San Diego Youth Services
CHOICES Project
Option Year 3 Annual Report

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Contact: **Janet Caiazzo, MPA**
Program Manager
San Diego Youth Services
Tel: 619-521-2250 ext. 301
Fax: 619-521-5944
jcaiazzo@sdyouthservices.org

1. Executive Summary

The primary objective of the San Diego Youth Services (SDYS) CHOICES program is to decrease the occurrence of Fetal Alcohol Spectrum Disorder (FASD) through intervention activities with high-risk female adolescents. Specifically, female adolescents who engage in heavy and risky alcohol consumption behaviors and are sexually active but not currently using birth control are targeted for services that aim to educate participants about risks and encourage behavior changes (decreased alcohol consumption and regular use of birth control). SDYS has completed the third year of a four-year program. The implementation of the CHOICES project at SDYS includes an emphasis on delivery of the CHOICES intervention through dedicated CHOICES staff and also aims to integrate CHOICES program activities and intervention techniques into the myriad of youth-serving programs offered at the agency both during the award period and sustained through the post-award period.

The staffing model of the CHOICES project includes two dedicated staff members, the CHOICES Program Manager and the CHOICES FASD Specialist. The CHOICES FASD Specialist is the frontline staff member who works closely with clients to deliver intervention services. The CHOICES FASD Specialist also assumes a central role in coordinating with other agency staff to ensure referrals to the CHOICES program and support the gradual diffusion of CHOICES activities into other SDYS programs that interface with adolescent females. She is also responsible for CHOICES data tracking and reporting and providing leadership and coordination for the CHOICES Task Force. The CHOICES Program Manager provides supervision to the CHOICES FASD Specialist, initiates and leads management-level integration efforts, helps refine and strengthen program processes and practices, and participates on the CHOICES Task Force.

As in previous project years, the CHOICES program continues to be most effective in encouraging participants to acquire and use contraception and also has some positive impacts on decreasing risky alcohol consumption behaviors. One of the

main challenges of the CHOICES program is ensuring that participants stay engaged with the program long enough to receive all services. The SDYS initiative continues to serve a relatively young target population (average age in OY3 was 17) and this presents challenges and opportunities in screening and enrolling participants as well as in actually delivering the CHOICES intervention.

In OY3, SDYS built on OY2 efforts to further integrate CHOICES program activities into SDYS programs. A continued focus on effective, broad use of pre-screening techniques, taking specific steps to concretize and sustain the ongoing engagement of other SDYS program staff, and effectively leveraging of CHOICES project staff expertise to support SDYS staff who were assuming new roles in delivering CHOICES program elements all contributed to deeper integration into agency programs.

With three years of program experience, SDYS CHOICES program staff have a high level of subject matter and programmatic expertise that informs the day-to-day implementation of the program. However, particularly because of the continued focus on integration – and a changing landscape of SDYS programs – in OY3 CHOICES staff continued to revise and improve critical elements of service delivery. Areas of focus included the specifics of the pre-screening process, accountability in the referral process, and a continued emphasis on helping the CHOICES Task Force fulfill its programmatic potential.

2. Key Client Results Achieved

During OY3, the SDYS CHOICES program had 17 female adolescents who pre-screened as eligible for the program.

Table 1 – Target Population

# Women Pre-Screened Eligible	17

White and Latina women comprised the majority of those pre-screened eligible (44% and 38% respectively); 31% of participants were African-American. Nearly 90% of the women had not completed a GED/12th grade, in large part explained by the relatively young average age (17 years old).

Table 2 - Demographics

Race	Alaska Native 0%	American Indian 0%	Asian 13%	Black/ African America n 31%	Hawaiian / Pacific Islander 0%	White 44%	Hispanic/ Latina 38%
Average Age	17						
Educational Status	Completed GED/12th Grade 12.5%			Less than GED/12th Grade 87.5%			
Marital Status	Married 6%	Unmarried, living with partner 0%		Never married 94%	Widowed 0%	Divorced 0%	

The number of women screened and enrolled during OY3 was significantly lower than projected (35 women were included in OY3 performance goals.). Program staff identified two primary reasons for this smaller than planned number of female adolescents screened. First, at the beginning of the program year, SDYS' Teen Recovery Centers – a key pipeline for referrals to the CHOICES program – were closed due to changes in funding. While SDYS has numerous other programs that support referrals (as described below), the loss of these Teen Recovery Centers did decrease referral opportunities. In addition, CHOICES program staff reported that in OY3, much like in previous years, the relatively strict eligibility criteria (including both current sexual activity without proper use of contraception and current

drinking at risky levels) kept many young women out of the program who may have been engaging in a range of closely related risky behaviors that did not precisely match the eligibility parameters of the CHOICES program.

