Annual Report
SBI Subcontractors
Illinois Department of Human Services
August 1, 2010 – July 31, 2011

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Annual Report
Option Year 3
Illinois FASD Prevention Program
Illinois Department of Human Services, Division of Community Health and Prevention

1. **Project Summary**
   A. **Intervention Type**
   _X__**FASD Prevention**
   __ **PCAP**
   _x **Screening and Brief Intervention**
   __ **Project CHOICES**

   ___**FASD Diagnosis and Intervention**
   __ **Juvenile Court**
   ___ **State**
   ___ **Local Community**

   B. **Project Contact Information**

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   C. **Project Summary Statement**

The Illinois Department of Human Services is working to integrate alcohol screening and Brief Intervention within its Special Supplemental Nutrition Program for Women, Infants, and Children Program (WIC). The project was initially piloted in Winnebago County in Northern Illinois and Macon County in Central Illinois. During OY3, the project was further expanded to Jasper County in Southern Illinois and Vermillion County in East Central Illinois. A final site in Cook County (Chicago) is being explored for the final option year. The goal of the project is to increase the number of women who commit to completely abstaining from alcohol consumption during pregnancy. The target audience is all pregnant women receiving WIC services in Winnebago, Macon, Vermillion and Jasper Counties and, the new pilot site in Cook County when identified. The project supports the State's goal of improved pregnancy outcomes.

The objective for our initiative is:

Who	What	How much	When
1. Pregnant participants of the WIC Program pilot sites who report drinking on screening and receive a brief intervention	Abstain from alcohol consumption	75 % (383*) of pregnant women, participating in WIC, who screen positive for alcohol use *Denominator = 511	August 1, 2010 through July 31, 2011

The strategy being used to accomplish the goal of increasing the number of pregnant WIC clients that abstain from alcohol consumption is implementation of the evidence-based intervention: M.J. O'Connor and S.E. Whaley "Brief Intervention for Alcohol Use by Pregnant Women" (*American Journal of Public Health*, 2007; 97 (2): 252-258).

This intervention is given to all new pregnant women at WIC who acknowledge drinking alcohol during pregnancy or pregnant women who score 2 or more on the screening tool.

The screening tool is integrated into the computer-based data management system, Cornerstone. The screening questions are asked in a seamless fit with the other WIC certification questions. The next steps are as follows:

- A WIC Health Professional reviews the screening tool with the participant and clarifies as needed.
- After reviewing the screening tool, the Cornerstone system scores the screening.
- If the screening tool identifies the client as needing further intervention, the WIC Health Professional prioritizes the FASD Brief Intervention and/or referral to additional alcohol assessment and treatment services is warranted.
- The WIC Health Professional completes the Brief Intervention tool with the client.
- If a client has received a Brief Intervention, she receives one month of WIC coupons and is assessed again during her next month's appointment.
- At the one month follow-up visit, staff uses professional judgment to determine if the client should continue to be seen monthly (those who need a referral or do not meet their goal) or if they can be released to the general education group.

During Option Year 3, just short of 3000 pregnant women were screened for alcohol use during pregnancy.

One of the most unique aspects of the project in Illinois is the screening and brief intervention responses from the pregnant clients are entered into Cornerstone, a management information system. Cornerstone is designed to allow a single point of enrollment for multiple maternal child health programs in Illinois. This complex computer system builds a comprehensive file on each individual as information is entered. The system generates over 200 pre-established administrative and outcome reports. At the local level, Cornerstone is a case management tool that helps health care professionals provide services to their clients. Through the modification of the Cornerstone system, the Department has been able to collect the data required for the process evaluation of the screening and brief intervention.

Training and Technical Assistance to the WIC Health Professional staff has been identified as an important piece to this project. The initial training that was provided prior to implementing the project addressed the Screening and Brief Intervention. However, little background information on FASD and why it is important to screen pregnant women for alcohol use was built into the project prior to launch of the first pilot site. Specific training on these topics was provided once the need was indentified at the initial pilot site. Prior to the OY2 pilot site launching in Macon County, a series of trainings were delivered to staff based on lessons learned at the first pilot site. During OY3, due to time limitations, the additional training information was included in the SBI training.

