

**ARC COMMUNITY SERVICES, INC.**

**PROJECT SMART START**

**ANNUAL REPORT**

**OPTION YEAR 3**

**SEPTEMBER, 2011**

**Annual Report Option Year 3  
ARC Community Services, Inc.  
ARC Smart Start**

**1. PROGRAM SUMMARY:**

**(a.) Overview of Objectives**

ARC's Smart Start is an FASD Intervention project which integrates the Project CHOICES FASD prevention protocol based on motivational interviewing with high risk women into ARC Community Services Programs. The FASD intervention started in beginning with women receiving AODA treatment in ARC's most structured treatment programs, including residential programs first and then expanded to include ARC's pre-treatment and diversion programs. The project goals are:

- Abstinence from drinking alcohol during childbearing years (18-44)
- Effective use of birth control methods if sexually active and actively drinking alcohol

The intent of ARC's Smart Start FASD prevention initiative is to eliminate the incidence and prevalence of alcohol-affected births among high risk women by decreasing alcohol exposed pregnancies (AEPs). ARC Smart Start goals are directly related to ARC's mission of developing and providing innovative, state of the art, gender responsive for women, culturally responsive substance abuse treatment which meets the unique treatment needs of women and their children, and is expressed in ARC's goals of increasing the availability and accessibility of early intervention and treatment; decreases the incidence and prevalence of alcohol and other drug use among pregnant and postpartum women; improves birth outcomes, and decreases the number of children affected by maternal substance abuse.

**Service Delivery System:** ARC is a private, not-for-profit 501(c)3 agency specializing in gender responsive, family-focused, community based services for at risk, indigent women and their children as a Federal, State, County and City provider of substance abuse and mental health services. ARC provides a service delivery system that involves a continuum of services including residential, day treatment, and outpatient treatment through fifteen (15) different projects.

**Target Audience:** The targeted service delivery system involves nine of ARC Community Services, Inc.'s programs. Needs assessment data demonstrated that women served in ARC Community Services Programs were a high risk population for delivering an FASD affected child: Over two-thirds of all women served by ARC programs had prior treatment for alcohol abuse or alcohol and other drug abuse.

**(b.)Methods**

The FASD Intervention uses the Project CHOICES protocol which includes four motivational interviewing sessions targeting abstinence from alcohol and the use of effective birth control methods, and one contraceptive counseling session with the goals of increasing the use of effective contraception methods and/or abstinence from alcohol. The intervention and

implementation conforms with fidelity to those utilized in the Project CHOICES clinical trial. The ARC Smart Start FASD team consists of ARC staff who in addition to their normal duties, provide the screening and intervention for Project CHOICES. Participation in the program is voluntary and is in addition to the client's normal course of treatment. Women who screen eligible to participate in Project CHOICES (able to become pregnant, sexually active, NOT using effective birth control methods, and drinking alcohol) are invited to participate in the intervention. Data is collected at the beginning and end of the Project CHOICES intervention and at six and twelve month intervals after the end of the intervention.

### **Outcome Objectives**

- Seventy (70) percent of the women will abstain from drinking alcohol at the End of the Program Assessment
- Sixty (60) percent of the women will abstain from drinking alcohol at the six month follow-up assessment
- Thirty (30) percent of the women will abstain from drinking alcohol at the twelve month follow-up assessment.
- Seventy (70) percent of the women will be using effective birth control methods at the End of the Program assessment.
- Sixty (60) percent of the women will be using effective birth control methods at the six month follow-up assessment.
- Thirty (30) percent of the women will be using effective birth control methods at the twelve month follow-up assessment.

### **(c.) Current Accomplishments or Results**

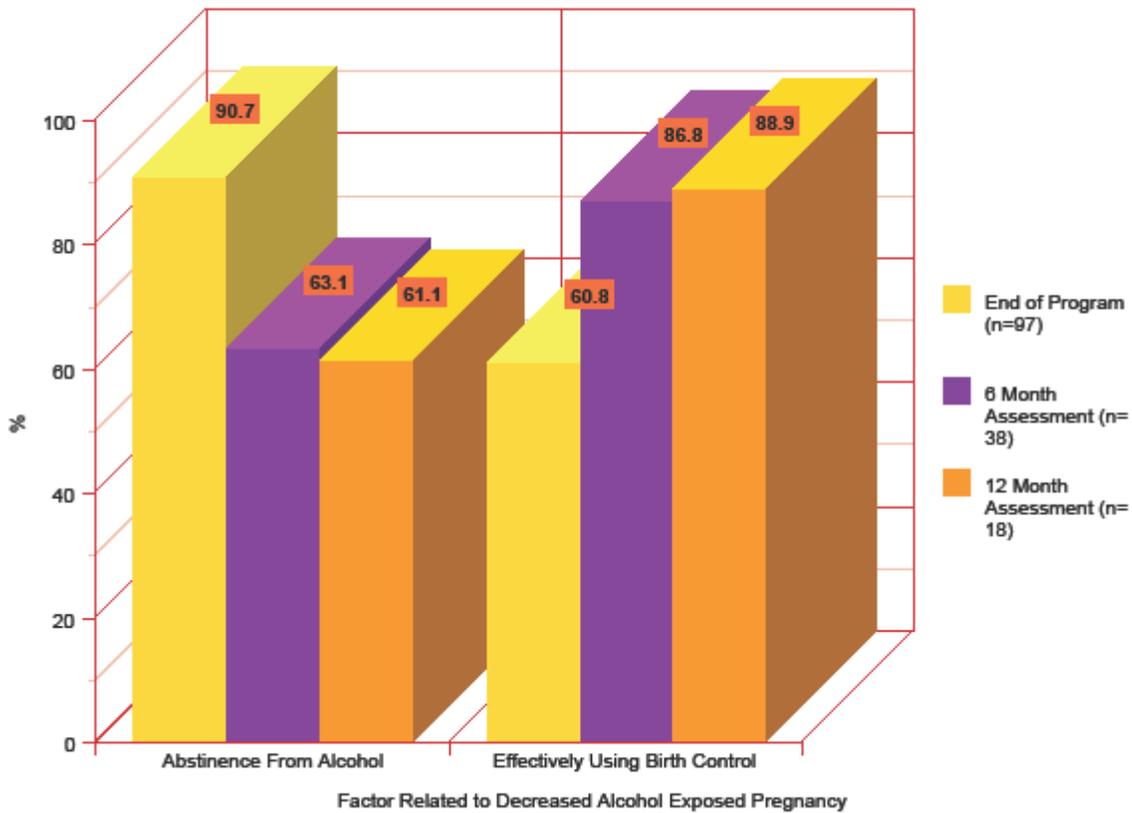
The most significant accomplishment for the project since its inception is that in the 6 and 12 month follow-up interviews, 89% and 88% of the women are using birth control effectively. Outcomes are discussed in more detail in Section 2 under Key Client Results Achieved.

### **(d.) Discussion of the Initiative**

While OY3 results will be detailed in section 2, it is helpful to look at the cumulative success ARC Smart Start has had in reducing alcohol exposed pregnancies (AEP) through the implementation of the evidence-based Project CHOICES model. ARC has consistently and increasingly over the option year's successfully integrated FASD interventions across all nine of their Dane County Programs, increasing the numbers of eligible women agreeing to participate, increasing the numbers of women attending sessions, and increasing the number of women participating in follow-up interviews. Significantly, as shown in Table 1, reducing AEP's through increased abstinence and more effectively using birth control has shown durability over time. The reduction has been more pronounced through more effective use of birth control with that behavior increasing over time, while the trajectory for abstinence shows a decrease over time but still remains at a high level. This is especially noteworthy given the strong potential for periodic relapse of women with SUDS during times when they remain sexually active.

