

WASHINGTON

FOCUS

Chemical
Dependency
Newsletter

Prevention and treatment strategies spotlight tobacco

By Michael Langer

The Division of Alcohol and Substance Abuse (DASA) will soon be incorporating tobacco prevention and treatment strategies into our existing continuum of services.

More conclusive tobacco-use research, escalating health care costs, and effective health education have helped change public opinion about tobacco over the past decade. The use of tobacco products is becoming less acceptable in our health-conscious society. DASA plans to take a leadership role in the prevention and treatment of tobacco dependency.

The chemical dependency field traditionally has not focused on tobacco. While recognized as an addictive drug by the Surgeon General, some in the chemical dependency field in Washington State have not yet accepted the

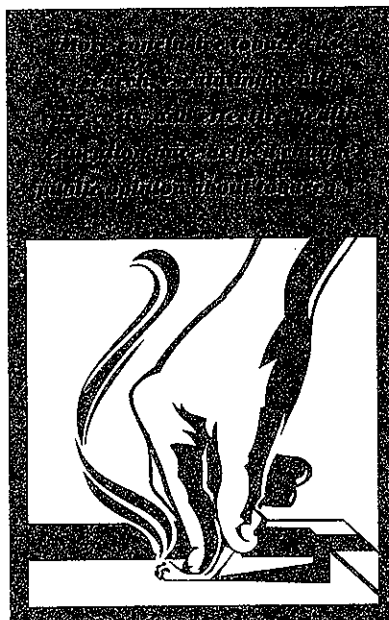
concept of nicotine as a drug.

How will prevention providers address the need for effective smoking/smokeless tobacco prevention strategies? How will the adolescent treatment providers treat patients who may be addicted to nicotine? Will treatment counselors be effective treating nicotine addiction if they are addicted themselves? What training will be necessary for prevention and treatment providers?

These are just a few of the issues that we will need to discuss and resolve in the near future.

The division has begun meeting the challenge by negotiating with the Department of Health (DOH) and several state agencies to meet the requirements in the new Substance Abuse and Mental Health Services Administration block grant application. (See article on page 3 regarding "Synar" Amendment.)

The division is also participating in project



Winter 1993

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FROM THE DIRECTOR

Washington state receives positive recognition

By Ken Stark

Recently, the federal Substance Abuse Mental Health Services Administration, through the Center for Substance Abuse Treatment (CSAT), conducted a technical review of how the state of Washington is administering federal block grant monies.

A team of three consultants came to our state. Two of the consultants had administrative expertise and one was a clinical expert. The consultants spent five days in DASA headquarters talking with staff and reviewing policies and procedures. They then spent two weeks visiting various treatment programs.

While I do not have the written report in hand, I want to share some of the consultants' comments. Administra-

tively, the team was impressed with DASA's leadership in helping create and maintain comprehensive, quality services. They were especially impressed with our research and evaluation focus and services to special populations.

They could not believe division staff were able to get things done in such short time frames. "Government doesn't move that quickly," one consultant said. They were surprised to see the level of collaboration between DASA, state agencies, counties, providers, and associations.

I'm proud to report the division was given very high marks all around. This can only be attributed to a dedicated, hardworking, compassionate staff.

When the consultants went out to the field, they wanted to see whether what we said (quality, comprehensive services, collaboration among stakeholders, etc.) was reality. Upon their return, the consultant team simply confirmed what we already knew. Washington State has established a quality alcohol/drug treatment system for those who cannot afford to pay for services themselves. This type of praise has been well deserved (and seldom forthcoming) for treatment program administrators and counselors, associations, and county coordinators.

FOCUS is published quarterly for those in the chemical dependency field by the Division of Alcohol and Substance Abuse, within the Washington State Department of Social and Health Services.

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DASA completes "Self-Evaluation" *By Patrick Weber*

The Americans with Disabilities Act (ADA) is a significant piece of civil rights legislation. The act aims to remove barriers that deny individuals with disabilities an equal opportunity for access to jobs, facilities, public and private services, transportation, and telecommunications. The legislation went into effect July 26, 1992. It will affect all sectors of society in the United States, including everything from government agencies to restaurants, zoos, bus depots, stores, hotels, and private agencies/offices.

