

**Option Year 3 Annual Report for SBI Subcontractors  
Public Health—Dayton & Montgomery County  
FASD Subcontractors  
September 2011**

1. Project Summary

FASD Prevention

Screening and Brief Intervention

A. Project Contact Information

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B. Project Summary Statement

Public Health—Dayton & Montgomery County integrated the Screening and Brief Intervention within the WIC prenatal services in Montgomery County. The goal of this project is to obtain alcohol abstinence in pregnant women at WIC. The service delivery organization is the Montgomery County WIC Program; clinics are located at five sites within the Montgomery County/Dayton area. The target audience is pregnant WIC clientele. In 2005 in Montgomery County WIC was racially comprised of 62.5% white, non Hispanic, 30.7% Black, non Hispanic, 1.9% Hispanic, 3.2% American Indian, .4% Asian, and 1.2% Other. The Screening and Brief Intervention project supports WIC's goals of promoting healthy pregnancy outcomes, reducing infant mortality, and providing children with a healthy start in life.

C. Needs Assessment

Public Health--Dayton & Montgomery County utilized a variety of data sources to describe the needs of WIC to incorporate the Screening and Brief Intervention for Alcohol Use by a Pregnant Woman into its existing program. Needs Assessment data included secondary data and primary data. Secondary data provided an assessment of the barriers of pregnant women to obtaining WIC services, and alcohol services from alcohol treatment agencies. Data was collected and reviewed from existing

local data and substance abuse screening programs of pregnant women in the community. Available state and national data regarding barriers to obtaining alcohol services among pregnant women was also utilized to assess needs.

Primary data included interviews of WIC providers, alcohol referral service providers, and prenatal and pediatric providers of Montgomery County. Interviews gave valuable information on effective strategies and barriers to implementation of the screening and brief intervention and assessment of the capability of WIC to place a maternal alcohol history into a child's medical record.

#### D. Strategy

##### 1. Objectives

The outcome objective for the Screening and Brief Intervention project is to obtain alcohol abstinence in pregnant women at WIC.

##### 2. Target Audience

The target audience is pregnant women receiving prenatal services from WIC in Montgomery County. There are approximately 7,250 births annually in Montgomery County. Based on local prenatal care utilization statistics, approximately 3000 pregnant women obtain WIC services each year. The WIC clientele in 2005 was racially comprised of 62.5% white, non Hispanic, 30.7% Black, non Hispanic, 1.9% Hispanic, 3.2% American Indian, .4% Asian, and 1.2% Other.

##### 3. Service Delivery System

The service delivery organization is the Montgomery County WIC Prenatal Program; clinics are located at five sites within the Montgomery County/Dayton area. WIC is run by Public Health—Dayton & Montgomery County.

##### 4. Combination of Methods

The evidence-based strategy used to accomplish the goal of significantly decreasing alcohol use in pregnant women at WIC is to implement the following 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). Women were provided the self administered screening tool (TWEAK) by the WIC employee at the first prenatal visit. If a woman scored positive for alcohol use she received the Brief Intervention. The 10 to 15-minute Brief Intervention discusses the negative consequences of drinking on the fetus, identifies risky situations, and establishes drinking reduction goals. The Brief Intervention Health and Behavior workbook is provided to the woman and is discussed with the WIC nutritionist.

For pregnant women who are assessed as needing additional alcohol treatment services, a referral is made, and additional follow up to that referral is conducted.

In 2010-2011 2,776 pregnant women obtained services at WIC in Montgomery County, and all of those women were screened for alcohol use during the initial intake process at WIC (100%). The brief intervention was given to all pregnant women at WIC who acknowledged drinking alcohol during pregnancy or one month prior to discovering they were pregnant and agreed to the BI (91.2%). The number of women eligible for a brief intervention was 136. The number of brief interventions given the third year was 124 (91% of those eligible). No referrals were made for a pregnant woman to receive additional alcohol treatment services.

#### E. Implementation Plan

Below is a table of activities that will be conducted by Public Health—Dayton & Montgomery County during the 2010-2011 year.