**Table 1**

Cummulative Outcome Data on All Participating ARC Women by Assessment Type



Includes Totals to Date from 201 Women Screened Eligible to Participate in Smart Start

**2. KEY RESULTS ACHIEVED**

**a. Target Population**

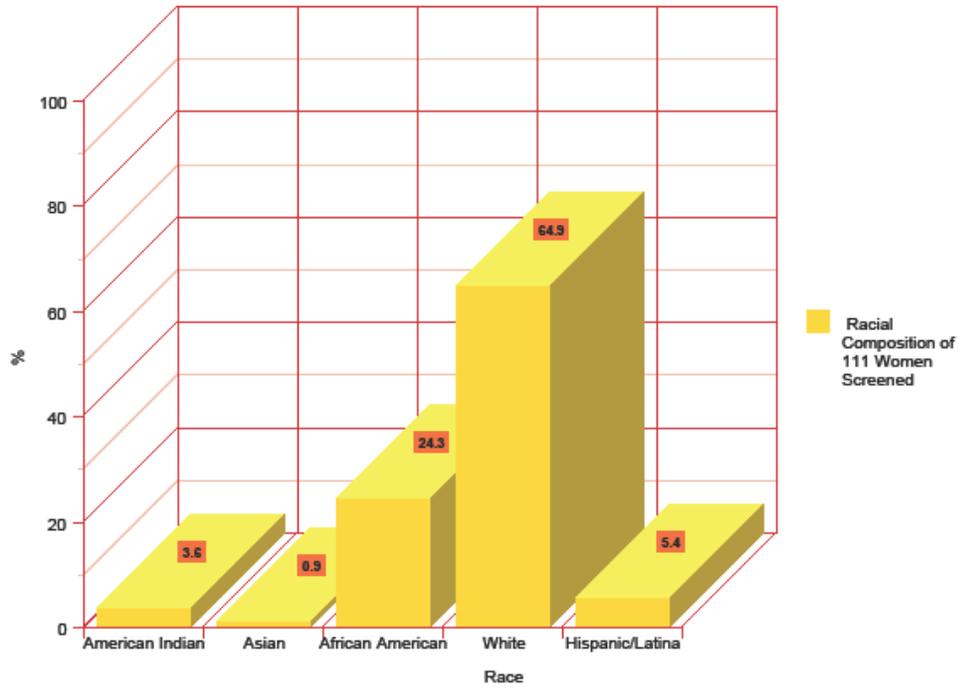
- i. Of the 283 women entering ARC treatment during OY3, 111 were screened and 61(54.9%) of those screened eligible agreed to participate in Smart Start.

**b. Demographic Data**

As may be seen in Table 2, most women participating in ARC Smart Start were white, with the second largest group being comprised of African American women. The average age at screening was 30, and 73.6% of women had a level of education at GED/12<sup>th</sup> grade or higher, while 26.4% were below that level. Most women (89.6%) were either never married, divorced, or separated (Table 3)

**Table 2**

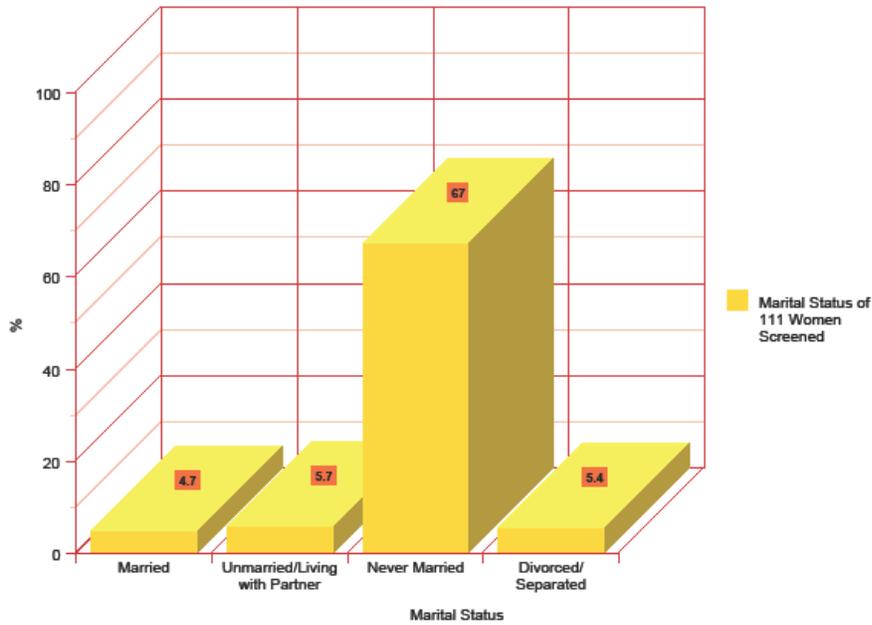
Racial Composition of ARC Smart Start Participants



Includes Option Year 3 Data: 8/01/2010-7/31/2011

**Table 3**

Marital Status of ARC Smart Start Participants



Includes Option Year 3 Data: 8/01/2010-7/31/2011

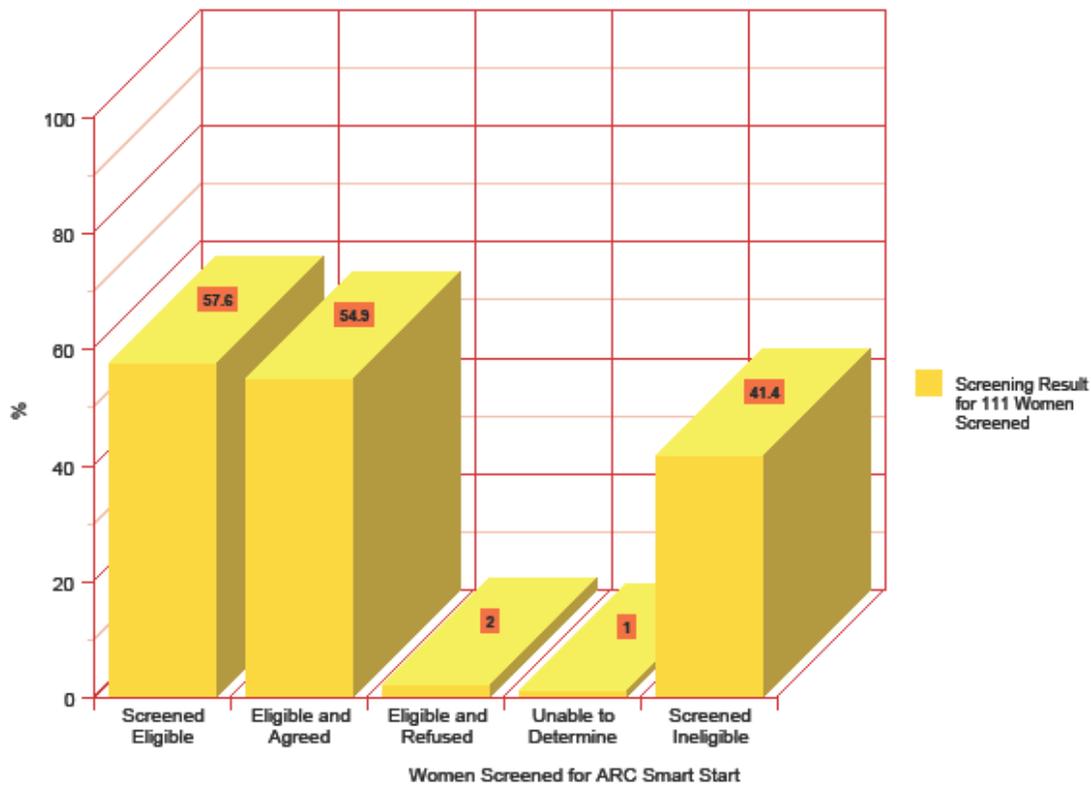
**c. Screening**

As can be seen in Table 4, 57% (64/111) of OY3 women screened eligible for Project CHOICES, and of those, 54.9% (61/111) agreed to participate. Of the total number of women eligible to participate, ninety-five percent (95 %) agreed to enter the program. Only 2% of eligible women refused participation, and in 1% of the screening eligibility was unable to be determined.

