

Local Screening, Brief Intervention and Referral Project
Annual Report OY3 (August 1, 2010 to July 31, 2011)

**Memorial Hospital
FACES Program**

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1. Project Summary

a. Objectives

The objective of FACES programming remained unchanged since OY1:

What: Alcohol use cessation during pregnancy, within 30 days post initial brief intervention.

How much: 85% or 229 of 270 pregnant women reporting alcohol use at initial intake at WIC of St. Joseph County, Indiana.

When: Within 30 days post initial brief intervention

Who: Pregnant women in St. Joseph County, Indiana initiating WIC services, who use alcohol.

Actual Outcomes OY3

What: Alcohol use cessation during pregnancy, within 30 days post initial brief intervention.

How much: 100% or 208 of 208 pregnant women reporting alcohol use at initial intake at WIC of St. Joseph County, Indiana.

When: Within 30 days post initial brief intervention

Who: Pregnant women in St. Joseph County, Indiana initiating WIC services, who use alcohol.

The OY3 Objective was met by identifying and completing several Process Objectives. These objectives were stratified into two groups, those aimed at the population and those aimed at service or initiative-level outcomes. Population focused objectives included assuring all WIC staff members and FACES Educators were trained to collect outcome data and to deliver the screening and intervention components. This was accomplished by their completing initial training and by receiving updated trainings quarterly throughout the programming year. Process Objectives aimed at the service delivery system included maintaining a Task Force which actively participated in programming decision making, planning ongoing sustainability and determining site specific policies and procedures.

b. Methods

WIC is federally mandated to screen women for alcohol use during pregnancy. Prior to the FACES program inception, this screen consisted of two quantity-frequency questions pertaining to past and current alcohol use. Using the FACES program guidelines, these screening questions increased to six quantity-frequency questions. Clients were also administered the T-ACE, a screening tool specifically designed for pregnant women that has proven to be a reliable indicator of high-risk alcohol use behaviors. Women who scored equal to or greater than a 2 on the T-ACE or who admitted to alcohol use within the 30 days prior to initial screening received a scripted intervention designed to educate women about the long-term effects of alcohol use on the fetus in the prenatal period. Women at high risk for alcohol abuse or addiction were referred to PEPP for further screening and treatment if necessary.

c. Current accomplishments/results

The number of pregnant women entering into WIC services at the two St. Joseph County clinic sites numbered 1,536. Of those, FACES screened and educated 1,380 (90%). Women who participated in the initiative were much more likely to remain abstinent from alcohol use into and through the third trimester of pregnancy. In fact, 100% of women who received the brief intervention reported abstinence within 30 days of initial contact with a FACES educator. In addition, those women who did not qualify based on recent use or T-ACE score received comprehensive education regarding the risks of alcohol use during pregnancy.

d. Discussion of the initiative

Memorial Hospital is a not-for-profit hospital in St. Joseph County. Memorial staffs and supports a successful WIC supplemental nutrition program of which FACES is a part. The FACES program consists of three part-time educators and a supervisor who screen pregnant WIC clients for alcohol use and administer a scripted intervention strategy when indicated. Women at risk for alcohol abuse or addiction are referred to treatment through the Perinatal Exposure Prevention Project (PEPP), funded in part by the Indiana State Department of Health.

PEPP serves as the gateway to referral for pregnant women with addiction and substance abuse issues. Women are provided with an in-depth abuse/addiction assessment, referral to “best-fit” treatment facilities and case management throughout their pregnancies.

Currently, there are six designated treatment centers for pregnant women in St. Joseph County. A focus group was conducted in early 2008. Representatives of the treatment entities were invited to voice their concerns regarding how their specific program would fit within the FACES system. No negative concerns were voiced regarding the ability of the existing treatment system to absorb an increase in number of clients referred to treatment. The representatives also confirmed the validity of the assessment tools and intervention approach.