In order to fully implement the ADA, DASA completed a "Self-Evaluation" and an action plan in October. A team of persons with disabilities conducted a facility walk-through inspection. The DASA Self-Evaluation Team also reviewed policies, procedures, forms, announcements, and practices.

All certified agencies will also complete a Self-Evaluation during the next few months. It will then become a part of the certification process.

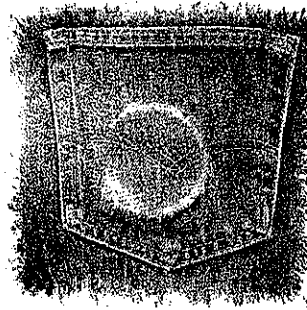
The self-evaluation process was a learning experience for DASA. Individuals with disabilities serving on the team provided a new viewpoint on access to services, facilities, and employment which would have been missed without their participation. DASA is committed to improving access for persons with disabilities and welcomes your suggestions and comments.

TOBACCO, continued

ASSIST, administered by DOH. This federally funded project is designed to reduce tobacco use in targeted sites throughout Washington State. Additionally, DASA has expanded its definition of substances to include tobacco. The definition will be included in county and provider contracts for the 1993-95 biennium.

Incorporating the most effective tobacco prevention and treatment strategies into existing services will bring benefits to individual health and reduce health care costs.

If you have any questions or comments, please contact David Brenna at (206) 438-8076 or SCAN 585-8076.



The First Warning Sign of Cancer.

Fact: If you chew tobacco, your chances of getting pre-cancerous mouth sores are one in six. And your chances of getting mouth cancer are four times greater if you use smokeless tobacco than if you don't. You don't chew tobacco. It chews you.

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This poster is produced by the California Department of Health to educate the public about the hazards of chewing tobacco.

Legislation

Hot issues heat-up '93 legislative session

By David Brenna

A predicted \$1.6 billion shortfall will be a dominate issue for a new governor's administration and the 1993 Legislature. Department budget cuts for the Division of Alcohol and Substance Abuse (DASA) total \$8.5 million, depending on how deep the legislature decides to trim. Offsetting these losses is a possible 8.5 million dollar enhancement to youth treatment services.

Another important issue for our field is tobacco use by minors. An amendment to the federal SAMHSA Block Grant

requires legislation to boost enforcement of laws prohibiting the sale of tobacco to minors. This so-called "Synar" amendment (named for an Oklahoma congressman) will be a top agenda item for us.

Administrative License Suspension (ALS) will probably be another hot issue for the chemical dependency field. An interim work group has developed preliminary legislation which will create ALS while maintaining deferred prosecution.

There is legislative interest in addressing the sunset currently attached to the 1989 Omnibus Act which would assure continuing funding created by the act.

Also of interest:

- the Sentencing Guidelines Commission will present legislation for first-time offender waivers including mandated treatment for drug felons;
- legislators will probably address the issue of counter-alcohol advertising; and,
- the health care commission authorized by the Legislature will present a model for reform to the 1993 session for consideration.

The session begins January 11, 1993. If you have questions or interest in any legislation, call David Brenna at (206) 438-8076 or SCAN 585-8076.

Training contract expanded to add activities

By Wes Hamilton and Rick Teboe

The contract with the Chemical Dependency Training Coalition (CDTC) has recently been expanded to add several direct training activities. Soon, many of you will receive notices for cultural diversity training required for counties and contract providers. This training will be designed to meet the client focus of professional chemical dependency treatment personnel.

Two other activities will include a pregnancy risk reduction training for counselors and expanded access to the HIV/AIDS Brief Risk Intervention and Alcohol and Other Drug Information School (A/DIS) certification course. The preg-

nancy risk reduction training was funded in the supplemental budget to increase information available to clients about the risk of alcohol and drug use during pregnancy. A curriculum is being developed. Training is scheduled to begin early this year.