Of the 46 OY3 women screened ineligible, we can see in Table 5 that two reasons, the inability to conceive (39.1%) and already using effective birth control (41.3%), accounted for the major basis for not qualifying for participation in CHOICES. Fewer women were unqualified for age (4.3%), being pregnant at the time of screening (2.7%), not drinking at risk levels (4.3%), or not being sexually active (15.2%).

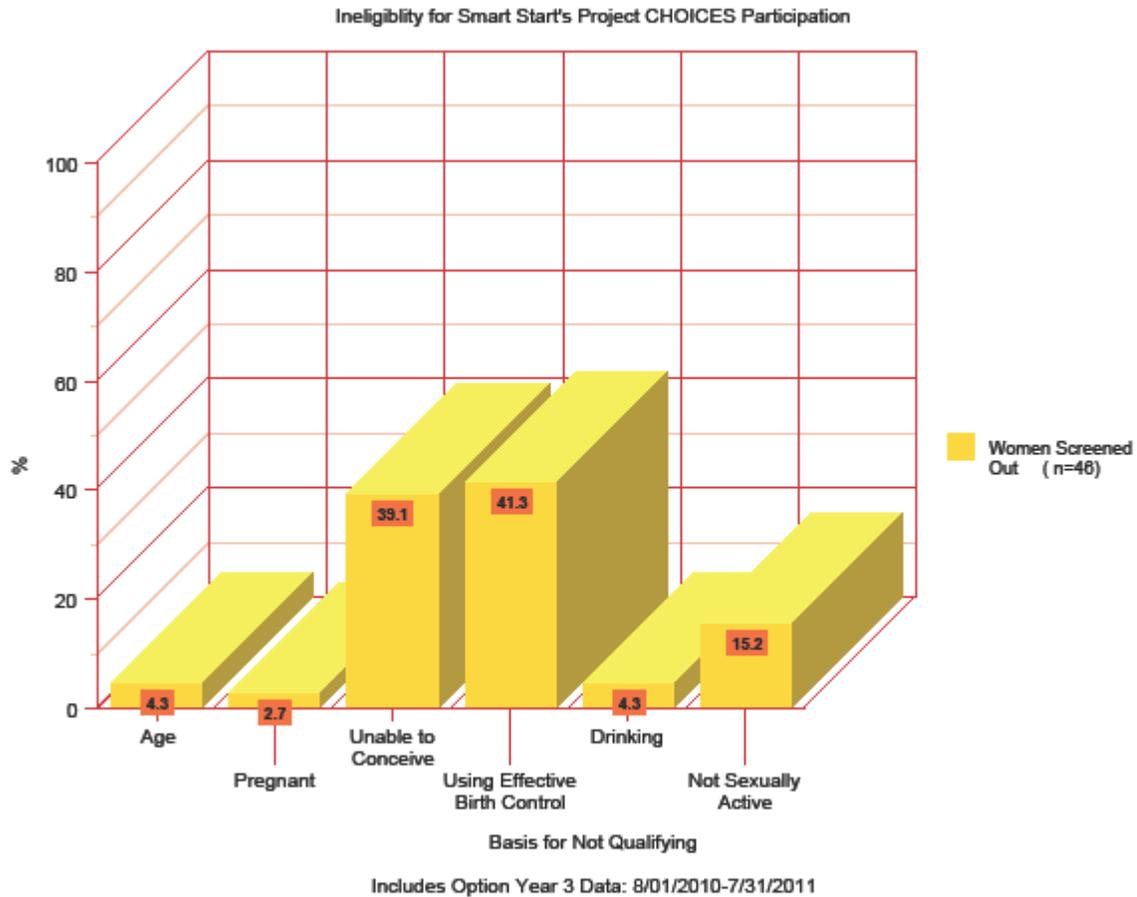
**Table 4**

Screening and Eligibility for Project Choices



Includes Option Year 3 Data: 8/01/2010-7/31/2011

**Table 5**

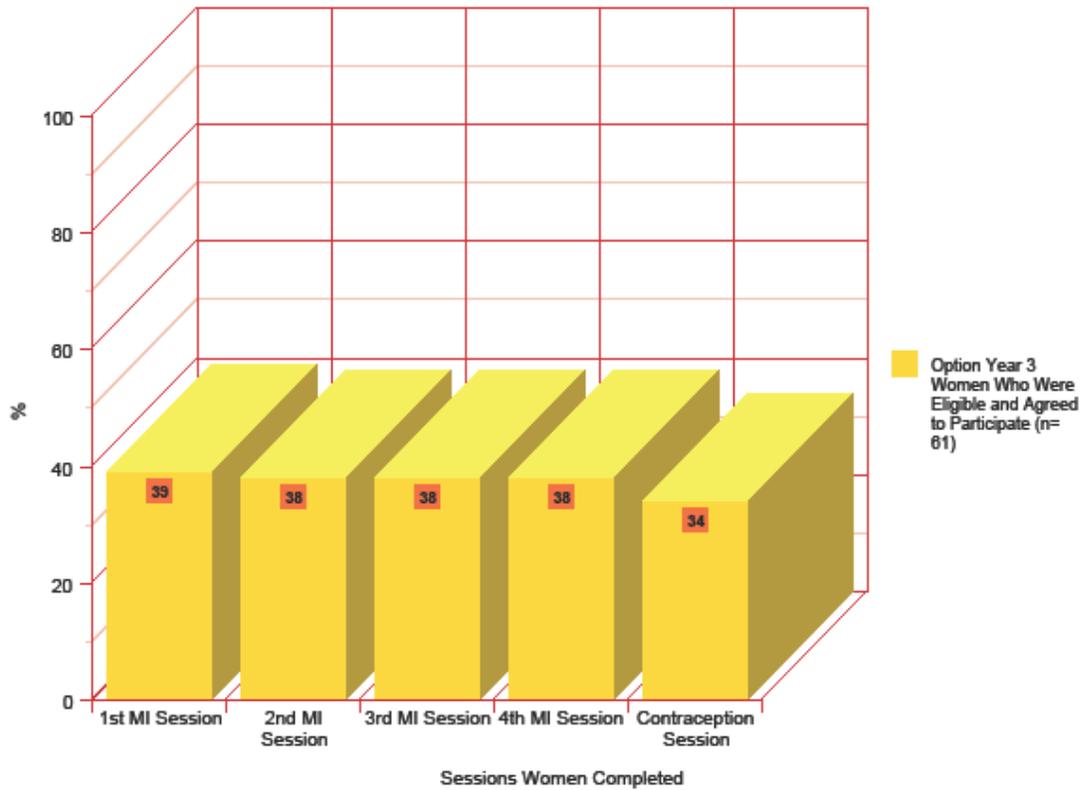


**d. Intervention Services**

Of the 39 OY3 women completing the first MI CHOICES session, 38 or 97.4%, completed all four. Slightly less, or 87% (34/39) completed all four sessions and the contraceptive counseling session. (Table 5) Of the eligible women who agreed to participate, rates of completion were slightly higher for those in residential treatment (56%) than for those in the community-based population (51.4%).

