The Maddie’s Place Model Why It Works and Why It’s Needed-20250812_003135UTC-Meeting Recording

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1h 32m 21s

Emma Jones 0:08

Yes.

Katie Tolley 0:23

Welcome everyone. We'll give it a couple of minutes for folks to get logged on and then we'll get started.

While we are waiting, if you want to click on the chat button and share where you are joining us from today, we would appreciate it.

I see that we've got people from all across the United States, Canada, looks like Australia. We are so thrilled you guys are joining us today.

We've got a lot to get through, so we'll give it just another moment and then we'll go ahead and get started.

All right, everyone, I'd like to welcome you to From Vision to Vitality, How to Launch a Clinic like Maddie's Place. I'm Katie Tolley, Director of Advancement and Marketing here at Maddie's Place, and I am thrilled that you're joining us for this exciting first webinar in our eight-part series.

Over the next couple of months, we're going to be walking through everything that we've learned, the wins, the lessons, the steps we've taken to launch the first facility of its kind in Washington state. And we want to help other communities build similar clinics to serve babies with neonatal abstinence syndrome and support the families that love them that are impacted.

by substance use. So whether you are a nonprofit leader, a clinician, a policymaker, an advocate, you are in the right spot. Now to a few housekeeping items before we get started.

Let me switch.

Here today, our presentation, we're scheduled for about 60 minutes of presentation. We have a lot to cover, so we're going to go fast, fast and furious. We'll have about 15 to 30 minutes toward the end of our presentation today for Q&A.

I would encourage you to utilize the chat feature at the top of your screen there to drop a note, share with us where you're joining us from, and if you've got any

comments, feel free to do that for any questions for either me as our our moderator or Emma Jones or.
Communications Manager that'll be moderating our Q&A. Please utilize the Q&A tab so that we can share those with our presenter today. So I'd like to start by introducing Emma Jones, our Communications Manager. Like I said, she'll be monitoring our Q&A.
This session will be recorded. All of the the webinars in this series we plan to record, so everyone who has registered will have a link sent to them at the conclusion and we'll also make sure to get them loaded to our website for sharing.
Or if you misplaced the link, you can always go back to our website and check those out. Also, we're happy to share copies of any slide deck or materials that we are utilizing. We'll go ahead and make those available following today's session.
So now on to our presentation. I'd like to introduce all of you to Shaun Cross. Shaun is a fourth generation Eastern Washington native with deep roots in the region and a rich family history of over 130 years in law. A proven leader in both the legal and non-profit sectors, Shaun has spent more than 56 years helping shape the Spokane. Can region through his career as a corporate lawyer and his service on numerous boards. Sean held the position of managing partner at Payne Hamblin from 1997 to 2003 before joining Lian Hayes in 2008, where he was appointed as its first CEO from 20, excuse me, 2008 to 2015.
Sean is currently a partner at Leon Hayes and serves as its general counsel. His passion for community improvement in serving on different boards also extended to his political interests, resulting in a run for Congress in 2004. In 2018, Sean's leadership took on a new dimension when he incorporated Maddie's place.
Shaun served as the founding chairman of Maddie's Place from 2018 until 2022, when he stepped down to become our organization's first president and CEO, a position that he currently holds. Shaun also sits on the Board of Directors and the Executive Committee of Excelsior Wellness, an innovative alternative.
Healthcare system that provides youth-centered, community-based and culturally sensitive care to thousands of families in Eastern Washington. Each year, Shaun and his wife Kathy have been married for 50 years and are the proud parents of four grown children. So I would like to welcome Shaun and we're going to go ahead and turn it over to you.

SC **Shaun Cross** 6:25

Yeah.
Hey, thanks so much, Katie. So I really, really appreciate this opportunity to talk to everyone. We've got a lot to cover in the next 60 minutes and so I'm going to move along pretty smartly. So really I want to cover first of all, what are the goals for having this webinar series?
Number one is really to increase awareness of NASS or neonatal abstinence syndrome, its prevalence, how bad it is and the need for more what we call PTCF's nationally. And a PTCF is what we are a pediatric transitional care facility.
We really want to encourage others with a passion for NASS infants and their parents to start a a clinic like this in their own community. And we want to serve as a resource, whether it's corporate formation, tax-exempt status, mission, clarity, governance, strategy, fundraising, research on NASS public policy.
We really want to help people as much as we can and we want to build the political support nationally, not only with the other pediatric clinics around the country and organizations like Generation O, which is a 7500 families that have adopted or fostered.
NASS infants to promote federal and state policy changes. And that's going to be really important, I think, for all of us as we go forward. We also want to really survey the attendees to determine clusters of support by state, city and county, and to facilitate connections and gather info about federal, state, political.
Connections. We've got a lot of stuff going on at the federal level, and we've got stuff going on at the state level too. And I guess we want to really act as a clearinghouse to connect all of you. I mean, if someone had told me we'd have, I think 361 people registered for this, I wouldn't have believed it. But at least that's how many.
Registered. And so you may think that you're alone in Orlando and find out that there are 10 other people in Florida who are thinking like you are and a couple others in Orlando that also want to start a Maddie's place. We really want to start to build out clusters of interest, what I'll call new communities of hope.
So those are the goals for the webinar. Disclaimers. First of all, as a lawyer, I have to have lots of disclaimers. So the first one is just a humble one. I am not an expert in healthcare. I'm just not. It's a paradox that I am where I am, but I have 0 expertise in mental health, behavioral health, substance use disorder.
Internal infant health or healthcare generally. But like many of you in going through life, I have experienced and witnessed many of these issues in my family and with a

lot of my friends. I also want to have a caveat that some of the thoughts and statistics and conclusions that I throw out.
You know, may not be completely, totally accurate. Some of the numbers that we're seeing on NASA, I think are far, far worse than what the CDC publishes. I like to say though, I'm frequently wrong, but seldom in doubt. So I'm going to be throwing some stuff out there and if you think it's wrong or and I'm sure most, if not all of you have more expertise than I do, let us know, OK.
This is a conversation. The good news about a non-expert being in the position that I am is that you don't have to be a so-called health care expert to be involved in starting a NAS clinic. I'll go along and say it's sure helpful and if we find that kind of expertise in these clusters, it's going to make it a lot easier to do.
I also want to make it clear that I'm not giving legal advice. This webinar is not creating an attorney-client privilege or relationship. For legal advice, you really have to retain your own counsel. Having said that, there's a lot that we can share as far as templates, legal documents, articles, bylaws, policies, procedures, all sorts of stuff. Our application for IRS determination that can really save your counsel and yourself a lot of time. OK, so people want to start a Maddie's Place in their community. They really need to have a grasp on what is Maddie's Place. Exactly what is it? And this may seem like a really simple question, but it's not.
So we have spent a lot of time on our mission statement, which is to provide medical care in a nurturing environment for substance exposed infants together with loving wraparound support for their caregivers. So this is every word in this mission statement has content and is important.
With our model of care, we provide individualized, non-pharmacological, comprehensive medical care to our infants in a nurturing, low stimulatory environment. We use nuanced handling and feeding techniques and OTPT provided by what are called in Washington state ESIT providers, which is an acronym for early support.
For infants and toddlers and is part of our Department of Children and Youth and Families. Traditionally, infants in the NICU unit are routinely given morphine. We've only had to give morphine to three of the 148 infants that we've treated while our infants are going through their recovery.
We are also providing free room and board and a whole host of services and treatment for the biological parent, either the mom or the dad. Our only requirement is that the biological parent want our help and be willing to accept our health.

Our average length of stay is about 60 days. Of the 95 moms and dads who have stayed with their infants at Maddie's Place, 95% are in recovery today in custody of their infants and housed. Most who were lost in their addiction, 75% to a fentanyl. Most had not had custody of a child, a previous child, and most were homeless. And because of what we're seeing, I'm now saying that Maddie's Place is, quote UN quote, treating the moms and dads and that we are also that they are also our patients.

This is interesting because our license technically only covers treatment for the Nass infant, but we are a pilot project in the state of Washington. So we're being closely watched by by the state legislature to kind of build a regulatory scheme around what we're doing.

