

Child and Family Services

Annual Report 9/15/2011

2. Key Client Results Achieved – 8/1/2010-7/31/2011

- a. **Target Population** – Of the number of pregnant women entering the eight participating agencies, 162 (100%) of these women agreed to be screened by answering the TWEAK.
- b. **Demographic Data** - When looking at the demographic data it is not unusual to find in this area of the United States that 86.2% of the women screened reported being White. 94% of the women screened reported ethnicity and of those 5% reported that they are of Hispanic or Latina descent. In looking at the data, some women who reported they are of Hispanic or Latina descent also reported their race. In New Hampshire, it was reported that there are no women who are native Alaskans. No women reported being either Native Hawaiian or Pacific Islander and no women reported being American Indian. In addition, 5.3% reported being Black or African American and 8.6% reported being of Asian race. With regard to educational status, 50% of the women screened reported that they either received their GED or graduated from high school, leaving 30.9% who reported having less than GED/12th grade and the rest reported some college work. In terms of marital status, 21% of the women screened, reported being married, 42% as being unmarried but living with their partner and 32% as being never married. As our population's average age is 23 years old, it was not unusual to find that none of the women reported being widowed and only 5 (2%) women reported being divorced or separated.
- c. **Screening** – Of the 162 women screened, 51 (31.5%) screened eligible to receive the Brief Intervention and of those 45 (88%) agreed to participate.
- d. **Baseline Characteristics** – Of the 51 women that screened eligible, 46 of them screened eligible based on screener score only and 5 of them screened eligible based on alcohol use in the past 30 days with the number of days of drinking being 1 and the number of drinks being 1. One of the women screened reported having 4 or more drinks in 1 day in the past 30 days. In addition, none of the women who screened positive were referred to treatment.
- e. **Intervention Services** – Of the 41 women who screened eligible based on screener score only, 98% of them agreed to participate whereas 100% of the 4 women who screened eligible based on alcohol use in the past 30 days agreed to participate.
- f. **Outcomes Alcohol Use**– 100% of the women who reported drinking alcohol on at least 1 day in the past 30 days, received at least one BI, completed the 36 week pregnancy form, and decreased alcohol use in the past 30 days at exit. 100% of the women who participated in at least one BI but reported non-use of alcohol in the past 30 days and completed the 36 week pregnancy form, maintained non-use of alcohol in the past 30 days. 100% of the women who reported drinking 1 or more drinks when drinking alcohol on a typical day in the past 30 days, participated in at least one BI and completed the 36 week pregnancy form, decreased the number of drinks consumed on a typical day in the past 30 days at exit. Also, 100% of the women who participated in at least 1 BI session and completed the 36 week follow-up form, not only reported abstinence at program exit but also reported abstinence after just one BI session.
- g. **Outcomes Post Partum Follow-up**- Of the 19 women who were asked if they agreed to have their record shared with their pediatrician, 14 (74%) responded that they agreed. This includes some women

who have not yet delivered. Of the 14 women who delivered their babies, 7 (50%) of the records were sent to the pediatrician.

3. Program Description:

a. Population Needs Identified and Addressed

A Needs Assessment was completed in May of 2008. Information was gathered through the collection of demographic and statistical data as well as information gathered from focus groups including staff and clients receiving services from home visiting programs in New Hampshire. Also existing community resources for FASD prevention were reviewed to determine the community's capability to provide prevention services to women at risk of an alcohol-exposed pregnancy.