**Table 6**

ARC Smart Start Project CHOICES session Completion



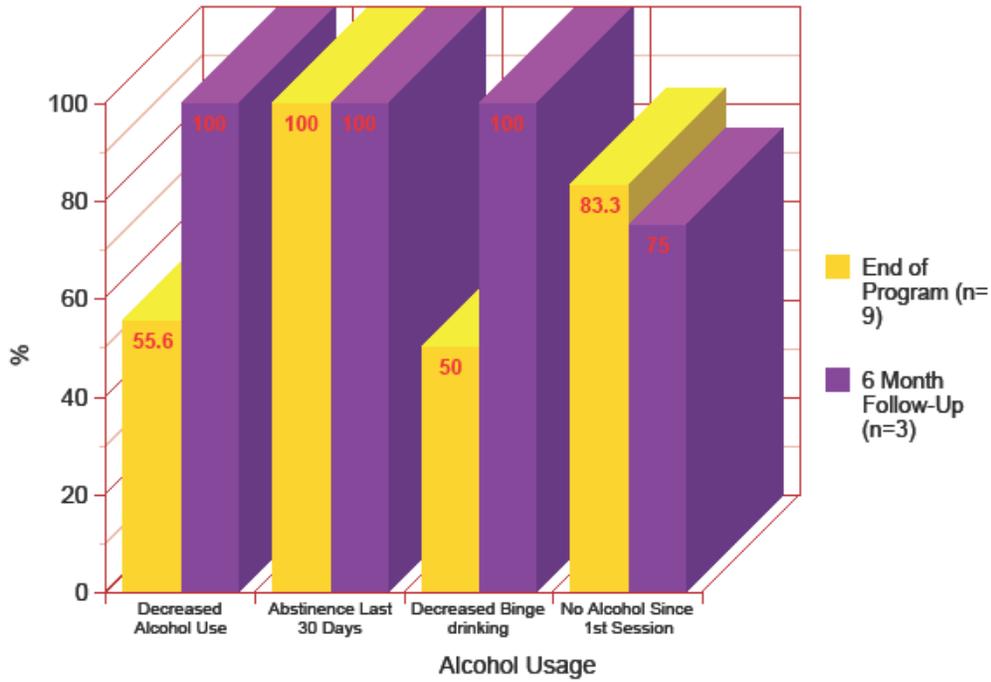
Includes Option Year 3 Data: 8/01/2010-7/31/2011

**e. Baseline Characteristics**

Of women who screened positive, median number of days women drank alcohol in the past thirty days was 1 day for women in residential treatment (n=25), and 0 days for women in community treatment (n=38) The median number of drinks consumed on a typical drinking day for those women who drank during the past 30 days was 4 for those in residential treatment and 8 for women receiving community treatment. Binge drinking rates in the past 30 days for women screening positive were 56% (14/25) for the residential treatment population and 21.1% (8/38) for those in community treatment.

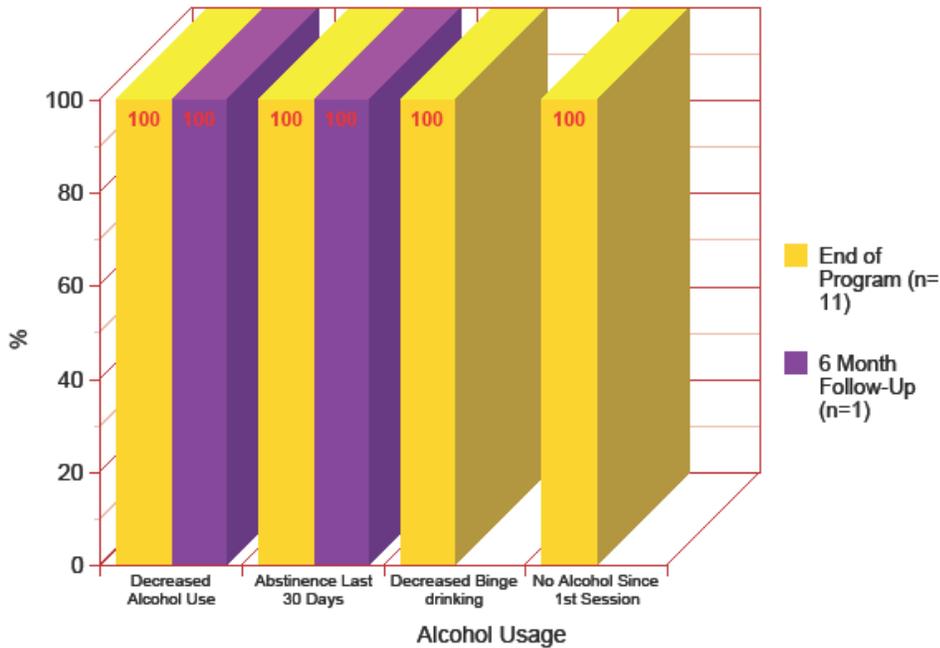
**f. Outcomes-Alcohol Use Table 7 and Table 8**