So first of all, also you need to have an understanding, at least at a high level, of what neonatal abstinence syndrome is. And basically it includes exposure to any substance in utero that can affect fetal maturation and development and the functioning of biologic systems and regulatory capacity.

Now I drew that. You can see different definitions with NIH and CDC and all over the country, but I drew that from an article that has had a big impact on Maddie's place. It came out from Johns Hopkins and Harvard Medical School in September 2021. We'll make that available to everyone.

So when we're talking about substance, it includes opioids, obviously synthetic opioids like fentanyl obviously, but it also includes non opioids like meth, alcohol, nicotine, any substance that impacts development.

In Washington state, we are, I think go to the next slide.

We are licensed and we're called a pediatric transitional care facility. Revised Code of Washington 7112.680 and then there's several other statutes cover what we provide. Interestingly enough, it just provides treatment for the infant, so we'll be.

Needing to go back to the state legislature this next year to expand the treatment that we're providing to the biological parent. Based on what we're seeing under our license, we can treat up to 16 infants at a time. The only requirement under our state law is if the infant.

Be substance exposed in 12 months or less of age at the time of admission. If you look around the country, Maddie's Place is one of five PTCFS or pediatric transitional care facilities in the United States, at least that we are aware of. I'm sure that there. Other programs that are associated with hospitals and that are in other communities that we'd like to become aware of. But right now we're just aware of these of these

five. Maddie's Place opened its doors in October 2022, so we're coming up on our third anniversary. And as I think I may have mentioned, we've treated 148 infants. To date and provided free room and board and services to 95 parents, primarily to the biological mom. All of our services are free of charge. Our entire community is a Medicaid population, so there's no private insurance. And right now we are not being paid by Medicaid, which is the.

Big stickler to creating these clinics around the country and that's the main issue that we're trying to get fixed for long term sustainability. Interestingly enough, that's I'll get into this a little bit more later. We do have a federal solution, but each of the states needs to amend its state Medicaid plan.

In order to get covered coverage for these services and that's going to be a big issue that we'll be spending more time on possibly in the next in the next session that we do. So all our services are totally free of charge. We currently have 85 paid staff. With three providers, 15 registered nurses, 50 what we call infant care specialists, A6 peer support and tenant administration. Our budget for the year commencing July 4, July 1st is about a little over $4 million.

We currently own a 12,000 square foot facility that sits on a 1.55 acre campus. We're looking to expand our facility with an acre that we bought in October of last year and to possibly provide other services such as housing, child care, primary care and other supports for our community.

We've raised, which is a miracle, just total a miracle, almost $16 million since July of 2020. Roughly $8 million of that has come from the state, two and a half million dollars from Spokane County in the City of Spokane and over $5 million from 2500 individual.

And corporate donors. We are currently part of a three-year state pilot project created by our legislature in 2023 to study the prevalence of NASS, how bad is this problem and the outcomes at Maddie's place for both our infants and our moms and dads. That pilot was extended by our legislature in April.

And currently will run through June of 2026. We're working very hard right now to have our state legislature amend its state Medicaid plan to cover our services starting in 2026 or 2027. Another thing that I just wanted to touch on is humility and and I'm truly.

Truly, truly humble that over 359 individuals have signed up for this series. There's a temptation to wait until, for me at least, until Maddie's Place has a sustainable model in place before we start sharing our experience around the country. But the

alternative is to share what we've learned now, even though.
Journey for long term sustainability is still ongoing and there's no guarantee of our long term success. But I just don't. I don't want to give the impression that we've got this all figured out and you know we've got long term funding and everything. We're still in the middle of this journey. I think we've accomplished a lot and I think we're on the cusp.
Of getting sustainable funding, but I don't want to act like we're cocky about that or anything like that. But rather than waiting till we reach some sort of a whatever threshold, I really wanted to get this information out because we've been overwhelmed by our social media requests.
To how do we start a Maddie's place in our community? How do we do this? So we're just trying to respond to that. It's just that simple. So first of all, I want to cover what are the obstacles to the creation of a NASS clinic in the United States. And it's hard for me to start with obstacles. My children call me delusional.
Optimistic. And so, you know, it's not like I'm my gravitational pull is to start off with the negative. But you really, if you're going to do this, it's just in fairness to you and everybody, you need to know that this is very, very difficult.
And so I want to make sure you understand how difficult our journey has been and what you may be signing up for. I'm hoping also that our experience may be helpful to your journey. If you go on the journey, that maybe it'll cut some time and savings off of it and that you can learn from some of our many mistakes.
And I also want to give folks the opportunity to drop out of this series in case it looks like it's too much work or it's going to be too hard or I'm too difficult to listen to. So, you know, what are some of the obstacles that we faced? I think the number one obstacle is that there is massive, massive ignorance and stigma.
Around not only the general drug crisis, but NASS about neonatal abstinence syndrome. As we were raising money over the last five years, I don't know how many people I've talked to that are smart people that are in health care, whatever foundations, insurance companies that know that there's a drug crisis in the United States, but had no clue.
What the impact was on infants that were being born every day around our country. So part of the problem, and as I started off, one of the goal was to raise awareness. That will be one of the things that you will have to do in your community is to fight the massive ignorance and stigma that is around this issue of so many infants being born.

Substance exposed. The other thing that's a huge problem. There is a massive absence of good data. According to the Center for Disease Control, there are only six of these infants born out of every thousand. I think, and this may be where I'm frequently wrong, but seldom in doubt.
I think that number is massively, massively off. I think that we could be facing a situation I know in Spokane where a third of our infant births are substance exposed. A lot of the data that was gathered before was pre pandemic.
Which we know has had a huge impact on our society and our culture. And it was also to a large extent pre fentanyl, which is a game changer in what we're seeing on the ground. And so the federal and state governments have given us the impression. It's a small problem and I'm not saying that this is a conspiracy. I'm not saying anything like that. That's not kind of the way I go. But I just think we've got a lot of ignorance on our numbers. I think we have a lot of bad data that's gone into the system and I think a lot is moving very, very quickly that our government is not keeping up with in nationally.
We have no data on NASS since 2021 and in our state we have no data since 2022. And I can tell you in our state we're in a free fall both on overdose deaths and everything else. So absence of good data, payment for services, this is a little bit of an obstacle. We don't get paid.
So most of the services provided by Maddie's Place are not covered by Medicaid. A few of them are, but very, very, very little, like 5% of what our cost structure is. So how did we buy a facility for a million and a quarter, remodel that facility for over $2,000,000 and hire eighty-five paid staff and operate for three years?
How have we supported a $4 million annual budget? We've raised, as I said, by the grace of God, almost $16 million in a blue collar town, and two of those five years occurred during a pandemic. Now the other obstacle, and we'll have to dig into this in a little bit more detail in the next.
Next session, but there's something that you should be familiar with and it's called the CRIB Act and that is an acronym for Caring Recovery Infant Baby Act. It was legislation that Congress passed in 2018 and it's it's an obstacle, but it's also good news.
The good news part of it is, is that the federal component for reimbursement of NAS services by state licensed pediatric transitional care facilities has been in place since 2018. So the federal match is there. That law is there and it's not up for it doesn't have to be reauthorized or anything.

And I think that it'll survive, you know, the current cuts and everything that we're seeing because that act was put in place during the first Trump administration. And we know that Milani actually went to one of the five clinics twice. So I think the federal piece is going to be safe. The problem is this, the states have been totally. Sleep at the switch. So while the federal match has been there since 2018, I'm only aware of three states that have taken advantage of that. West Virginia, and that's where Lily's Place is in Huntington, WV, and Ohio, and that's where Bridget's Path is in Dayton, Oh, one of the two of the other clinics.

And then two similar clinics in Arizona, Jacob's Hope and Hushabye. And I hope that Washington will be the 4th state to amend its state Medicaid plan to take care of this match. So we get paid under Medicaid by managed care organizations for the services that we're providing on a per diem basis.

The other thing that I think is an obstacle is that, you know, whenever you have change, you're going to have resistance. And you know, the health care system is a big, huge, complicated system and Medicaid is very complicated and our health care system is overwhelmed, probably fair to say, underfunded and under tremendous. Financial stress. And so, you know, basically there's just been resistance to changing the current model. The current model is that these infants stay at least in Spokane, an average of 24 days, and they're provided with morphine and the Medicaid is charged over $2000 per day.