The HIV/AIDS Brief Risk Intervention and A/DIS trainer certification courses will be scheduled throughout the state in areas where courses are not currently available at colleges.

Training notices for each of these events will be sent out directly as well as included in the CDTC training bulletin and future issues of *FOCUS*.

Ideas needed for 1993 DASA Public Policy Forum

We need your ideas regarding topics and presenters for the 1993 DASA Public Policy Forum. The forum is scheduled for May 19-21, 1993 at the Tyee Motor Inn in Tumwater, Washington. If there are any issues you would like to see addressed, or discussions you would like to participate in, let us know. We are also looking for presenters and keynote speakers. If you have anyone in mind, send their name and information about where they can be reached. Send your topic ideas and thoughts on presenters to:

1993 PUBLIC POLICY FORUM
Chemical Dependency
Training Coalition
4414 Pacific Avenue SE
Lacey, Washington 98503
FAX (206) 493-9543
SCAN 585-9543

Bloodborne diseases training available by Spring

By Fran Moellman

If your employees are exposed to blood and other potentially infectious materials, they face significantly high health risks from "bloodborne pathogens." These pathogens include HIV/AIDS, a disease with no known cure, and Hepatitis B, a serious liver disease which can also be fatal. Other serious and sometimes fatal bloodborne diseases include hepatitis C, malaria, viral hemorrhagic fever, and others.

The Washington Industrial Safety and Health Administration (WISHA) adopted national emergency standards to protect employ-

ees from occupational exposure to bloodborne diseases. At DASA's request, these standards, training dates, and WISHA regional consultants names were sent to all chemical dependency treatment providers in October. These providers are specifically identified as being exposed to source individuals.

Drug and alcohol users, chemically dependent persons, and especially IV drug users and those engaging in risky sexual behaviors, are the highest of the high risk source individuals likely to carry and pass on bloodborne viruses. Chemically dependent persons

already have weakened immune systems and are uniquely susceptible to dying of these diseases.

It is important to develop an exposure control plan (required by WISHA) and obtain training. DSHS is developing training materials for a "training of trainers" available by spring. DASA will seek provider participation to create a sample plan with policies/procedures adaptable to your needs. Meanwhile, you must follow the rules of WISHA. For more information, contact the Labor and Industries consultant in your region, or Fran Moellman, DASA Certification Section, at (206) 438-8054.

Financial assistance eases burden

By Stephen Bogan

An adolescent whose family lived in Port Angeles went to treatment in Seattle. The program required twice-weekly family participation. The total mileage over the course of treatment would amount to about 1600 miles. This low-income family's commitment to treatment was threatened by the daunting transportation costs.

The Family Hardship Program is intended to ease that burden. Families of youth who are clients in Division of Alcohol and Substance Abuse (DASA) funded residential chemical dependency treatment programs are eligible. The program is made

possible by one-time only youth residential treatment funding that became available in November and will continue until it is used or by June 30, 1993. It's a response to the documented need of indigent and low-income families who could not afford the transportation costs to attend family treatment activities for their children.

With so much denial and pain already making it difficult for families to participate, eliminating the real obstacle of travel expense is critical to treatment success. The funding will also cover lodging costs when program activities require a family to stay over-

night. Contracted providers will reimburse families and then bill DASA.

Financial assistance for families most in need should greatly increase treatment participation and completion, and hopefully, long-term recovery. Recent data from a 1991 study of adolescent treatment outcomes concluded "the probability that an adolescent will participate in continuing support activities is directly related to parental participation in the program."

"Family" is broadly defined in the program to include: parents, either together, single, divorced or living apart; relatives of the client; siblings; or other legal guardians, such as foster parents.

Tuberculosis on the rise

By Fran Moellman

Tuberculosis (TB) cases have increased significantly in Washington State in recent years, but it is still a preventable disease.