ARC Smart Start Alcohol Use Outcomes: Community-Based



NG: CHOICES Annual Report

ARC Smart Start Alcohol Use Outcomes: Residential



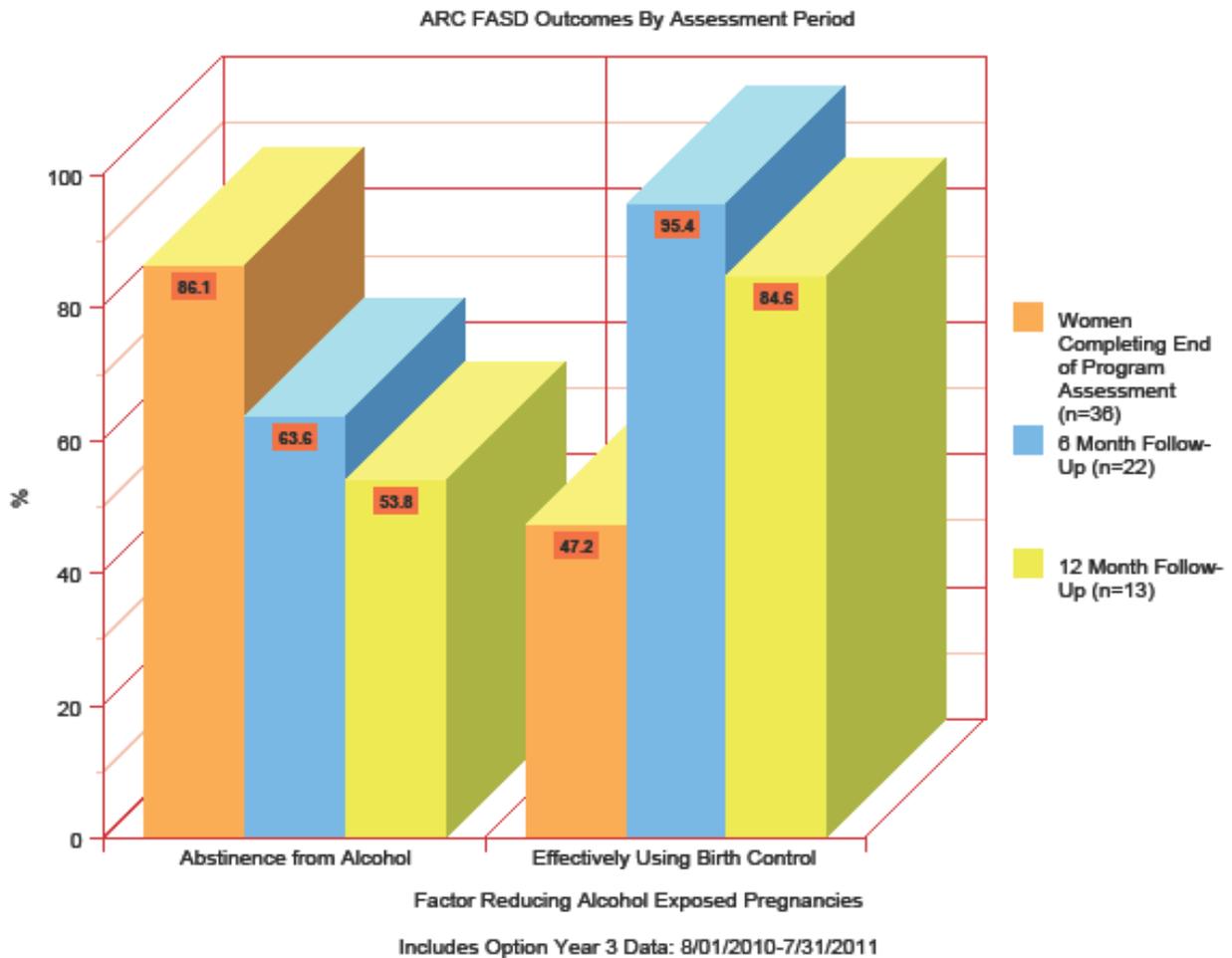
NG: CHOICES Annual Report

**g. Outcomes-Contraception Use**

Of the eligible women receiving residential treatment that agreed to participate and completed the questionnaire, 50% (7/14) reported using contraception effectively at end of program assessment; 100% (2/2) reported doing so at 6 months. No 12 month interviews were available. For their counterparts in community treatment, 44.4% (8/18) women reported effective contraception use at end of program, and 100% (4/4) reported effective use at 6 months. Again, 12 month interview data were unavailable.

**Reducing Alcohol Exposed Pregnancies: Outcomes by Assessment Period**

**Table 9**

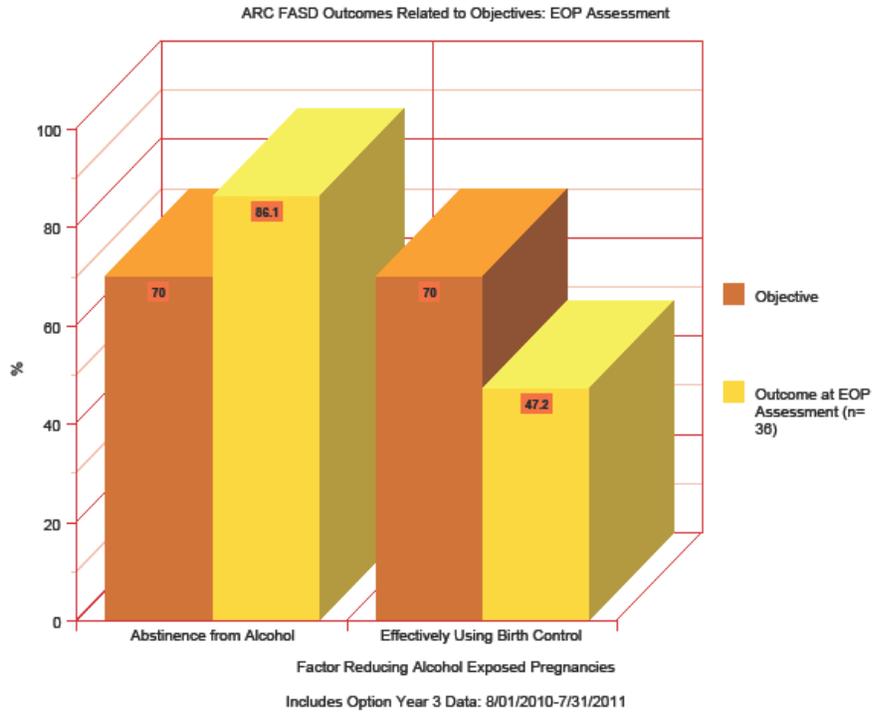


**Relationship of Outcomes to Objectives**

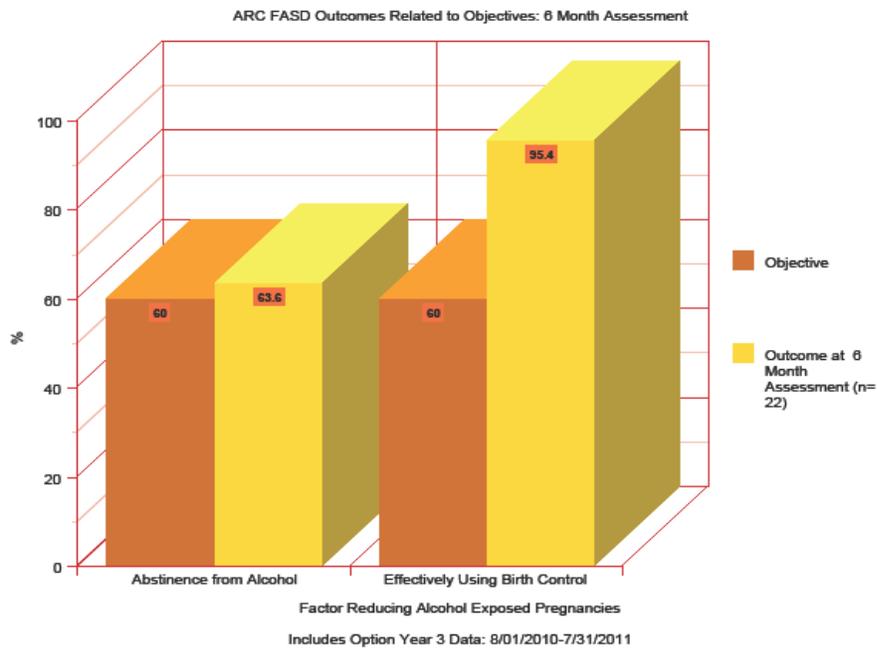
Tables 10,11, and 12 demonstrate the outcomes of abstinence and effective birth control use in ARC Smart Start women, who were eligible and agreed to participate, in relation to ARC’s targeted objectives. These data are presented for each assessment period; Table 10 for end of program, Table 11, for 6 month follow-up, and Table 12, for 12 month follow-up. With the exception of birth control use at end of program, and abstinence at 6 month follow-up, the actual outcomes achieved were higher than those targeted, for all periods. It may also be seen that

while objectives were lowered as the length of time from treatment increased, the percentage of women using effective birth control actually increased from the end of program assessment to 6 months, and still remained high at 12 months.

