

Washington State First Steps News

A Newsletter for Maternity Support Services & Infant Case Management Providers

Issue 12

April 2008



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First Steps Regional Meetings – An Opportunity for Learning and Brainstorming


Submitted by Kathi Lloyd, Health Education Consultant, Dept of Health

Approximately 450 participants attended the First Steps regional meetings convened in Lacey, Moses Lake, Spokane, Burien, and Lynwood during November and December 2007.

Dr. Laurie Cawthon and Kristal Rust, used information gathered from the First Steps database in their presentations *Access to Prenatal Care – Is there a Crisis?* and *Reaching the High Risk Pregnant Women*.

An update on program requirements was presented by Jan Crayk, MSS Coordinator and Maureen (Mo) Lally, ICM Program Manager. Following lunch, attendees were actively engaged in small group discussions. These breakout sessions provided opportunities to brainstorm potential strategies for enrolling high risk women into MSS/ICM services and early entry into prenatal care.

Dr. Kathryn Barnard rounded out the day by sharing a captivating video on postpartum psychosis and a motivating presentation regarding perinatal depression. Dr. Barnard and Lana Conrad also promoted a culturally appropriate online training, “Keys to Postpartum Depression”, which can be accessed via the SteppingUp website, <http://steppingup.washington.edu/>

Information and feedback collected during the regionals on 3x5 cards have been compiled, reviewed and are currently being utilized by the state team. Beginning the first week of April 2008, this wealth of information and the session evaluations will be accessible on the First Steps website <http://fortress.wa.gov/dshs/maa/firststeps/> Click on the 2007 Regional Meetings link. Watch for periodic postings to the First Steps website for answers to questions asked at the regional meetings. 



New Resource

The U.S. Department of Health and Human Services has created a series of health education pamphlets for parents called “*Healthy Start, Grow Smart*”. The series consists of 13 booklet beginning with a pamphlet for the newborn and one for each of the first 12 months of the new infant’s life. The information, developed by health experts, gives advice, answers to common questions, and directions to help high-risk families do their very best for their infants through the first year of life. Each pamphlet is age-appropriate about health, safety, nutritional needs, and early cognitive development. The guides are FREE and available in English, Spanish, Chinese, and Vietnamese.

“*Healthy Start, Grow Smart*” is a tool you can provide parents to assist them in raising healthy children. You can order complete sets or order individual pamphlets by visiting the website www.ntis.gov/cms/index/asp or if you prefer to download any or all of the series, you can click on the download series button on the website.

To give you an idea of the size, each pamphlet is 5” x 8.5” with an average of 23 pages. 

Mandated Reporting of Abuse/Neglect for MSS/ICM Providers & Provider Staff


Submitted by Becky Peters,
Behavioral Health Specialist Consultant, Dept of Health

When was the last time state laws were a topic of discussion at a staff meeting? Mandated reporting is one of those laws which could have consequences for MSS/ICM providers and their provider staff if they are not familiar with it.

Every MSS/ICM provider has signed a core provider agreement with DSHS Health and Recovery Services Administration (HRSA). This agreement requires that all providers must follow Washington State Laws. This includes the state requirements for reporting suspected child abuse and neglect to local authorities.


MSS/ICM contractors and employees providing MSS/ICM services are mandated reporters under state law. Please refer to the DSHS – Children’s Administration website <http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2> for details and training resources related to prevention and reporting of child abuse and neglect. Information on mandated reporting for suspected abuse or neglect of vulnerable adults can be located at <http://www.aasa.dshs.wa.gov/APS/training/>.

Each provider is responsible for assuring that provider staff are informed of the responsibilities of mandated reporters. Every provider must have defined policies and procedures for ensuring the laws related to mandated reporting are upheld. The First Steps State Team recommends the following activities to assure the law is being followed: (1) regular opportunities for in-service trainings and discussion surrounding issues of mandated reporting; (2) supervisor/employee discussions and follow up of at-risk or potentially at-risk clients with clear documentation made in the client record; and (3) develop and maintain strong collaborative relationships with local protective service agency staff to encourage processes for consultation.