What happened? Many TB patients being treated did not complete their course of medications. When they felt better, they stopped taking pills. A partial course of antibiotics kills only the weakest bacteria, allowing the rest of the bacteria to become drug resistant, survive, breed, and spread. The multi-drug resistant (MDR) form of TB is frequently

fatal and often cannot be cured. Those people who can be cured must endure lengthy treatment including surgery, isolation, and years of therapy.

Since TB bacterium are airborne, anyone breathing within the vicinity of an infectious person is at risk. Poverty increases poor health; homelessness increases the chances of exposure. Chemically dependent persons are often homeless. HIV/AIDS patients have a damaged immune system and are at extremely high risk for the

disease. It is estimated that half of AIDS patients carrying the TB bacterium will develop the disease.

The most recent copy of the draft certification WAC Chapter 440-22 contains, in sections relating to personnel and clinical policies and requirements, steps to follow for the detection and prevention of TB. It includes TB testing of all patients and staff, in coordination with the Department of Health. Providers need not wait for the adoption of the new WACs to implement these steps.

Clients recovery enhanced by understanding stress disorder

By Wes Hamilton

Post Traumatic Stress Disorder (PTSD) has been around for as long as people have faced crises. It has also had many names, most associated with the stress of combat. In World War I, it started out as "shell shock", and was later changed to "war neurosis." World War II brought us "combat fatigue." Vietnam gave us its current name and the best understanding of what it is, what causes it, and how to diagnose and treat its victims.

Simply put, PTSD may occur as an after-effect of any traumatic experience. Although combat veterans are the most widely studied victims, it can also be found among survivors of other personal tragedies such as natural disasters, plane crashes, automobile accidents or even the sudden loss of a loved one, the loss of employment or sudden relocation. The many PTSD symptoms include depression, isolation, unprovoked rage, alienation, avoidance of feelings, survival guilt, anxiety reactions, sleep disturbance, and intrusive memo-

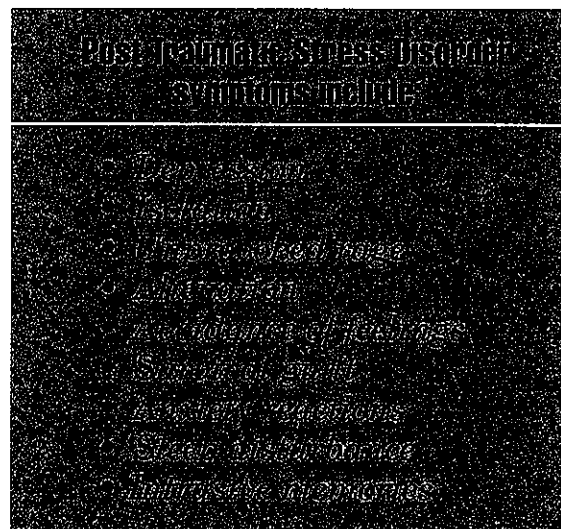
ries. Although, any of these symptoms may be associated with a number of conditions, chemical dependency counselors could benefit from understanding the dynamics of PTSD.

For many chemically dependent individuals, the use of alcohol or other drugs may serve to mask some of the indications of PTSD. As those individuals become more invested in their abstinence through treatment, the symptoms of PTSD may surface. An understanding of PTSD and its early recognition may be crucial to both the possibility of relapse prevention and the larger case-management of a client's recovery.

There are few facilities in the state specializing in PTSD or related disorders. The Veterans Administration (VA) Hospital at American Lake in Tacoma has trained personnel, however, access is limited to individuals eligible for VA services. Staff at many community mental health centers also have PTSD training and periodically offer workshops on the subject for other social service professionals. Chemical dependency professionals who suspect PTSD in the treatment of clients can contact their community mental health center.

"An understanding of PTSD and its early recognition may be crucial to both the possibility of relapse prevention and the larger case-management of a client's recovery."

Current PTSD research material is available from the Washington State Substance Abuse Coalition Clearinghouse (1-800-662-9111). A brochure entitled "Readjustment Problems Among Vietnam Veterans" is available upon request from the Clearinghouse.