2. Key Client Results Achieved

The following data and narrative is a summary of information gathered from August 1, 2010 through July 31, 2011 by the FACES program of Memorial Health System. This information is detailed in an annual report for Option Year 3. Data collection and entry is completed by program staff. The data base from which this report is generated was designed by the funding source and provided to the program. All queries are automatically generated by an existing data base feature.

a. Target Population

The two clinic sites served a combined 1,546 pregnant women. FACES completed screens on 89% (N=1,380) of those women who met the criteria for WIC eligibility. To qualify, a household must be eligible for and receiving

Medicaid benefits or have/earn an income equal to or less than 185% of federal poverty guidelines.

b. Demographic data

The majority of women screened reported their race as White (69.4%) and 31.2% reported being Black; 18% reported their ethnicity as Hispanic. The average age of women completing a screen was 24 years. Of the women old enough to do so, more than half (55.5%) had attained a high school diploma/GED. Nearly one quarter of the women (24.5%) reported their marital status as “married.” Of the population screened, 60.8% identified as “never married.”

c. Screening

A total of 1,546 pregnant women qualified for services at the two WIC clinic sites. Of those, 1,380 or 89% of women completed the alcohol use screening consisting of the quantity/frequency questions and the T-ACE. To be eligible to participate in the screening/BI program, a woman must report alcohol use in the past 30 days or score equal to or higher than a 2 on the T-ACE. In OY3, women who met this criterion numbered 322 or 23.3% of the population screened. Ninety-seven percent of the eligible women agreed to participate and received at least one brief intervention.

d. Intervention Services

Two women, or .06% of those who screened positive, were referred to treatment. Referral to treatment criteria include any use of alcohol after receiving the initial brief intervention, a client’s self-referral and/or voiced low confidence in remaining abstinent during the next 30 days after completing a brief intervention. Referral to treatment, as well as participation in the screening/BI program, is voluntary for participants.

Three hundred and twenty two women screened positive and 313 women agreed to participate and completed at least one brief intervention session (97%). One hundred percent of women reported abstinence from alcohol use after completing the first intervention.

e. Baseline Characteristics

At initial screen, 68 or 21% of women eligible for the intervention met the inclusion criteria due to reported alcohol use in the past 30 days. The mean alcohol intake for women reporting use in the past 30 days (at intake) was two drinks in one of thirty days. In contrast, at intake 38.2% of women who stated they had consumed alcohol in the past 30 days reported their alcohol use to be equivalent to binge level drinking (4 or more alcoholic drinks in one day) on at least one occasion.

f. Outcomes – Alcohol Use

At program intake, the median alcohol consumption for women reporting use in the past 30 days was two drinks in one of thirty days. This was reduced to zero drinks on zero days by the end of program.

Twenty six women (38.2%) reported consuming four or more drinks in one day in the past 30 days at screening. By the end of the program, 100% of those women had reduced their alcohol intake to zero drinks in the past 30 days.

One hundred percent of women (N=313) achieved abstinence after the initial brief intervention and required no further intervention sessions.

Two women were referred for treatment in OY3. Of those, one pregnancy was terminated within a month of the initial brief intervention session and was lost to follow-up. The remaining participant reported she had achieved abstinence within 30 days of her initial brief intervention but continued to receive treatment services into her postpartum period.

g. Outcomes – Postpartum Follow-up

Sixty four percent of women (N=134) who participated in at least one Brief Intervention session and completed the end of program agreed to have their medical records shared with their children's pediatricians. The number of records sent to the infant's medical provider totaled 19 or 14.2% of those who had agreed to sign a release. Although women may have agreed to send records to their child's pediatrician three quarter of those did not follow-through in returning the signed release. Therefore, no record could be sent.

3. Description of Program and Experiences

a. Population needs identified and addressed

Pregnant women who seek services from the county's WIC program are often in need of basic baby care items. Programs and agencies which serve this population often use incentives to entice women to participate. BABE coupons are given to women who remain connected to the FACES program. BABE coupons are redeemed for clothing, baby equipment and diapers in the BABE stores co-located within the WIC clinics.

Women participating in WIC services are accustomed to receiving education regarding healthy choices through non-judgmental interactions with clinic staff. WIC staff members are often the client's peers with a great deal of influence in empowering women to improve the health of their children, families and themselves.

b. Service delivery process

All pregnant women seeking WIC services are referred for screening at their initial certification appointment. Quantity/frequency questions are completed by the WIC nutritionists. The T-ACE is administered by the FACES educators. Screens are scored by the FACES educators who conduct the

intervention if positive or FASD prevention education for those with a negative score.

