

**SERVING CHILDREN AND
ADOLESCENTS IN NEED, INC.**

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Annual Report for FASD Project CHOICES

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SERVING CHILDREN AND ADOLESCENTS IN NEED, INC.

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SERVING CHILDREN AND ADOLESCENTS IN NEED, INC.

Annual Report of OY3 Project CHOICES

Executive Summary

Overview of the Project Objectives

The goals of SCAN's FASD Prevention Project are to reduce the incidence of FASD and the number of alcohol-exposed pregnancies in Webb County, Texas, by changing two key behaviors among the target population of adult and adolescent Hispanic females receiving services from the Pregnant and Post-Partum Intervention (PPI) Program, Border Enhancement and Expansion Program (BEEP), Listo Para Responder (Ready to Respond) Program, Juntos Podemos (Together We Can) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center (other intra-agency SCAN programs). The two primary objectives of our goals are to increase abstinence from alcohol in non-pregnant females who are receiving treatment services from SCAN, and to increase the use of effective contraception among females who drink alcohol and are sexually active and receiving intervention or treatment services from SCAN. These goals and behavioral objectives seamlessly mesh with SCAN's mission and philosophy of providing cost-free and culturally relevant services that foster the healthy development of people.

Project Methods

Prescreening was conducted on a total of 251 non-pregnant adolescent and adult females (15 to 44 years of age), from August 1, 2010 through July 31, 2011, who were participants in the following intra-agency SCAN programs: Pregnant and Post-Partum Intervention (PPI) Program, Border Enhancement and Expansion Program (BEEP), Listo Para Responder (Ready to Respond) Program, Juntos Podemos (Together We Can) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center. SCAN's FASD Program targets primarily Hispanic females who use alcohol and are sexually active but do not use birth control regularly or at all. Staff of the cooperating programs was trained to administer a brief six-item prescreening questionnaire as a component of regular intake assessment for the specific program. Women who qualified on the prescreening device ($n = 44$) were then administered the full screening inventory. Women who screened eligible ($n = 44$) for participation in the FASD Program were invited to participate in the program. Thus, 100% of the target population was screened eligible for participation in Project CHOICES. A total of 44 women agreed to participate and were provided four Motivational Interviewing sessions and the contraceptive session of Project CHOICES. With the collaboration and assistance of the cooperating SCAN intra-agency staff, information on contraception and the importance of preventing alcohol-exposed pregnancies was also provided to the partners of Project CHOICES clients. The information provided focuses on the dangers of alcohol exposure to a developing fetus and the benefits of using contraception appropriately and consistently.

Current Achievements and Results

Every woman in the cooperating SCAN programs was administered a brief FASD prescreening device as part of regular intake procedures in each of the programs. A total of 251 women were prescreened between 08/01/10 and 07/31/11. Of this number, a total of 44 were fully screened. All 44 (100%) women screened eligible for participation, and a total of 44 women agreed to participate in the CHOICES program. Of the females who screened eligible and agreed to participate in the CHOICES Program, 100% were of Hispanic origin. The average age of women at screening was 21 years. Of the 44 women who reported their education status, 31.8% said that they had completed the GED or 12th grade; while 68.2% indicated that they had not graduated from high school nor had they earned a GED. Among those women who reported their marital status, 81.8% indicated that they had never been married; three clients (6.8%) reported that they were married; one client (2.3%) indicated that she was widowed; and four clients (9.1%) reported that they were divorced. Of the eligible women who agreed to

participate in Project CHOICES during OY3, 63.6% ($n = 28$) of the women were in residential treatment programs and 36.4% ($n = 16$) of the women were in the community-based prevention, intervention and treatment programs. A total of 15 clients (53.6%) from the residential treatment population and three clients (20.0%) from the community-based programs participated in four motivational interviewing sessions and one contraceptive session.

At initial screening the women were asked about the number of days they drank alcohol in the past 30 days prior to screening. Among the 28 respondents from residential treatment the median number of days was 2.0, and among the 15 respondents from community-based programs the median number of days was 5. At screening the women were asked about the number of drinks they consumed on a typical day. The women from the residential treatment programs reported a median of five drinks per day, and the woman from the community-based programs also indicated a median of five drinks per day. Additionally at screening the women were asked if they had four or more drinks in one day in the past 30 days prior to screening. Among the residential treatment population, 60.7% ($n = 17$) indicated they had drunk four or more drinks in a day, and among the community-based population 100% ($n = 15$) had drunk four or more drinks in a day.

Of the eligible women who had initially reported drinking alcohol at least one day in the past 30 days prior to screening, 83.3% of the women in residential treatment and 66.7% of the women in community-based programs indicated a decrease in alcohol use at end-of-program assessment. A total of 57.1% of the women in residential treatment indicated a decrease in alcohol use at 6-month follow-up. At the end-of-service assessment, 66.7% of the residential treatment women who reported non-use of alcohol in the 30 days prior to screening maintained non-use of alcohol in the 30 days prior to the EOP assessment. One hundred percent of the women in community-based programs and 91.7% of the women in residential treatment reported a decrease in the number of drinks consumed during a typical day in the past 30 days when assessed at the end-of-program. At 6-month follow-up, 85.7% of the women in residential treatment reported a decrease in the number of drinks consumed during a typical day in the past 30 days. One hundred percent of the eligible women in community-based programs and 87.5% of eligible women in residential treatment reported a decrease in the number of days in which they consumed four or more drinks at end of service. Additionally, 100% of the eligible women in residential care reported a decrease in the number of days in which they consumed four or more drinks at six month follow-up. At end-of-program testing, 80.0% of the eligible women in residential treatment and 66.7% of the eligible women in the community-based programs indicated that they had not drunk any alcohol since the first counseling session in which drinking was discussed.

At end-of-program assessment, among the eligible women in residential treatment three (20.0%) of them reported using contraception effectively as a result of participating in Project CHOICES. This low percentage would be expected since these women had been in residential treatment and would not be sexually active at the time of assessment. Among the women in the community-based programs 66.7% reported using contraception effectively at end-of-program assessment. At 6-month follow-up 100% of the clients ($n = 7$) in residential treatment reported using contraception effectively.

Discussion of the Initiative

SCAN's FASD Program was effective at increasing, to one hundred percent, the proportion of the target population who screen eligible for participation in Project CHOICES. This was achieved by employing a prescreening device in the standard intake procedures of the cooperating SCAN programs, and thereby decreasing the number of women who must be formally screened. The FASD Staff maintained on-going identification and referral of STD patients among the Project CHOICES clients. FASD Staff and cooperating SCAN intra-agency personnel provided immediate and seamless referrals for women who screened not eligible because their drug of choice was other than alcohol.

Key Client Results Achieved

Target Population

The target population for OY3 (August 1, 2010 – July 31, 2011) consisted of 44 non-pregnant adolescent and adult females (15 to 44 years of age) who were participants in the following intra-agency SCAN programs: Pregnant and Post-Partum Intervention (PPI) Program, Border Enhancement and Expansion Program (BEEP), Juntos Podemos (Together We Can) Program, Listo Para Responder (Ready to Respond) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center. A total of 251 females were prescreened resulting in the full screening of 44 women. One hundred percent of those who were screened were found to be eligible for participation in the Project CHOICES and 100% agreed to participate in the program.

SCAN's FASD Program targets females who use alcohol and are sexually active but do not use birth control regularly or at all. Members of this target population often exhibit one or more of the following factors that may contribute to or exacerbate the occurrence of alcohol-exposed pregnancies: currently use alcohol; history of substance-related problems; family history of alcohol abuse; involvement in the criminal justice system; involvement with family protective services; currently experiencing mental health problems or having a history of mental health problems; economically disadvantaged; high school dropout or limited education; Spanish-speaking only; and involvement with immediate family or friends who regularly use alcohol. According to the US Census Bureau (2006), there are an estimated 231,470 people living in Webb County, Texas; 95% are of Hispanic origin. Webb County is located in Southwest Texas along the Texas-Mexico border. Laredo, Texas is the seat of Webb County. More than 25% of the population lives below the poverty level and numerous community risk factors in Webb County place residents at extremely high risk for alcohol, tobacco, and other drug use, abuse, and dependence. (Refer to Appendix C.)

Demographic Data

Of the females who screened eligible and agreed to participate in the CHOICES Program during OY3, 100% were of Hispanic origin (Mexican Americans or Mexican immigrants), and all participants reported their race to White. The average age of women at screening was 21 years. Of the 44 women who reported their education status, 31.8% said that they had completed the GED or 12th grade; while 68.2% indicated that they had not graduated from high school nor had they earned a GED. Among those women who reported their marital status, 81.8% indicated that they had never been married; three clients (6.8%) reported that they were married; one client (2.3%) indicated that she was widowed; and four clients (9.1%) reported that they were divorced. (Refer to Appendix A and Appendix B.)

Screening

Every female client in the cooperating SCAN programs was administered a brief FASD prescreening device as part of regular intake procedures in each of the intra-agency SCAN programs. A total of 251 women were prescreened between 08/01/10 and 07/31/11. Of this number, a total of 44 women qualified for full screening. All 44 (100%) screened eligible for participation, and all 44 (100%) agreed to participate in the CHOICES program. (Refer to Appendix A and Appendix B.)

Intervention Services

Of the eligible women who agreed to participate in Project CHOICES during OY3, 63.6% ($n = 28$) of the women were in residential treatment programs and 36.4% ($n = 16$) of the women were in the community-based prevention, intervention and treatment programs. A total of 20 program participants (74.1%) participated in four motivational interviewing sessions and one contraceptive session. (Refer to Appendix A.)