**Table 10**

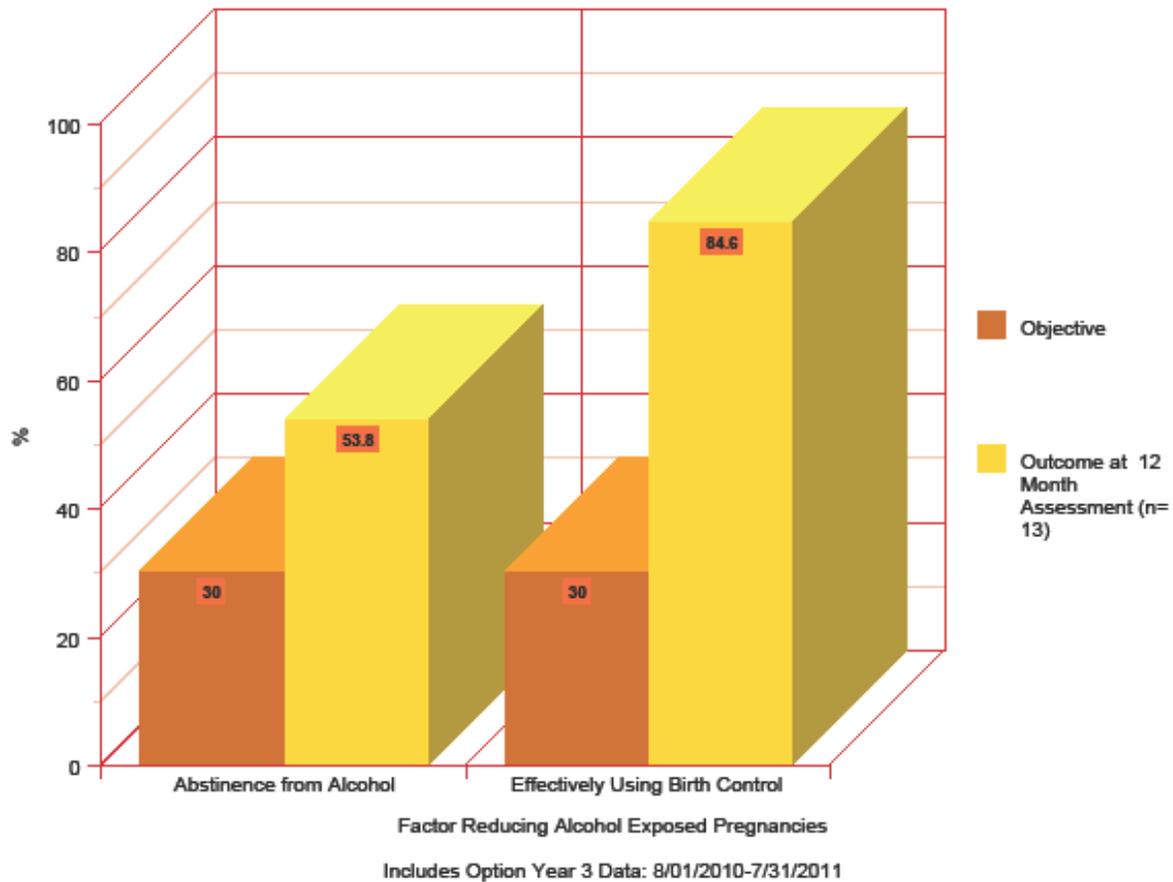


**Table 11**



**Table 12**

**ARC FASD Outcomes Related to Objectives: 12 Month Assessment**



### 3. PROGRAM DESCRIPTION

#### A. Population Needs Identified and Addressed

##### i. Initial Needs Assessment Data

#### **Random sample of Healthy Beginnings (HB), Center for Women and Children (CWC), and Integrated AODA and Work Services Program (IAWS)**

In order to obtain individual case level data, and to corroborate project level data, a 20 percent sample was taken of ARC's intensive AODA treatment programs at the Emil St. location; 41 case files were randomly selected from the 203 women receiving HB, CWC and IAWS AODA treatment during 2004, and they were examined. The results are summarized as follows:

- Most women (92.7 %) are in the target age range from 18 to 44.

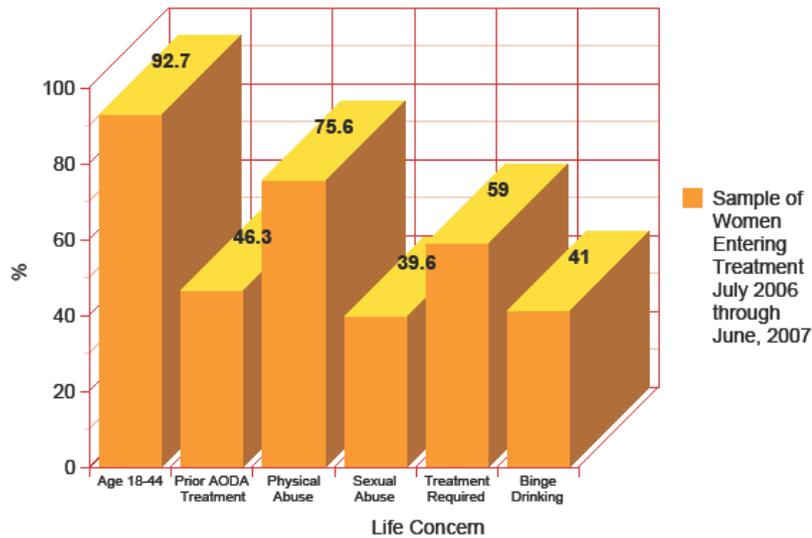
- Only 17.1 % of the women were married; 24.4 % were divorced; 12.2% were separated, and 46.3 % never married. (A total of 82.8 % of all women were unmarried)
- Instances of prior AODA treatment ranged from 1 to 13, with a mean of 1.5 treatment episodes, 46.3 % of all women had prior treatment.
- Most women experienced trauma in their lives, with 75.6% reporting physical abuse; 68.3% reporting emotional abuse, and 61% reporting sexual abuse.
- Most women (58.5%) were required to participate in AODA treatment; 5% by court order; 22% as probation or parole requirements; 5% as a CPS requirement; 5% as a requirement of W2 (Wisconsin's welfare program); and 22% as a TAP/DTC requirement.
- 46.2% of the sampled women reported drinking 3 or more drinks at one sitting while they were pregnant, and of those, 25.6% consumed 9 drinks or more.
- 41% of the women drank two or more days each week during pregnancy, and 17.9% consumed alcohol on a daily basis.
- 34.1 percent of the women sampled receive programming that was explicitly directed at FASD prevention (68.3 % did not). Those receiving FASD prevention reportedly received individual and group counseling and education.
- In addition to AODA counseling which all women received, women received an average of 6.7 other services including; educational counseling (87.7%); employment counseling (87.8%); emotional/psychological (100%); medical (80.5%); trauma education (95.1%); parenting (92.7%).

A more recent sample of women entering treatment at ARC was done on a sample of women entering all ARC programs from July 2006 through June 2007 and the results may be seen below. These data are consistent with the earlier needs assessment data from 2004, as are the areas of treatment services received.

### **Relationship of Assessed Needs to Project CHOICES**

With the exception of women unable to conceive, most women entering ARC treatment are at high risk for an alcohol exposed pregnancy based upon their at risk drinking of alcohol, ineffective use of birth control, or both. Needs assessment data obtained at several points consistently show that roughly one-third of entering women drank alcohol at binge levels, and close to half drank alcohol during a prior pregnancy. Prior to implementing project CHOICES, most women (68.3%) entering ARC AODA treatment received no programming explicitly directed at FASD prevention, and those that did received only an educationally based presentation. None of the women received an evidence based FASD preventive intervention such as that contained in project CHOICES.