Treatment and corrections staff team-up for inmates

By David Brenna

Pine Lodge Pre-Release Center in Medical Lake will have a new focus soon, as the Department of Corrections (DOC) develops its first, in-prison, inpatient treatment program. Planning has been underway since the beginning of this year. Superintendent Ernie Packebush assembled an oversight committee to assist the institution staff in developing an integrated treatment model.

Scheduled to open March 1, 1993, the program will serve up to 32 inmates for 45 days. Following treatment, an intensive educational and vocational transition program will prepare clients for transfer to a work release program. The vocational program will be modeled after Vocational Opportunity Training Education

(VOTE), the Division of Alcohol and Substance Abuse (DASA) funded vocational effort located at Pierce College. VOTE staff are members of the oversight committee.

Also on the oversight committee are private treatment providers, community leaders in the education and vocation fields, and Ray Antonsen, DASA's Region 1 administrator. This group of planners has outlined treatment and transition tracks, developed policy, examined the issue of classification and assessment of inmates, and is assisting with a federal grant to help fund the effort.

The corrections field has paid increasing attention to the potential of chemical dependency treatment as a viable approach to

address inmate needs, institutional security, and post-release success.

Integrating treatment into a correctional system is not without its difficulty. The philosophical approach and attitude towards offenders by correctional staff is not always conducive to treatment. Likewise, treatment professionals are often naive about offender behavior. However, many states are experiencing dramatic success as staff teams from treatment and corrections come together and use their combined skills.

DASA will closely follow and support DOC's effort to provide quality treatment to its inmate population.

DASA HEADQUARTERS

New staff join DASA

By Sheryl Turner



**Kelli Elixman,
Clerk Typist III**

Kelli is the new voice you will hear when you call DASA headquarters. Her primary responsibilities are answering the division's main telephone

lines and performing clerical duties for the division's Administrative Services Section. Kelli was previously employed by the Pierce North Community Services Office.



**Fritz Wrede, Social & Health
Program Manager 3**

Fritz has accepted a position with the division's Planning and Policy Section. He is on a two-year

rotation from the King County Division of Alcoholism and Substance Abuse Services. Fritz's responsibilities include preparing the annual alcohol and drug services block grant application, developing and implementing a procedure and protocol for the analysis of management information system data, preparing epidemiological and client services data, and assisting in general planning and evaluation projects.

Three-year study will estimate number of chemically dependent people in state

By Toni Krupski

The Division of Alcohol and Substance Abuse (DASA) was one of thirteen states recently awarded a contract from the Center for Substance Abuse Treatment to conduct a statewide assessment for alcohol/drug treatment and prevention needs. The study will take three years to complete and will cost \$1.4 million.

A representative sample of households in the state will be surveyed. Six thousand persons will be interviewed. Results of the survey will provide estimates of the numbers of people who are "at risk" of substance abuse, or who are

using, abusing or dependent upon substances and wish to receive treatment. State and county level estimates will be available.

Here are some unique features of the study:

- Estimating prevalence rates among racial and ethnic minorities, including American Indians, Asians, Hispanics, and Blacks will be emphasized.
- Estimates of risk factors will allow DASA to target prevention and outreach efforts by identifying communities at risk.

- Results of the survey will make it possible to estimate numbers of persons in Washington State who are both chemically dependent and mentally ill.

Results should be available by October 1995. They will provide DASA with data on which to base planning and policy decisions for both treatment and prevention.

Technical aspects of the study are being carried out by the DSHS Office of Research and Data Analysis. The project also involves collaboration with the University of Washington and Washington State University.

Watch for these upcoming research papers

- **ADATSA 18-Month Follow-Up Study:** The original ADATSA study released earlier this year reported on outcomes on a sample of over 1,100 ADATSA clients six months after being discharged from treatment. This continuation study follows the original sample of clients an additional year to determine employment and public assistance outcomes, and the degree to which clients re-entered treatment.