When examining the data across the entire three-year span of Project CHOICES, it can be seen that 111 participants have completed the first motivational interviewing session by the end of July 2011, and of those, 79 women (71.2%) completed the fourth motivational interview. Of the number of women who completed all four motivational interview sessions, 89.9% ($n = 71$) successfully completed the contraception session.

These figures for OY3 participants suggest that the rates of completing all four motivational interviewing sessions and the contraceptive visit were relatively low. However, when the data are analyzed across the entire duration of the project it can be seen that the completion rates for all four interview sessions and the contraception session are actually much higher. There are several factors that could possibly shed light on the reasons for these relatively low rates of completing the four MI sessions and the contraceptive visit during OY3. Most of the youth cases involved in Project CHOICES are girls from Casa Esperanza Residential Program. These clients often fail to complete the FASD program because the girls run away from the shelter. This is an ongoing problem for the administrative and clinical staff of this residential treatment center. Another possible explanation is that some clients who are on probation at that time that they agree to participate in Project CHOICES eventually are incarcerated prior to completing the four MI sessions and the contraceptive visit. Additionally, the FASD staff has noticed a problem with some of the youth participants who receive their contraceptive visit from another intra-agency SCAN program and then the youth clients fail to inform the FASD Counselor of this or they fail to provide the FASD Staff with a copy of the successful visit report. A final possible explanation is the geographic dispersion of the clients in the residential treatment centers. When they complete residential treatment they relocate to their cities of origin which are often not in Webb County, Texas.

Baseline Characteristics

At initial screening the women were asked about the number of days they drank alcohol in the past 30 days prior to screening. Among the 28 respondents from residential treatment the median number of days was 2, and among the 15 respondents from community-based programs the median number of days was 5. At screening the women were asked about the number of drinks they consumed on a typical day. The women from the residential treatment programs reported a median of five drinks per day, and the woman from the community-based programs also indicated a median of five drinks per day. Additionally at screening the women were asked if they had four or more drinks in one day in the past 30 days prior to screening. Among the residential treatment population, 60.7% ($n = 17$) indicated they had drunk four or more drinks in a day, and among the community-based population 100% ($n = 15$) had drunk four or more drinks in a day. (Refer to Appendix A and Appendix B.)

Sources of Outcome Data

The Project CHOICES database exists in Microsoft Access format. The raw database can be downloaded from Access into Excel and the data can be checked and analyzed manually, or standard reports can be created. There are two methods in which the project outcome data can be reported. Two of the methods are through a “Reports” command within the Access program. This command allows for two slightly different views of the baseline and outcome data. One report is titled the “CHOICES Annual Report.” This report provides some outcome findings broken down by residential care versus community-based participation. The second report is titled the “Summary Report,” and this report indicates some of the project outcomes in terms of client count (number of participants) for each separate project year. Furthermore, this report examines the “cohort group” for the given option year. For example, under the column “Option Year 3” on the Summary Report, the figures represent the activities and counts of those participants who started Project CHOICES after August 2, 2010 (i.e. cohort group). Additionally, the Summary Report includes a column that reports all activities conducted by the FASD Program during the year of 8/1/10 through 7/31/11 regardless of when the women began the program. So the first column on that report, titled with the date range, indicates everything that was done by the Program during that time frame, while the column titled “Option Year 3” reports on the process and outcome counts of those women who entered service during Option Year 3. Throughout this report, the data and findings for women entering service during OY3 will be consistently reported.

Alcohol Use Outcomes

Of the eligible women who had initially reported drinking alcohol at least one day in the past 30 days prior to screening, 83.3% of the women in residential treatment and 66.7% of the women in community-based programs indicated a decrease in alcohol use at end-of-program assessment. A total of 57.1% of the women in residential treatment indicated a decrease in alcohol use at 6-month follow-up. (There were no community-based OY3 participants who were eligible for the six month follow-up.) At the end-of-service assessment, 66.7% of the residential treatment women who reported non-use of alcohol in the 30 days prior to screening maintained non-use of alcohol in the 30 days prior to the EOP assessment. One hundred percent of the women in community-based programs and 91.7% of the women in residential treatment reported a decrease in the number of drinks consumed during a typical day in the past 30 days when assessed at the end-of-program. At 6-month follow-up, 85.7% of the women in residential treatment reported a decrease in the number of drinks consumed during a typical day in the past 30 days. One hundred percent of the eligible women in community-based programs and 87.5% of eligible women in residential treatment reported a decrease in the number of days in which they consumed four or more drinks at end of service. Additionally, 100% of the eligible women in residential care reported a decrease in the number of days in which they consumed four or more drinks at six month follow-up. Finally, at end-of-program testing, 80.0% of the eligible women in residential treatment and 66.7% of the eligible women in the community-based programs indicated that they had not drunk any alcohol since the first counseling session in which drinking was discussed. At 6-month follow-up, one client (14.3%) from residential treatment indicated that she had not drunk any alcohol since the first counseling session in which drinking was discussed. (Refer to Appendix A and Appendix B.)

Examination of the Project CHOICES data across all three funding years indicates that 43.5% of those women who completed the EOP assessment had improved alcohol scores; while 78.3% reported decreased binge drinking at the end of the program. Furthermore, 78.3% reported abstinence from alcohol at completion of the program. At the six month follow-up 93.5% of the respondents had improved alcohol scores, 89.1% reported decreased binge drinking at six month follow-up, and 39.1% indicated that they were abstinent from alcohol at the six month follow-up. Of the total number of participants who have completed the twelve month follow-up

at this point in the project, 84.4% have improved alcohol scores at one year after baseline, 84.4% report decreased binge drinking, and 50.0% are still abstinent from alcohol at twelve month follow-up.

Contraception Use Outcomes

At end-of-program assessment, among the eligible women in residential treatment three (20.0%) of them reported using contraception effectively as a result of participating in Project CHOICES. This low percentage would be expected since these women had been in residential treatment and would not be sexually active at the time of assessment. Among the women in the community-based programs 66.7% ($n = 2$) reported using contraception effectively at end-of-program assessment. At 6-month follow-up 100% of the clients ($n = 7$) in residential treatment reported using contraception effectively. The follow-up calculations were checked for accuracy by examining the raw data directly and determining that none of the eligible clients reported a response of “none” to the use of contraception at the follow-up assessments. Therefore the figures reported above are accurate. (Refer to Appendix A and Appendix B.)

Examination of the Project CHOICES data across all three funding years indicates that 29.0% of those women who completed the EOP assessment reported using birth control effectively, 95.5% of the six month follow-up respondents were using birth control effectively, and 96.9% of those women assessed at one year after baseline reported using birth control effective.

Description of Program and Experiences

Population Needs Identified and Addressed

SCAN's FASD Project CHOICES Program targets females who use alcohol and are sexually active but do not use birth control regularly or at all. Members of this target population often exhibit one or more of the following factors that may contribute to or exacerbate the occurrence of alcohol-exposed pregnancies: currently use alcohol; history of substance-related problems; family history of alcohol abuse; involvement in the criminal justice system; involvement with family protective services; currently experiencing mental health problems or having a history of mental health problems; economically disadvantaged; high school dropout or limited education; Spanish-speaking only; and involvement with immediate family or friends who regularly use alcohol. According to the US Census Bureau (2006), there are an estimated 231,470 people living in Webb County, Texas; 95% are of Hispanic origin. Webb County is located in Southwest Texas along the Texas-Mexico border. Laredo, Texas is the seat of Webb County. More than 25% of the population lives below the poverty level and numerous community risk factors in Webb County place residents at extremely high risk for alcohol, tobacco, and other drug use, abuse, and dependence. (Refer to Appendix C.)

After the first year of this project it was evident to the program administration that only a small portion of the total number of female participants in the intra-agency SCAN programs would screen eligible for participation in Project CHOICES. The target population was almost all of Hispanic descent and many were immigrants from Mexico. Among this population there is extreme anxiety and discomfort associated with discussing sexual issues.

To address the issue of screening numbers, we created and implemented a brief six-item prescreening device. Near the beginning of OY2, the FASD Program Director and Program Counselor conducted a brief training workshop for all cooperating SCAN intra-agency directors and staff. This workshop provided training on the brief prescreening device, the full screening instrument, and the appropriate protocol for linking a qualifying client to the FASD Program Staff. The cooperating SCAN intra-agency staff was asked to conduct prescreening of all female clients as part of the regular intake assessments for that particular program. If the client qualified as "at-risk" on the prescreening tool, then the staff member either administered the full screening instrument to the client or immediately referred the client to the FASD Counselor. The FASD Counselor initiated contact with the referred client within 48 hours. For purposes of accountability and comprehensive data collection, all prescreening forms (whether the client qualified or not) were forwarded to the office of the FASD Program Director. Likewise, all full screening instruments (whether the client qualified or not) were forwarded directly to the office of the FASD Program Director.

To address the issue of anxiety and discomfort associated with discussion of sexual topics, the FASD Counselor and the PIP Counselor (FASD Staff), both bilingual Hispanic females, were highly successful at establishing rapport with clients quickly. This formed a quick and firm foundation of trust in which topics of a sexual nature could be discussed confidentially and honestly between client and counselor. This quick rapport is evident in the number of eligible women who agree to participate in the program.