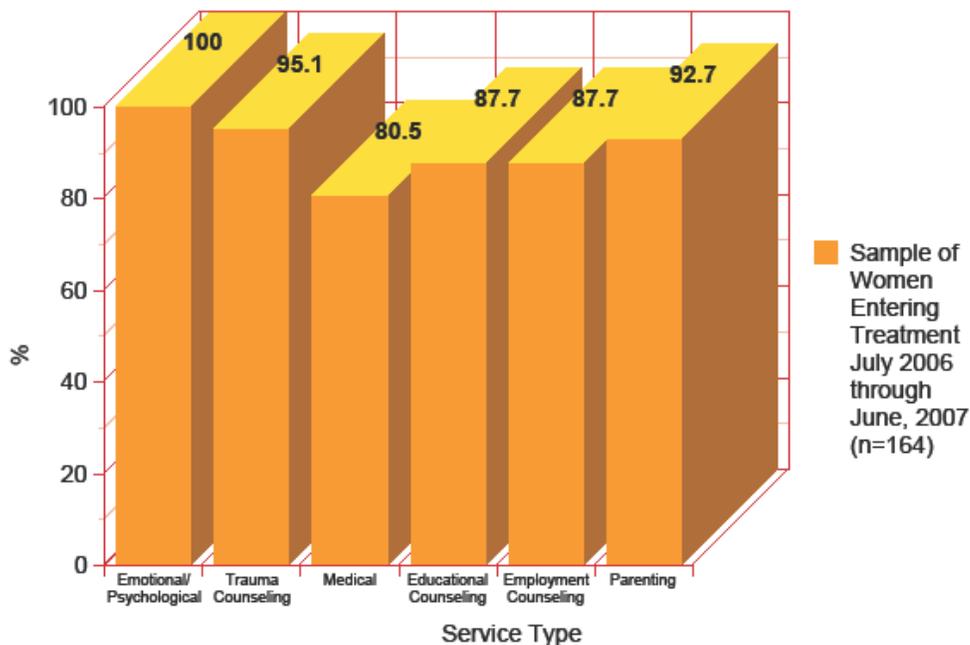
Target Population Demographics of Women receiving AODA Treatment at ARC



Needs Assessment 2007 (n=164)

**ii. How needs were addressed**

Treatment Services Received by Women Entering Treatment at ARC



(In addition to AODA Treatment Women received an Average of 6.7 Services)

Everyone receives emotional, psychological substance abuse treatment, medical, education/employment counseling and parenting services. A high percentage of the women are enrolled in the Recovery Oriented Family-Based Treatment (ROFBT) program and received an enhanced array of family services.

## **The Impact of Project CHOICES on Needs of the Target Population**

Without question, the most significant impact gained by integrating Project CHOICES across ARC's nine Dane County Treatment programs has been the heightened awareness of FASD and the need for CHOICES intervention sharply focused on reducing alcohol exposed pregnancies as a priority in all AODA treatment programming across all ARC programs. Prior to the integration of CHOICES, FASD prevention was not explicitly, nor aggressively, addressed and it often became obscured within the multiple modalities, and individual treatment needs of women in various programs. In addition to the array of services all women in ARC treatment receive, the MI sessions embodied in CHOICES are now seamlessly integrated within the strengths-based, women-centered, treatment models used by ARC, and they are continually emphasized by a sharpened focus on reducing/eliminating alcohol use when sexually active and/or the effective use of birth control. As a result, women are sensitized about the importance and the impact of drinking on a developing fetus, and the need for using effective birth control when sexually active. This was clearly demonstrated by feedback received from participating women during a recent focus group. In addition, all women entering Dane County ARC programs are referred at intake for a contraceptive counseling appointment and receive help in finding an appropriate clinic or provider much earlier in their treatment experience than had been the case before. FASD CHOICES prevention intervention has also become a central focus in case coordination and planning across ARC programs during staff meetings and case reviews. The outcomes achieved by ARC's implementation of CHOICES demonstrate that at each measuring point (End of program, 6 months, and 12 months) there has been increased abstinence from alcohol and more effective use of birth control thereby reducing the risk of alcohol exposed pregnancies among a high risk population in treatment at ARC. (See Tables 7, 8 &9)

### **B. Service Delivery Process**

#### **i. Referrals for Screening**

Women enter the various ARC Programs from many different community referral sources. Clients are informed at intake that all participation in the Project CHOICES screening and intervention is voluntary and does not interfere with nor affect their normal course of treatment. After clients have completed the intake process and have begun engagement in treatment, they are referred to a FASD Team Member for screening. All women ages 18 to 44 are given the opportunity to participate in the Project CHOICES screening and are given a gift card for their participation. Very few women have refused to be screened and 95% of the women screened eligible have agreed to participate.

#### **ii. Screening**

The ARC Community Services ARC Smart Start Program has an FASD Team that consists of eleven ARC staff members assigned to various projects. All eleven staff members are trained to do the Project CHOICES screening to determine eligibility. Two of the team members provide screening only while the other nine staff members are trained to do screening and the MI sessions. All staff are trained to do the follow-up interviews.

Each program has program specific procedures for when a client is screened after they enter the program. The following are the guidelines for each program:

- ARC Center for Women & Children, Healthy Beginnings, and Intensive Outpatient Services: Women are screened after they have completed program stabilization and entered full time treatment, approximately 2 to 3 weeks after intake.
- ARC House, ARC Dayton: Women are screened 1 – 3 weeks after intake.
- Maternal & Infant Program: Women are screened after they deliver their infant.
- Treatment Alternative Program/Drug Treatment Court: Women are screened after their second or third contact with TAP/DTC staff which is between 1-3 weeks.
- RESPECT: Women are screened as soon as they enter the program.

Clients who screen eligible for the Project CHOICES intervention are encouraged to participate in Project CHOICES. They are apprised of the gift cards for participation and are given the “Consent for Participation Form” to review and sign if they are willing to participate. At this time they are also informed that Project CHOICES information is not placed in their treatment file, and that their participation in Project CHOICES will not interfere with their normal course of treatment. Ninety-five (95%) percent of the women who screened eligible agreed to participate in Project CHOICES which means that the process is working well.

### **iii. Referrals for Intervention:**

All women who are screened by staff who are trained to do both screening and the intervention stay with the ARC staff that screened them. The clients who are screened by ARC staff who are trained to do screenings only are referred to an ARC FASD team member for the MI interviews. A Quality Assurance Program using the Excel Data Base program is used at the monthly FASD team meetings to make sure that no one is lost in the transfer from the screeners to the interviewers.

### **iv. Implementation of the Project CHOICES Intervention:**

All clients who screen eligible for Project CHOICES participation enter the MI intervention through one of two methods. The staff members who are screeners only refer the client to one of the FASD Team members who is trained as a Project CHOICES interviewer. In most cases, when the screener is also an interviewer, they will “keep” the client they screened and do the intervention and make the referral for a contraception interview. The majority of clients screened eligible for Project CHOICES keep the same staff member for the entire process.

With the exception of Project RESPECT, most of the clients are not even screened until they have entered the program and have “settled into treatment”. The “settled into treatment” phase can be anywhere between two and four weeks after entering treatment, depending on the program. However, during this “settling” time, all clients regardless of whether they may or may not be eligible for Project CHOICES are referred for a contraception appointment as a part of their ARC Treatment Plan which helps assure that the contraception appointment can be accomplished before the End of Program Assessment should they be eligible and opt to participate in Project CHOICES.

At Project RESPECT, the FASD team member is both a screener and interviewer. Since this client population is not required to attend RESPECT and may attend counseling inconsistently during a six month period, the FASD team member will try to do the first session of Project CHOICES immediately following the screening. The purpose of this method is to try and engage the client in Project CHOICES, as experience has shown the client otherwise might not return for a couple of months.

As a rule, the first, second, and third sessions are held a week apart. The sessions, are scheduled about five days apart, but experience has shown that clients will miss treatment days and may not be available for session which results in an average of about a week between sessions. Since the majority of our clients are in substance abuse treatment prior to participation in Project CHOICES and are already addressing issues of readiness to make change, the FASD Project CHOICES team member decides whether or not the third and fourth sessions can be combined. If the client is struggling with making changes, sessions three and four are not combined, but are scheduled about one week apart.