2. Key Client Results Achieved

a. Target Population

Over the past year, 2908 pregnant mothers who participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) also were part of the Screening and Brief Intervention (SBI) program at the two pilot sites in Winnebago and Macon County Health Departments.

b. Demographic Data

The clients receiving the SBI as part of WIC systems were predominately White (55.2%) and African American (26.6%) with a small number of Asian women (1.9%), American Indian and Native Hawaiian or Pacific Islander (0.1%). Within these five racial groups, 17.7% reported they were Hispanic/Latino, which reflects the disadvantaged populations in the major communities the two local health departments serve. Other demographic characteristics include:

- the average age of participating mothers is 25 years
- 63.7% have attained a GED, high school diploma or higher
- the majority of participants (75%) have never married
- 18.4% are married, and
- 5.8% are divorced or separated.

c. Screening Characteristics

Based on the number of women screened for alcohol use (2,908), 341 screened positive for the intervention and 281 were documented as receiving the BI. Although this number has increased since last year, policy has not been altered and therefore more investigation is necessary to determine if the increase is due to lack of fidelity to the program/protocols. In Illinois the SBI is delivered as standard WIC care and it is unlikely that a woman would refuse the care.

d. Intervention Services

Of the total number of WIC women (278) who received the BI, only 4 (1.4%) women were referred for treatment/assistance to stop drinking. Most women (275 or 99%) participated in at least one intervention session based on the screening score and 46 or 73% of women qualified for the BI based on use of alcohol in the past month. The total number of referrals reported here is different from that obtained from focus group discussions (where 2 referrals were reported at Winnebago County Health Department) and staff will follow up on this discrepancy.

e. Baseline Characteristics

A total of 63 women qualified for the BI based alcohol use in the past month. Of the 63 women, 34 (53.9%) consumed four or more drinks in one day in the past month. The median number of days in which women drank alcohol in the past month was one, with two being the median number of drinks consumed on typical day in the past month.

f. Alcohol Use Outcomes and Follow-up

The outcomes or results of the BI as part of the follow-up visits show that the average number of days and the average number of drinks in which women drank alcohol on a typical day in the past month decreased from one and two respectively at baseline to 0 at the end of the program. The number of women reporting four or more drinks in one day in the past month decreased substantially from 34 women (53.9%) at baseline to 0 at the end of

the program, a 100% reduction. The number of women that reported no alcohol use in the past month also increased to 33 at end of program from 34 at baseline, a 100% increase**.**

g. Outcomes-Post-Partum Follow-Up

An important component for the BI and follow-up is asking and gaining permission of mothers to agree to share the child's records with the child's pediatrician. Based on the current database, the number of participants participating in the follow-up visit was 184, with 27 women (14.7%) agreeing to have their medical records shared with their child's pediatricians. Although, 27 women consented to sharing their records with the child's pediatricians, no medical records have been shared at this time. This potentially can be attributed to the issue of the women not knowing who the child's pediatrician will be at the time the question is asked.

3. Description of Program and Experiences

a. Population needs identified and addressed

Potential participant population needs were identified early in OY1. These needs were addressed at that time and carried over through OY3. The potential needs and how they are addressed include:

1. WIC participants may need transportation when referred to the treatment facility for additional alcohol use assessment/ treatment.
2. Pregnant WIC participants referred for further alcohol use assessment /treatment may need childcare in order to keep appointments.

The potential needs of the participant population were addressed in the following ways:

1. Transportation

In order to get to the initial assessment, it is recommended that the WIC office have a supply of bus tokens on hand to provide for the pregnant mother. The treatment provider can provide a token for bus return home after the assessment. When transportation is a barrier for getting to treatment, provider will continue to provide the mother with bus tokens until she is able to secure other resources. This works in areas that have a public transportation system. If none exists, the mother should be counseled on community resources as well as help her explore who might be available to help with transportation amongst family and friends.