In addition, expenditures including public assistance, Medicaid, corrections, and treatment re-entry which were incurred 12 months before ADATSA treatment will be compared with costs incurred 12 months after treatment for all clients. This project is being conducted by the DSHS Office of Research and Data Analysis.

- **Substance Abuse Trends in Washington State:** DASA staff is preparing this report to track the status of drug and alcohol abuse in Washington State. Through the use of statistical milestones provided by *Healthy People 2000*, the report will compare Washington State to national trends and objectives. In future years, this annual report will provide a reference point to measure progress or setbacks in the state's efforts to prevent and treat substance abuse.

- **Economic Costs of Alcohol and Drug Abuse in Washington State:** This report will quantify the consequences of alcohol and drug abuse in Washington State and estimate the resulting monetary loss. The estimates will focus on factors such as increased health care costs, lost earnings due to reduced productivity and premature death, crime-related costs, and costs incurred from diseases related to substance abuse. The report is being prepared by Tom Wickizer from the University of Washington.

Questions or comments about DASA's Research Program can be directed to Toni Krupski, Research Investigator, at (206) 438-8206 or SCAN 585-8206.

Summary of the ADAMHA Reorganization Act

By Milo Kurle

Reorganization of the Alcoholism, Substance Abuse and Mental Health (ADAMHA) has the following major features:

- The research institutes National Institute on Alcoholism and Alcohol Abuse (NIAAA), National Institute on Drug Abuse (NIDA), and the National Institute on Mental Health (NIMH) move to the National Institute on Health (NIH).
- The Office of Treatment Improvement (OTI) is replaced by the Center for Substance Abuse Treatment (CSAT).
- The Office of Substance Abuse Prevention (OSAP) is replaced by the Center for Substance Abuse Prevention (CSAP).
- A Center for Mental Health Services (CMHS) is created.

Substance Abuse Block Grants

- The combined block grant for alcoholism, drug abuse, and mental health is replaced by separate block grants for substance abuse and for mental health. This is in response to a tendency for substance abuse and mental health legislation to go in separate directions and include more provisions which are unique to either substance abuse or to mental health.
- Specific requirements for substance abuse and mental health are in separate sections of the statute.

Certain trends are reflected in the legislation:

- An increase in categorical requirements for services
- An increase in the level of accountability by the states
- A requirement to have data reported by the states in uniform categories for reports to Congress
- New block grant application format
- The progress report on the use of the prior year's funds includes specific national goals for the block grant

Certain requirements did not change:

- 20 percent earmarked for prevention services
- 35 percent minimum for alcoholism and for 35 percent minimum for drug abuse services
- Establishment and maintenance of the Group Home Revolving Fund

Some requirements are new or have changed:

- Prevention: the emphasis will be on high-risk persons; the focus is on primary prevention, excluding early intervention from the definition of prevention, and a prevention program related to smoking is included.
- The requirement that 10 percent of the grant be expended on services for women with an emphasis on pregnant women has been replaced by a requirement that 5 percent of the grant be expended on special services for pregnant women and women with dependent children. There are specific requirements regarding these services including child care and prenatal care.
- There is no particular percentage of the grant earmarked for services for IV drug users.
 - Programs of treatment for intravenous drug abuse will notify the state whenever they have reached 90 percent capacity.
 - The state will ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program not later than 14 days after making the request for admission. If the person cannot be admitted within 14 days, the state should provide the person with interim services within 48 hours of the request for service, and provide admission within 120 days.
 - Agencies funded to provide services to intravenous drug users

will conduct outreach activities to encourage individuals who need treatment to undergo treatment.