- i. The target audience was determined to be low income pregnant women receiving services from their local Home Visiting New Hampshire program. The plan was to screen every pregnant client that is enrolled in one of these home visiting programs. It was agreed that because visits are conducted in the clients' home, there are less missed appointments. This is due mostly to the fact that many of the clients have no transportation and would otherwise be unable to get to the appointment if the visit was some place other than their home. It was also determined that because the Home Visiting New Hampshire program was already set up to develop healthy pregnancy goals, integrating the TWEAK screening and Brief Intervention and discussion about the effects of alcohol during pregnancy would be easily included during the visit. Home Visiting New Hampshire programs work most closely with the target audience. The clients in these programs form trusting relationships with their home visitor and will be more likely to be honest with them especially since they visit them in their homes not in a doctor's office. There is no specific current data on Fetal Alcohol Syndrome in NH and many pregnant women and providers are unaware of the effects of alcohol on their unborn child.
- ii. The goal of this project is to incorporate the TWEAK assessment and Brief Intervention to all pregnant women who participate in the voluntary home visiting programs in order to eliminate alcohol consumption among pregnant women. The target audience includes low income pregnant women. These women live in different parts of the state of New Hampshire, some of which are urban and others rural. The FASD Project will help to identify those pregnant women who are drinking during their pregnancy with the goal being that they stop drinking as a result of the Brief Intervention. The project supports the agency goal of improved pregnancy outcomes.
- iii. Since the first needs assessment was completed in May of 2008, the project has worked on a variety of additional issues. Over the last few years, budget concerns have made it difficult for women to enroll in the Home Visiting NH program due to Medicaid cuts and programs and hospitals reducing staff. There are hospitals no longer offering Labor and Delivery services, further reducing referrals. Staff have been looking to other referral sources develop relationships in order to

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enhance the amount of referrals. New Federal Home Visiting monies have provided NH with 5 additional Healthy Families America home visiting programs in the most at risk areas of the state. This should bring our numbers of women screened back up to previous levels.

b. Service Delivery Process:

- i. All pregnant women enrolled in Home Visiting NH programs are eligible for alcohol screening using the TWEAK. Not all women enrolled in the statewide program have access to TWEAK screening since not all agencies have chosen to participate. At this time, it is not mandatory to participate in the FASD project, but it is a goal with our Task Force to make it mandatory by the end of the project. It is our goal to have 100% of pregnant women enrolled in Home Visiting NH screened for alcohol use. Right now our goal is 100% of women enrolled in our *participating agencies* will be screened for alcohol use. Through OY3 there have been 8 participating agencies in 12 areas of the State. Referrals to Home Visiting NH come from any source including doctors' offices, clinics and self referral. To be eligible for home visiting, women need to be pregnant and low income. They are prioritized based on level of risk and due date. Should women need additional assistance beyond the FASD project, all participating agencies are given the "Resource Guide for State of NH Alcohol and Drug Prevention and Treatment Services" to assist them with referrals in the correct area.
- ii. All women who are enrolled receive the TWEAK screening for risk of alcohol use during pregnancy. If screened positive they are given a Brief Intervention right away at the home visit. Women are then followed up with weekly visits giving them the Brief Intervention again until they report not drinking. Women who screened positive are given the TWEAK screen again during the 3rd trimester of pregnancy. Home Visiting NH programs are already set up to provide depression screening, tobacco screening and interventions and developmental screenings and interventions. Therefore, integrating the FASD project to include TWEAK screening and Brief Intervention makes sense and is easy to implement.
- iii. Pregnant women in Home Visiting NH are visited at least bi-weekly. Nurses and home visitors share the home visiting according to a prescribed plan from the Department of Public Health, Maternal and Child Health Section. All pregnant women who screen positive for alcohol risk or use are given the Brief Intervention. If they agree to not drink, they are followed up with at the next home visit. This usually occurs within 1-2 weeks and continues until the woman reports not drinking. Should a woman report she is continuing to drink, the brief intervention is given again, goals to reduce or quit drinking are discussed and treatment referrals are made, depending on the level of need. Follow up visits are made weekly and the follow up data is collected 30 days after the initial Brief Intervention is given. Referrals made for treatment are followed up with until there is cooperation.
- iv. Women who screened positive for alcohol use or risk are given a TWEAK again during the 3rd trimester of pregnancy. If the woman screens positive, the brief intervention is completed again until she reports not drinking. Women are also asked to sign permission to share the results of the TWEAK with their child's pediatrician once the baby is born. If given permission the results are shared with doctors who get a letter from the home visitor describing the program with the results and asking them to include the results in the baby's medical record.

