>		<p>County Partners under Prescription Drug Overdose Prevention for States grant may help push out courses. This is being developed.</p>	<p>Complete: State Targeted Response Carry-Forward funds utilized</p> <p>1. Develop an e-learning training course on NAS and trauma informed care for home visitors. (also under Goal 2/Action Step 1)</p>

\*Timeline/Due Date Extended

Status of Goal 2: Out of 11 Action Steps: Five Action Steps completed: (1, 5, 6, 9, 11); 4 in progress (2, 7, 8, 10) two Action Steps (3, 4) no action.

<b>Goal # 3: Increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.</b>					<b>10/15/2019</b>
<b><u>Action Steps</u></b>	<b><u>Timeline/Due Date</u></b>	<b><u>Agency/Point Person(s)</u></b>	<b><u>Needed Resources</u></b>	<b><u>Notes</u></b>	<b><u>Progress</u></b>
<p>1. Develop Opioid Case Management System at all Health Plans to provide integrated perinatal care case management</p> <p>a. Pair MAT providers with OB/GYN Providers for referrals</p> <p>b. Explore use of universal ROI</p>	June 2020	AHCCCS Behavioral Health Providers MAT Providers OB/GYN Providers	Funding is needed.	Implementation of AHCCCS Complete Plans will provide linkages to physical and behavioral health services.	No Action to date: Discussion has occurred and more research is needed.
<p>2. Explore and promote the implementation of the Banner Hospital System Family Centered NAS Care Program at most Arizona Banner birth hospitals with a Special Care Nursery or</p>	December 2019	Arizona Banner Hospital System	Banner staff  United Healthcare Plan Hushabye Nursery	Arizona Banner Hospitals that are on-board and want the program at their facility. ESC has been implemented at: - UMC Banner Tucson	In Progress: New Banner grant award of \$100,000 to Banner Tucson to train and implement the ESC model at other Banner hospitals.

Neonatal Intensive Care Unit				<ul style="list-style-type: none"> <li>- Estrella Banner Hospital - Phoenix</li> <li>Pending -Banner Del Webb, Cardon Children’s Medical Center, BUMC Phoenix</li> <li>Other Hospitals that have implemented ESC or similar model: <ul style="list-style-type: none"> <li>- Dignity – Chandler RMC</li> <li>- Dignity – St. Joe’s</li> <li>- Yavapai RMC</li> <li>- Northern AZ Health Care- Flagstaff</li> </ul> </li> <li>Peer to Peer Education Model to be developed by United Healthcare Plan and Husabye Nursery to educate physicians at hospitals re: best practices and standards of care for mothers and infants</li> </ul>	<p>UMC Tucson is providing training and education on this model.</p> <p>In Progress</p>
3. Expand temporary/transitional housing for SUD/ODU pregnant women and postpartum women and their children	June 2020	AHCCCS GOYFF BCBSAZ	<p>Funding is being provided. Community Partners are involved.</p> <p>BCBSAZ Mobilize Arizona</p>	<p>Contract with Oxford House is in place; Homes may open by May 2019. Evidenced Based Housing is moving</p>	<p>Complete: Funds are being utilized to develop/enhance availability of transitional housing for</p>



<p>a. Include wrap around services such as job training, transportation resources</p>			<p>STR/SOR funding will be used for the startup costs for Oxford homes that are specifically for pregnant and parenting women only</p>	<p>forward as contracts are in place with 3 RHBA's. Up to 56 new homes which can include pregnant women and women with children in some areas. BCBSAZ Mobilize AZ has awarded funding to TMC, Flagstaff Family Shelter Services and Maggie's Place to expand temporary and transitional housing and wraparound services for SUD/ODU for pregnant and postpartum women and children.</p>	<p>pregnant women and their children.</p>
<p>4. Train Peer Support Specialists and expand use of Specialists at SUD/ODU and MAT Treatment sites including on-going training</p> <p>a. Provide training workshops statewide especially in targeted rural areas</p>	<p>June 2020</p>	<p>AHCCCS Behavioral Health Providers</p>	<p>Funding has been provided.</p>	<p>Expansion of training providers and availability of training is being rolled out.</p>	<p>Complete: State Targeted Response Carry-Forward funds are being utilized to expand training and availability of Peer Support Specialists.</p>