Table 3 - Screening

# Women Referred for Screening	17
# Women Screened Eligible	17
# Women Who Agreed to Participate	17

Of the 17 women who screened eligible for the program, all enrolled in the program. Seven women (41%) completed all four MI sessions and the contraception visit. This completion rate is lower than OY2 (which had a 72% completion rate). Program staff identified two reasons why the completion rate in OY3 is lower. First, a greater number of participants from the Storefront drop-in center enrolled in the program. This drop-in shelter has a particularly transient population that can be hard to follow-up with, especially for interventions that span several weeks. Second, some women became engaged in a program/institution that prohibited continuing the intervention (e.g. a residential treatment center or juvenile detention).

Table 4 - Intervention Services

# Women Who Received 4 MI Sessions and Contraceptive Visit	41%

On average, participants were not consuming alcohol frequently at the time of screening (averaging just four days of alcohol consumption in the past month), yet the majority of participants were displaying binge drinking behaviors, with 65% of participants reporting that they had four or more drinks in one day in the past month. CHOICES program staff feel that this binge-drinking characteristic of CHOICES participants is directly tied to their relatively young age. This alcohol consumption pattern is typical among youth exhibiting risky drinking behaviors.

Table 5 - Baseline Characteristics

Average # of Days Women Drank Alcohol in the Past 30 Days at Screening	4
Average # of Drinks Consumed on a Typical Day in the Past 30 Days at Screening	5
#/% of Women Who Had 4 or More Drinks in 1 Day in the Past 30 Days at Screening	11/65%

Behavior changes among CHOICES participants in OY3 were largely positive in the short-term. Two-thirds of program completers reported using birth control at the end of the program. The intervention was also successful in decreasing alcohol use among participants. At the end of the program, the average number of days women drank alcohol had decreased from four to three and three respondents were abstaining from alcohol entirely. There were also signs of improvement in binge drinking behaviors with only three respondents reporting drinking four or more drinks in the past 30 days and the average number of drinks consumed on a typical day decreasing from 5 to 1.78.

SDYS staff were able to collect two 6-month follow-ups and no 12-month follow-ups during OY3 for participants that began the program in OY3. Outcomes at the 6-month follow-up were most promising in terms of reduced alcohol consumption. At the 6-month follow up, 100% of respondents indicated that they were abstaining from alcohol. In terms of birth control usage, one of the two respondents reported effectively using contraception. Table 6 summarizes the results.

Table 6 - Outcomes Alcohol Use

	End of Program	6-Month Follow-up*	12-Month Follow-up*
Average # Days Women Drank Alcohol in the Past 30 Days	3	0	0
Average # of Drinks Consumed on a Typical Day When Drinking Alcohol	1.78	0	0

#/% of Women who had 4 or More Drinks in 1 Day in the Past 30 Days	3/9 33.3% of respondents	0/0%	0/0%
#/% of Women Who Did Not Drink Any Alcohol Since the First Session	3/9 33.3% of respondents	2/2 100% of respondents	0/0%

Table 7 - Contraception Use

	End of Program	6-Month Follow-up*	12-Month Follow-up*
# Women Who Reported Using Effective Contraception	6 of 9	1/2	0 of 0

CHOICES program staff have a process in place to complete both the 6-month and 12-month follow-ups for participants enrolled during OY3 and anticipate that these follow-up activities will occur during OY4.

As during OY2, the SDYS CHOICES program only served community-based female adolescents, there is no separate data to report based on differences among residential and community-based participants.