Service Delivery Process

All non-pregnant adolescent and adult females (15 to 44 years of age) who are participants in the following intra-agency SCAN programs are referred for screening: Pregnant and Post-Partum Intervention (PPI) Program, Border Enhancement and Expansion Program (BEEP), Listo Para Responder (Ready to Respond) Program, Juntos Podemos (Together We Can) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center. The FASD Program Director and Program Counselor conducted a brief training workshop for all cooperating SCAN intra-agency directors and staff. This workshop provided training on the brief prescreening device, the full screening instrument, and the appropriate protocol for linking a qualifying client to the FASD Program Staff. The cooperating SCAN intra-agency staff was asked to conduct prescreening of all female clients as part of the regular intake assessments for that particular program. If the client qualifies as “at-risk” on the prescreening tool, then the staff member either administers the full screening instrument to the client or immediately refers the client to the FASD Counselors. The FASD Counselors initiate contact with the referred client within 48 hours. For purposes of accountability and comprehensive data collection, all prescreening forms (whether the client qualified or not) were forwarded to the office of the FASD Program Director. Likewise, all full screening instruments (whether the client qualified or not) were forwarded directly to the office of the FASD Program Director. When a client screens eligible they are immediately linked with the FASD Counselor and/or the PIP Counselor who explain the program and schedule the motivational interviewing and contraceptive sessions.

The intervention is provided with 48 hours of screening eligible, and occasionally it is provided immediately to the client. The primary providers of the intervention are the FASD Counselor and the PIP Counselor. Additionally, the FASD staff continues to collaborate with the other intra-agency SCAN staff members who have MI training and encourage them to assist in providing MI sessions for FASD participants with the mentoring and support of the FASD staff. Through regular consultation between the FASD Program and the other SCAN programs, MI sessions for program participants are provided in a fairly seamless and uninterrupted motion.

The FASD Counselor and the PIP Counselor establish rapid and effective rapport with the clients who agree to participate in Project CHOICES. This “personal touch” creates a bond between counselor and client that helps ensure not only program completion, but also participation in follow-up assessments. The FASD Program staff collects family, friends and associates phone numbers and email addresses from the clients in order to increase program retention and follow-up. The FASD staff also collects email address of the clients, as well as cell phone numbers, in order to reach the client for follow-up assessments. In order to have positive and successful follow-up assessments, the FASD Counselor and the PIP Counselor should be the ones designated to conduct these assessments. The clients will feel more comfortable in answering the questions asked by a Counselor with whom they already have a foundation of trust and safety. If someone else conducts the follow-ups, the clients are more likely to feel a guarded sense of caution and possibly distrust since they may not have had any prior experience with the person conducting the assessments. Since the questions tend to be highly personal in nature, the clients feel that they can trust the FASD Counselor or the PIP Counselor since they have already established this connection and maintained the personal bond. Also it is the practice of the FASD Counselor and the PIP Counselor that before the intake begins, the Counselor explains the concept of confidentiality to the client. The clients are assured confidentiality by the counselor with the only exceptions being suspected child abuse and/or intent to harm self or others.

The FASD Counselor conducts follow-up contacts with all participants who have successfully completed the program and have been discharged. In terms of tracking women who are due for the follow-up assessments, the FASD staff employs the following client-tracking policy:

1. After a participant who has successfully completed Project CHOICES is discharged, the FASD Counselor will be responsible for contacting the participant for their six and twelve month follow-up assessments.
 - a. Contact is primarily by telephone or in person through a home visit.
 - b. At least three attempts will be made to locate the participant using cell phone numbers of the client and her family members and friends.
2. Each contact will be documented on a follow-up form.
3. If it is not possible to establish a contact with the former participant via the methods identified above, attempts at contacting the participant are to be documented in the participant record.

Staff Training

During OY3 the staff training focus has primarily been on thoroughly training intra-agency SCAN staff members to conduct full screenings and to facilitate the MI sessions of Project CHOICES. The staff and administration of SCAN's FASD Project CHOICES has collaborated and cooperated with the other SCAN staff members who have MI training and encouraged them to conduct prescreening, screening, and MI sessions with FASD participants with the mentoring and coaching of FASD Staff (Counselors), as well as introduce them to the data collection procedures for Project CHOICES.

During OY4 a counselor from the female adolescent residential treatment program (Esperanza) Program will be assigned to incorporating FASD and Project CHOICES into the Esperanza residential treatment program. She will work with the eligible participants directly in the residential center. The counselor from the PPI (Pregnancy and Postpartum Intervention) Program has already successfully incorporated FASD and Project CHOICES into the PPI program. During OY3 she worked directly with the eligible participants in the PPI.

During the first three years of implementing Project CHOICES we employed the CHOICES database in Access format as required. This did not present a problem as all SCAN staff members are very familiar with both state and federal grant requirements for the collection, maintenance and analyses of data to determine program effectiveness. The Northrop Grumman sponsored trainings on data entry and reporting, as well as the regular conference calls and webinars, have effectively met the needs of this program. No additional training is necessary at this time. The FASD Project CHOICES Program has established streamlined data collection and management procedures for sustainability during the post-funding period of Project CHOICES.

During OY4 SCAN will request TA in order to conduct an in-house training on FASD for the Directors and Counselors of the intra-agency SCAN programs in order to secure buy-in from the various program administrators who will in turn encourage full participation of program staff in the continuation and maintenance of Project CHOICES

Task Force and Stakeholders

In addition to SCAN, the primary or "associate" members of the Task Force are from Gateway Community Health Center and the City of Laredo Health Department. They are primary providers of comprehensive health-related services to economically disadvantaged residents in Webb County, Texas, and they have regular contact with women at high-risk for alcohol-exposed pregnancies through several of their various treatment, intervention, and prevention programs.

The Association for the Advancement of Mexican Americans, a long-standing provider of substance abuse

treatment services to adult females and males in the community, supports Project CHOICES as a stakeholder by serving on the Task Force. The Texas Department of Family and Protective Services and the local educational institutions collaborate with Project CHOICES and maintain Task Force involvement. These agencies and institutions have regular contact with women (and adolescents) at-risk for alcohol-exposed pregnancies and serve as a primary referral sources of women to SCAN's PPI and BEEP Programs. All Task Force and/or stakeholders involved have prior experience working with the various programs of SCAN over many years.

All stakeholders and task force members share similar duties and responsibilities, and have equal decision-making authority. All associate members are expected to attend all scheduled meetings or to send an agency representative in their place. Both associate and assistant members are responsible to provide input for the development of a strategic plan to assist SCAN in addressing FASD in the community. The primary roles of members are to advise, provide input, and make decisions.

All members are provided with an orientation as they are brought in to take part in the committee. This orientation includes a review of SCAN's FASD proposal, an overview of Fetal Alcohol Spectrum Disorders, an explanation of SCAN's existing Pregnant and Post-Partum Intervention Program, Border Enhancement and Expansion Program (BEEP), Llave al Futuro (Key to the Future) Program, Juntos Podemos (Together We Can) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center. Also the unique needs and demographics of the target population for the FASD Prevention Project is briefly discussed in the Task Force Committee meetings as well as an overview of the *Project Choices* intervention model and an update of the number of women and youth enrolled in the program.

Through the buy in of the Task Force Committee members and the intra-agency programs, more women are getting prescreened, 100% of the target population is screening eligible for participation in Project CHOICES, and 100% of those women are agreeing to participate in the services offered by the program.

The task force members are very supportive of Project CHOICES and its integration into the existing SCAN programs. They task force members have encouraged staff to integrate Project CHOICES into newly created programs also. The relationship with the task force members will undoubtedly remain strong and active during OY4. The primary focus of the task force meetings in the final year of project funding will be on sustaining Project CHOICES during the post-funding years and discussing strategies for integrating Project CHOICES across all appropriate SCAN programs and for collecting appropriate data.

Descriptions of Barriers

The FASD Counselor has demonstrated the importance of rapidly establishing rapport with clients and maintaining close contact with them – using the “personal touch” to ensure that clients agree to participate and complete follow-up assessments. The FASD Counselor and the PIP Counselor are able to establish quick rapport with clients. They are successful at maintaining positive and encouraging attitudes, and demonstrating genuine compassion and friendliness. In this way the clients feel more at ease and they are more likely to trust the Counselor. Additionally, both the FASD Counselor and the PIP Counselor employ accurate empathy. Through the Counselors demonstrating authentic empathy the clients are more invested in the relationship, more trusting, and more likely to return for follow-up assessments. Additionally, in order to have successful 6 and 12 month follow-ups, it is essential for the primary FASD Counselor to conduct the calls.

To ensure that the successful post-funding integration of Project CHOICES is not entirely dependent on one or two specific personality types, plans must be made to train other SCAN staff and provide effective mentoring.

Therefore, the FASD Counselor and the PPI Counselor have been trained to serve as mentors and “coaches” for new Project CHOICES staff members, thus advancing the sustainability and continuation of Project CHOICES across time and programs.

A barrier encountered during OY3 was the hesitance of the inter-agency SCAN personnel in the partner programs to committing fully to project implementation. Of course these counselors and administrators are extremely busy with their own unique treatment or prevention programs and so they have been somewhat slow in conducting the full screenings and providing the four Motivational Interviewing sessions. The current FASD staff strongly believes that an in-house intensive training on FASD would galvanize and energize support and participation from the counselors and administrators in the intra-agency partner programs.

In the spring of OY3, an additional counselor was assigned on a quarter-time basis to implement the FASD Program and Project CHOICES in SCAN’s Pregnancy and Postpartum Intervention (PPI) Program. This staff member is the PPI Counselor who has been fully trained in Project CHOICES and Motivational Interviewing. This staff member conducts prescreening, full screening, Motivational Interviewing, contraception and sexually transmitted infection education, end-of-program assessments, and follow-up assessment with eligible clients. This helps ensure the integration of Project CHOICES within an existing SCAN program thus contributing to the long-term sustainability of Project CHOICES.