2. Childcare

When childcare is identified as a barrier to attending further alcohol use assessment, Mothers should be counseled on community resources (having a handout with contact information for providers such as a local crisis nursery is recommended). As well as helping the mothers explore who might be available to help with childcare amongst family and friends.

As this project moves forward, the Project Director, Administrator and Task Force are continually reviewing the identified needs of the population and ways to address them as they arise. The current population needs have not changed since first identified.

b. **Service delivery process (referrals for screening, referrals for intervention, and implementation of intervention)**

Within the current service delivery system, all pregnant clients that seek the services of WIC in the four pilot sites (Winnebago County Health Department, Macon County Health Department, Jasper County Health Department and Vermillion County Health Department) are screened for alcohol use during the first, "certification," visit. The screening tool is integrated into the WIC computer system, Cornerstone. The screening questions are asked by a WIC Health Professional in a seamless fit with the other WIC certification questions.

The WIC service delivery system for Illinois typically sees women in the clinic at a minimum of every three months. Those considered high risk may be seen as often as monthly**.**

The WIC Health Professional provides the Brief Intervention using the "A Step to a Healthier Baby Workbook".

Women who screen positive for alcohol use are considered high risk and are seen one month after their first visit. At the one month follow-up visit staff are to use professional judgment to determine if they should continue to be seen monthly (those who need a referral or do not meet their goal) or if they can be released to the general education group, thus receiving up to three months of food instruments.

Currently, all follow-up visits are administered in person at the WIC clinic. The Cornerstone system tracks women who are due for follow-up visits by use of a service entry code. The code is used to schedule follow up appointments after the initial visit so subsequent staff will know the purpose of the clients next visit. The service code also assists in tracking if follow up visits are completed. At any subsequent follow up visits, if a client does not meet her goal or reports drinking alcohol, a referral is made.

If the client admits to drinking today or states she plans to drink today after receiving her Brief Intervention then a referral is provided to the local Treatment Agency. The WIC Health Professional calls the Treatment Agency, identifies self as a WIC program staff member and begins the referral for the pregnant client for treatment.

If the client chooses to complete the call, she is asked to inform Treatment Agency that she is referred by WIC and is pregnant. There is currently up to a two week wait time for an appointment at a Treatment Agency in Illinois.

c. **Staff Training**

During previous option years, we learned that providing basic training on FASD prior to staff providing the Screening and Brief Intervention (SBI) was identified as a necessary component for training. This not only provided staff baseline knowledge of FASD but assisted with greater buy in of the need for the Screening and Brief Intervention.

The training need for the "why" do the SBI was addressed as a quarterly training topic. The SAMHSA video "Recovering Hope, Mothers Speak Out about Fetal Alcohol Disorders" was added to the process during the quarterly trainings at sites. The personal stories of the mothers as well as the children living with FASD drove home the reasons "why" the Screening and Brief Intervention is so important.

The two new sites for OY3 were brought on board with the training answering the "why" for staff and providing the more in-depth approach on the front end of the training rather than the first quarterly training. A slight modification this year was providing the "why" training and Recovery Hope Video at the beginning of the SBI training. It appears to be even more effective for staff's understanding the importance of SBI in WIC than providing it weeks before.

The training of new staff at the pilot sites was provided on a one-on-one as needed basis. In an effort to maintain the fidelity of the intervention, quarterly trainings were provided at each pilot site to review the SBI program and protocols.

Additional training was needed on the modifications to the Cornerstone system. All pilot sites received initial training on the new screens and refreshers at the quarterly trainings.

d. Task force and stakeholder needs/insights/implications for service delivery

The Illinois FASD SBI Implementation Task Force is comprised of representatives from multiple state and local agencies, health departments, not-for-profits, universities, treatment providers and parents of an individual with an

FASD that all have a shared interest in preventing FASD. All involved have prior experience working with the Department of Human Services at some level with the exception of the parent.