3. Program Description

3.A. Population Needs Identified and Addressed

As the CHOICES project has now run for three years at SDYS, the program staff have a strong understanding of the needs of the target population. These needs remain largely unchanged from the previous year and include: denial about the affects of alcohol and social norms surrounding alcohol, mistrust of authority, limited time/motivation, and a need for childcare to participate in programming. These needs were addressed in the original program design through incorporation of an alcohol/FASD education and awareness component, relationship-based individualized interventions, the use of motivational interviewing techniques and incentives, and flexibility surrounding appointment times so that they worked with the participant's schedule.

During OY3, CHOICES program staff continued to remain focused on the specific needs of this youthful target population. These specific needs include:

- lack of knowledge about birth control options
- lack of knowledge about where to get birth control
- lack of resources (especially transportation and money) to get birth control
- lack of knowledge about FASD
- incorrect knowledge about alcohol portion size
- instability and lack of planning regarding sexual activity
- limited motivation to change behavior; need for external motivation

In delivering the CHOICES program in OY3, program staff focused on delivering a developmentally-appropriate intervention that prioritized education and screening processes that were structured to elicit accurate information from potential participants who may not be able to accurately describe their alcohol consumption and the likelihood of sexual activity and birth control use. As in previous years, CHOICES program staff educated participants about alcohol consumption and FASD with special attention to alcoholic beverage portion size and the impact of binge drinking and customized the delivery of this information in a graphic, youth-friendly way that referenced alcoholic drinks most familiar to young adolescents. The CHOICES FASD Specialist invested in additional questioning at intake to help draw out information about drinking behaviors and sexual activity in a way that often went beyond the specific intake script. Such a technique was used to help the women articulate their drinking behaviors more accurately (e.g. clarifying that when a young woman says she has 1-2 drinks – and this means two 40oz beers – that this is indeed more than "1-2 drinks"). Similarly, the fluid sexual activity levels of adolescent girls encouraged CHOICES program staff to follow-up basic questions (e.g. "are you currently sexually active") with probing questions such as, "if you were to get a boyfriend tomorrow, would you be sexually active" to better capture

the behaviors of the participants. Incentives, especially gift cards and other popular items, were used to help sustain the motivation of young women who often lacked the intrinsic motivation to do so.

An additional need was identified during OY3. As the Project CHOICES began to serve more homeless/transient young women, it became clear that some women need a more rapid, limited duration intervention as they simply are not at a place where they can persist through a multi-week intervention. Program staff did work to amend service delivery for some young women in this situation, as is described below in *Section 3.B.*

3.B. Service Delivery Process

CHOICES participants begin their involvement in the program through referral from other programs serving female adolescents at SDYS. These programs include:

- Teen Options (drug and alcohol treatment center for pregnant and parenting teens)
- East County Behavioral Health Clinic (outpatient mental health services)
- Proud Parenting (parenting support)
- Take Wing (transitional housing)
- Independent Livings Skills Diversion Program (services for at-risk foster youth)
- Storefront (drop-in center for homeless youth)
- Counseling Cove (outpatient counseling services)
- Community Assessment Teams (outpatient youth and family services)

Intake and case management staff at each of these program sites have been trained to pre-screen potential participants as part of their service delivery procedures. Depending on the program, young women may be pre-screened immediately at intake (e.g. at the Storefront) or at a later point in service delivery (e.g. the East County Behavioral Health Clinic opted to pre-screen women once a minimum level

of client rapport had been built up). In most cases, young women who pre-screened as "likely eligible" were referred to the CHOICES FASD Specialist for formal screening, enrollment in the program, and in many instances, delivery of the first MI session. As in previous years, subsequent MI sessions were then delivered at intervals roughly two weeks apart with the end of program assessment delivered during the fourth and final MI session. However in OY3, the CHOICES FASD Specialist did experiment with delivering MI sessions just one week apart for women referred through the Storefront. This was done because of the transient nature of these homeless teens. During the two month period (one month, in the case of Storefront participants) of MI sessions, the CHOICES FASD Specialist, and in some cases other SDYS case management staff, facilitated arrangements for the contraception session. Incentives have been used since the beginning of the program and have primarily consisted of small items and gifts from the Teen Options Center. New in OY3, CHOICES staff offered the choice of a small gift card at each MI session based on the idea that gift cards are more universally appealing to the participants and also, the gift cards could be distributed without the participant having to come to the Teen Options Center to pick out their gift.