c. Staff Training

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- i. Northrop Grumman provided an initial statewide training for providers of Home Visiting NH in August 5, 2008. Since then, training needs have been satisfied by the Program Director, Cherie LeBel. Additional trainings are done individually or in small groups when there is staff turnover or when staff needed refresher training. On August 11, 2010, two new staff were trained at Child and Family Services. On September 21, 2010, one person was trained at Laconia Head Start. On December 1, 2010, three people were trained at Amonoosuc Community Health. On February 4, 2011 two people were trained at Child and Family Services. On March 24, 2011, two staff were trained in Franklin from Laconia Head Start. On April 5, 2011, one person was trained at Child and Family Services.
- ii. Northrop Grumman provided technical assistance through a conference call on March 11, 2011. This provided information regarding updates to the data base to ensure accurate reports. In April, 2011, clarification was given regarding interpretation of data representing pediatrician referrals. This helped us to understand that some of the results of the report are based on more than one area of the data base. On July 20, 2011, the technical liaison from Northrop Grumman made a site visit to NH. During the day she visited with State Maternal and Child Health officials regarding sustainability in NH. Then she met with direct service providers who complete the screening and brief interventions with pregnant women, followed by an agency site visit in Wolfeboro to learn how NH ensures fidelity to the screening and brief intervention model.

d. Task Force and Stakeholders

- i. The NH FASD Project Task Force now consists of all of the agency directors who have a Home Visiting NH contract with Maternal and Child Health as well as three Maternal and Child Health officials. All of the members have worked closely with Child and Family Services from the beginning of Home Visiting NH in 2001. There are at least 11 program directors from each agency that attend the meeting. Aside from the occasional turnover, most of the directors have remained the same throughout. This change in the task force has assisted the project with developing goals for sustainability.
- ii. The Task Force members have assisted the NH FASD project since its inception and helped to mold the procedures for implementation. The task force has been instrumental in helping to develop NH's sustainability plan. They have offered guidance regarding how to get agencies who are not currently participating, trained to prepare for project implementation after May 2012. They have made recommendations to add visuals to the TWEAK screening as well as more information about what it means to, "feel the effects" of alcohol by giving examples.
- iii. Since the FASD Project began, Child and Family Services (CFS) has provided the other participating agencies with data on outcomes. Child and Family Services has also been able to reimburse each of the participating agencies for their printing and copying expenses as they have been required to copy and mail all of their TWEAK and follow-up forms on a monthly basis. Since Child and Family Services acquired the database, our agency continues to receive the forms from all the other agencies and we have been responsible for all the data entry. Maternal and Child Health provides CFS with time on the agenda during Home Visiting NH Grantees meetings for task force related business. CFS facilitates ongoing conversations about sustainability and encourages members to become involved in the project prior to May of 2012.

- iv. From the beginning of the FASD Project it has been discussed at Task Force meetings the desire to integrate the TWEAK and Brief Intervention into Home Visiting NH. Over the last year discussion has led to discussion around the importance of sustainability of the project past May of 2012. Task force members all agree that the program should continue with minor adjustments to the tolerance question. They felt strongly that this question should be changed to require a brief intervention only after the pregnant woman scores a 3 or higher instead of 2. They also all agreed that training should continue this year in preparation for May 2012. Two agencies agreed to have the training during OY4 in anticipation of the FASD project being mandated. They also recommended that the data collection process be less cumbersome and more easily integrated with the new data base that Maternal and Child Health is now in the process of building.

e. Description of Barriers

In the beginning of the FASD Project we estimated the number of women enrolled in Home Visiting New Hampshire to be roughly 1000 women. We were not taking into consideration that many of these women are parenting after they deliver their baby. We needed to re-evaluate this number and with the help of the Task Force we decided on a more reasonable number that would best measure pregnant women only. Early referrals have been an ongoing barrier, therefore, encouraging referral sources to understand the importance of early referrals as well as the benefits of home visiting in general. Since agencies needed to volunteer to participate, it was very important to get buy in from the very beginning from project conception through the implementation.