5. Increase behavioral health provider workforce in rural areas	June 2019	ADHS /Bureau of Women’s and Children’s Health, Primary Care Office Loan Repayment System	NHSC funding is available for Substance Abuse Counselors; Sites must have SAMHSA Certification.	Certified sites are contacted and must meet requirements of loan repayment program.	Complete: This option is now available to treatment sites to become certified.
6. Expand the DCS SENSE (Substance Exposed Newborn Safe Environment) Program and expand collaboration with all home visiting programs in high risk areas	June 2019	DCS Home Visiting Programs 7 counties not being served; 8 counties being served ADHS – HRPP/NICP and Health Start; other home visiting programs  AHCCCS - MCH	Funding is needed. In-kind staff time and resources.  DCS funding utilized for development and launch of new Safe Sleep Campaign in partnership with AAP.  BCBS Arizona funds being utilized to develop the training for the SENSE home visitation providers  AHCCCS	Nursing and home visiting services are planned to be provided to NAS babies and their families as needed.  AHCCCS will publish updated member handbook to include OAR line, home visiting, and early childhood resources; resources being shared in health plan newsletters, provider forums and	Complete: State Opioid Response funding has expanded SENSE nursing visits and Nursing Consultant staff. State Targeted Response Carry- Forward funds are being utilized to expand ADHS Home Visiting services through NICP and Health Start. In Progress: SENSE training upgrade  Complete/In-Progress: AHCCCS ramping up of SEN educational resources

				manuals; Resource Fair being held in November 2019 for the Health Plans to learn about home visiting and key resources	
7. Develop process for education of MAT providers on importance of home visiting services for pregnant women  a. Convene and obtain buy-in from key MAT providers	December 2019	DCS MAT Providers/ Arizona Opioid Treatment Coalition (AOTC) ADHS AACHC and Rural Women's Health Network	Funding is needed. In-kind staff time and resources.	Meeting with AOTC and agency meetings on referral processes, etc. can be avenues for development or coordination on this issue. There is a need to include family planning education and specifically LARC since it is covered under AHCCCS.	No Action to date. Discussing strategies to engage MAT providers and provide education.
8. Develop training for home visitors on pregnant women and families impacted by opioid use	September 2019	ADHS DCS SWHD AOTC/MAT Providers Nursery providers	State Targeted Response Carry Forward funds. Develop a standardized training and review material quarterly	Contract with Matrix Animation in place.	Complete: E-learning training course on NAS and trauma informed care for home visitors is being developed and offer a Certificate. (Also under Goal 2, Action Steps 1 & 11)
9. Connect women of reproductive age utilizing pain management with an SUD/ODU to OB/GYN family planning	December 2019	AHCCCS OB/GYN Pain Management providers UA College of Medicine	Funding is needed. In-kind staff time and resources. Funding through AHCCCS	Need to identify and work with pain management providers. UACOMP/AHCCCS Beyond Addiction Tele-mentoring Program will occur 2X month	No Action to date. AHCCCS/UA have moved forward on a provider tele-mentoring program

services & treatment providers					
<p>10. Develop Infant Care Plans (ICPs) with all SEN parent/caregivers to ensure the safety and well-being of infants by addressing the health/SUD treatment need of infant and family/caregiver.</p> <p>a. Pursuant to PL114-198 (CARA ACT) monitor ICPs to determine whether and how local entities are making referrals and delivering appropriate services to infant/family/caregiver</p>	June 2020**	DCS AHCCCS ADHS Courts	Agency In-Kind Staff Time	A prenatal infant care plan has been drafted	In Progress Meetings are being held monthly to develop strategies

\*\*This is a new Action Step proposed by DCS to be added to the Plan as a result of the Region 9 Convening Meetings

Status of Goal 3: Completed 5 Action Steps (3, 4, 5, 6, 8); Two are In progress (2, 10); Three have No action (1, 7, 9)