The Illinois FASD SBI Implementation Task Force provides input and feedback on all aspects of this project. Their individual expertise is invaluable in navigating the complexities of implementing the SBI within the existing State service delivery system. For example, as the Task Force began to discuss sustainability of this project, billing Medicaid was initially looked at as a possible revenue source. The Illinois Healthcare and Family Services (HFS) Department that administers the Medicaid program and is a member of the Task Force provided a wealth of information and feedback.

The task force members have been instrumental in integrating the SBI into the existing WIC service system. The local WIC Coordinators that participate on the task force have provided a perspective from the direct contact level that the State level is not able too. They work with the clients on a day to day basis as well as inputting into the Cornerstone system. They have been able to identify issues as well as solutions from a front line perspective.

e. Descriptions of the barriers and ways to facilitate implementing the evidence-based intervention into the local service delivery organizations

We have identified three barriers to implementing the evidence –based intervention into the local service delivery. These barriers were identified in OY1 and continue to arise. They are as follows:

1. Quarterly training staff at 4 pilot sites with multiple clinics on the Screening and Brief Intervention may pose challenges as it requires closing multiple clinics and project staff to provide the training;
   Solution: The quarterly trainings are scheduled for the next year in advance as to allow ample time for the clinics to rearrange their schedules. The trainings are kept to two hours to avoid having to close for an entire day. Project staff is assigned which trainings they will provide in advance as well.
2. The continued adaptation and editing of the WIC information system, Cornerstone. When the data requested changes, the MIS department may not be able to respond to those changes quickly. Sufficient training will be required to ensure that the WIC professional staff understands the new sections.
   Solution: The program administrator will work with the MIS department to secure the needed edits as they arise. Training will be provided to WIC staff on the screen edits that are made.
3. Newly hired WIC Health Professional staff will require training on the Alcohol Screening and Brief Intervention, as well as the Cornerstone system;
   Solution: New staff will be trained on the Alcohol Screening and Brief Intervention as soon as they have completed orientation to WIC and their respective agency. Training will be provided through the lower tier subcontractor Prevention First, in a one on one or small group trainings held either at their location or via e-meetings.

f. Descriptions of the experiences of women drinking during pregnancy and women with alcohol problems and the factors that contribute to their stopping or continuing to drink

Project staff will be following up with the local agencies to learn more about the women the database indicates received a referral to treatment this year as there has been little discussion of them to date during training or task force calls.

g. Description of model approaches to integrating SBI into State or local WIC or Home Visitation programs

The format that Illinois has used to integrate SBI into the local WIC clinic pilot sites is the model approach that will be used when the SBI is rolled out to all WIC clinics in the State. By building the screening into the MIS data system, the questions flow in a seamless fashion for the client.

4. Project Changes

This section should focus on changes that have occurred due to this initiative. Narratives should describe the nature of the changes, how they were achieved, and why the change was deemed necessary or important.

Change Category	Description of Change
State/local policies and procedures	As a direct result of this project, local WIC Health Professional staff have become more aware of who their local Substance Abuse Treatment providers are in their area in the event a client referral is necessary for a pregnant client.
Organizational policies and procedures	There have been no organizational policy or procedure changes in OY3. Policies and procedures are reviewed annually and possible changes identified. This will continue in OY4.
Systems integration (intake, screening, case coordination, internal and external system referrals, etc.)	There were no changes to system integration in OY3 as the SBI was built into the Illinois WIC system from the beginning.
Service delivery processes (individual vs. group formats, new clinical techniques, case management, etc.)	In order to comply with the request of the funder to have follow-up with clients in each trimester, a simple questionnaire was developed to ask about alcohol consumption in the past 30 days as a way to check in with expecting mothers that received the BI and were released to group education sessions after meeting their goal.
Data Systems (integration of program data, centralization, etc.)	Over time, it has become clear that due to limited staff at the data unit, the behind the scenes MIS data processing changes have not been able to keep up with the funder's data requests to make changes in the project's operation. This will be a priority for OY4.

Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	In an effort to streamline the training needed for this project and better connect the staffs understanding of the importance of the SBI, the training on the basics of FASD and the Recovering Hope video was incorporated into the SBI training as opposed to being a quarterly training session. This solidifies buy-in early on in the process.