Referrals for intervention are made by the FACES educators and are received by the PEPP referral specialist. Women who are referred to PEPP continue to have contact with the FACES program on at least a monthly basis for added support. Criteria for referral to PEPP include any alcohol use post initial brief intervention, low confidence in remain abstinent in the next thirty days, or a client's self-referral.

WIC is federally mandated to screen women for alcohol use during pregnancy. The intervention program has changed the way these screens have been completed within the WIC system. Prior to the FACES program inception, this screen consisted of two quantity-frequency questions pertaining to past and current alcohol use. Using the FACES program guidelines, these screening questions increased to six quantity-frequency questions. Clients were also administered the T-ACE, a screening tool specifically designed for pregnant women that has proven to be a reliable indicator of high-risk alcohol use behaviors. Women who scored equal to or greater than a 2 on the T-ACE or who admitted to alcohol use within the 30 days prior to initial screening received a scripted intervention designed to educate women about the long-term effects of alcohol use on the fetus in the prenatal period.

c. Staff Training

Initially, all WIC staff members were trained in completing the quantity/frequency questionnaire, collecting demographic data, administering/scoring the T-ACE and providing the brief intervention. This training took place prior to beginning the project in August of 2008. New employees have been trained by the FACES Supervisor and educators within two weeks of their hire date. Staff training updates take place on a quarterly basis.

d. Task Force/Stakeholder Needs/Insights/Implications for Service Delivery

The Task Force has remained an active part of the initiative. Task Force members include the WIC Clinic Supervisors, the Director of Early Childhood Services at Memorial Hospital, the referral specialist (PEPP), the FACES Supervisor and FACES Educators. The Task Force continues to serve as the governing body for the brief intervention project. All members have had input into developing the policies and procedures used in the day-to-day tasks involved in successful programming.

Task Force members are kept informed as to the findings and outcomes of the initiative through bi-monthly meetings. One issue that has come to light through the tracking of alcohol use among this population is the need for early intervention/education to deter women from using alcohol in the months and weeks prior to discovering a pregnancy. Although women often report they

stopped drinking once they found they were pregnant, 23% of the population screened (whether or not they screened positive) reported some alcohol use prior to discovering a pregnancy. WIC services are offered to women only after they become pregnant. Therefore, women are often not getting the FASD prevention education until they are well into a pregnancy. A future goal of the Task Force is to design and implement an education campaign that can be used in settings (i.e. schools, medical providers) where women are educated prior to becoming pregnant.

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

In the early days of the initiative, WIC staff expressed skepticism about the need for an FASD prevention program. This was overcome by sharing alcohol use data as it was collected and analyzed. Data outcomes were reported to the WIC staff at monthly meetings and the scope of the problem became clear. This clarity led to an increased buy-in. WIC staff members have expressed a desire for broadening the scope of the brief intervention initiative to include tobacco and other drug use. The main barrier to expanding the initiative is the lack of funding to support the staff members needed to provide such programming.

Although WIC is mandated to screen pregnant women for alcohol use as a part of the certification process, the brief intervention initiative is designed to be a more in-depth screening, intervention, referral and support program. In an already time-challenged system, taking additional time with clients, monthly follow-ups, and the return clinic visits that the intervention process entails would make it difficult to integrate the initiative without the support of the FACES educator staff.

The FACES program has been successful because it was afforded the opportunity to use specially trained educators who devoted their time solely to the FACES participants and the brief intervention process. Monthly follow-up contacts were completed via telephone calls which helped to establish an ongoing trusting relationship between client and educator. Educators were also available to offer support and referrals to other community agencies to help participants meet their individual goals and needs.

Another plus was the relationship that had been previously established between the referral source (PEPP) and the WIC program. Historically, PEPP had been the source of referrals for women who were found to be using alcohol, tobacco and other drugs. With the institution of the brief intervention initiative, women were more thoroughly screened and interventions were completed while clients were in the clinic. This alleviated the need for phone calls and additional meetings for women who needed services.

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

The programming name FACES is an acronym for the focus of the intervention project. The name Foundations for Alcohol Cessation; Education and Support defines the two elements important to the success of the program. Education, structured as interventions for women who screen positive and FASD prevention for those who do not, encompass one unique aspect of the program. Monthly support in the form of follow-up phone calls defines the other aspect. Women are supported throughout their pregnancy by a caring educator who can provide emotional support as well as access to community resources helping women who may be struggling to meet their day-to-day needs.