Notable in OY3 is that the entire intervention – including all four MI sessions and the contraceptive visit – were conducted by non-CHOICES staff for two participants. An ILS case manager who was fully trained on the CHOICES intervention delivered the entire intervention to two ILS-referred CHOICES participants. Another staff, a case manager at the Counseling Cove, was also trained and able to deliver the entire CHOICES intervention in OY3 yet because she did not have any eligible clients, she did not deliver the intervention to any clients in OY3.

Follow-up assessments were conducted at six and twelve month intervals. While in years past, the follow-ups were generally conducted via telephone, program staff began collecting email addresses in OY3 as in many cases, this was a more reliable way to reach clients who often have phone numbers that are disconnected or change. The CHOICES FASD Specialist maintained a tracking system for all

participants to ensure timely follow-up calls and worked with SDYS program staff at other sites to connect with the participants that were challenging to reach.

3.C. Staff Training

CHOICES program staff continue to participate in Northrop Grumman sponsored trainings and have found the trainings that provide guidance on changes to the database particularly important. The CHOICES FASD Specialist providing the majority of direct services to participants was trained during OY1 and continues to serve the program. During OY3, five additional SDYS staff were trained to deliver the CHOICES program. This included the program manager (Janet Caiazzo) who joined the program in July 2010 as well as two additional staff (alcohol and drug counselors) in the Teen Options program, one case manager at Counseling Cove and one staff from the Independent Livings Skills (ILS) diversion program. Because the CHOICES FASD Specialist was trained in OY1 and has been working with the program since that time, she was able to help reinforce and mentor SDYS staff that were trained in OY3 as they began to implement the program elements.

In addition to participation in Northrop Grumman sponsored trainings, SDYS prioritizes professional development for staff and CHOICES program staff have participated in many relevant trainings in the past year. All agency staff participated in a Trauma-Informed Care Training. In addition, CHOICES program staff also participated in Day of the Adolescent and Victims of Commercial Sexual Exploitation training. CHOICES program staff also coordinated training activities for their own benefit and the benefit of the Task Force. These included trainings on FASD and the proper use of birth control.

3.D. Taskforce and Stakeholders

The *CHOICES Program Task Force* includes 16 total members, an increase of five members from OY2. New members are marked with a *.

Table 8 - SDYS CHOICES Task Force

Julie Tench	SDYS, CHOICES FASD Specialist
Janet Caiazzo*	SDYS, Program Manager CHOICES/Teen Options
Jennifer Levine	San Diego Regional Center, Counselor
Peggy Combs	CalFAS member, parent of FASD child, community member
Janet Finkel	San Diego State University, Nursing Professor
Wanda Martinez	San Diego Family Care, Counselor
Lillian Ulloa	SDYS, Take Wing Case Manager
Sara Schwartz*	SDYS, ILS Case Manager
Katherine Arroyo*	SDYS, Counseling Cove AOD Counselor
Michael Falcone*	SDYS, East County Behavioral Health Clinic Program Manager
Cecile Veillard*	SDYS, Storefront Case Manager
Lorena Gurule*	SDYS, THP+ Program Manager
Branko Matich*	San Diego Family Care
Laura Mclean*	SDYS
Wil Lybarger*	SDYS, Counseling Cove Outreach Director
Zhobeida Cruz*	SDYS, Teen Options AOD Counselor
Ratcydana Kim*	San Diego Family Care

The CHOICES FASD Specialist continues to provide leadership and coordination to the Task Force. Together with the CHOICES Program Manager, they prioritized identifying SDYS staff from all SDYS sites to participate in the Task Force to support two primary goals: effective pre-screening and engagement with the CHOICES program across the agency and preparations for sustainability of CHOICES activities in the post-funding period. During OY3, CHOICES program staff utilized the Task Force meetings to further refine and reinforce the pre-screening and referral process, a critical component of service delivery in the SDYS CHOICES program model. As mentioned in the previous sections, these meetings were also used to help educate SDYS staff and other Task Force members on FASD and effective use of birth control. Given the at-risk youth population that SDYS serves, this information was broadly applicable to many agency staff and programs. Finally, towards the end of OY3 the Task Force began to support sustainability planning efforts and will continue to do so in OY4. The expanded membership and specific activities of the Task Force – especially conversations about referrals and addressing FASD-related issues across agency programs – helped to nurture a sense of agency-wide ownership of FASD-sensitive service delivery across SDYS.