Activity	Activity
1. Collect demographic, attitudinal, and TWEAK data	9. Maintain at least monthly contact with brief intervention staff to reinforce process and troubleshoot issues as they arise
2. Obtain consent from WIC participants	10. Collect information on completed brief intervention sessions on a monthly basis
3. Provide brief interventions for all women screening positive for alcohol use	11. Classify pregnant women who are drinking alcohol as high-risk to assist in the conducting of a second brief intervention
4. Provide a second screening and brief intervention to pregnant women that screened positive for alcohol at a follow-up WIC appointment	12. Analyze data collected on WIC prenatal clients
5. Send maternal alcohol histories to pediatrician	13. Develop an annual report on the Alcohol Screening and Brief Intervention project
6. Collect completed screening tools at sites on a monthly basis	14. Provide referrals and follow-up for all pregnant women needing additional alcohol services
7. Provide reports to WIC clinic sites regarding results of	15. Collect information on maternal alcohol histories, and the

screening on a quarterly basis	referrals and follow-up completed by brief intervention staff
8. Conduct monthly meetings of the Alcohol Screening and Brief Intervention at WIC	16. Conduct a third trimester follow-up on pregnant women to determine if they maintained alcohol abstinence throughout their pregnancy.

#### F. Evaluation Plan

The process and outcome objectives that were evaluated are the following:

##### 1. Process Objectives

- a. Provided pre-program alcohol use screening to 100% of pregnant women at WIC. 2,776 women were screened at WIC, 100% of pregnant women.
- b. Provided screening and brief 15-minute intervention at initial WIC appointment for pregnant women receiving prenatal care who screen positive for alcohol. For option year 3 (OY3), 124 interventions were completed, which is 91% of those eligible.
- c. Provided follow-up screening and additional brief 15-minute intervention if needed at a second WIC appointment for pregnant women receiving prenatal care who screen positive for alcohol and have already had one brief intervention. No women needed a second brief intervention in OY3.
- d. Collected demographic, attitudinal, and behavioral data for 100% of pregnant women receiving prenatal care who screen positive for alcohol.
- e. Developed a descriptive report on the screening and brief intervention at WIC in Montgomery County, Ohio
- f. There were no referrals for alcohol treatment in OY3.
- g. No women receiving brief interventions gave consent to have maternal alcohol histories sent to the pediatrician.

##### 2. Outcome Objective

- a. Reduce the number of pregnant women that consume alcohol who receive WIC Services in Montgomery County, Ohio. The WIC program in the OY3 was able to obtain alcohol abstinence from 95.8% of pregnant women who screened positive for alcohol use during pregnancy. This percent increased to 98.2 for those women who did not report using alcohol in the past 30 days and participated in at least one brief intervention.

#### H. Concluding Comments

This project is important to Montgomery County because it incorporates an evidence-based intervention that with long-term, sustained efforts will impact Montgomery County residents on a large scale. Underlying all of this is the ultimate benefit for the community – pregnant women choosing to abstain from drinking alcohol and, as a result, giving birth to healthy babies who will thrive. This project exemplifies the foundation of PHDMC’s mission – prevention, promotion, and protection for all Montgomery County residents.

2. Key Client Results Achieved

SBI Annual Report: dayton  
**Data Collection Activity 8/1/2010and7/31/2011**

	Number	Percent	Total Responses
<b>TARGET POPULATION: ALL CLIENTS</b>			
1. Total women entering the service	2776	N/A	N/A
2. Of the women entering the service, N/% screened	2776	100	2776
<b>DEMOGRAPHIC DATA: ALL CLIENTS</b>			
3. Of the women who reported race, N/% Alaska Native	3	.1	2707
4. Of the women who reported race, N/% American Indian	37	1.4	2707
5. Of the women who reported race, N/% Asian	34	1.3	2707
6. Of the women who reported race, N/% Black or African-American	1120	41.4	2707
7. Of the women who reported race, N/% Native Hawaiian or other Pacific Islander	11	0.4	2707

8. Of the women who reported race, N/% White	1618	59.8	2707
9. Of the women who reported ethnicity, N/% Hispanic/Latina	123	4.5	2729
10. Average age of women at screening	24 years	N/A	2776
11. Of the women who reported educational status, N/% who completed GED/12 <sup>th</sup> grade or higher	1461	52.9	2764
12. Of the women who reported educational status, N/% who completed less than GED/12 <sup>th</sup> grade	669	24.2	2764
13. Of the women who reported marital status, N/% who identified as “married”	525	19	2756
14. Of the women who reported marital status, N/% who identified as “unmarried, living with partner”	487	17.7	2756
15. Of the women who reported marital status, N/% who identified as “never married”	1535	55.7	2756
16. Of the women who reported marital status, N/% who identified as “widowed”	8	0.3	2756
17. Of the women who reported marital status, N/% who identified as “divorced or separated”	201	7.3	2756
<b>SCREENING: ALL CLIENTS</b>			
18. Of the women screened, N/% screened eligible for program	136	4.9	2776
19. Of the women who screened eligible, N/% who agreed to participate in program	124	91.2	136
<b>BASELINE CHARACTERISTICS</b>	<i>Qualified based on screener score</i>		<i>Qualified based on past 30 day use<sup>1</sup></i>