The Partnership at Drugfree.org reviewed a recent study which looked into the success of Alcoholics Anonymous in helping alcoholics become and remain abstinent. It was found that one of the crucial elements in maintaining sobriety is for the client to spend time with others who support their goals of abstinence. FACES educators often serve as this support by helping participants set monthly goals for abstinence. The educators can also help in identifying and alleviating triggers that may threaten abstinence goals. Many times the educator is the only individual in the participant's social circle who offers this support.

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

FACES is exceptional in that the program has instituted two distinctly model approaches to integrating screening and brief intervention in the local WIC system. First, FACES utilizes staff members who are solely responsible for delivering the T-ACE assessment, intervention, monthly follow-up contacts and education to pregnant WIC clients. This allows the educator time to meet individually with a client at the initial prenatal certification appointment. The educators are allowed to take as much time as needed to educate clients and to form caring relationships with participants.

Second, FACES has a collaborative relationship with the treatment community via the referral specialist at PEPP. Referrals are made directly to PEPP and contact is continued with the participant throughout the referral and treatment process. Reciprocal progress reports are made from the referral specialist to the supervisor. This maintains a line of communication between the client, FACES and PEPP which increases the amount of support a client receives.

h. Project Changes

Change Category	Description of Change
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<p>State/local policies and procedures</p>	<p>Although no changes were made to either local or state policies and procedures, data and outcomes were shared at the state level with the Indiana Prenatal Substance Use Commission (IPSUC). IPSUC is a non-funded state commission which focuses on addressing the issues of substance use and pregnancy. Data reported to the commission helped to clarify the alcohol use patterns of pregnant women and the scope of the need for FASD prevention in Indiana.</p>
<p>Organizational policies and procedures</p>	<p>No changes have occurred to organizational policies or procedures in OY3. Prior to integrating the FACES program into the existing WIC system, a plan was devised utilizing members of the Task Force. The WIC Supervisors, who had a central understanding of the WIC system as well as influence in making the changes necessary to compliment both the goals of the WIC system and the FACES program, were vital to the process of integration. Issues that arose in the early days of programming were discussed among the WIC staff members, Task Force members and FACES staff with the goal of making changes to benefit participants of both programs.</p>
<p>Systems integration (intake, screening, case coordination, internal and external system referrals, etc.)</p>	<p>Demographic data is collected by the front office staff when the client arrives for an initial WIC certification appointment. The frequency/quantity questions are completed by the Nutritionist. The client then speaks with the FACES educator who completes and scores the T-ACE assessment. Women who screen negative receive the FASD education. Women who are positive receive the brief intervention. Monthly follow-up contacts are completed by the FACES educators via phone calls. The educator who completes the initial screen is responsible for following the client through the post partum period. Referrals are made directly to the PEPP referral specialist. PEPP completes an in-depth assessment of use patterns and determines the “best fit” for treatment options. Clients referred to PEPP for ongoing services remain connected to the FACES program and continue to receive support and follow-up. Reciprocal communications regarding client progress occur between the PEPP referral specialist and the FACES Supervisor.</p>
<p>Service delivery processes (individual vs. group formats,</p>	<p>FACES education, screening and interventions are completed at face-to-face contacts with individual clients. Monthly follow-up contacts take on a “case-management”</p>

<p>new clinical techniques, case management, etc.)</p>	<p>strategy, as client needs are identified through conversations with participants via phone calls.</p>
<p>Data Systems (integration of program data, centralization, etc.)</p>	<p>Data is entered weekly at one central location by two staff members. Although there have been challenges (e.g. data base crashes due to internal computer system issues, changes made to the data base) the FACES supervisor and Memorial's Information Systems staff have cooperated in resolving any ongoing problems.</p>
<p>Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)</p>	<p>Staff has been remarkably consistent which has lead to the cohesiveness of the project. The vast majority of the WIC staff have been a part of the WIC system for multiple years. They understand the participants' needs and have ongoing relationships with many of the WIC clientele. Members of the WIC staff and the FACES staff work at both clinic sites allowing for ease of communication between locations.</p>