And I think there may be unhelpful financial incentives. I don't know. But for whatever reason, we've got a resistant system in turning these babies over to us really, really early on if there's no comorbidities, if they're just withdrawing from substances and there's a lack of resource coordination and silos of health care and we know that.

We have the resources here in Spokane, but they're really siloed. They're extremely difficult for our parents who are unhoused, who don't have a car or any transportation, who are fighting their own addiction, and then the child is going through withdrawal and it's just virtually impossible for them to navigate the systems that are there.

The other thing that's different, and I think this is probably the biggest aha experience that I've had in doing this for the last eight years, is we really have what I'm calling a dyadic model of care, and I think it's new.

At least it's new to me. Maybe there's others out there that say no, it's been around for a long time, but it's combining traditional medical and social roles in a way that

doesn't fit most state health care systems. So we are treating both the infant and the biological parent as they are both going through withdrawal, and the goal is to get. Both.
Regulated so that they can bond during that first 60 days or what's called the 4th trimester in this in this woman, in this child's life. Because if you can get that bonding to take place, it's a game changer and the baby in recovery becomes the best medicine for the for the mom and the mom in recovery becomes the best medicine. For the baby. And so that's something that I think a lot of public policy folks, both in Congress and also at the state level, at least here in Washington, are very excited about. There's another obstacle, and that is that our.
Pediatric Transitional Care Facility Act was passed in 2017 based on a facility that just treated infants over in the Seattle area, and it just focused on infants. We're going to have to amend that to cover all that we're doing with this dyadic model, but the problem is even greater in other states.
because it's hard to find a place where this fits in most states. Is it a skilled nursing facility? Is it a residential treatment facility? Is it covered by behavioral health? Is it covered by the Department of Children, Youth, and Families? Is it covered by your state Department of Health? It's really hard to fit what
We're doing into a slot. And So what I'm hoping happens in Washington is that our state legislature will build a system around what we're doing rather than us trying to fit into all these other slots. But that creates challenges for your state and that's going to be probably one of the two.
Main things that is a challenge as you look to start these in your different states. So and even in Washington with our pediatric transitional care facility statute and regulations, as we got our license with the Department of Health, we had to have our construction process and our remodel.
Of this facility had to go. It's usually a 60 day process. It took us a year and a half and basically we were treated like a hospital where we had to have two hour firewalls like a hospital. Well, we'd already bought the building and you know we would have had to tear the building down and start over. We prevailed upon the Department of Health to make it a.
One hour firewall and we still had to spend half $1,000,000 to comply with that. But there's lots that needs to be done at the state level, even in Washington, to make it easier to build these facilities because really they're not that complicated and we should have them. We should, we should have. We've got five of these facilities

around the country. We should have 500 at least.
The other obstacle is I think that from a liability malpractice standpoint and insurance standpoint, a year before we opened our doors, we our broker, insurance broker is a very, very good broker. Alliant applied to basically 37 national carriers for professional.
Liability insurance 36 said no thanks. So they saw a nonprofit with no history of operations dealing with fragile children who are what withdrawing from drugs. Are you kidding me in a tough insurance market? And so fortunately we got that one to say yes, I'm hoping that with our experience.
And with the experiences that the other clinics, professional liability will be easier to get in the future. OK, so those are the obstacles. So let me move into opportunities because I think there are just a boatload of opportunities.
I believe it was Churchill, although you hear different folks that take credit for, for, you know, for this quote, never waste a good crisis. And I really think that that is kind of what we're facing here. We are in the middle of a historic drug crisis.
It is. This is unprecedented what we're seeing. And I, you know, it really, really is. And I have reason to believe, and I'll share a little bit of this, that this is going to get far worse before it gets better, despite the fact that we've seen a drop in overdose deaths in many states. We haven't seen that in Washington, by the way.
They've doubled in our in our county in the last in the last two years. So this is an opportunity because we are trying to educate people about the impact of this historic drug crisis on this, on this other group of infants.
And not only is it a historic drug crisis, the types of things that we're seeing have not been seen before. For example, it used to be in the old days that someone would be addicted maybe to one substance or two. Right now, the average infant that, and we had a Washington State University
Health Sciences conducted a one year study on our first 71 infants. The average infant at Maddie's Place has been exposed to 4 substances and that's called polysubstance. And polysubstance is a relatively new thing.
And at least the neonatologists in our region are saying over the last three years, this is upending the traditional way that we treat these infants in the in the NIC unit. And and the other thing that's a game changer is fentanyl. And it's not just going to be fentanyl, but it's going to be its derivatives because this.
The 10 precursors and chemicals that make up fentanyl can be rearranged and can be added to very simply to create all sorts of new types of fentanyl, which we're

already starting to see and so.
I think in some of our communities we're continuing to see, you know, overdose rates increase. In Washington state, we've seen a doubling of infant mortality in the last two years with infants going back into homes where fentanyl is still being used. And so we're seeing alarm bells all over. In regard to the drop in national deaths and reasons for skepticism that I have on that, I would ask you to Google the 2 words Fentanyl Express, Fentanyl Express.
That series was written by a Thomson Reuters reporter from Mexico City who heard about Maddie's place and flew up here the first week of May. And that was a learning experience for him, but it was especially a learning experience for us. If you look at that fentanyl.
Express, you'll see that Thomson Reuters was able to buy for $3600 and a web browser enough precursors or the 10 chemicals from China to make $3 million in their first year.
So this is not something we're going to stop on the southern border. And by the way, it's coming into the northern border, into Spokane, into our region, and it's coming into a lot of the northern tier states from the northern border. And so we are going to see there's 160,000 labs, fentanyl labs in China. There's going to be labs like this all over.
North America and it's not just going to be Mexico. The other thing that I think is an opportunity, but it's a scary opportunity, is that the animal studies that have been done initially by the government and by NIH have raised real serious concerns about fentanyl's long term effects on children and so.
We.
Asked to be part of a WSU study that we filed on June 5th to do a longitudinal study on 250 infants, half exposed to fentanyl, half not exposed to fentanyl as a control group to follow them over 18 months of development. We're way behind on what may be happening with these infants.
But that's also creates a sense of urgency that we need more clinics like this around the country. So anyway, my point is, and I may be wrong, and I hope that I am wrong. I really do. But I believe the drug crisis in America could get much worse. Which means your desire to start a clinic over the next several years is probably gonna be in line with history. That's just my sense. And again, I could be wrong. So what's our model of care that if you want to replicate, it's non-pharmacological. So our first recourse is.

Not to give these infants morphine, which is what's being done. It's to try handling and feeding techniques, a soothing low stimulation environment and everything that we do and only use morphine if we have to. It's a non pharmacological methodology. That that really is has been written up in a Harvard Johns Hopkins study. That was a theoretical study that came out in September 2021. We can give you copies of that. Another opportunity is that I think I know our local hospitals are losing money in the in the area of Pediatrics and so I think there's going to be with.
What's happening with Medicaid and cutbacks, I think there's going to be increased historic financial pressure that could force hospitals to partner with more nonprofits that where there are service overlays, including pediatric transitional care facilities that come online in the next decade. We're trying to get our hospitals.
The our average age of admission is about 18.6 days. If there's no comorbidities, we're trying to get the hospitals to give us these babies in the first couple days after they've stabilized, if there aren't any other complications. So I think the states are going to be searching for Medicaid savings. The federal government is.
And we're looking at with our cost structure and with the volume of infants that we have, I think PTCFS are going to be 1/3 the cost with far better outcomes not only for the infant but for the dyad because the problem is while the baby is in a NIC unit in an isolette.
Sleeping under morphine. The biological parent is obviously oftentimes still on the street and still using. We bring them all together for a total of 1/3 the cost, and that doesn't even get to the cost for the for the foster care system.
So I think really what we're doing, whether it's grant applications or whether it's speaking to public policy people, it does what I call ticks all the boxes. Access to care, maternal health, infant health, SUD, behavioral health, mental health, holistic, innovative, cost.
Effective significantly supports family reunification not just as a goal in and of itself, but supports families who are in recovery to be reunified and then also education and societal awareness and public policy. The reality, unfortunately, is that I think we have a very broken.
System. The stats are that 93% of these infants will have mental health issues as they reach adulthood. The suicide rate is much higher than the national average. Our foster care system, at least in the state of Washington, 40% of 18 year old males in our foster care system.
Will be homeless by the time they're 18. That's not a system that's working really,