- There is a new requirement regarding Tuberculosis:
 - All agencies receiving block grant funds will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services to each individual receiving treatment for substance abuse. Persons who are not admitted because of limited capacity will be referred to another provider of tuberculosis services.
 - "Tuberculosis services" means: counseling the individual about tuberculosis; testing to determine whether the individual has contracted the disease and testing to determine the form of treatment that is appropriate for the individual; and providing such treatment to the individual. Existing health funds shall be used for these services wherever possible.
- There are new requirements regarding services for persons at high risk of contracting HIV:
 - Each state is required to expend from 2 to 5 percent of the block grant award on early intervention services for HIV clients at the treatment sites, based on the percentage increase in block grant funding between 1991 and 1993.
 - The state of Washington is required to expend 5 percent of block grant funds.
 - Funds are to be used to carry out one or more projects to make early intervention services for HIV disease available to clients at the treatment sites.
 - If two or more projects are carried out, the state is required to also carry out one project in a rural area. This is waived if there is no need to conduct a rural project.

Seattle area handed public education campaign

By Pam Darby

By Our Own Hands", is a community-driven public education campaign. This initiative seeks to prevent alcohol and other drug use among 9- to 13-year-old African-American youth living in high-risk environments. The federal Center for Substance Abuse Prevention (CSAP) coordinated with DASA in awarding the Cocaine Outreach Recovery Program (CORP) funds to administer this project in Seattle.

The campaign encourages the major influencers in these young people's lives, such as parents and other significant adults, to help African-American youth stay drug-free. "By Our Own Hands" also celebrates the positive things occurring in African-American communities.

The campaign promotes prevention messages through traditional and non-traditional mass media channels. The campaign's slogan is "We have better things to do than drugs."

During the initial two-year period (ending in September 1992), this national CSAP campaign targeted youth living in 14 cities representing the nation's top black media markets. Five project sites, including Seattle, were added for the campaign's second phase which began in October. According to

emergency room data from the Drug Abuse Warning Network, drug use is on the rise in Seattle.

CSAP is working with the Center for Substance Abuse Treatment (CSAT) to link prevention and treatment to broaden and strengthen the reach of the campaign in the targeted cities. Phase II mandates that we coordinate/collaborate among treatment and prevention providers.

"By Our Own Hands" is based on the needs of each target city and emphasizes community ownership. CORP will work with community coalitions and a youth advisory panel to develop and implement local campaign efforts. In this way, the African-American community in Seattle will determine the most effective way to reach its youth with messages that reinforce abstention from drug use. Community events may include essay, rap, poster, and poetry contests, rallies, youth forums, and town meetings.

Campaign messages and strategies are based on unprecedented, in-depth research into the realities and concerns of urban African-Americans. The market research included focus groups, discussions with African-American youth,



interviews with adults in the target cities, and an extensive review of pertinent

literature. The research shows that despite the pervasiveness of alcohol and other drugs in the nation's inner cities, young African Americans have been historically less likely to use alcohol and other drugs than White, Hispanic, and Native-American youth. Although African-American youth delay beginning alcohol and other drug use for a longer period of time than most other racial/ethnic populations, once use starts, they are at high risk for developing heavy patterns of drug use.

Dr. William James, the site coordinator for Seattle, and I went to Washington, D.C. for training. We observed a panel discussion in which five Phase I cities were represented. Their descriptions, about both pitfalls and successes, inspired and energized us for the Seattle project. "The program theme, 'By Our Own Hands,' highlights a common vision of strengthening and preserving the African-American community," said Dr. James, "while celebrating the empowerment of African-American youth to lead drug-free lifestyles."

Success marks "First Steps" third birthday

By Sandi Gray

The First Steps program, Washington State's major Medicaid expansion for pregnant women and infants, turned three in August. This expansion stemmed from the Maternity Care Access Act adopted in 1989 to resolve a maternity care crisis. At that time, the number of physicians willing to care for low-income pregnant women was steadily shrinking, while the number of women needing maternity care was growing.

The First Steps program was initiated in conjunction with the Division of Alcohol and Substance Abuse (DASA) implementation of a continuum of drug and alcohol assessment, treatment, and transitional housing and child care services for pregnant and parenting chemically dependent women and their families. In addition to providing maternity care, a major focus of the First Steps services, is to identify chemi-

cally dependent pregnant women and make referrals for drug and alcohol treatment.

The First Steps program provides outreach, maternity care, social services, and health care to low-income women, infants, and children. The program represents a complete approach to maternity care access, healthy birth outcomes, and ongoing pediatric care.