As SCAN administrators write new treatment and prevention grants, they will consider Project CHOICES as an add-on curriculum for all programs involving female clients. A main evidence-based curriculum will be chosen and then Project CHOICES for women who meet the criteria. Plus staff members who are trained in Project CHOICES can be used in the new grants. Furthermore, the success of the FASD Program and Project CHOICES has demonstrated to the staff and administration of the cooperating SCAN programs that both FASD information and contraception education should be incorporated into all treatment, intervention, and prevention programs at SCAN.

The directors and counselors of the Pregnant and Post-Partum Intervention (PPI) Program, Border Enhancement and Expansion Program (BEEP), Llave al Futuro (Key to the Future) Program, Juntos Podemos (Together We Can) Program, Community-Supported Transition and Recovery (C-STAR) Program, Esperanza (Hope) Recovery Home, and the Recovery-Oriented Systems of Care (ROSC) Female Serenidad Residential Treatment Center (other intra-agency SCAN programs) have all been trained on conducting prescreening as part of all intake procedures, as well as the full screening instrument. These key players continue to conduct prescreening for Project CHOICES during the regular intake procedures. At this point, the staff members of the other programs have not been conducting the Motivational Interviewing but rather referring the eligible clients to the FASD Counselor and the PIP Counselor. The primary objection from the other programs is their need to maintain the fidelity of their own intervention programs, as well as the time required to provide this service. We expect this resistance to lessen over time as Project CHOICES continues to demonstrate itself as a worthy component of all programs and as the intra-agency personnel receive advanced training on FASD.

The FASD Counselor and/or the PIP Counselor initiates contact with the referred client within 48 hours. For purposes of accountability and comprehensive data collection, all prescreening forms (whether the client qualified or not) were forwarded to the office of the FASD Program Director. Likewise, all full screening instruments (whether the client qualified or not) were forwarded directly to the office of the FASD Program Director. When a client screens eligible they are immediately linked with the FASD Counselor who explains the program and schedules the motivational interviewing and contraceptive sessions.

The intervention is provided within 48 hours of screening eligible, and occasionally it is provided immediately to the client. The primary providers of the intervention are the FASD Counselor and the PIP Counselor.

Additionally, the FASD staff continues to collaborate with the other intra-agency SCAN staff members who have MI training and encourage them to assist in providing MI sessions for FASD participants with the mentoring and support of the FASD staff. Through regular consultation between the FASD Program and the other SCAN programs, MI sessions for program participants can be provided in a fairly seamless and uninterrupted motion.

Descriptions of the Experiences of Clients

During OY3 some of the program participants indicated that they had previously drank alcohol while pregnant. They tended to report that, at the time of drinking while pregnant; they didn't know that they were harming their unborn baby. The participants told the FASD staff that by the time they found out about the pregnancy some stopped drinking and others simply reduced their drinking. Several clients stated that since most of the time they would be mixing other drugs with alcohol to cope with their problems, they really worry about the well-being of their babies.

One client, a bartender, would get alcohol almost every night. Since alcohol was accessible, she would drink four to five times a week. She stated, *"If I only knew that I was harming my baby, I wouldn't have done that. Now that I'm participating in the FASD program I am realizing the risks that I was taking back then. I'm just glad my daughter came out fine."*

Another participant, a young mother, stated that when she was with her partner she started drinking heavily because of relationship problems. After some time, she became pregnant and her partner decided to leave her. The client became so depressed that she would drink to forget and to deal with the painful abandonment issues. She started mixing cocaine and drinking excessively. She said, *"I can't believe I was doing that to my daughter. I just didn't care about anything at that time. Now that I'm learning about FASD, I'm glad my daughter does not have any symptoms or problems that make me think that she has FAS."*

After hitting rock bottom, some of Project CHOICES clients decided that they needed to stop drinking. Many of them had cases open with CPS. Some of the clients even had their children removed and placed in foster homes. Others had their children placed with various family members. It was at the point of losing their children that many women realize that if they don't stop drinking and abusing other drugs, they will completely lose their children forever. Some of these clients were in residential treatment and they were sober, so they could actually go back and think of all the things they were doing. Some reported, *"It wasn't a pretty picture. I wasn't only hurting myself but my baby too."*

Other clients continue drinking because they have lost their rights to have their children and simply don't care what happens to them. They see it like, "So who cares what happens to me if I don't have my kids anymore," or "why should I care about what happens to me".

After participating in the FASD program, most of the clients are very satisfied and content with their experiences. We talk about the risks that they took before participating in the program and then they report that they will not drink while pregnant anymore. Some have stated that participating in this program has been an eye opening experience and that they will inform other close relatives and friends of the risks they take when drinking while pregnant. The program participants talk about their experiences while the FASD staff listens empathically. Sometimes that's all that is needed in order for participants to change their lives.

Descriptions of Model Approaches

Project CHOICES could be easily and successfully integrated within a variety of treatment and prevention programs as a secondary component focusing on the prevention of FASD. This is especially important when working in areas of high poverty and high predominantly minority clients. Other prevention, intervention, and treatment programs, within SCAN as well as outside of SCAN, could certainly benefit from using brief prescreening devices similar to the one created for use in this particular program.

The processes employed by SCAN, Inc. and the project personnel most certainly ensure that the FASD Program is sensitive and responsive to the characteristics of the unique borderland population. Since the target population in this geographic region is composed of over 95% Hispanics, with a very high portion being dominant or solely Spanish speakers, all program materials are available in both English and Spanish. This could be of great benefit to other programs locally, regionally or nationally who predominantly work with clients of Hispanic origin who live primarily in poverty. In such situations, the FASD staff must be bilingual and bicultural, espousing the more traditional Hispanic values of *personalismo*, *familismo*, *simpatia*, and *respeto*. Additionally, all staff members must be trained to be sensitive to all aspects of the comprehensive and inclusive definition of culture: race, ethnicity, language, socio-economic status (class), gender, sexual orientation, age, disability, and religion.

Program Changes

Change Category	Description of Change
State/local policies and procedures	<p>At this point in the life of the project there have been no state or local policies or procedural changes due directly to this initiative. However, over time, the FASD Program participants could well influence public perceptions and local policies and procedures. The participants frequently state that they are excited to share information concerning contraception and FASD with their friends and family members. By instilling within the participants a sense of advocacy, FASD prevention will multiply within the community. This information sharing will also educate the community about services available through SCAN's numerous programs and projects. Such advocacy will potentially increase the client bases of several of SCAN's programs. This advocacy mindset will also reinforce prevention behaviors within the participant herself.</p>
Organizational policies and procedures	<p>The FASD staff encountered difficulty in locating participants for the six month and twelve month follow-up interviews. To address this issue, the FASD counselor and the PPI counselor developed and implemented client tracking procedures which include the following: collecting telephone contact information for the client, family members, and friends; documenting residential addresses of the client, family members, and friends; saving the contact information of other professionals associated with the client recording email addresses of the client, family members, and friends; and gathering client preferences and engagement with social media such as text messaging, Face Book, and Twitter. These unique client tracking procedures have been adopted by other intra-agency programs, there by influencing change in organizational policies and procedures.</p>
Systems integration (intake, screening, MI sessions, contraceptive visit, case coordination, etc.)	<p>The FASD counselors and administrators worked in concert with the program directors, counselors, and case managers in the five different intra-agency programs to employ the prescreening tool, to conduct formal screenings, to coordinate the delivery of <i>Project CHOICES</i> sessions, and to organize informational sessions on STDs among the intra-agency SCAN program staff. Intra-agency service providers were trained on the goals and procedures of Project CHOICES, the screening instrument, the intervention, and the data collection procedures. Intra-agency service provides were invited to participate in the motivational interviewing sessions for FASD participants, although there has been some reluctance in engaging in complete and total involvement because of the Project CHOICES staff. The FASD counselor and the PPI counselor have</p>

	<p>been formally trained in mentoring and coaching so that they can support and oversee the other intra-agency program staff in the full implementation of Project CHOICES. The empirical success of the FASD Project CHOICES at SCAN has demonstrated to the staffs and administrations of the cooperating intra-agency SCAN programs that both FASD information and contraception education should be incorporated into all treatment, intervention, and prevention programs at SCAN, Inc. The Project CHOICES staff continue working to integrate Project CHOICES within the existing SCAN treatment, intervention and prevention programs, and thereby contributing to the long-term sustainability of Project CHOICES in the South Texas Border Region.</p>
<p>Service delivery processes (individual vs. group formats, new clinical techniques, etc.)</p>	<p>The target population need related to providing information to the Project CHOICES sexual partners did evolve and change somewhat during the OY3 implementation. The FASD Counselor discovered that although the women participants desperately wanted their partners to participate, they were not successful in getting the partners to attend meetings with the FASD Counselor primarily because many of them were located outside of the service area (out-of-town). Therefore, the FASD staff developed and provided take-home informational packets to the female participants for them to share with their sexual partners. This take-home packet includes bilingual education material about contraception, FASD and sexually transmitted infections, thus laying the groundwork for the male partners to attend a “partner’s night” session or agree to a home visit from the Project CHOICES counselors. The FASD staff often struggled to get clients to consult with a medical care providers regarding contraceptive information and to obtain the necessary supporting documentation in order to verify the completion of the contraceptive session. To address this issue, the FASD staff worked closely with the directors and staff members of the other intra-agency programs to help clients connect with appropriate medical care providers and to secure the necessary documentation. It is anticipated that greater numbers of program participants will successfully complete the contraceptive visits during this next funding year.</p>
<p>Data Systems (integration of program data, centralization, etc.)</p>	<p>The importance of data collection, maintenance, and analyses are often not completed understood by program staff. However, when clear evaluation information is openly shared with staff members, then there is a change (increase) in staff interest and ownership. The empirical success of the FASD Project CHOICES has demonstrated to the staffs and administrations of the cooperating intra-agency SCAN programs that both FASD information and contraception education should be incorporated into all treatment, intervention, and prevention programs at SCAN, Inc. SCAN currently funds a Data Collection Department that will be of assistance in the post-funding years for continuing to collect relevant data for assessing the effectiveness of Project CHOICES as it becomes fully integrated in other agency programs.</p>

Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	This past summer 2011 saw the last funded training on Project CHOICES. Therefore the counselors and administrators of SCAN's Project CHOICES Program are prepared to provide informal training on Project CHOICES, and then follow up with coaching and mentoring as new and existing staffs increasingly assume responsibilities in integrating Project CHOICES across all treatment, intervention, and prevention programs at SCAN.
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Appendices

- Appendix A** *CHOICES Annual Report from Access*
- Appendix B** *CHOICES Summary Report for 08/01/10-07/31/11*
- Appendix C** *Excel Spreadsheet Documenting Target Population*
- Appendix D** *Addendum to Final Report: Data Correction Explanation*

CHOICES Annual Report: SCAN

Data Collection Activity 8/1/2010 and 7/31/2011

	N	%	Total Responses
Demographic Data			
3. Of the women who reported race, N/% Alaska Native	0	0	44
4. Of the women who reported race, N/% American Indian	0	0	44
5. Of the women who reported race, N/% Asian	0	0	44
6. Of the women who reported race, N/% Black or African-American	0	0	44
7. Of the women who reported race, N/% Native Hawaiian or Pacific Islander	0	0	44
8. Of the women who reported race, N/% White	44	100	44
9. Of the women who reported ethnicity, N/% Hispanic/Latina	44	100	44
10. Average age of women at screening	21	years	N/A 44
11. Of the women who reported educational status, N/% who completed GED/12th grade or higher	14	31.8	44
12. Of the women who reported educational status, N/% who completed less than GED/12th grade	30	68.2	44
13. Of the women who reported marital status, N/% who identified as "married"	3	6.8	44
14. Of the women who reported marital status, N/% who identified as "unmarried, living with partner"	0	0	44
15. Of the women who reported marital status, N/% who identified as "never married"	36	81.8	44
16. Of the women who reported marital status, N/% who identified as "widowed"	1	2.3	44
17. Of the women who reported marital status, N/% who identified as "divorced or separated"	4	9.1	44
Screening			
18. Of the women screened, #/% screened eligible for program	44	100	44
19. Of the women who screened eligible, #/% who agreed to participate in program	44	100	44

CHOICES Annual Report: SCAN

Data Collection Activity 8/1/2010 and 7/31/2011

	Residential Treatment Population			Community-Based Population				
	N	%	Total Responses	N	%	Total Responses		
Baseline Characteristics								
20. Of the women who screened positive, median number of days women drank alcohol in the past 30 days at screening	2	days	N/A	28	5	days	N/A	15
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 at screening	5	drinks	N/A	28	5	drinks	N/A	15
22. Of the women screened positive, N/% of women who had 4 or more drinks in 1 day in the past 30 days at screening	17		60.7	28	15		100	15
Intervention Services								
23. Of the eligible women who agreed to participate, N/% participated in 4 motivational interviewing sessions and 1 contraceptive visit	15		53.6	28	3		20	15

CHOICES Annual Report: SCAN

Data Collection Activity 8/1/2010 and 7/31/2011

Residential Treatment Population

Outcomes - Alcohol Use	End of Service			6 Month Follow-up			12 Month Follow-up		
	N	%	Total Responses	N	%	Total Responses	N	%	Total Responses
24a. Of the eligible women who agreed to participate, participated in 4 MI sessions and 1 contraceptive visit, and are due for assessment, N/% completed a questionnaire	15	100	15	7	100	7	0	N/A	0
25a. Of the eligible women who agreed to participate, reported drinking alcohol on at least 1 day in the past 30 days at screening and who completed the questionnaire, N/% of women who decreased alcohol use in the past 30 days	10	83.3	12	4	57.1	7	0	N/A	0
26a. Of the eligible women who agreed to participate, reported non-use of alcohol in the past 30 days at screening, and completed the questionnaire, N/% of women who maintained non-use of alcohol in the past 30 days	2	66.7	3	0	N/A	0	0	N/A	0
27a. Of the eligible women who agreed to participate, reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, and completed the questionnaire, N/% of women who decreased the number of drinks consumed on a typical day in the past 30 days	11	91.7	12	6	85.7	7	0	N/A	0
28a. Of the eligible women who agreed to participate, reported having 4 or more drinks in 1 day at least once in the past 30 days at screening, and completed the questionnaire, N/% who decreased the number of days drank 4 or more drinks in the past 30 days	7	87.5	8	5	100	5	0	N/A	0
29a. Of the eligible women who agreed to participate and completed the questionnaire, N/% who did not drink any alcohol since the first session when we talked about drinking	12	80	15	1	14.3	7	0	N/A	0
Outcomes - Contraception Use									
30a. Of the eligible women who agreed to participate and completed the questionnaire, N/% who reported using contraception effectively	3	20	15	7	100	7	0	N/A	0

CHOICES Annual Report: SCAN

Data Collection Activity 8/1/2010 and 7/31/2011

Community-Based Population

Outcomes - Alcohol Use	End of Service			6 Month Follow-up			12 Month Follow-up		
	N	%	Total Responses	N	%	Total Responses	N	%	Total Responses
24b. Of the eligible women who agreed to participate, participated in 4 MI sessions and 1 contraceptive visit, and are due for assessment, N/% completed a questionnaire	3	100	3	0	N/A	0	0	N/A	0
25b. Of the eligible women who agreed to participate, reported drinking alcohol on at least 1 day in the past 30 days at screening and who completed the questionnaire, N/% of women who decreased alcohol use in the past 30 days	2	66.7	3	0	N/A	0	0	N/A	0
26b. Of the eligible women who agreed to participate, reported non-use of alcohol in the past 30 days at screening, and completed the questionnaire, N/% of women who maintained non-use of alcohol in the past 30 days	0	N/A	0	0	N/A	0	0	N/A	0
27b. Of the eligible women who agreed to participate, reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, and completed the questionnaire, N/% of women who decreased the number of drinks consumed on a typical day in the past 30 days	3	100	3	0	N/A	0	0	N/A	0
28b. Of the eligible women who agreed to participate, reported having 4 or more drinks in 1 day at least once in the past 30 days at screening, and completed the questionnaire, N/% who decreased the number of days drank 4 or more drinks in the past 30 days	3	100	3	0	N/A	0	0	N/A	0
29b. Of the eligible women who agreed to participate and completed the questionnaire, N/% who did not drink any alcohol since the first session when we talked about drinking	2	66.7	3	0	N/A	0	0	N/A	0
Outcomes - Contraception Use									
30b. Of the eligible women who agreed to participate and completed the questionnaire, N/% who reported using contraception effectively	2	66.7	3	0	N/A	0	0	N/A	0

SUMMARY Report:

scan

	Option Year 1	Option Year 2	Option Year 3	Option Year 4	Totals to Date
Screening					
1. Number of women screened	132	41	44	8	225
2. Number of women screened eligible for Project CHOICES	41	37	44	8	130
3. Number of women who screened in as eligible and agreed to participate	41	36	44	8	129
4. Number of women who screened in as eligible and refused to participate	0	1	0	0	1
5. Number of women whose eligibility could not be determined	0	0	0	0	0
6. Total number of women screened ineligible	91	4	0	0	95
7. Number of women who did not qualify based on their age	0	0	0	0	0
8. Number of women who did not qualify based on currently being pregnant	8	0	0	0	8
9. Number of women who did not qualify based on trying to get pregnant	1	0	0	0	1
10. Number of women who did not qualify based on inability to conceive	12	1	0	0	13
11. Number of women who did not qualify based on using effective contraception	31	2	0	0	33
12. Number of women who did not qualify based on not drinking at risk levels	21	1	0	0	22
13. Number of women who did not qualify based on not being sexually active	31	1	0	0	32
Motivational Interviewing					
14. Number of women completed first motivational interviewing session	37	32	42	8	119
15. Number of women completed second motivational interviewing session	34	28	32	7	101
16. Number of women completed third motivational interviewing session	28	24	28	5	85
17. Number of women completed fourth motivational interviewing session	29	23	27	3	82
Contraception Session					
18. Number of women completed contraception session	30	21	20	3	74

SUMMARY Report: scan

Assessments	Option Year 1	Option Year 2	Option Year 3	Option Year 4	Totals to Date
19. Number of women who dropped out of the intervention or were lost to follow-up	18	11	4	0	33
20. Number of women completed end of program assessment	27	24	18	3	72
21. Number of women using birth control effectively at end of program	14	2	5	0	21
22. Number of women with improved alcohol scores at end of program	12	13	5	1	31
23. Number of women who decreased binge drinking at end of program	25	20	10	1	56
24. Number of women who reported abstinence from alcohol at end of program	18	21	14	3	56
25. Number of women completed 6 month follow-up	21	18	7	0	46
26. Number of women using birth control effectively at 6 month follow-up	19	17	7	0	43
27. Number of women with improved alcohol scores at 6 month follow-up	19	18	6	0	43
28. Number of women who decreased binge drinking at 6 month follow-up	19	17	5	0	41
29. Number of women who reported abstinence from alcohol at 6 month follow-up	11	6	1	0	18
30. Number of women completed 12 month follow-up	19	13	0	0	32
31. Number of women using birth control effectively at 12 month follow-up	16	10	0	0	26
32. Number of women with improved alcohol scores at 12 month follow-up	16	11	0	0	27
33. Number of women who decreased binge drinking at 12 month follow-up	16	11	0	0	27
34. Number of women who reported abstinence from alcohol at 12 month follow-up	11	5	0	0	16