really well. I know it's working well on individual cases, and I realize there are probably a ton of foster parents that are out there. And God bless you and for your heart and for what you're doing and what you've done and for those that have adopted these infants.
Is you're doing a wonderful, beautiful thing. I'm just saying that the way that we're doing this overall is causing a lot of problems. Not that individually there aren't wonderful, beautiful things that are happening. But anyway, my conclusion is, and I think this is on the opportunity side, is that we have a potential solution.
that provides much better outcomes for drug-dependent infants and their parents at significantly lower costs. And I think we're swimming into a historical stream where this is a historic drug crisis. It's hitting our infants and our next generation at an alarming rate.
I fear once we finally get a hand on the numbers and it's much lower cost and it brings the families together and I think that's that's where we're super excited and want to get the word out. OK, so where do I start if you're still listening?
So my journey started on June 20th, 2017, a little over eight years ago, when my pastor's wife, Tricia Hughes, called a meeting and she had about 20 people there. There were some social workers. There were some foster parents. There was a neonatologist. I was the.
There were some nurses. I was the token lawyer that was there. And so that was my I'd known Tricia for 20 years before that and knew her story and how many of these infants she'd taken care of and how many five infants that she'd adopted with her four biological children.
And so it was Tricia that had the expertise and the passion. I knew every, you know, what I contributed was, you know, I practiced law for 1000 years. Spokane's a small community. I haven't committed too many felonies. I have a decent reputation and I know everybody in Spokane for my 4 decades.
Practicing law. At the same time as I was watching Tricia, I really was praying that God would create a passion in me for something that was worth the struggle. And Maddie's Place was the answer I got. It's a secular organization, and I set it up as a secular organization. I'll get into that in a second, whether you've got a fork in the road to make it faith-based or secular.
But for me personally, as an individual, it was that answer to prayer that really got me involved. And it took, it took for me, it took that passion a few years to develop. It didn't just happen overnight. I watched Tricia, I gained more knowledge and I

thought more about it. And so that passion.
Passion has grown to a full-blown passion now that I see the impact that we're having on parents and on infants. But when you start, I think it is important. Someone has to have a passion for substance exposed infants. Their parents are, you know, what I think is great is both the infants and the parents.
The passion is key because that's the only thing that's going to really see you through the tough times and trying to start one of these clinics. And I'll cover a little bit more on that when I get into the mission. Identify others to the extent you can. I think it's helpful to have a team of at least two and at least one should have expertise.
In the medical or behavioral arena. So whether you're a physician, an RN, a social worker, behavioral health expert, expert in in in substance use disorder, a foster parent, an adoptive parent that perhaps has NAS experience with with children that you've either fostered or adopted.
May perhaps you're with your state's Department of Children, Youth and Families, or you have some sort of related social experience. We will connect you with others in your state or area that have registered for this webinar. We're going to need your consent to do that, and we'll talk about that later, but the more you can get on your. The more people you can get on your founding team, the better with the one proviso that everyone has the same goal. OK, everyone has the same goal. And the helpful areas, I think in addition to medical are someone with lots of community connections. So it could be a lawyer, banker, accountant, professional.
Whatever. But somebody that's got a lot of, a lot of connections. Someone who knows lots of people of influence and who has lots of connections. Research. Become knowledgeable about NASA. I'm sure many of you are. Many of you probably are more than I am.
But, you know, become knowledgeable about what neonatal abstinence syndrome is. We've got articles on our website. We've got the Harvard Johns Hopkins article. You can study the websites for the other pediatric transitional care facilities. Lilly's Place, Bridget's Path, Jacob's Hope, and Hushabye and Maddie's Place. There's lots of information. Just start to.
Learn on corporate formation. We can help with things like articles, bylaws, your application for your IRS determination. We can provide templates for that. Again, with the disclaimer, I'm not providing any legal advice, but I think it can save you boatloads of time.

You know, at some point you're probably going to need to retain a lawyer, hopefully a friend or someone who will do the work pro bono. And my experience is that there are a lot of professionals out there and people out there that when they hear your mission, they will, they will.
Donate their services. They really, really will. They're out there. Another where do I start is whether it's faith-based or secular. I didn't make a decision on that. We incorporated Maddie's Place in March of 2018 and it was in 2019. You have to file your.
Rest.
Termination within 18 months of your date of incorporation and then the funds that you've raised during that 18 month period relate back and people can can, you know, deduct those donations that have been made. So I knew I had 18 months to kind of make a decision and the IRS application was pretty, pretty.
Evolved. At least I thought it was. I'm not a tax attorney, but in looking at it, it was a fork in the road. Do I make this faith-based or do I make it secular? There's no right or wrong answer to this. All I can say is that for whatever reason I chose secular. Even though I'm a person of faith, I just thought I didn't want any additional banners that would make it more difficult for the population we're trying to reach to come in with some expectation, expectation they might have that we're going to proselytize or do anything. It's hard enough to get folks to trust you that are in this population. I didn't want to.
Add to that, but there are others. You know, Bridges Path is a beautiful, incredible clinic, our kind of our sister clinic and they are faith-based and they've done very, very well and treated almost 300 infants. So there's no right or wrong answer on that. I just want to let you know it's a fork in the road.
You course have to do bank accounts. You've got to form a board. Maddie's place has four. You should have probably at least three. I'm the only paid staff member who has has been on our board since the beginning and I volunteered for the first five years and thousands of hours. But anyway, I am paid at this at this time.
And then fundraising, I think when you start, I I and I don't maybe this sounds like it's too much and and and just I don't know, but I think you know you should have a group that has some relative confidence. I know this is a big number, but has some relative confidence that you can raise $1,000,000.
That sounds like an awful lot of money. It could be over a year or over 2 years, but if you're going to buy a facility, you're probably going to finance half of it and you're

going to probably pay a million to 2,000,000 to get a decent sized facility. And so and then you're going to have to remodel it and all sorts of stuff, so.
I think if somebody had told me in 2020, we started to raise money just as the pandemic hit in March of 2020, we had my little, you know, PowerPoint and had my slide deck with all the people. I was going to call them that. And then the whole country was shut down and I couldn't meet with anybody. And so this thing, Zoom came up and we started to do zooms.
You know, in June and we raised $1,000,000 on Zoom during the pandemic. I just thought that was extraordinary. But what it showed me is that this mission, this what we're doing really resonates with people when people hear that this is happening to our infants.
There is a really strong visceral reaction that we are better than this as a society. We're better than this as a country. This is really not. It shouldn't be happening. So I think the fundraising will be easier than you think. If someone had told me I had to raise 16,000,000 five years ago, I would have told them.
You know, I'm going to continue to practice law and find somebody else, but you know, it just kept going and the money just kept coming in. And so I I would encourage you, but you're going to need to raise some money. And then what is our mission? I just wanted to touch on this. I covered that before.
But you know, early on our mission was really nurturing care for drug dependent newborns. We even had one of our board members that signed everything for the babies for the babies. We did provide for 24/7 visitation of either the mom or the dad, and we did add 60.
Rooms alongside our two nurseries to accommodate that visitation. But as we've seen what's happened with the lives of folks, we have really clarified that our mission is not only.
To take care of the infants, but to take care of the parents. And that quite frankly divided our leadership. We went through a tough last year where we really had to sort that out because there was a strong pull to just stay on the infant side and not to morph into the social side.
And so we've sorted that out, we've worked that out. But I just want to highlight that because it was one of the obstacles that I never would have anticipated that really was something that we had to deal with. So what is our mission again?
It's we provide medical care in a nurturing environment for substance exposed infants, together with a loving wraparound support for their caregivers. OK, so as we