3.E. Implementation: Barriers and Best Practices

CHOICES program staff identified four main challenges in their continued work to implement the program, especially as CHOICES program staff worked to integrate program activities into additional SDYS sites and programs.

Pre-Screening. Beginning in OY2, the CHOICES program began pre-screening potential participants to identify those most likely to be eligible for the program. Only those that are identified as "likely eligible" on the pre-screen are transitioned to the full eligibility screen and enrollment. SDYS continued to use this technique in OY3 as it is effective in supporting broad outreach into the target population, yet also supports an efficient use of staff time. In OY3, as an even greater number of intake and case managers in different SDYS programs began to use the pre-screen, one of the issues that emerged is consistency and thoroughness in conducting the pre-screen. While a structured set of pre-screen questions are used consistently across SDYS, there are some notable variations between the type of follow-up and probing questions asked by the CHOICES FASD Specialist in conducting pre-screens and the pre-screening techniques of some other SDYS staff conducting the pre-screens. For instance, the CHOICES FASD Specialist regularly reframes questions and seeks clarity on unclear or conflicting responses from the young women, a practice not used by all SDYS staff conducting the pre-screens. During the course of reviews of the pre-screen documentation provided by the SDYS staff conducting intakes during OY3, the CHOICES staff feel that in certain cases, it is likely that a young woman who was not identified as "likely eligible" actually would have been eligible for enrollment if the pre-screener would have used a somewhat more in-depth pre-screen including probing and clarifying questions. CHOICES program staff feel that follow-up training on the pre-screen techniques, including "shadows" of the CHOICES FASD Specialist and simple reminders and encouragement to ask follow-up questions would help increase the consistency and quality of pre-screens throughout the agency.

Implementing the Program with Transient Populations. Throughout the CHOICES program, SDYS staff have had to work with an oftentimes transient population that can be difficult to keep engaged during the roughly two month long program. This year, CHOICES staff were working with an even greater number of highly transient cases (from the Storefront drop-in center) and this reinforced the difficulty of implementing the CHOICES program in a non-residential environment with at-risk, mobile youth. The CHOICES FASD Specialist experimented with delivering the program in a more condensed manner, spacing the MI sessions just one week apart. While this was somewhat effective, the CHOICES staff feel that additional modifications to the timeline of service delivery are probably necessary to effectively deliver the complete CHOICES program to transient populations including the homeless.

Participant Honesty. In OY2, participant honesty in completing pre-screen and eligibility questions was raised as an issue and in OY3, this continues to be a challenge. In OY2, program staff focused on emphasizing the confidentiality of the pre-screening and eligibility process. This was identified as particularly critical because many potential participants are concerned that reporting alcohol use will cause them to encounter problems with probation officers, Child Protective Services, school, etc. Staff also worked to address fears that are heightened by the young age of the participants, including concerns about a wide array of potential adults finding out about their drinking alcohol and/or participation in the program; and that this knowledge may make adults in positions of authority condemn or sanction the female adolescents. In OY3, some of the SDYS programs conducting pre-screens (e.g. the East County Behavioral Center) addressed this issue with relative success by moving pre-screen questions to a later point in service delivery, after rapport with the client had been established. While this is not possible in all pre-screen contexts (e.g. the Storefront drop-in center) it does seem to be a promising technique for those programs that are built around a more sustained relationship with the young woman.