<sup>1</sup> Clients who qualify based on both past 30-day alcohol use and the T-ACE, TWEAK, or Aberdeen screener score will be included in the reporting category “Qualified based on past 30 day alcohol use.”

	Number	Percent	Total Response s	Number	Percent	Total Response s
20. Of the women who screened positive, median number of days women drank alcohol in the past 30 days <i>at screening</i>	0 days	N/A	81	2 days	N/A	55
21. Of the women who screened positive, median number of drinks (from “0” to “10 or more”) consumed on a typical day when drinking alcohol in the past 30 days <i>at screening</i>	0 drinks	N/A	81	2 drinks	N/A	55
22. Of the women screened positive, N/% of women who had 4 or more drinks in 1 day in the past 30 days <i>at screening</i>	1	1.2	81	30	54.5	55
23. Of the women screened positive, N/% given 1 or more referrals to treatment for additional assistance to stop drinking alcohol	0	0	81	0	0	55
<b>INTERVENTION SERVICES</b>	<i>Qualified based on screener score</i>			<i>Qualified based on past 30 day use</i>		
	Number	Percent	Total Response s	Number	Percent	Total Response s
24. Of the eligible women who agreed to participate, N/% participated in at least one BI session	78	100	78	46	100	46
25. Of the eligible women who participated in at least one intervention session and are due for the third trimester follow-up, N/% completed the intervention, as evidenced by a	57	83.8	68	24	80	30

completed follow-up in the third trimester						
<b>OUTCOMES – ALCOHOL USE: ALL CLIENTS</b>						
				<b>Number</b>	<b>Percent</b>	<b>Total Response s</b>
26. Of the eligible women who reported drinking alcohol on at least 1 day in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form in the third trimester, N/% of women who decreased alcohol use in the past 30 days <i>at program exit</i>				24	100	24
27. Of the eligible women who reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit in the third trimester, N/% of women who decreased the number of drinks consumed on a typical day in the past 30 days <i>at program exit</i>				20	100	20
28. Of the eligible women who reported having 4 or more drinks in 1 day in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form at 36+ weeks pregnancy, N/% who decreased the number of days drank 4 or more drinks in the past 30 days <i>at program exit</i>				12	100	12
<b>OUTCOMES – ALCOHOL USE</b>	<i>Qualified based on screener score</i>			<i>Qualified based on past 30 day use</i>		
	<b>Number</b>	<b>Percent</b>	<b>Total Response s</b>	<b>Number</b>	<b>Percent</b>	<b>Total Response s</b>

29. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days at program exit ( <i>Women reporting abstinence at program exit</i> )	56	98.2	57	<b>23</b>	<b>95.8</b>	24
30. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported <i>at program exit</i> that they had not drunk any alcohol since the first session when they talked about drinking ( <i>Women reporting abstinence after 1 session</i> )				<b>23</b>	<b>95.8</b>	<b>24</b>
31. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the second completed process form ( <i>Women reporting abstinence after 2 sessions</i> )				<b>0</b>	<b>N/A</b>	<b>0</b>
32. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the third completed process form ( <i>Women reporting abstinence after 3 sessions</i> )				<b>0</b>	<b>N/A</b>	<b>0</b>
33. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the fourth completed process form ( <i>Women reporting abstinence after 4 sessions</i> )				<b>0</b>	<b>N/A</b>	<b>0</b>