move along to slide 12.
What's, you know, for what it's worth, I, you know, in addition to our mission statement, I've come up with a vision statement is to build communities of hope. That Maddie's place is building communities of hope. And as we've watched our social media presence go from 1700 followers.
A couple of years ago or more, and largely because of Emma's wonderful work that she's done, we are now up to roughly somewhere 320,000 followers on social media, I think 184,000 on Facebook and roughly 70,000 each on Instagram and.
Talk. And so I think that's creating as I look at these 360 folks that have said, you know, we want to start a Maddie's place in our community. I think this is another community of hope that we may be involved with in helping you to have the hope that you can do that and to help you do that. So what's my vision?
What I'm thinking for replication and national impact, I mean, is to see more of these clinics nationally. There should be. We're way, way behind the curve. We should have had 510 years ago and here we are at 5 and maybe some more that we'll become aware of after this webinar.
There's a fork in the road that I just, I just wanted to point out and there's no rush. And I want to make it clear, we're not trying to make any money off of this thing. There have been others that have said we'll sell you packages for $10,000. You can get this and you can get this and you get that. We're not. I'm not interested in that. The money, the money will follow, the support will follow. I'm not.
Concerned about that. We're trying to have a greater impact. We're trying to reach more infants. We're trying to reach more parents. We can only do so much from Spokane, WA. We don't know what's going on in Cincinnati or Orlando or Sarasota or anywhere else. So we need you all if you are called to do this.
To really do it. But there is a fork in the road and one fork is we're going to be, you're going to do this and you're going to be totally independent. And by the way, you don't need to make up your mind on this today or next week or next month, but you can be totally independent. And that means, you know, you, it's your organization, it's your board, it's your mission.
Your model of care. You just do infants, or you do infants and parents, regardless of affiliation. We'll still help you as much as possible with the webinar series. We'll provide templates, articles, bylaws, IRS determination letters that you can copy and then run by your lawyer before they're filed. Policies and procedures we can send to you.

Post corporate documents, all that sort of stuff. The other alternative is to be affiliated with us, to be affiliated with Maddie's Place. And this is something that is gonna take board approval for Maddie's Place, and it's gonna take a lot of vetting before we do that, and it's gonna take a lot of getting to know everybody. Everybody getting to know us and all that sort of stuff. But at a theoretical high level, I'm willing to consider forming single member LLC subsidiaries under the Maddie's Place corporate umbrella. For example, we would have a Maddie's Place Florida LLC. And there's pros and cons with this. The benefits of affiliation would be we would incorporate that new entity under Washington law. I'm part of a law firm. They've agreed to provide these services pro bono, so nobody has to pay anything to form these LLC's. OK, it's wholly owned by Maddie's Place. It's a single member.
LLC, but it's a separate, it's a separate entity, OK, but it would have the benefit of Maddie's Places 501C3. We would have to have a separate, you know, employment identification numbers. We'd have to be licensed to do business in your state or county, whatever was required, but.
And we'd have to have, you know, everybody agree to this and our board hasn't even thought about this yet. So this is me getting way had a head out on my skis. But the benefit that I think our tax exempt status, you know, you could start to raise money. And we would have an agreement, obviously, that the funds that you raised would be trust account funds. They'd be segregated. They could only be used for the benefit of that LLC subsidiary and we'd put whatever protections we could put in place.
We could also kind of have a dollar option situation where if down the road you wanted to go independent or whatever, you could transfer your assets from that single member LLC to a new nonprofit that you wanted to form. So anyway, this is something that I'm going to have to run by my board and.
I'm just thinking about this out loud and we've got plenty of time, nothing's going to happen. The other thing is that we have trademarked both our logo and our brand and with the sort of exposure we're getting nationally and worldwide, we are starting to have a brand. Obviously it would have to be our model of care and all that sort of stuff.
We would have to approve everything that was done, employment, all sorts of stuff. But regardless of which corporate route you decide to go, we'll support you to the extent we can. Ultimately, your state legislature is more than likely going to have to amend its state Medicaid plan to expressly cover NAS services provided.

By these types of clinics, we can help you. We can show you the Infant Vitality Act that was passed in 2023 in Ohio. Hopefully our legislature will do that this coming year. We can, you know, put you in touch with different legislators that have led the charge for us so we can help grease this kids for.
Your state legislature, if you want us to do that. In addition, your state legislature will more than likely need to create its own pediatric transitional care facility structure. We can send you our, you know, post our RCW's and our Washington Administrative Code. So you can see what we've done here and and so, but it's possible.
Possible that your state may already have a category of residential treatment facility or skilled nursing facility that Nash treatment will fit under. This is something where you're really probably going to have to have an experienced someone that's really experienced in health care law in your state is going to have to advise you on that on whether the legislature needs to create a separate.
Structure or not. So basically looks like I'm not doing too bad on time, Katie. I think I'm coming down the homestretch. So my summary that I wanted to give you and then we can kind of go right into QA is.
I mean, the last eight years have been, you know, one of the greatest adventures of my life. I mean, there's no greater satisfaction than seeing lives changed in real time. I feel very blessed. I had a wonderful, you know, corporate law practice and and it was, it was great provided for my family and had a lot of wonderful clients.
was with a couple really good law firms and had a lot of good partners. But this is really, really special. I've never been involved in anything quite like this. And you know then to kind of walk into this right now, we have a drug crisis in our nation and the growing number of children exposed in utero to substance is a crisis within the overall
crisis. It's kind of sort of a silent, unspoken crisis that people don't know about and they need to know about. Um And I can't tell you how much really I appreciate your following us on social media. It has just been so encouraging to see the outpouring of support that we've gotten over the last several.
Several months. You know, in April 15th, I had a state legislator who he and I, he knew we had a social media presence and that we had lots of contacts and donors and stuff. And I asked him, look, if we need to ring the bell, if you don't think we're going to get funding from the state legislature this next year, you know, let me know. And on April 15th in the evening, he texted me and he said ring the bell. We were really concerned. We run on about $4 million a year and we needed 2 million from

the state to start July 1st. We got our first payment last Friday by the way. But if we didn't get that, we were looking at closing and so we rang the bell.
And Emma and Katie and marketing and communication social media. We doubled our social media presence. We had 120,000 or 150,000 that were contributed by people in all 50 states. 5 bases are military.
Basis and 17 countries around the world and the comments that we got were just extraordinary. And part of the comments that we got were we need one of these in this town. We need one of these in this town from clear across the country, from Canada, from Australia, from England. We got 10.
Nations from Croatia. I mean we it's just been extraordinary. So I know many of you have have made financial contributions whether you have or not. Thank you for following us and for supporting us. I'm so encouraged that so many of you, I think 360 or something signed up for today's webinar.
So anyway, I hope, I hope many of you will take the leap and kind of get into this, you know, and we're happy to provide to be a resource for you as you consider what to do. And we're looking for ways to garner all this information.
way that can help us help you. So I think with that, Katie, if you want to, I don't know how you guys want to handle Q&A, but I'll turn it over to you.

KT **Katie Tolley** 57:56
Thank you so much, Sean. Q&AI was a little worried we'd have hundreds of questions and we don't have many. So I think that you you hit a lot of topics. I just want to remind everybody, I'm seeing a lot in the chat folks trying to connect with one another in in different regions throughout the country.
And I would really encourage you here in just a few minutes, we're going to go ahead and share a link to our next webinar. The registration for that next webinar looks a little bit different than the one for this one. We're asking to collect a little bit more information, sort of where you are located, what your expertise or your background is, if you're a doctor, a provider, a.
Foster parent, something like that. And it gives you the option to allow us to share your contact information so that we can connect you with other folks that are in your area. We'll do that via e-mail and and maybe just start with.
With e-mail addresses, so we're not blasting your your information out or selling it or sharing it anywhere else. Our whole goal is to make sure that we connect you with other folks in your area, in your region, so that you guys can talk and do exactly what

I'm seeing happening in the chat, so.
On to questions and some of these we Sean, if you don't know the answer to them, let's just stick a pin in that and we will go ahead and loop in some of our other maybe our providers or our social worker that might be able to answer.
Some of those. The first one we had is from Jess and she's wondering if we've tried red light therapy on the babies or looked into it or any studies and how it might help them heal.