f. Descriptions of women's Experiences

Most of the pregnant women in the project screened positive with the tolerance question but reported not currently drinking during pregnancy. During OY3 only 5 women screened positive with a report of alcohol use in the past 30 days. 100% of these women stopped drinking after only one brief intervention. One woman in particular had reported drinking during pregnancy. After receiving the brief intervention she reported that her doctor told her that she could have a glass of wine to help her relax as needed. She reported feeling misinformed by her doctor after learning from the direct service provider that there is no safe level of alcohol consumption during pregnancy and agreed to not drink alcohol.

g. Description of Model Integration

The NH FASD project's plan included integration of the Screening and Brief Intervention Model into the already existing Home Visiting NH program. Child and Family Services is one of several agencies in the State of NH that contracts with the Department of Public Health, Maternal and Child Health Section, to provide Home Visiting NH services. These services are provided to low income or at-risk, pregnant women. The pregnant women and their families are provided with home visits from direct service providers and nurses that educate, provide resources for and help to prepare for the birth of the baby. Once the baby is born, the services then focus on the baby's healthy development, attachment to a caregiver and prevention of child abuse, neglect, lead poisoning and shaken baby until the baby turns one. The FASD project integrates screening for alcohol use/risk to all pregnant women who enroll in Home Visiting NH. This program serves approximately 1000 pregnant and parenting families per year statewide. Integrating the FASD project into home visiting is a logical expansion of already existing services. The Home Visiting NH model includes referrals of pregnant and low income women

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and their families. Women who enroll in home visiting develop a trusting relationship with their home visitor, therefore ensuring more accurate screening for alcohol. Women tend to be more comfortable in their own home environment and are more apt to answer questions truthfully. These women are routinely screened for depression and tobacco use, therefore screening for alcohol use wouldn't be an unusual next step. Direct Service providers already make referrals for a variety of needs including counseling, drug and alcohol treatment, domestic violence and housing. A list of referrals for pregnant women who need alcohol treatment already exists for home visitors. Relationships with referral sources make it possible for medical providers to understand the benefits of early referral and for home visiting in general.

4. Program Changes

Change Category	Description of Change
State/local policies and procedures	The state of NH, Maternal and Child Health Section has agreed to and has integrated the task force meeting with the home visiting NH grantees meeting. Maternal and Child Health officials met with Northrop Grumman and Project Director to discuss sustainability planning. Funding has been a challenge for Home Visiting NH. For fiscal year, 2012, funding was reduced by \$5600 for each agency. This caused additional layoffs for some of our participating agencies.
Organizational policies and procedures	Child and Family Services has integrated the screening and brief intervention into the Home Visiting NH program. Seven other agencies in NH have also done this.
Systems integration	Project Director made the change to follow up on data collection 30 days after a positive screen for alcohol. Also the 36 week follow up is now done during the 3 rd trimester.
Service delivery processes	The Screening and Brief Intervention project integrated easily with Home Visiting NH since home visitors already were screening for smoking and depression. There were some challenges with newly trained home visitors feeling comfortable with the screening and brief intervention. Some struggled with confidence in their delivery of the brief intervention when a pregnant woman screened positive due to tolerance only. Project Director was able to offer guidance regarding delivery of the BI differently when women report not drinking.
Data Systems	Many challenges with collecting appropriate data due to lack of understanding, confusion and changes in procedure for data collection. Data Base makes it easy to generate reports as needed especially since technical assistance was provided by Northrop Grumman to help sort out data confusion.
Staffing	Changes in forms and data collection procedures required staff to need retraining several additional times. Staff was resilient with all of the changes and remained positive with good attitudes despite the fact that they all volunteered to participate.

5. Appendix Attached

Annual Report Table