<b>OUTCOMES – POST-PARTUM FOLLOW-UP: ALL CLIENTS</b>			
	<b>Number</b>	<b>Percent</b>	<b>Total Response s</b>
34. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who agreed to have their record shared with the target child’s physician	0	0	81
35. Of the eligible women who participated in at least 1 BI session, completed the follow-up visit form in the third trimester, and agreed to have their record shared with the target child’s physician, N/% whose medical records were sent to target child’s physician	0	N/A	0
<b>INTERIM OUTCOMES FOR NON-PROGRAM COMPLETERS</b>			
	<b>Number</b>	<b>Percent</b>	<b>Total Response s</b>
36. Of the eligible women who qualified based on screener score only (“baseline nondrinkers”), N% who reported abstinence from alcohol in the past 30 days at the most recent follow-up	43	100	43
37. Of the eligible women who qualified based on past-30-day alcohol use (“baseline drinkers”), N% who reported abstinence from alcohol in the past 30 days at the most recent follow-up	26	100	26
38. Of the eligible women who qualified based on past-30-day alcohol use (“baseline drinkers”), N% who reported decreased frequency of alcohol use in the past 30 days at the most recent follow-up	26	100	26

a. Target Population

The target population for this project is the women who participate in WIC while pregnant. The alcohol screening form is given to all pregnant women at WIC as part of the registration process, thus 100% of the women are screened. For OY2, our target population totaled 2,776 women.

- i. Total women entering the service = 2,776
- ii. Of the women entering the service, 100% screened

b. Demographic Data

The race of the target population consisted primarily of White (59.8%) and African Americans (41.4%). For educational status, 52.9% of our target women reported having a 12<sup>th</sup> grade education or higher, while 24.2% reported less than a high school education. The average age of our target population was 24 years, and only 19% of our population reported being married.

- i. Race: African American 41.4%; White 59.8%; Alaska Native .1%; American Indian 1.4%; Asian 1.3%; Hispanic 4.5%
- ii. Mean age = 24 years
- iii. Educational status: Completed 12<sup>th</sup> grade or higher 52.9%; Completed less than 12<sup>th</sup> grade 24.2%
- iv. Marital status: Married 19%; Unmarried 17.7%; Never married 55.7%; Widowed .3%; Divorced 7.3%

c. Screening

The Montgomery County FASD program uses the TWEAK form for screening for alcohol use. For our target population, 4.9% of the women screened were eligible for the brief intervention. Of those that screened positive, 91.2% agreed to have the brief intervention.

- i. # of women screened for alcohol use = 2776
- ii. # of women screened eligible for the program = 136
- iii. # of eligible women who agreed to participate = 124

d. Intervention Services

No women who were screened for alcohol use were referred for additional assistance in OY3.

- i. # of women referred for additional assistance (treatment) to stop drinking alcohol = 0
- ii. # of women who participated in intervention sessions by number of intervention sessions attended = 0

e. Baseline Characteristics

Of the women who screened positive for alcohol use, the median number of days that women drank in the past 30 days was 2. These women had a median number of 2 drinks and 54.5% of these women had 4 or more drinks in one day in the past 30 days.

- i. Average # of days women drank alcohol in the past 30 days at screening = 2
- ii. Average # of drinks (from 0 to 10 or more) consumed on a typical day when drinking alcohol in the past 30 days at screening = 2
- iii. #/% of women who had 4 or more drinks in 1 day in the past 30 days at screening = 30, 54.5% of those who qualified on past-30-day alcohol use

f. Outcomes – Alcohol Use

The percent of women who reported using alcohol in the past 30 days, participated in at least one brief intervention, and then reported a decrease in alcohol use was 95.8%. This percent increased to 98.2% for those women who did not report using alcohol in the past 30 days and participated in at least one brief intervention. One hundred percent of women who reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form at 36+ weeks pregnancy decreased their alcohol use.

- i. Average # of days women drank alcohol in the past 30 days at screening and end of program.  
At screening = 2 days  
At end of program = 0 days
- ii. Average # of drinks (from 0 to 10 or more) consumed on a typical day when drinking alcohol in the past 30 days at screening and end of program  
At screening = 2 days  
At end of program = 0 days
- iii. #/% of women who had 4 or more drinks in 1 day in the past 30 days at screening and end of program  
At screening = 30 women, or 54.5% of those who qualified on past-30-day alcohol use  
At end of program = 12, or 100%



Other key findings from the literature on barriers to accessing WIC services included barriers on receiving both WIC checks and procurement of food. The literature demonstrates that parent/caretakers who fail to use all their WIC checks report significantly more barriers than those who used all their checks (Rosenberg et al. 2003). In addition, waiting for long times was associated with the greatest number of participants who failed to use WIC checks, and waiting more than ½ and hour to pick up checks was related to an increased number of reported barriers (Woelfel et al. 2004).