Shaun Cross 59:40
I'm pretty sure that we have not and I don't. I have no clue what that is. I think that's why Katie probably prefaced prefaced the question as she did. But we can sure, you know, check with our, I'm sure that.
You know, we're going to be bringing in other staff as we kind of go through this. So I'm sure there's going to be a time where we're going to want to have our clinical staff and also where we're going to want to have our Director of Family Advocacy on our parent team that is, you know, answering some of these questions. So I'll hopefully there'll be some softballs I can answer, but that one I can.

Katie Tolley 1:00:15
Fantastic. Great. Next one is did you pick your name or file for the 501C3 or the board members before you filed for the 501C3?

Shaun Cross 1:00:15
Answer.
Yeah, so basically the name came up. Tricia Hughes took in a little girl in 2008 who was exposed to heroin. She was found on a bench.
With her mom high in the next to our bus depot, CPS took her to the hospital. Tricia had sort of gotten the name as the baby lady and so the hospital called her that night and the Hughes family took her in. Her name became Maddie and so when Tricia.
Was and I were really starting this. We decided to call it Maddie's Place. So that's how we got the name. We needed that name before we filed our articles of incorporation because you have to have the name of the corporation and that was done in March of 2018 and then we obviously.
Needed the name and the in the incorporation to have taken place before we filed

our IRS request for tax exempt status. Hopefully that's helpful.
You can always change the name. It's easy to change a name, but you do have to have a name before you can file articles of incorporation and be incorporated.

Katie Tolley 1:01:35
Wonderful.
I think the question was, did you pick the name first or the board first?

Shaun Cross 1:01:48
Oh, we picked, we picked. Oh, that's a that's a good question. I really, as I go back on it, I think that probably they happened at about the same time. I mean we we, I think they probably happened at about the same time in 27/20/18 we didn't, we didn't. Actually, we had actually let me let me correct that. We had to file our articles of incorporation and I was the incorporator and then we formed the board after that. So we actually formed the board after we had the name and after we had filed our articles.

Katie Tolley 1:02:19
Been a couple of years and there have been a a few things that have happened since then, so good recall. Let's see, Christina is wondering, can you please share details about the property type, zoning, building class and tenancy, et cetera?

Shaun Cross 1:02:33
Yeah, that's a that's a really, really good question. So we're we're zoned for commercial use. It's interesting we are in a residential area, but we're also just a few blocks away from a commercial area. So we can basically and because this facility it was primarily.
It was built by an organization called Vanessa Behan Crisis Nursery, which unfortunately is Vanessa Behan was a little girl that was beaten to death when she was two years old. So the the building was built for that organization which took care of of abused children and provided a safe place for.
For children. And then that it came in through that zoning and we weren't a part of that at that time, but we're basically grandfathered in and so we are, you know, zoned commercial. I do know that of the acre that we bought, we can pretty much do anything on that we can if we don't want to do this, but if.

If we wanted to do retail, we could. If we wanted to do housing, we can. That was an important question for me. If we wanted to set up a primary care facility, we could do that childcare. So I know that we have the freedom with the land that we have and the zoning that we're under to to to pretty much do anything related to our mission. That's a great, it's a, it's a great question. And those are, those are questions, you know, if you have a a real estate lawyer or someone who's a lawyer who can check with a real estate lawyer, what's the zoning? I mean, a lot of people are really good at finding all that information out just where where they are. And obviously that becomes important if you start to hone in on a particular piece of property.

KT **Katie Tolley** 1:03:53
Wonderful.
And the other thing to keep in mind too that I know is important for our family advocacy team and and with parents being here is our proximity to a bus line for parents to to be able to travel or you know we're lucky that we're close to a couple of providers in the community that.
You know, it's just a couple of minute drive to get parents to therapy or group or things like that.

SC **Shaun Cross** 1:04:37
Well, the other, the other thing that's a real benefit why I liked when we one of the things that was a huge factor me in making the decision to buy this facility was we're really close to our two major hospital systems here in Spokane. We're very, very, very close and Vanessa Behan had a very good reputation, a stellar reputation. So this facility.
Been known kind of for helping children and it's close to hospitals. It's in a residential area and one of the things that we've done with the design of this facility was really to make it so it's very non-institutional. It feels when we say nurturing environment, it feels like a living room and bedrooms around around the perimeter.
So anyway, it fits into the community really, really well.

KT **Katie Tolley** 1:05:21
Wonderful. This is one of my favorite questions. Do you allow individuals to come to tour your facility? Rebecca is currently a pediatric mental health nurse who assesses NASA infants in the foster system, and she's very interested in opening a facility.

Shaun Cross 1:05:38
Yeah, we if we would, we love to give tours. We give Katie and I are give several, several tours every week. We've got ten of them set up for the next couple of weeks. So we love to have people come visit us, you know, if if we have to do a zoom and kind of walk you around the facility if you can't fly out here.
I mean, we're happy to try to share what it looks like. We love to give tours, so.

Katie Tolley 1:06:05
Wonderful. Next question is, should I find someone who's in the medical field who has a similar passion in my area for these babies?

Shaun Cross 1:06:16
And so I I don't know what your area might be. It sounds like then it's nonmedical because you're.

Katie Tolley 1:06:23
Correct. Yeah. A little background is Jeslyn is a church director, preschool teacher. She was a CASA volunteer. She's very passionate about these babies. She just doesn't have that medical expertise.

Shaun Cross 1:06:34
Right. No, I think it's really, really helpful if you have that. I mean, I hadn't developed the passion yet. It sounds like you're already ahead of where I was in 2017. But I think having Tricia and having that expertise that she had developed and taking care of these infants.
And her knowledge base and that was absolutely critical. You know, I knew everybody and you know could plug it that story in and start to raise money and start to do all the corporate stuff. But what I'm hoping is that you're not alone and that you know we're one of the thing areas where I think we can really help everyone is by.
You know, bringing you together in clusters. So there may be, you know, someone that's in your area that has medical expertise or behavioral expertise or SUD expertise or whatever that can kind of help round out your team. So that's why, you

know, we're really interested in trying.
To connect you all.

Katie Tolley 1:07:35
Great. Next is how do you build trust with families and medical providers so that referrals and partnerships are strong?

Shaun Cross 1:07:41
Well, that's a great question. I think, you know, I think with the families, it's a lot of it's been by word of mouth. A lot of it's been, you know, you have to walk the talk. I I think, I don't know how many people have said to us that have stayed here.
A mom said to me once when I asked her how we were treating her and she's in her 30s. She said this is the first place in my life that I felt safe. Another David Aga, who didn't even stay here but is now on staff and peer support and has been in recovery for two years after being an IV drug user for 19 years. He.
Has been telling everyone, public policy makers, everyone that will listen to him that this was the first time in his life that he experienced love. So I think building the trust with the families is something that our staff has been really, really good at because they just love and care for these people and that becomes obvious their sincerity in that and then word of mouth spreads so.
I think word is getting around about us. On the second piece of the question with providers, that's been a little bit harder to really to get. I mean, most of our referrals come from our four major hospitals, particularly 3 and particularly two in Spokane and I think.
You know, we just have one neonatology group here in Spokane with about 25 neonatologists and they really direct a lot of where these infants go. I think there's been some malpractice reticence, you know, because we're the new kid on the block and are we going to transfer these infants over to what's this new model?
Was this, you know, who is this Maddie's place? What is this? So we've only been open less than three years. I think that word is getting round about us. We've gotten a lot of media attention, a lot of press and a lot of public policy attention. And so I think.
Hopefully, I think we're getting gaining more credibility. I think we're getting infants sooner, quicker, I've noticed. And so I think we're building that credibility with the local providers. But it takes work and we've had some missteps. We had some

missteps in the OTPT area that we've had to kind of remedy over the last.
Six months.

Katie Tolley 1:09:56
Wonderful.
Let's see. Gabriel is interested in our nurse and infant ratio. She says it's amazing that only three infants have been treated with morphine since coming to Maddie's place. And she's also interested to know if we're typically if we all 16 of our our infant beds are typically full or.

Shaun Cross 1:10:05
I.
Right, so.

Katie Tolley 1:10:18
Or sort of what our census looks like.