Pregnant women and infants below 185% of the federal poverty level are eligible. Along with improving services,

the program has increased physician reimbursement, encouraged alternative systems of care, and generally enhanced the maternity care access system.

Over 76,700 clients have used these services since the program began, and projected births are close to

30,000 per year. Eleven First Steps clinics have started or expanded services around the state. Many of these provide "one-stop shopping" with a variety of maternity and social services under one roof. Mid-level practitioners such as licensed midwives, nurse midwives, and pediatric nurse practitioners play an integral role in providing maternity services.

Over 100 case management agencies have served some 12,000 clients in the past three years. More than 32,000 women have received support services such as public health nursing and counseling. The case management agencies work closely with specialized drug and alcohol treatment services serving pregnant and postpartum women. Several drug and alcohol treatment programs in the state are also part of the maternity case management network.

Has the program been successful? The proof is in the indicators. Fewer women are starting care late in their pregnancies. "Walk-in" patients – those pregnant women appearing at hospitals ready to deliver with no prenatal care – have declined by 40 percent. Fewer premature and low-birth-weight infants are born. The number of obstetric providers serving low-income women is growing steadily, instead of shrinking.

Has the program been successful?

FIRST

STEPS

"Walk-in" patients – those pregnant women appearing at hospitals ready to deliver with no prenatal care – have declined by forty percent.

Fewer premature and low-birth-weight infants are born.

The number of obstetric providers serving low-income women is growing steadily.

"Healthy Kids" program provides substance abuse services

By Ann Egerton

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – how does it affect substance abuse treatment for Medicaid-eligible youth under age 21? You will soon be receiving details on how EPSDT, also known as "Healthy Kids," offers an opportunity to provide substance abuse services as well as medical treatment to more youth who need them.

Mental Health/Substance Abuse Screening for Youth

The 1991 Legislature passed legislation to strengthen mental health services for children. The EPSDT program will be the point where children enter the mental health system.

On January 1, physicians and ad-

vanced registered nurse practitioners (ARNPs) began screening their pediatric Medicaid patients for mental health and substance abuse problems.

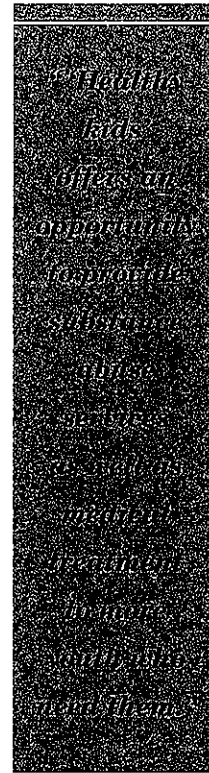
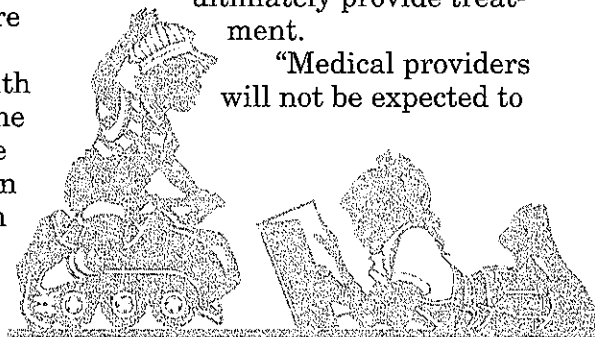
When a physician or ARNP performs a Healthy Kids screening and suspects a mental disorder or substance abuse problem, he or she will refer the child to the mental health regional support network or substance abuse assessor for an assessment. Mental health or substance abuse professionals would ultimately provide treatment.

"Medical providers will not be expected to

diagnose mental disorders or substance abuse problems," says Jim Peterson, assistant secretary for the Medical Assistance Administration. "They should refer to mental health and substance

abuse professionals for a closer look."

A task force of practicing physicians, ARNPs, mental health professionals, local health departments, and parents is developing educational materials.



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