Most providers attending the First Steps regional meetings received a copy of a DVD entitled: “*Making a CPS Referral: A Guide for Mandated Reporters*”. Additional copies of the DVD and other materials are available on the websites listed above at no cost. 



FYI...Infant Case Management (ICM) Intake, DSHS form # 13-658 was recently revised to delete the word “refused” and insert “declined”. The phrase now reads “Client declined ICM services”. Thank you to the provider(s) who suggested this at the December 2007 regional training sessions. To obtain the most current, up-to-date form, go to <http://www1.dshs.wa.gov/msa/forms/eforms.html>. Scroll down the listing until you find form #13-658. Select either the word document or the PDF document.

Just a reminder that DSHS form # 13-792 “**Welcome to Infant Case Management**” is translated into Cambodian, Chinese, Korean, Laotian, Russian, Somali, Spanish, and Vietnamese languages. These forms can be found at the website listed above. 

Submitted by Maureen (Mo) Lally,
Infant Program Manager, DSHS



Did You Know?

Submitted by Cathy Hewins,
Program Manager First Steps Child Care, DSHS




The First Steps Child Care (FSCC) Program has changed the secure **fax** number from 360-586-1951 to 360-725-2115 effective immediately.

The **Background Authorization form # 09-653** will be changing effective May 1, 2008. The Background Check Central Unit (BCCU) will not accept the old version of this form after this date. Look for the new version, with instructions on how to complete the form on our First Steps website, under “Child Care” within the next two weeks.

Transportation may be available for First Steps clients if they need to be transported to the hospital while their babies are in the NICU, attend medical appointments, or participate in hands-on training to learn how to care for their infants. To schedule transportation, contact the regional transportation broker at <http://fortress.wa.gov/dshs/maa/Transportation/phone.html>.

First Steps Child Care is just beginning the process of updating the program’s WAC and billing instructions. We will keep you posted.

If you have questions about the First Steps Child Care program policies and procedures, please contact Cathy Hewins, at email: hewincj@dshs.wa.gov or by phone 1-888-889-7514. Cathy will be happy to assist you. 



Launching this Summer: Pilot Incentive Program to Help Pregnant Women Quit Smoking

Submitted by Kathi Lloyd, Health Education Consultant, Dept of Health

Quitting smoking is one of the best things a mother can do to protect her own health and the health of her baby. While maternal smoking has declined significantly in Washington in recent years, there are still about 8,200 babies born each year to women who smoke during pregnancy. More than 46 percent of women who stop smoking during pregnancy begin again after giving birth.

Last year, the Department of Health launched the “*Quit for You Quit for Two*” campaign to educate women about the dangers of smoking while pregnant and provide the tools available to help them quit. Many First Steps providers participated in the campaign by displaying posters in waiting and exam rooms and distributing materials, including flyers and stress balls, to clients.

All campaign materials refer clients to the state’s toll-free Tobacco Quit Line where pregnant women can get help, tailored to meet their unique needs and challenges, for free—no insurance is required.

During the 2007 First Steps Regional meetings, the campaign conducted surveys and then follow-up interviews with First Steps providers for feedback on the promotion and to fine-tune the strategy for implementation. Accordingly, participation is designed to integrate with existing work and support providers in making quit interventions with clients.

This summer, the campaign will **pilot an incentive promotion exclusively for pre-identified First Steps providers in 10 counties** to promote the quit line’s fax referral form and the free services available for pregnant women.

Elements of the pilot fax referral incentive promotion will be:

- Pregnant women will receive a \$10 gift card to a store that offers products for both mother and baby when they fill out the fax referral form with a provider.
- Once the fax referral is sent to the quit line, the client will receive a call within 48 hours. At that time, they can choose to enroll in the free, pregnancy-specific program offered by the quit line.
- After a period of evaluation, the expectation is that the incentive promotion will expand to more agencies.