Shaun Cross 1:10:20
Right. So on this, on the last part, first, our admissions have doubled since January. So we were getting a new infant roughly every eight days. Now we're getting an infant roughly every 4.5 days we have hit.
Our cap of 16, three different times so far and so we're bumping up against that. We've got 10 infants here and four parents today and we're discharging 2 infants tomorrow, but we've got two infants coming in. So we are a little lower census right now, but we're looking at having somewhere around 80.
To 90 infants that will be admitted this year. We only admitted 44 infants last year and 47 infants in 2023. So it's we're starting to ramp up on the staffing ratio by regulation, by state regulation when this when our pediatric transitional care facility structure was put in place.
Place that's at RCW 71.12 and WAC 246337. When those were put in place, this the staffing ratios were set. So by law in the state of Washington, we at least have to have one RN per shift at a time.
So we need to have at least 4.2 full-time equivalent RN's on staff. So most of our we had a full-time RN day shift that just started today, but most of our RN's have been part-time picking up 1-2 or three shifts. So we're trying to move more towards full-

time to the extent we can for continuity.
Of care, but we have to have one registered nurse for three shifts, seven days a week, 365. So we need to have one nurse on shift for infant care specialists, which are basically handling the babies and feeding the babies.
We don't have an accreditation yet in this state, which I think we'll want to move toward, but right now there are different Washington Administrative Code requirements for infant care specialists. As far as the ratio, we need to have at least one infant care specialist. In addition to the nurse, we need to have at least.
One infant care specialist for every four infants. So the minimum that we have can have is 4 for 16 babies. However, with the model that we have and as it's evolved, we currently have.
Staff six infant care specialists per shift. So every shift we have one RN and we have six infant care specialists. In addition, we have 46 trained background check volunteers that are cuddlers that come in and we're trying to move towards.
Having four cuddlers per shift. So that would mean we'd have one nurse, 6 infant care, that's 7 + 4 cuddlers is 11. And if you had 11 to 16, then you almost have one pair of hands for every infant because we are handling the infants a lot.
Would.
Which is a huge contrast to what happens in the NIC unit where they're primarily given morphine. Having said that, our cost structure is about 1/3 what the NIC unit is because we don't have any expensive equipment because and our just our staffing, it's a low.
Lower overhead model. So that's why I think when people see we're a third the cost with better outcomes for providers, we by law and by our regulations have to have either a pediatrician or a pediatric ARNP or a pediatric PA that is on.
Called 24/7 and that we actually have three providers. So we've contracted with a local pediatric facility called Mount Spokane Pediatric. They actually have about 18,000 patients is one of the largest pediatric practices in the region, but we have.
Three of their providers that we're contracting with that that come in. So they come in about 3-3 days a week at a minimum and they have to come in within 72 hours of admission to do a head to toe analysis. And so there's different things that the statute requires, but that's basically what we.
We're looking at for staffing ratios and then we have 6 on our peer support team which is providing assistance to our primarily our moms but also our dads that are with us. But then also we're staying in touch with all of these people once they are

alumni. So we're really staying connected with these families.
Become a food distribution center. We've got a weekly food drop. We have basically a clothing store upstairs. People, we can come in, you know, six months after you leave, if you need diapers for the next two months, you can come and get all the diapers you need. So we're really providing a lot of resources beyond just what we do over that 60 days.

KT **Katie Tolley** 1:15:27
Fantastic.
Oh my goodness. Oh, we've had a lot more questions come in. I just want to preface and let everybody know that we'd scheduled to end this evening here in just a couple of minutes. I think we would be happy to stick around for about another 15 minutes answering questions if you do have to hop off.
This this session is being recorded. You're welcome to to follow up in anything that we don't get to this evening. We'll be sure to follow up in an e-mail or share in an upcoming webinar, so.

SC **Shaun Cross** 1:15:58
Do you do you want to show the slide Katie, even now before people jump off as far as the info at and then also you know when when the next webinar is going to be?

KT **Katie Tolley** 1:16:07
Sure, but.
That's a great, great idea. So before we hop off, just want to thank everybody for being here today. We hope you feel inspired and encouraged and we hope to see you all again for our next session, which we are calling Building the Blueprint, Foundational Planning and Partnership that is scheduled for Wednesday, August 27th.
Where we'll cover things like how to assess your community's need, key early partnerships including hospitals, child welfare, Medicaid, behavioral health providers, governance and leadership structure, legal considerations, non-profit versus other structures, and time timeline from concept to launch.

SC **Shaun Cross** 1:16:49

And then we'll have a we'll have a link for registration too. And is that available? That's available now, isn't it?

Katie Tolley 1:16:55
Yes. So that'll be available on our website and I believe Emma also is dropping that into the chat for anybody that would like to go ahead and register right away.

Emma Jones 1:17:05
Yep, it's there.

Shaun Cross 1:17:05
OK. And then we can, oh, I'm sorry, you got it. Oh, there it is, Emma. Thank you. Thank you. So and I'm happy to stick around for a little bit more for for questions. We actually thought it'd be 15 to 30 minutes and it's been 15. So I mean for those of you who want to hang on, I'm, I'm happy to.
To stay on for a little bit more. So any other questions, Katie, that you can?

Katie Tolley 1:17:23
Wonderful. Yes, yes. Let's do this. Let me get back to our questions here.
All right. How would you navigate getting the 501C3 status as an individual who has the drive, but maybe not the overwhelming means or funds yet?

Shaun Cross 1:17:46
Yeah. So I mean I'm I one of the documents that I want to make available to everybody is the actual application that I filled out. And so all these forms are available on the IRS website, but you know navigating that and getting those and everything I think we.
We can help people find those and then you can kind of the questions are fairly self-explanatory and there's actually even there's actually even kind of a notes that you follow as you go through where there's an explanation for each question, what you need to do, why they're asking for that information.
Information and and that type of thing. So I think you know if you look at the at the template that we will have available and also our just how we filled it out as a sample, I mean that would would be helpful to you, yeah.
You're probably going to want to have at some point in in time an attorney, you

know, take a look at it before before you file it. And I can't remember what the filing fee is, but you should be able to get through the application with the help of a friend or something without having to pay anything.

Katie Tolley 1:19:02
So sort of to piggyback on that, how did you initially communicate your mission to the community in a way that inspired people to give?

Shaun Cross 1:19:09
Well, it was over Zoom and we started in June of 2020 and it was Tricia Hughes and myself. And so in one quadrant of, you know, you'd have Tricia and she was taking care of a little girl. It's a horrific story at that, a little girl named Sawyer. She'd been. I mean, this is horrible. She'd been born in a toilet in Spokane at 3036 weeks and then had two brain hemorrhages while the mom was cleaning up the drugs before the ambulance got there. And then she had another hemorrhage after she got to the hospital after four months in the NICU.
She.
Up going back to Tricia and it was coincidentally right during the time that we were zooming. And so I basically we'd have whoever I was targeting. It could be the owner of the local newspaper, Stacey Coles and his financial advisor Steve Rector in one quadrant and then it'd be by myself at home during COVID.
And then it would be Tricia and Sawyer from her office at her home. And I would basically start off and say, you know, there's a drug crisis in the country. What do you know about neonatal abstinence syndrome or babies withdrawing from drugs? Invariably, it didn't matter who it was. They'd say, well, I know there's a drug crisis, but I really.
They didn't know anything about the impact on infants. And then I just say, you know, Tricia, tell your story, tell the story of Sawyer. And it was extraordinary. I mean, we had people with people wrote $1,000,000 of checks because of Zoom presentations listening to Sawyer's story.
That that it was that simple. I I know everybody and I I knew where the the deep pockets were and we just did zooms with them and that's how we bought the bought the building. So yeah, so I think, you know the stories are the power around what we're doing.
Stories of the babies are the power about what we're doing. And that's what raises

the money. That's what raises the awareness. That's what galvanizes the community. That's what attracts the attention of the media and the press, which is great because you're trying to raise awareness. And so we have got more TV coverage.
Coverage and radio coverage. We were on ABC National. We were on PBS National. We've gotten a lot of attention. We just had a reporter who freelances for the New York Times and for Harper's and Atlantic Monthly.
That was just spent two days in at Maddie's place and that'll be coming out in September. So people, people want to hear these stories.
Hey, I think you've got, I think you guys have your are on mute, mute, mute.