ii. How population needs were addressed:

1. The nutritionists are trained to prioritize the information gathered during the nutrition assessment and provide appropriate counseling. The current WIC nutrition guidelines require the nutritionists to focus on only one or two priority areas per visit, and alcohol use will be a top priority, requiring them to limit conversation in other diet areas and thereby minimize the time it takes to incorporate the brief intervention into the WIC appointment.
2. If the brief intervention is needed, the nutritionist will have two options, depending on clinic flow and the pregnant woman's ability to increase her visit time.
  - If possible, the WIC nutritionist will escort the pregnant woman to an unused clinic office to complete the brief intervention privately. The nutritionist will be available to assist and answer questions. The participant's coupons will be printed while she is completing the brief intervention to assist in time management.
  - If clinic timing does not allow the brief intervention to occur at the initial visit, then she will be scheduled to return to the WIC clinic within one month of the initial visit. Her coupons will be printed at the initial visit for only one month to provide an incentive to return to receive the rest of the coupons.

iii. Have the population needs changed since the beginning of the project?

The needs of our population have not changed since we first identified them.

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

i. Screening:

1. Paperwork is used to track participants in a client-specific chart with a notation in the electronic record. In order to make the data transition to the FASD prevention project, a master file is kept for all participants receiving an intervention with a unique identifier in order to track their progress and physically interface with the WIC data system
2. The screening tool is copied onto pink paper to match the existing prenatal WIC paperwork (Health History form) by the Program secretary and sent to each clinic in bulk with other WIC screening forms.
3. The screening tool is stapled to the existing WIC Health History form in bulk ahead of appointments for efficiency by the office support staff, or any volunteer that is available.
4. The WIC paperwork with the screening tool attached is handed to each new pregnant woman certified for the WIC program in the usual manner for completion at the beginning of her appointment.

5. The screening tool is reviewed and clarified as necessary by the WIC nutritionist just as the current WIC Health History is reviewed.

ii. Referral:

The procedure for providing referral services for alcohol treatment will be integrated into the existing referral system for all other services outside of WIC. Consent is obtained with a participant signature on the State WIC Interagency Referral Form. The referral form can be mailed or faxed to the referee agency. Follow-up calls will be made to assess whether the participant made contact with the alcohol treatment program.

iii. Implementation of brief intervention and follow-ups.

1. The nutritionist decides, based on the screening tool scoring that is completed, what the participant's next step will be. The next step is one of the following:
2. Commend the woman for abstaining from alcohol use if no use is reported.
3. If the women screens positive for alcohol use, the Brief Intervention is given immediately. The BI replaces the nutrition discussion that the woman would normally receive.
4. The nutritionist refers the woman to treatment services, if appropriate.
5. The nutritionist or staff completes the necessary paperwork to document the appointment and follow-up services provided, and then enters the data in the database.
6. The office staff schedules the appropriate returning appointment under the nutritionist's direction.
7. If a woman had a brief intervention, she is scheduled for a follow-up appointment one month later. At that point she is either commended for abstaining from alcohol use, or another brief intervention and follow-up appointment is scheduled.
8. When a women reaches 29 weeks or more gestational age she returns to WIC for her Infant Feeding Choice Class. At that time she is assessed for whether she retained her alcohol abstinence throughout her pregnancy.

c. Staff Training

1. Staff Training-- A Brief Interview process review is included in every monthly meeting to address questions as they arise and shared with all. There has been two new employees since the inception of the SBI process. Both were trained by the supervisor and mentored by her experienced coworkers. Two employees have needed additional training on the forms and how to fill them out in a work improvement plan that encompasses all aspects of their job.
2. Database Training-- The database is accessible to four individuals at this time. Two are primarily responsible for data entry and data management. There has been no turnover, and as long as training occurs from Northrop Grumman every time the database is updated, the process has been working smoothly.

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

The Montgomery County FASD Task Force includes both professional and community representatives. The professional members are in positions within their organizations to have both decision-making authority and access to direct service staff and clientele. All of the stakeholders have experience working with our agency. The FASD Task Force includes the following types of agencies and representatives:

Mandated agencies	Experts in outcome evaluations
Non-profit organizations	Experts in contraceptive interventions
Faith-based organizations	Experts in alcohol interventions
Community/parent representatives	Funding representatives
Volunteer leaders	Consumers

The Task Force has a variety of duties, including the following:

1. Oversee the FASD prevention needs assessment to determine priorities for the SBI strategic planning process.
2. Participate in the development of a FASD strategic plan for the community.
3. Monitor planned activities of the SBI project according to the implementation plan.
4. Evaluate progress of the SBI project.
5. Identify service gaps and barriers of the SBI project and community alcohol services on an ongoing basis.
6. Develop a sustainability plan for the SBI project.