CHOICES Eligibility. The eligibility for the CHOICES program are quite specific and require that a participant clearly self-identify as engaging in recent consumption of alcohol at risky levels and further, that she self-identify as engaging in current, unprotected sexual activity. SDYS CHOICES program staff observed that this "screens out" many of the clients served by SDYS; clients who program staff still feel are at high risk for pregnancy and FASD births. CHOICES program staff recognize that within the confines of the CHOICES program there may be little room to directly address this issue. However, program staff believe that bringing FASD prevention activities into services delivered to at-risk women (more broadly defined) will be important in ongoing efforts to reduce FASD. Further, SDYS CHOICES staff have observed that the specific nature of the questions that determine CHOICES program eligibility may be less well-suited to a youth population that is often characterized by more erratic and fluid patterns of alcohol consumption and sexual activity. This insight could potentially inform future iterations of CHOICES-like programs.

3.F. Women, Pregnancy, and Alcohol Consumption

Because the SDYS CHOICES program serves a teen population, several of the factors that contribute to the choices they make regarding drinking alcohol are specific to their youth. For instance, CHOICES project staff note that for those young women who are involved with the juvenile justice system, the looming threat of going to juvenile hall and the random drug and alcohol screenings seem to be a factor in decreasing drinking behavior. In addition, institutional pressures outside of the justice system (e.g. schools) also seem to inhibit alcohol consumption among some of these young women because they – unlike their over-21 peers – face institutional social norms that do not condone drinking alcohol in any way. Yet in part because of their youth, the SDYS staff feel that these young women are also prone to the negative influences of their friends and peers, many of whom model alcohol consumption behaviors that encourage heavy drinking. Staff note that it is not always "peer pressure" in the traditional sense, but rather that risky alcohol consumption behaviors are simply part of the regular milieu of these young womens' lives.

Pregnancy and having a baby are also factors that seem to increase the likelihood that the young woman will refrain from drinking alcohol and/or decrease the frequency and amount of alcohol she drinks. A variety of factors are likely in play here, including the young woman's desire to be more responsible, the possibility that she will receive some education about the effects of alcohol on pregnancy during the course of pre-natal care, and the withdrawal from friend and peer socializing that accompanies some young women as they become pregnant and have babies.

3.G. Integrating the Program into a Broader Structure

As the parameters of the SDYS CHOICES grant specifically focus on integrating CHOICES activities into the agency (as opposed to external substance abuse programs at the State or local level), this section will address recommended models for this organizational-level integration (additional related information can be found in *Section 3.E*).

SDYS staff recognized that the best way to reach the highest number of young women who could potentially benefit from the program was to embrace a pre-screening model that significantly increased the number of women assessed for likely eligibility without requiring a heavy investment of staff time. This technique would likely serve future integration efforts at an organizational-level well as potentially, all women entering an organization for any type of service can be quickly screened and flagged for a more intensive eligibility screening where appropriate.

The experience of the SDYS CHOICES program also suggests that flexibility in the timing of pre-screening is critical. This is because the set of questions asked require a level of respondent honesty that may not be easily accessible early on in service delivery. Over the past three years, SDYS has experimented with different ways of conducting pre-screens, including at in-take, broaching the subject in group settings,

conducting the pre-screen later on in the context of intensive counseling services, and having the pre-screen delivered by both "known and trusted" staff and staff from outside the program(s) where the potential participant is receiving services. It is recommended that an organization think through these issues and experiment with different techniques of pre-screening to allow for the most effective techniques.

Job/task shadowing also proved to be an effective support for integrating CHOICES program activities into the organization. SDYS staff feel that this approach would work well in other organizational context as well. SDYS relied on two main types of shadows. First, the CHOICES FASD Specialist would have newly-CHOICES trained staff from other SDYS programs watch her conduct key elements of the program (e.g. eligibility screenings and MI sessions) to help them see how the intervention actually works in the field. Second, the CHOICES FASD Specialist also shadowed the newly trained staff as they began to implement CHOICES techniques. In so doing, she was able to provide constructive feedback on their use of these approaches. This is particularly helpful in ensuring consistency of service delivery.

Finally, the CHOICES Program Manager worked hard in OY3 to strengthen buy-in across the organization. CHOICES program staff believe this to be a critical element of integration. This was accomplished in a number of ways including: holding program managers from other programs accountable for reporting the number of women pre-screened at monthly meetings, actively recruiting new participants for the CHOICES task force from each SDYS program site, and having the Division Director reinforce the message of the value of integrating CHOICES program activities into agency programs.