KT **Katie Tolley** 1:22:04
I'm on mute. Sorry about that. What is the follow up process after a family leaves your care?

SC **Shaun Cross** 1:22:09
Oh, that'd be a good one for for Kim and Katie, you can probably respond to that. So why don't you, why don't you give us a a shot at that?

KT **Katie Tolley** 1:22:19
Sure. So we've got a couple of ways that we do that. Really. You know, when you're asking someone to come stay here, folks have come from backgrounds where it's very hard to trust.
They've experienced a lot of trauma. And so, you know, over the course of their time here, a lot of trust is built. And in a lot of ways, they connect with our peer supports and our infant care specialists, our nurses, our other staff, like family. You know, many, many of them come without support systems.
Systems. And so we oftentimes our social worker will say, you know, you have to break up with us, we're not going to break up with you. And so we love to stay in touch with our families. Again, that is a process that's led by our families, but we give them the opportunity to join a private Facebook group.

SC **Shaun Cross** 1:23:06
OK.

KT **Katie Tolley** 1:23:14

That we've created to share milestones and wins. You know, if they need to reach out for additional supports or you know, resources, things like that, we welcome them to do that. Obviously they can call us or stop by anytime.
You know, they often keep our our peer supports phone numbers in their phone and they don't, they don't hesitate to reach out because they know they're going to be met with just as much non-judgmental love and care and support as the day that they walk through our doors. So, you know, Sean had mentioned that, you know, the 2nd.
Floor of our building or sort of our attic space. We've got, you know, whole half of that is all donated items, everything from, you know, housewares and cribs, clothing, hygiene items, diapers. They know that they can stop by here anytime free of charge.

SC **Shaun Cross** 1:24:09
You know, men's shoes, female ladies shoes, everything. You can't believe it. It's like a clothing store. It's unbelievable. We had to get a larger dumpster because we were getting so many Amazon boxes. It was overflowing our weekly dumpster. So you know, it's it's incredible. Other ways that we stay in touch yesterday.

KT **Katie Tolley** 1:24:11
Yeah, yeah.

SC **Shaun Cross** 1:24:27
You know, it was 94 degrees, I think in Spokane. It's supposed to be 99 today. But anyway, we took 30 of our families to to a water park here locally. We take our families to local baseball games, local hockey games. We have Christmas events. We have Thanksgiving events.
We have an annual Mother's Day event where families come from all over the state that have stayed with us. And so we are looking at. I was talking with our Director of Family Advocacy today about we need to hire someone that is going to be following up with our parents six months, a year after their discharge to find out how are.
They doing and you know, are the ways that we can help you. What can how are things going? We provide, you know, furniture for people. We provide, you know, people get a ticket. I've had, you know, people that have come to me and said, you know, I've got this ticket and I can't get my license unless we've paid for tickets, you know, numerous times.

We provide, you know, hook folks up with dental care if they need to have their teeth replaced. And so I mean it's it's becoming a, it's becoming a growing mission. I guess we're really what we're really building is this.
Community, right, of 148 babies that are now growing up and roughly 100 parents. And so that's about 250 people right there. And then it just keeps kind of expanding. And so it's kind of, and I know, you know, we got to tread lightly on some of this because you're not.
Become close friends with your patient. You know, I'm a lawyer, so you're not in doctors or we're supposed to keep this professional distance and that. And so I know we're rubbing up against that because I think what people see with nonjudgmental loving care is it's you're building relationships and these aren't relationships that just. Go away because they are discharged. And so we are being blessed with seeing that we're changing the trajectory of people's lives, their total lives, and they're very thankful for that. And they want to stay connected and we want to stay connected with them and we want to continue to help them where they are in their journeys because.
It's not going to be always an easy Rd. I mean, so it's a hard road, right? But if you've got a community, then it's an easier Rd.

KT **Katie Tolley** 1:26:49
Great. Well, we've got time for a couple more questions and then I promise you we're going to look through all of these and try to try to reach out with answers. So, Sean, would you think this model would be scalable to small rural communities? There's a pretty major drug problem where Treva is at, but the population of the town is only 3000.

SC **Shaun Cross** 1:27:08
Definitely, absolutely, definitely, definitely. And I think and one of the things is there's a loophole in some states where I think there may be an ability to create these pretty readily with houses if you have three infants or three or fewer infants.

KT **Katie Tolley** 1:27:08
1000.

SC **Shaun Cross** 1:27:27

And it may be, you know, so I there are loopholes in the States and I and I need to look at this a little bit more too, because we're in a very, I mean we're the Spokane's the second largest city in the state, but we're in Eastern Washington, which is super rural and the drug problem is horrendous. I personally come from a town.
An hour drive West of here with population about 2000 and the towns in my hometown that I grew up in and the towns around it have just been ravaged. So I think I think your answer is yes, yes, yes, yes, yes. Not everybody's going to be able to, you know, raise 16,000,000 or 10 million or 5 million or whatever.
I think there are much lower cost effective ways for rural communities to do what we're doing. So definitely, yes, you shouldn't be discouraged because you come from a small town and I've got a real heart for that, so.

KT **Katie Tolley** 1:28:21
Wonderful. And I think the final question we'll take this evening is what resources or training programs would you recommend to someone who's wanting to learn more about caring for infants with NAS?

SC **Shaun Cross** 1:28:31
Oh, wow.
Wow. You know, I don't know that I have a good answer for that to tell you the truth. I wonder if you know one of our our director of nursing and clinical operations, you know, we, you know, I know that there's.
There are programs that are out there. I know that there are CLES or continuing education programs that are out there. We'll try to Katie, let's make a special note to try to answer that to give folks some resources that we can put up. I mean, we do have articles that are if you go to.
and look at the resource tab. You know We do have a lot of articles about the subject of NASS, but and I know that you know things are starting to pop up. The researcher, her name's Echo Berdilli at Washington State University, recently presented to the National Nursing Association.
Association in Anaheim on Maddie's Place. So I don't know whether that was taped or what, but I'm sure it was. But we need to get a hold of those resources and get them posted on our website.

KT **Katie Tolley** 1:29:42

I think we would be remiss if we didn't also mention Generation OI shared that link in the chat there as well. Sean mentioned them earlier and they've been a wealth of of resources. You know, their particular focus is around opioid.

Shaun Cross 1:29:47
Right.
Right.

Katie Tolley 1:30:00
You know, infants that have been exposed to opioids, but I think a lot of the same information pertains, so.

Shaun Cross 1:30:05
And one last thing I just want to say, we have a bill right now called the Miracle Act that was introduced in Congress last July. I'm trying to get it introduced again. I was just in DC this last month and we've got some growing support for that. The Miracle Act would simply Congress would require.
Health and Human Services to do a three-year study on the prevalence of mass by state. Because once I think the states see how bad this problem is, then I think they're likely to run to amend their state Medicaid plan so you can have more clinics like this. But this is another reason why we're trying to find out. We're going to try to find out what.
Political, particularly at the federal level, those of you who are interested in working with us, what sort of federal, you know, congressmen, congresswomen, senators that you have so that we can fit that into what our strategy is for getting the Miracle Act passed by Congress this year. So that will help all of us that will.
help all 50 states because we need to get good data. So that's the last thing I have. Thanks so much, everybody. Thank you so much for putting up with me droning on. I appreciate it. I appreciate your interest in this subject. And you know, we're hopeful that this is helpful to you and we just want to be a resource.

Katie Tolley 1:31:09
Wonderful.

Shaun Cross 1:31:24

So we can impact more, more babies and more moms and dads. So thank you so much.

Katie Tolley 1:31:28

I couldn't have said it better. So if you'd like to stay connected, we'll be sure to reach out following today's webinar with some follow-up materials, including info on how to access future resources. And don't forget to register for our next webinar on the 27th.

You can also reach out to us directly at info at Maddie'splace.org or visit us at Maddie'splace.org online. Just click on the resource tab and select Want a Maddie's place in your community? So just a reminder, together we can ensure more babies and families receive.

the compassionate, healing care they deserve, and we look forward to seeing you next time.

Shaun Cross 1:32:11

Bye.

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