SUMMARY Report: scan

Screening	Between 8/1/2010 And 7/31/2011	Option Year 1	Option Year 2	Option Year 3	Option Year 4	Totals to Date
1. Number of women screened	44	132	41	44	8	225
2. Number of women screened eligible for Project CHOICES	44	41	37	44	8	130
3. Number of women who screened in as eligible and agreed to participate	44	41	36	44	8	129
4. Number of women who screened in as eligible and refused to participate	0	0	1	0	0	1
5. Number of women whose eligibility could not be determined	0	0	0	0	0	0
6. Total number of women screened ineligible	0	91	4	0	0	95
7. Number of women who did not qualify based on their age	0	0	0	0	0	0
8. Number of women who did not qualify based on currently being pregnant	0	8	0	0	0	8
9. Number of women who did not qualify based on trying to get pregnant	0	1	0	0	0	1
10. Number of women who did not qualify based on inability to conceive	0	12	1	0	0	13
11. Number of women who did not qualify based on using effective contraception	0	31	2	0	0	33
12. Number of women who did not qualify based on not drinking at risk levels	0	21	1	0	0	22
13. Number of women who did not qualify based on not being sexually active	0	31	1	0	0	32
Motivational Interviewing						
14. Number of women completed first motivational interviewing session	42	37	32	42	8	119
15. Number of women completed second motivational interviewing session	32	34	28	32	7	101
16. Number of women completed third motivational interviewing session	26	28	24	28	5	85
17. Number of women completed fourth motivational interviewing session	24	29	23	27	3	82
Contraception Session						
18. Number of women completed contraception session	19	30	21	20	3	74

SUMMARY Report: scan

Assessments	Between 8/1/2010 And 7/31/2011	Option Year 1	Option Year 2	Option Year 3	Option Year 4	Totals to Date
19. Number of women who dropped out of the intervention or were lost to follow-up	15	18	11	4	0	33
20. Number of women completed end of program assessment	16	27	24	18	3	72
21. Number of women using birth control effectively at end of program	4	14	2	5	0	21
22. Number of women with improved alcohol scores at end of program	6	12	13	5	1	31
23. Number of women who decreased binge drinking at end of program	10	25	20	10	1	56
24. Number of women who reported abstinence from alcohol at end of program	15	18	21	14	3	56
25. Number of women completed 6 month follow-up	16	21	18	7	0	46
26. Number of women using birth control effectively at 6 month follow-up	16	19	17	7	0	43
27. Number of women with improved alcohol scores at 6 month follow-up	15	19	18	6	0	43
28. Number of women who decreased binge drinking at 6 month follow-up	15	19	17	5	0	41
29. Number of women who reported abstinence from alcohol at 6 month follow-up	4	11	6	1	0	18
30. Number of women completed 12 month follow-up	14	19	13	0	0	32
31. Number of women using birth control effectively at 12 month follow-up	10	16	10	0	0	26
32. Number of women with improved alcohol scores at 12 month follow-up	11	16	11	0	0	27
33. Number of women who decreased binge drinking at 12 month follow-up	11	16	11	0	0	27
34. Number of women who reported abstinence from alcohol at 12 month follow-up	6	11	5	0	0	16

SCAN EXCEL SPREADSHEET FOR FASD PROGRAM
Prescreen Target Population Tracking 08/01/10 Through 07/31/11

2010-2011

ID #	status	age	month	Referred by:	comment:
016-496-0512	open	20	August	Serenidad women	open (was screened in april DNQ)
016-631-0647	open	20	August	Serenidad women	open
016-633-0649	DNQ	62	August	Serenidad women	age
016-636-0652	DNQ	26	August	Serenidad women	pregnant
016-638-0654	DNQ	47	August	Serenidad women	hysterectomy
	open in				
016-640-0656	Sept.	21	August	C-STAR	qualifies but need to get fully screen
016-642-0658	open	27	August	Serenidad women	open
016-644-0660	DNQ	24	August	Serenidad women	Tubes tied
016-646-0662	DNQ	27	August	Serenidad women	does not drink alcohol
016-654-0670	DNQ	33	August	Serenidad women	does not drink alcohol
016-659-0675	open	15	September	Casa Esperanza	open
016-661-0677	open	17	September	Casa Esperanza	open
016-662-0678	open	15	September	Casa Esperanza	open
016-674-0690	open	16	September	Llave Al Futuro	open
016-677-0693	open	16	September	Llave Al Futuro	open
016-678-0694	open	17	September	Llave Al Futuro	open
016-679-0695	DNQ	16	September	Llave Al Futuro	no alcohol use and not sexually active
016-683-0699	DNQ	17	September	Llave Al Futuro	effective contraceptive/no alcohol use
016-687-0703	DNQ	15	September	Llave Al Futuro	no alcohol use and not sexually active
016-688-0704	DNQ	16	September	Llave Al Futuro	pregnant
016-689-0705	DNQ	17	September	Llave Al Futuro	no alcohol use and not sexually active
016-692-0708	DNQ	36	September	B.E.E.P.	Tubes tied
016-694-0710	DNQ	30	September	B.E.E.P.	Not drinking at risky levels
016-702-0718	DNQ	27	September	Serenidad women	Tubes tied
016-709-0725	DNQ	16	September	Llave Al Futuro	no alcohol use and not sexually active
016-714-0730	qualifies	28	September	Serenidad women	qualifies but need to get fully screen
016-716-0732	qualifies	34	September	Serenidad women	qualifies but need to get fully screen
016-717-0733	qualifies	32	September	Serenidad women	qualifies but need to get fully screen
016-722-0738	DNQ	27	September	Serenidad women	Not drinking at risky levels
016-723-0739	DNQ	25	September	B.E.E.P.	no alcohol use.
016-724-0740	DNQ	27	September	HPT	No alcohol use.
016-725-0741	DNQ	19	September	HPT	No alcohol use
016-730-0746	DNQ	13	October	Casa Esperanza	age

016-731-0747	open	15	October	Casa Esperanza	open
016-734-0750	open	15	October	Llave Al Futuro	open
016-736-0752	open	18	October	Casa Esperanza	open
016-747-0763	DNQ	24	October	PPI	no alcohol use and not sexually active
016-751-0767	open	26	October	Serenidad women	open
016-752-0768	DNQ	24	October	B.E.E.P.	no alcohol use and not sexually active
016-756-0772	qualifies	26	October	B.E.E.P.	qualifies but need to get fully screen
016-758-0774	DNQ	24	October	B.E.E.P.	no alcohol use and not sexually active
016-762-0778	DNQ	31	November	PPI	Tubes tied
016-763-0779	qualifies	26	November	B.E.E.P.	qualifies but needs to get fully screen
016-764-0780	open	15	November	Casa Esperanza	open
016-765-0781	DNQ	28	November	Serenidad women	Tubes tied
016-768-0784	open	31	November	Serenidad women	open
016-775-0791	open	33	November	Serenidad women	open
016-778-0794	qualifies	37	November	Serenidad women	not interested
016-782-0798	DNQ	24	November	Serenidad women	effective contraceptive
016-784-0800	open	19	November	Serenidad women	open
016-785-0801	open	16	November	Casa Esperanza	open
016-791-0807	DNQ	39	November	ORP	Not drinking at risky levels
016-797-0813	DNQ	20	November	B.E.E.P.	Not drinking at risky levels
016-799-0815	DNQ	26	November	B.E.E.P.	Not drinking at risky levels
016-800-0816	DNQ	25	December	Serenidad women	effective contraceptive
016-804-0820	DNQ	41	December	Serenidad women	Not drinking at risky levels
016-807-0823	DNQ	28	December	Serenidad women	Tubes tied
016-811-0827	DNQ	26	December	Serenidad women	Tubes tied
016-813-0829	DNQ	23	December	Serenidad women	No Alcohol Use
016-815-0831	DNQ	31	December	Serenidad women	Tubes tied
016-818-0834	DNQ	43	December	Serenidad women	Tubes tied
016-822-0838	DNQ	28	December	Serenidad women	Tubes tied
016-830-0846	DNQ	21	December	Serenidad women	No Alcohol use
016-831-0847	DNQ	27	December	B.E.E.P.	No Alcohol use
016-832-0848	DNQ	22	December	B.E.E.P.	Not drinking at risky levels
016-837-0853	DNQ	20	December	B.E.E.P.	No Alcohol use
016-838-0854	DNQ	23	December	B.E.E.P.	No Alcohol use
016-841-0857	DNQ	20	December	Serenidad women	No Alcohol use
016-843-0859	DNQ	16	December	Casa Esperanza	pregnant
016-845-0861	DNQ	16	December	Casa Esperanza	no alcohol use and not sexually active
016-846-0862	DNQ	21	December	STAND OPT	Not drinking at risky levels
016-849-0865	open	16	December	STAND OPT	open

