

Washington State Omaha System Users Group
September 30, 2009
Summary Minutes

1. Welcome and introductions

2. Review of group progress to date

- **“The goal of this group is to agree on standards for Omaha System pathways so that Washington Omaha System users can gather the same outcomes data...The consensus was to attempt to create shared core pathways for populations.”**

Top priority problems for MCH adult client assessment:

- Mental health – Yes IIIIIII – lots of mental health issues, esp on NFP program – limited mental health resources – first to ID PP depression – First Steps program has 50% of people with positive depression screening – trying to access mh funding to support NFP program – value in showing the extent of the problem, and whether or not we can address it successfully (outcomes data) – lots of diagnosed mh disorders – schizophrenia, anxiety disorder, bipolar – 34% clients have a mental health factor noted in King Co First Steps screen – children developing in the context on relationships – necessary to address family environment for optimal child development.
- Abuse – Yes IIII High rates of domestic violence, screening for all pregnant women 34% of NFP clients have experienced domestic violence within the last 30 days – One problem is consistency of doing the screen – measures the rate that the problem exists – did the screen happen? – need to decide how to use data. It may not always be safe to do a screen. There are reasons that people are not always screened. – necessary to address family environment for optimal child development
- Substance use – Yes IIIIII High rates of tobacco use, consistent other substances used as well. Majority of the reasons we are seeing clients – parenting/high risk pregnancy issues are often related to substance use – makes them more eligible for services – can receive more services – multigenerational impacts – harms the fetus and second hand smoke harms children – we are serving moms because of the health of their children. There is a need to have a separate KBS rating just for tobacco use. This can be a policy decision for counties – Would ask PHNs to rate tobacco use separately from alcohol/drug use. There would then be 2 KBS ratings for Substance use for each client.
- Income – Yes II Most important social determinant of health. Would we expect to see any change in the short term? Is there another way to document besides the Omaha System? Can use demographic info. Crisis intervention, budgeting, linking with resources to manage income problem.
- Health care supervision Yes II helping people improve birth outcomes for their next pregnancy through wellness care, prevention

Possible additional problems

- Communication with community resources – barriers to obtaining care – difficulty understanding how to get GED while caring for baby – add on when client has a barrier to accessing care, to justify using a higher level of units (infant case management) (use this pathway if there are issues beyond “income” specific to barriers such as education or language)
- Interpersonal relationship – Important for NFP and perpetrators of domestic abuse (use this pathway if there are adult/adolescent family dynamics issues that require intensive case management and support)
- Nutrition Yes II – No – III issue of BMI and chronic disease, this is absolutely something we must focus on – Risk factor that makes clients eligible – assess? Have standard outcomes? (Use this pathway if nutrition issues are beyond normal pregnancy or childhood nutrition, e.g. gestational diabetes, obesity, etc.)
- Residence Yes III Unstable housing is more common than severe sanitation issue – home safety – how to assess home if we can’t do a home visit? – ask if they have any housing problems – not the same kind of assessment – there are safety surveys that you can ask the client, but you have to report “by observation only” (60% or more of visits are office/clinic visits) (Use this pathway for situations such as homelessness or home visiting)
- Sanitation Yes I for highest risk families – contact with CPS - EIP EFSS Sanitation might be a triggering factor (Use this pathway for extreme mold, or situations of disease risk due to feces, pets, etc)
- Family planning Yes III No I High priority – helping people make decisions about their pregnancies (Use this pathway for specific health care supervision challenges related to family planning)

Next Steps:

Review and confirm that we agree on the above problems for standardized assessment.

Create a process by which we will critique existing pathways for these problems and come to consensus on an “official” pathway for use across agencies

Decide which pathways to use as a starting point

Practice critiquing a pathway as a group

Conference call # 4 - 10/7 1-2:30pm

Future Conference calls:

Conference call # 5 - 11/4 1-2:30pm

Conference call # 6 - 12/2 1-2:30pm

The call-in number is 206/205-1111. There is a limit of 30 lines on this phone bridge, so please gather together as much as possible for the call. Information about the internet connection will be sent closer to the time.