Infant Toddler Early Intervention Program (ITEIP)

Submitted by Kathy Blodgett, Social and Health Program Consultant at ITEIP

Help families connect to early intervention services if a developmental concern for a child, birth to three, is identified.

First Step staff are in key positions to identify, at the earliest possible age, children with potential developmental delays. The ITEIP coordinates a statewide system of early intervention services and helps families access these services in Washington State. Services from ITEIP are available to all Washington State residents through a local Family Resources Coordinator (FRC), whether children are enrolled in a DSHS managed care plan or not. Referral to the FRC is the key to accessing early intervention services and supports. The family, or you as a provider with family permission, can call the Family Health Hotline at 1-800-322-2588 to get the name of the FRC in the county where the family resides. Additional information about ITEIP and program services is available on the ITEIP website at: <http://www1.dshs.wa.gov/iteip>. A two page fact sheet on referral to the FRC, (Please Ask, Babies Can’t Wait) is also available at: <http://www1.dshs.wa.gov/pdf/Publications/22-645.pdf>.



Internet “TOOL KIT” Helping Providers Deal with Clients’ Overuse of Narcotics and Other Controlled Drugs

By Jeffery Thompson, M.D., MHA, Chief Medical Officer, Washington State Medicaid

WASHINGTON MEDICAID

Studies show that one in 10 adults in Washington State needs treatment for a drug use disorder, and Medicaid covered adults are no exception to this statistic.

In 2005, the Health and Recovery Services Administration (HRSA) identified 320 clients at the high end of Schedule II and III narcotics utilization – patients who were consuming more than 10 controlled-substance prescriptions per month. The administration then distributed prescription histories to the providers involved in treatment and contacted clients, making sure they were aware of programs and other resources available to them.

Because patients often see multiple providers and clinics, individual doctors have not always been aware of the complete prescription histories. But armed with the correct information, they acted quickly. In just four months, the number of narcotic prescriptions and narcotic costs declined by 25 percent, allowing the provider, not the health plan, to assess the medical need.

That project continues – each quarter a new list of clients having greater than 10 prescriptions or more per month is shared with the appropriate prescribers. The project has also led to an Internet-based “tool kit” that is intended as a resource for all providers faced with over utilization problems like this. Prescribers now have access to new tools, such as Patient Review and Coordination (PRC), which coordinates care between one primary care provider and if needed, one narcotic prescriber.

The new tool kit can help doctors and other health-care providers identify and deal with Medicaid patients whose alcohol, narcotic or other drug use may need more attention. The tool kit initiative allows treating providers to obtain background information on specific patients whose drug use may raise questions. There is also a new Medicaid web site containing information on chronic pain treatments, screenings, treatment referrals, and prescribing guidelines.

The tool kit was designed to work across bureaucratic boundaries within DSHS medical healthcare programs, the Division of Drug and Substance Abuse and the Mental Health Division. In 2007, teams from these HRSA divisions launched a two-county pilot effort in Yakima and Clark counties. Eventually, these initiatives will tell us how to provide histories for prescriptions, emergency room treatment and inpatient stays in the most efficient manner possible.

In the meantime, the tool kit web site includes resources and information that will help providers learn about identification and targeting tools and how to employ screening interventions that will provide early identification of alcohol, narcotics, and other drug abuse and treatment options that will help them enroll their patients in therapy without delay.

The new Internet site (<http://maa.dshs.wa.gov/pharmacy/ToolKit.htm>) offers a broad range of information, potential interventions and treatment options, including: Chemical Dependency Treatment; Treatment for Chronic Pain; How to Curb Abuse and Misuse of Medical Resources; Case Management Resources for Aging and Disabled; and Dual Disorder Programs.

Resources on the new website also include disclosure forms that help doctors and patients communicate more openly, and pocket referral and screening guides for medical staff and other helpful items often found only after time-consuming searches.



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