016-852-0868	DNQ	19	December	STAND OPT	pregnant
016-853-0869	DNQ	39	December	STAND OPT	no alcohol use and not sexually active
016-854-0870	DNQ	28	December	Serenidad women	Tubes tied
016-859-0875	DNQ	21	January	Serenidad women	IUD
016-860-0876	DNQ	18	January	Serenidad women	effective contraceptive
016-864-0880	DNQ	53	January	Serenidad women	age
016-869-0885	DNQ	16	January	PPI	pregnant
016-874-0890	Open	30	January	PPI	Open
016-875-0891	Open	22	January	Juntos Podemos	open
016-878-0894	open	22	January	Juntos Podemos	open
016-879-0895	open	32	January	Juntos Podemos	open
016-880-0896	DNQ	27	January	PPI	No alcohol use
016-881-0897	DNQ	34	January	PPI	Tubes tied
016-891-0907	DNQ	33	January	ORP	IUD
016-894-0910	DNQ	41	January	B.E.E.P.	Not drinking at risky levels
016-896-0912	DNQ	22	January	Juntos Podemos	no alcohol use
016-898-0914	DNQ	53	January	Juntos Podemos	age
016-899-0915	DNQ	39	January	Juntos Podemos	no alcohol use
016-900-0916	DNQ	41	January	Juntos Podemos	Not drinking at risky levels
016-901-0917	DNQ	30	January	Juntos Podemos	no alcohol use
016-907-0923	DNQ	51	January	Juntos Podemos	age
016-909-0925	DNQ	59	January	Juntos Podemos	age
016-913-0929	DNQ	62	January	Juntos Podemos	age
016-914-0930	DNQ	35	January	Juntos Podemos	no alcohol use
016-922-0938	DNQ	33	January	Juntos Podemos	Not drinking at risky levels
016-923-0939	qualifies	22	January	ORP	qualifies needs screening
016-924-0940	DNQ	32	January	Juntos Podemos	no alcohol use
016-927-0943	DNQ	30	January	Serenidad women	effective contraceptive
016-930-0946	open	15	January	Casa Esperanza	open
016-931-0947	DNQ	28	January	PPI	Not drinking at risky levels
016-935-0951	qualifies	19	February	C-STAR	qualifies needs screening
016-936-0952	qualifies	19	February	C-STAR	qualifies needs screening
016-938-0954	DNQ	18	February	C-STAR	Not drinking at risky levels
016-942-0958	qualifies	22	February	Serenidad women	open
016-944-0960	qualifies	16	February	Casa Esperanza	open on 032911
016-945-0961	qualifies	16	February	Casa Esperanza	open
016-950-0966	DNQ	21	February	Serenidad women	IUD
016-954-0970	DNQ	51	February	Serenidad women	age
016-960-0976	DNQ	22	February	Serenidad women	IUD

016-961-0977	DNQ	23	February	Serenidad women	IUD
016-966-0982	qualifies	23	February	PPI	open
016-969-0985	qualifies	15	March	Casa Esperanza	open
016-974-0990	DNQ	18	March	PPI	no alcohol use and not sexually active
016-977-0993	DNQ	27	March	PPI	no alcohol use and not sexually active
016-979-0995	DNQ	27	March	PPI	Tubes tied
120-843-0963	DNQ	21	March	PPI	no alcohol use
120-844-0964	DNQ	33	March	PPI	Tubes tied
120-849-0969	DNQ	53	March	PPI	age 53
120-854-0974	DNQ	22	March	PPI	no alcohol use
120-857-0977	DNQ	51	March	PPI	age 51
120-858-0978	DNQ	37	March	PPI	no alcohol use and not sexually active
120-859-0979	DNQ	45	March	PPI	age 45
120-866-0986	DNQ	33	March	PPI	Tubes tied
120-867-0987	DNQ	38	March	PPI	no alcohol use
120-872-0992	DNQ	24	March	PPI	Tubes tied
120-875-0995	DNQ	16	March	PPI	no alcohol use and not sexually active
120-878-0998	DNQ	31	March	PPI	no alcohol use and not sexually active
120-881-1001	qualified	24	March	PPI	open
120-882-1002	qualified	27	March	Serenidad women	open
120-885-1005	DNQ	16	March	Casa Esperanza	no alcohol use and not sexually active
120-887-1007	DNQ	16	March	Casa Esperanza	effective contraceptive
120-888-1008	DNQ	14	March/June	Casa Esperanza	open on 06/16/11
120-889-1009	DNQ	15	March	Casa Esperanza	no alcohol use and not sexually active
120-893-1013	DNQ	19	April	PPI	no alcohol use and not sexually active
120-896-1016	DNQ	30	April	PPI	no alcohol use and not sexually active
120-898-1018	DNQ	26	April	PPI	no alcohol use and not sexually active
120-900-1020	DNQ	30	April	PPI	no alcohol use and not sexually active
120-902-1022	DNQ	20	April	PPI	IUD
120-903-1023	DNQ	16	April	Casa Esperanza	Depo shot
120-905-1025	qualifies	17	April	Casa Esperanza	open
120-906-1026	DNQ	22	April	Juntos Podemos	no alcohol use and not sexually active
120-908-1028	DNQ	30	April	Juntos Podemos	no alcohol use and not sexually active
120-917-1037	DNQ	31	April	Juntos Podemos	no alcohol use
120-923-1043	DNQ	33	April	Juntos Podemos	effective contraceptive
120-926-1046	DNQ	36	April	Juntos Podemos	effective contraceptive
120-929-1049	DNQ	41	April	Juntos Podemos	Tubes tied
120-931-1051	DNQ	42	April	Juntos Podemos	no alcohol use
120-932-1052	DNQ	45	April	Juntos Podemos	age

120-933-1053	DNQ	47	April	Juntos Podemos	age
120-934-1054	DNQ	47	April	Juntos Podemos	age
120-936-1056	DNQ	50	April	Juntos Podemos	age
120-937-1057	DNQ	59	April	Juntos Podemos	age
120-938-1058	DNQ	60	April	Juntos Podemos	age
120-942-1062	qualifies	17	April	Juntos Podemos	open
120-945-1065	DNQ	14	April	Casa Esperanza	age
120-946-1066	DNQ	36	April	Juntos Podemos	hysterectomy
120-947-1067	DNQ	43	April	Juntos Podemos	Tubes tied
120-948-1068	DNQ	45	April	Juntos Podemos	age
120-950-1070	DNQ	50	April	Juntos Podemos	age
120-952-1072	DNQ	53	April	Juntos Podemos	age
120-956-1076	qualifies	23	April	ORP	open 05/16/2011
120-957-1077	DNQ	38	April	PPI	Tubes tied
120-959-1079	DNQ	21	April	PPI	no alcohol use and not sexually active
120-962-1082	DNQ	17	April	PPI	effective contraceptive
120-968-1088	DNQ	22	April	PPI	no alcohol use
120-972-1092	DNQ	26	April	PPI	Tubes tied
120-974-1094	DNQ	33	April	PPI	pregnant
120-983-1103	DNQ	26	April	PPI	effective contraceptive
120-986-1106	DNQ	43	April	PPI	Tubes tied
120-956-1076	qualifies	23	April/May	ORP	open 05/16/2011
120-991-1111	DNQ	32	May	Serenidad women	effective contraceptive
120-996-1116	qualifies	15	May	Casa Esperanza	open
120-998-1118	qualifies	21	May	Serenidad women	open
121-006-0127	DNQ	15	May	PPI	no alcohol use
121-007-0128	DNQ	22	May	PPI	IUD
121-009-0130	DNQ	21	May	PPI	effective contraceptive/implant
121-015-0136	DNQ	18	May	PPI	IUD
121-016-0137	DNQ	31	May	PPI	Tubes tied
121-019-0140	DNQ	17	May	PPI	no alcohol uses effective contraceptive
121-020-0141	DNQ	34	May	PPI	Tubes tied
121-024-0145	DNQ	44	May	PPI	female partner
121-027-0148	DNQ	29	May	PPI	no alcohol use
121-031-0152	DNQ	20	May	PPI	no alcohol use
121-033-0154	DNQ	16	May	Casa Esperanza	pregnant
121-035-0156	qualifies	16	May	Casa Esperanza	open
121-036-0157	DNQ	17	May	PPI	IUD
121-037-0158	DNQ	16	May	Casa Esperanza	no alcohol use

121-041-0162	DNQ	14	May	PPI	age
121-042-0163	DNQ	33	May	PPI	Tubes tied
121-044-0165	qualifies	43	May	PPI	open
121-051-0172	DNQ	41	June	Listo Para Responder	Tubes tied
121-055-0176	DNQ	37	June	Listo Para Responder	no alcohol use effective contraceptive
121-059-0180	DNQ	35	June	Listo Para Responder	Tubes tied
121-063-0184	DNQ	35	June	Listo Para Responder	no alcohol use effective contraceptive
121-064-0185	DNQ	54	June	Listo Para Responder	age
121-066-0187	DNQ	24	June	Listo Para Responder	Tubes tied
121-068-0189	DNQ	38	June	Listo Para Responder	no alcohol use
121-069-0190	DNQ	28	June	Listo Para Responder	no alcohol use
121-078-0199	DNQ	45	June	Listo Para Responder	age
121-088-0209	DNQ	33	June	Listo Para Responder	hysterectomy
120-888-1008	qualifies	15	March/June	Casa Esperanza	open on 06/16/11
121-090-0211	DNQ	33	June	Listo Para Responder	Tubes tied
121-091-0212	DNQ	38	June	Serenidad women	Tubes tied
121-092-0213	DNQ	29	June	Serenidad women	effective Contraceptive/Implanon
121-094-0215	DNQ	42	June	Serenidad women	effective contraceptive/condoms
121-097-0218	qualifies	25	June	ORP	qualifies needs screening
121-099-0220	DNQ	36	June	Serenidad women	Tubes tied
121-105-0226	DNQ	45	June	ORP	Tubes tied
121-107-0228	DNQ	32	June	Listo Para Responder	Tubes tied
121-109-0230	DNQ	58	June	Listo Para Responder	age
121-115-0236	DNQ	24	June	Listo Para Responder	no alcohol
121-116-0237	DNQ	26	June	Listo Para Responder	effective contraceptives and no alcohol use
121-121-0242	DNQ	37	June	Listo Para Responder	effective contraceptives and no alcohol use
121-122-0243	DNQ	19	June	Listo Para Responder	pregnant
121-124-0245	DNQ	36	June	Listo Para Responder	Not drinking at risky levels
121-127-0248	DNQ	21	June	Listo Para Responder	no alcohol use and not sexually active
121-132-0253	DNQ	35	June	Listo Para Responder	Tubes tied
121-137-0258	DNQ	35	June	Listo Para Responder	no alcohol
121-139-0260	DNQ	32	June	Listo Para Responder	Tubes tied
121-141-0262	DNQ	38	June	Listo Para Responder	Tubes tied
121-144-0265	DNQ	58	June	Listo Para Responder	age
121-145-0266	DNQ	25	June	Listo Para Responder	effective contraceptives and no alcohol use
121-148-0269	DNQ	40	June	Listo Para Responder	Tubes tied
121-150-0271	DNQ	45	June	Listo Para Responder	age
121-151-0272	DNQ	36	June	Listo Para Responder	Tubes tied
121-154-0275	DNQ	18	June	Listo Para Responder	effective contraceptives and no alcohol use