4. Project Changes

Table 9 below summarizes the major changes that have occurred due to this initiative; narrative below provides additional information.

Table 9 - Changes as a Result of the CHOICES initiative

Change Category	Description of Change
State/local policies and procedures	N/A
Organizational policies and procedures	Requiring staff from each SDYS site to participate in Task Force
Systems integration (intake, screening, MI sessions, contraceptive visit, case coordination, etc.)	Pre-Screens done by non-Project CHOICES staff at various agency sites; reminder emails to encourage Pre-Screens throughout the agency; collecting Pre-Screen data from other SDYS sites; discussing Pre-Screens at each monthly Program Managers' meeting and specifically discussing number of Pre-Screens vs. number of female clients served that month; staff training; staff coaching and mentoring for staff delivering Pre-Screens and MI; incorporating Project CHOICES into the Continuum of Care approach of the agency
Service delivery processes (individual vs. group formats, new clinical techniques, etc.)	Use of gift cards to incentivize participants; condensing service delivery for homeless and transient youth; conducting Pre-Screens at various agency sites; sending reminder emails to staff conducting Pre-Screens
Data Systems (integration of program data, centralization, etc.)	Data and files still centralized even as service delivery expands across agency staff; case managers from other programs are encouraged to use Pre-Screen information to inform their case work; Project CHOICES activities have in part informed the department's interest in more integrated data collection
Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	Additional SDYS staff have been, and will be, sent to MI training

State and local policies and procedures were not impacted by this project as the initiative was solely focused on incorporating program activities into the broader agency. The primary organizational policies and procedures that occurred as a result of this initiative was the decision to make sure that SDYS staff from each program/site were included on the Task Force. This was deemed important for two

primary reasons. First, program staff saw it as critical in post-funding sustainability. Second, awareness of the CHOICES initiative helps support service delivery, especially pre-screens. Indeed, another area of change – systems integration – can be best characterized as a series of intentional, structured efforts to ensure that SDYS program staff from across the agency were engaged with and accountable to supporting youth pre-screening. Adding this structure was deemed important because the geographical dispersion and busy activities of other program staff meant that simple requests and recommendations to conduct pre-screens were resulting in too few pre-screens. Program staff also decided to continue to focus on staff training, coaching, and mentoring to ensure that these dispersed service delivery elements (pre-screens and in some cases MI sessions) were being conducted in a consistent, high-quality manner. The project was able to achieve this change through a combination of sending staff to funder-sponsored trainings and also by utilizing the expertise of the CHOICES FASD Specialist as a mentor and coach. One of the primary changes in service delivery was the decision to conduct pre-screening activities at various agency locations, utilizing non-CHOICES staff. This was done to increase the number of young women who might participate in the program and to better position FASD prevention activities to be sustained in various programs throughout the agency, even post-CHOICES funding. As discussed previously, this was conducted primarily be having staff attend funder-sponsored training and through the use of the CHOICES staff to further train and mentor SDYS staff conducting pre-screens. Additional changes in service delivery included the use of gift cards to incentivize youth and condensed service delivery for transient youth. The team decided to use gift cards as incentives as they were more popular with participants and easier to provide to young women receiving services far from the main program location. The CHOICES FASD Specialist took the initiative in condensing service delivery for transient and homeless youth as she saw the difficulty in keeping these youth engaged for a program that could span eight weeks. The process of condensing the service delivery essentially just required closer spacing of MI sessions (generally one week between each session instead of two). The CHOICES project has had a limited impact on the agency's approach to data

systems; files and data are still centralized within the CHOICES project. However two minor changes did occur. First, some case managers are sometimes using pre-screen information to inform service delivery of non-CHOICES services. Second, the presence of the CHOICES initiative within the department has encouraged the Program Manager to focus on broader questions of data sharing and storage and she anticipates pursuing these broader questions in the future. As a result of the CHOICES initiative, the agency has sent, and will continue to send, additional staff for MI training. This has been done because the agency has seen the value of this intervention technique in serving at-risk youth with CHOICES-type services as well as case management more broadly. There have been no significant changes to staffing structures or hiring.