Our task force provides valuable input to our SBI project because of their expertise in alcohol interventions and outcome evaluations, their community and parent experience with FASD, and their passion in reducing FASD in our community. The task force has provided valuable input with regards to our needs assessment and implementation plan. Furthermore, the task force is frequently used to discuss issues that arise in the SBI project and help find solutions to these issues. In addition, the task force has the authority to intervene if problems arise with the referral process or service delivery within their respective agencies and will ensure that appropriate follow-up services occur. Finally, our task force was able to secure 3-years of funding for a full-time position to advance our FASD strategic plan.

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

It is very difficult to get mothers to consent to have the maternal alcohol histories placed in the child's medical record. Our impressions of this problem are that the mothers do not want the alcohol stigma on the child's record, and many do not feel it

is important for the child's doctor to have this information. In addition, many mothers who screen positive for alcohol use are because of the "tolerance" question on the TWEAK and are not actually drinking during pregnancy so do not see the need for the information to go to the child's doctor. We have not had success in implementing this activity.

- 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:

Many of the women at Montgomery County WIC who drink during pregnancy do so because it was an unplanned pregnancy and they did not know they were pregnant. It is also common to have a pregnant woman report that their doctor stated it was okay for them to have a drink occasionally. Many also believe that it is okay to drink in the third trimester. Most women choose to stop drinking once they realize they are pregnant because they want the best for their baby. However, some still believe it is okay to drink small amounts during pregnancy. The brief intervention has been a good tool to educate or reinforce to women that no level of alcohol is safe during pregnancy.

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

The process from screening to the Brief Intervention administration to follow up and referral to other services has become second nature to the staff. In terms of model approaches, we implemented a color coding system for the various forms needed during the intervention process so that it would be easy to see what the participant's next step would be. This way, we can do a visual check of the participant file to ensure fidelity to the model based on what colors we see at what point in her pregnancy/post partum period. It also helps staff identify the correct form to use at each encounter. The screening forms are pink to match the standard WIC Health History, the process form is tan, the follow up yellow, the referral to treatment blue, the post partum green, and the lost to follow up purple.

#### 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
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<p>State/local policies and procedures</p>	<p>The 36-week gestation follow-up appointment required for the FASD project was changed to a third trimester appointment. This change works much better for the WIC system. During the third trimester, women are brought in for an Infant Feeding Choices class. At this time, the final screening and brief intervention follow-up is conducted.</p>
<p>Organizational policies and procedures</p>	<p>In order to incorporate the screening and brief intervention into the WIC program, the SBI paperwork was integrated into the existing WIC paperwork. A color-coding system was used to be able to easily identify the different types of paperwork. In addition, a log book is kept of all women who had a brief intervention, so that they could be tracked more closely.</p>
<p>Systems integration (intake, screening, case coordination, internal and external system referrals, etc.)</p>	<p>The TWEAK screening form was integrated into the intake appointment along with other WIC paperwork. If women screen positive for alcohol use they are automatically referred to the SBI instead of the nutrition discussion. For women who have a SBI, a follow-up is scheduled 1-month later and the final third trimester follow-up is completed at the Infant Feeding Choices appointment.</p>
<p>Service delivery processes (individual vs. group formats, new clinical techniques, case management, etc.)</p>	<p>Although motivational interview training had already been completed for WIC staff and was being used in the WIC clinics, additional motivational interview training specific to alcohol and the brief intervention booklet was conducted.</p>
<p>Data Systems (integration of program data, centralization,</p>	<p>The screening and brief intervention project data was not able to be integrated into the existing WIC database. A separate database was kept specifically for women enrolled in the SBI project. Paper records of SBI women were easily integrated with existing WIC files of women.</p>

etc.)	
Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	For nutritionists, screening and brief intervention training is part of the initial training that new staff undertake. This training includes review of the training materials, practice with an experienced nutritionist, and then the new nutritionist gives the SBI to clients several times while an experienced nutritionist sits in and monitors and evaluates the delivery of the SBI.