121-158-0279	DNQ	34	June	Listo Para Responder	effective contraceptives and no alcohol use
121-164-0285	DNQ	49	June	Listo Para Responder	age
121-170-0291	DNQ	37	June	Listo Para Responder	not sexually active
121-177-0298	DNQ	26	June	Listo Para Responder	effective contraceptives
121-178-0299	DNQ	42	June	Listo Para Responder	hysterectomy
121-179-0300	DNQ	27	June	Listo Para Responder	no alcohol use
121-183-0304	DNQ	25	June	Listo Para Responder	pregnant
121-184-0305	DNQ	31	June	Listo Para Responder	no alcohol use and not sexually active
121-185-0306	DNQ	20	June	Listo Para Responder	no alcohol use and not sexually active
121-188-0309	DNQ	24	June	Listo Para Responder	IUD
121-190-0311	qualifies	16	July	Casa Esperanza	open
121-193-0314	DNQ	41	July	PPI	no alcohol use
121-194-0315	DNQ	16	July	PPI	IUD
121-196-0317	qualifies	17	July	PPI	open
121-197-0318	DNQ	30	July	PPI	no alcohol use and not sexually active
121-199-0320	DNQ	47	July	PPI	age
121-200-0321	DNQ	30	July	PPI	Tubes tied
121-201-0322	DNQ	38	July	PPI	no alcohol use and not sexually active
121-203-0324	DNQ	34	July	PPI	no alcohol use
121-204-0325	DNQ	19	July	PPI	effective birth control
121-205-0326	DNQ	22	July	PPI	pregnant
121-210-0331	qualifies	16	July	Casa Esperanza	open
121-211-0332	qualifies	36	July	Serenidad women	open
121-215-0336	DNQ	41	July	Serenidad women	both overies removed
121-216-0337	DNQ	20	July	Serenidad women	pregnant

ADDENDUM TO FINAL REPORT

SCAN, Inc.

Project CHOICES

Date: October 19, 2011

Correction of Errors in Database

In the original submission of the Final Report on September 19th, the data summary reports for the SCAN FASD Program contained several client tracking errors and subsequent data recording errors that were just recently discovered. Originally, the data reports indicated that there were 24 women who completed the four MI sessions, 13 women who completed the contraceptive visitations, and 24 women who completed the EOP assessment. After an intensive and exhaustive review of all client files, corrections were made to the Project CHOICES database that resulted in the following accurate and correct data summary reports: 24 women completed the four MI sessions; 19 women completed the contraceptive visitation, and 16 women completed the EOP assessment.

Explanation of Data Discrepancies

Following an inquiry from the Project CHOICES Liaison regarding an inconsistency in the number of women receiving contraceptive visitation and the number of women completing EOP assessments, the SCAN administration and the FASD Program Director decided to conduct an internal audit of all client files to track appropriate and accurate data collection procedures. Several discoveries were made during this audit, and subsequent changes have been made to the Project CHOICES database. Furthermore, policies and procedures have been designed and implemented to ensure an error-free client tracking and data collection system for OY4.

In their eagerness to increase the number of clients who complete EOP assessment, the FASD Counselors had been administering the EOP instrument immediately following the completion of the fourth and final MI session. Thus, if 24 women completed the fourth MI session, then those same 24 women would also complete the EOP. Unfortunately, this assumption, on the part of the Program Counselors, was contrary to the intent of Project CHOICES. The policies and regulations of Project CHOICES require that clients complete all four MI sessions and the contraceptive visitation before they are administered the EOP assessment.

In the process of investigating client files, it was discovered by the Program Director that six (6) women had actually completed the contraceptive visit at the appropriate time but had mistakenly not been included in the database as having completed the contraceptive visit. Therefore, the addition of these six additional contraceptive visits increased the total number from 13 to 19 women having completed the contraceptive visit during OY3. The discrepancy of three cases (19 contraceptive visits

but only 16 EOPs) is due to client attrition. These three women received their contraceptive visit after the second MI session and then failed to return for continued services so that the Program Counselors were unable to complete EOP assessments on these individuals.

During the internal audit of client records it was found that eight (8) clients had been mistakenly administered the EOP when in fact they did not qualify for EOP assessment. These eight women had reported having had contraceptive sessions prior to entering Project CHOICES as part of their medical evaluations for residential treatment. The FASD Counselors assumed that since the eight women had “just recently” had contraceptive consultations with medical professionals that these would count the same as having the contraceptive visit during participation in Project CHOICES (sometime after second session). As a result of the internal review, the EOP assessments for these eight clients were considered invalid and were deleted from the database. New program policy and procedures require that all Project CHOICES clients must have contraceptive visits during their time of participation in the project, and that completion of the contraceptive session is required in order to be administered the EOP instrument.

These data reporting errors appear to be the result of a communication problem between the Program Director and the Program Counselors. The Counselors assumed that the Director would obtain the data (documentation of completion of contraceptive consultation) from the client files, while the Director assumed that the Counselors would report on a monthly basis the number of women who had successfully completed the contraceptive visit. Additionally, the Program Counselors assumed that clients qualified for EOP testing if they had completed a contraceptive visit prior to participation in Project CHOICES. Administrative measures have been taken to ensure that this oversight does not repeat itself. A more accurate and rigid client tracking system will be implemented by the Project Director. Clients will no longer receive EOP assessments immediately at the end of the fourth MI session, but rather must be approved for EOP testing in advance by the Project Director. In order to receive EOP testing, the Project Director will need to see evidence of the completed contraceptive visit as well as the completed MI sessions.

Data collection procedures employed by SCAN, Inc. and the FASD Staff have been highly accurate and authentic until these past few months when these mistakes and oversights have occurred. The FASD Program stopped transporting clients for contraceptive consultations because the residential care staff was already providing this service. The FASD Staff assumed that all residential clients were having contraceptive visits during their participation in Project CHOICES as arranged by the residential staff. Unfortunately these assumptions were not clearly communicated to the administration of the residential care, and when residential treatment staff ceased taking clients for contraceptive visits for Project CHOICES participation, the FASD Project Director was not notified. Therefore, some clients were not provided transportation to and from the medical clinic for the contraceptive visit. The new policy/procedures will allow (and require when necessary) Project CHOICES staff members to transport clients to the community medical facilities in order to receive the contraceptive visitation.

Sources of Outcome Data

The Project CHOICES database exists in Microsoft Access format. The raw database can be downloaded from Access into Excel and the data can be checked and analyzed manually, or standard reports can be created. There are two methods in which the project outcome data can be reported. Two of the methods are through a “Reports” command within the Access program. This command allows for two slightly different views of the baseline and outcome data. One report is titled the “CHOICES Annual Report.” This report provides some outcome findings broken down by residential care versus community-based participation. The second report is titled the “Summary Report,” and this report indicates some of the project outcomes in terms of client count (number of participants) for each separate project year. Furthermore, this report examines the “cohort group” for the given option year. For example, under the column “Option Year 3” on the Summary Report, the figures represent the activities and counts of those participants who started Project CHOICES after August 2, 2010 (i.e. cohort group). Additionally, the Summary Report includes a column that reports all activities conducted by the FASD Program during the year of 8/1/10 through 7/31/11 regardless of when the women began the program. So the first column on that report, titled with the date range, indicates everything that was done by the Program during that time frame, while the column titled “Option Year 3” reports on the process and outcome counts of those women who entered service during Option Year 3. Throughout this report, the data and findings for women entering service during OY3 will be consistently reported.

Corrective Action Implemented

Therefore, the new client tracking procedures, to be closely monitored by the Project Director, will include the following steps:

1. All clients must have contraceptive visit after the second MI session.
2. Clients who need transportation to a medical facility for a contraceptive visit will be provided transportation by the FASD Staff.
3. Clients who receive contraceptive visitation must provide the Project Director with appropriate documentation of the medical consultation.
4. Project Director will approve the administration of EOP assessment when the client records clearly indicate the successful completion of four MI sessions and one contraceptive session.

Potential obstacles that SCAN may encounter on the matter of contraceptive sessions are that the local Family Planning agency has lost necessary funding for providing free contraceptive visits for women. Additionally, the local Gateway Community Health Center (non-profit medical services) has a policy that only residents of Webb County (Laredo) are eligible for medical services. This would eliminate the many clients from SCAN’s residential care facilities who officially reside in other parts of South Texas. The administration of SCAN, Inc. and the FASD Project Director will continue working with the Gateway administration to urge them to consider the women in residential treatment to be at least temporary residents of Webb County so that they can qualify for services such as contraceptive education. Finally, the administration of SCAN will actively seek to find possible alternative birth control providers (e.g., OB/GYNs, primary care physicians, advanced nurse practitioners, registered nurses, etc.) that would be willing to provide services to clients for free or at a reduced cost.