ARC Community Services, Inc., ARC Smart Start utilizes a Quality Assurance Program to assure first that clients who are screened eligible are referred to and/or enter the MI process. The Quality Assurance Program uses an Excel Data Base to track the client progress starting with screening. The second function of the Quality Assurance Program is to assure that clients complete all phases of Project CHOICES and are not lost in the process by following clients progress through the Project CHOICES intervention. The Excel Data Base is organized by Option Years and includes any clients from a previous Option Year who should have a follow-up interview during the current Option Year. The third function of the Quality Assurance Program occurs at a monthly FASD Team meeting which all team members attend. At that time, all team members review the Excel Data Base to assure that all clients are being recorded and no one is lost in the process. We also use this time to assign responsibility for the six/twelve month follow-up interviews.

#### **v. Follow-up Process**

Locating and engaging clients for the follow-up process is very labor intensive. As a rule, many of the ARC clients in the nine Dane County ARC Programs are struggling with substance abuse issues and/or with issues with the Department of Corrections or other legal entities, and consequently they are transient which contributes to the difficulty in locating them at the six and twelve month intervals. It has been our experience again in Option Year 3 so far that women in the community programs are easier to find for the six and twelve month interviews than the residential women because they are more likely to “re-appear” in treatment within the follow-up window because of the nature of substance use recovery and the fact that the community program women can also refer themselves back to treatment and/or often just “call in” to talk to their former counselor about an issue. Residential women are from the Department of Corrections and are a higher risk population and are dependent on a referral by the Department of Corrections to “re-appear” in the program once they have either successfully completed the program or have had a behavioral termination from the program.

ARC Smart Start uses a Quality Assurance Program (QAP) to track client participation which hopefully results in as many clients as possible completing the six and twelve month follow-up interviews. The QAP uses the Excel Data Base to assign client numbers and track their progress through screening, motivational interviews, contraception appointment, end of program, 6 month and 12 month follow-up as well as tracking whether or not the “locator form” has been completed.

Based on the work of Dr. Elizabeth Hall, a thorough tracking locator form specific to ARC clientele was developed by the Project Evaluator and ARC staff. The locator form contains essential contact sources for relatives, employers, correctional staff, and social services workers involved with the client. This data is refreshed at every visit to the agency to ensure that we have updated information to follow up with the client. The majority of the clients have the follow-up interview with a FASD team member. At each FASD monthly team meeting, the Project Director and Project Evaluator review all the clients who are eligible for the 6/12 month follow-up and make assignments as to who will contact the client. We also send out an e-mail to all ARC staff containing a list of the clients who are due for the six/twelve month follow-up with the idea that the client may contact their former counselor, still be in aftercare, or have re-entered treatment. The staff members are instructed to obtain an accurate/new phone number for the client and refer her to an FASD team member for the follow-up interview. All FASD team members are trained to do the six/twelve month follow-up interviews. The interviews are done both in person and on the phone. Clients who have been returned to a correction facility may be interviewed in that facility. Even given all the intense efforts to find the clients, it still has been a struggle to get them to complete the follow-up interviews.

However, the data for the clients who we were able to find for the follow-up interviews is excellent. From the ARC FASD Summary Report (which records all follow-ups in the Option Year the 6 or 12 month follow-up was done as opposed to the Option Year in which the client did the screening), at the 6 month point, 95% of the women were using effective birth control methods and 64% were abstaining from alcohol use, and at the 12 month point, 85% of the women were using effective birth control methods and 54% were abstaining from alcohol use.

## **C. Staff Training**

### **i. ARC Staff Training**

Four ARC Community Services staff members were originally trained on Project CHOICES by Northrop Grumman sponsored trainings which occurred in Dallas, Texas in 2008. All four staff members are still employed at ARC in their original programs and are still on the FASD team. We were able to send two additional FASD team members to the Project CHOICES training in July 2009 in NYC. In July 2011, funds were made available for ARC to send seven FASD Team members for Project CHOICES training in Gaithersburg, MD. This included training for new team members as well as refresher training for the original team. The training of new team members gives the agency more options in trying to sustain some form of Project CHOICES following the conclusion of the subcontract.

In addition to the “outside” training with Northrop Grumman, ARC provides training for all FASD team members that include on-going training on Motivational Interviewing as well as

individual training on Project CHOICES with an experienced FASD Team Member. Due to issues of staff attrition and staff re-assignment due to funding challenges, we have had to add new ARC Staff to the FASD Team in Option Year 3.

The Project Director and Project Evaluator provide training each month at the FASD Team Meeting on either the screening process, data entry, and/or interviewing issues.

## **ii. Database/Data Entry Training Needs**

The Project Director and Project Evaluator provided training for the staff doing the data entry. Due to staff re-assignment, we had to assign the data entry responsibilities to a new staff member in Option Year 3.

On-going training occurs at the FASD Team meetings each month from the Project Evaluator as issues arise about how to correctly complete Project CHOICES forms specifically around fidelity issues. The Quality Assurance Program is used to assure that Project CHOICES forms are given to the data entry staff in a timely manner and all data is entered.

## **D. Task Force and Stakeholders**

### **i. Task Force Needs**

The Dane County FASD Task Force consists of nineteen members plus two consumer members from ARC Projects. Eight members are ARC Program Staff and along with the Project Director and Project Evaluator serve as the Task Force Executive Committee.

The other nine community members represent a variety of city, county, and state representatives who either oversight funding/service delivery requirements for some of the ARC programs, work with agency staff to provide services to ARC clients, and/or are representatives from other FASD agencies. All the Task Force members have experience working with ARC clients and a commitment to the ARC Smart Start Program goals and objectives. Meetings are scheduled so the majority of members are able to attend. E-mail is used to effectively communicate with the Task Force members and keep them apprised of ARC Smart Start activities and issues.

### **ii. Task Force Insight**

The Task Force has been extremely helpful to ARC Smart Start by providing input into the Implementation Plans, discussing realistic goals and objectives, as well as helping ARC staff with issues related to FASD and substance abuse treatment. Task Force meetings are also a time for ARC Staff to network with community members who familiar with issues that are important for work with ARC clients. All members of the Task Force Executive Committee are also FASD team members and help us address issues in the monthly meeting.

### **iii. Implications for Service Delivery**

The Task Force and Task Force Executive Committee are essential in providing feedback concerning how the Project CHOICES intervention is working in the ARC Programs and in the community. The Executive Committee assures that all policy and procedures changes concerning FASD issues are enacted in the projects and provide excellent feedback. The Executive Committee is especially essential in working on sustainability of the ARC Smart Start Program after the completion of Option Year 4. We presently are working to see what parts (if not all) of Project CHOICES we might be able to retain as a part of the ARC service delivery system.

#### **E. Descriptions of Barriers and Ways to Facilitate Implementing the Evidence-based intervention into the Local Service Delivery Organizations**

ARC Community Services has supported the ARC Smart Start Program which has solidified Project CHOICES integration into the program services delivery system. The administrative team has supported the implementation and policy and procedural changes that are required for a program to be successful across the nine ARC Programs. The Executive Director and ARC Board of Directors at ARC Community Services have supported the integration of ARC Smart Start and Project CHOICES into the program services delivery system and has supported it by providing staff and the financial resources necessary for its success by subsidizing the Northrop Grumman Subcontract.

The Wisconsin FASD State Coordinator who also sits as a member of the FASD Task Force has required that some form of FASD intervention a required part of service delivery in all the State of Wisconsin Women's Treatment Programs in the next RFP, although there is no extra funding for the services at this time, nor is there a specific intervention required at this time.

#### **F. Descriptions of the Experiences of Women Drinking During Pregnancy and with Alcohol Problems and the Factors that Contribute to Their Stopping or Continuing to Drink. Taken from Focus Group Data: Feedback from Women Completing ARC Smart Start (CHOICES Program)**

The experiences of women drinking during pregnancy and with alcohol problems and the factors that contribute to their stopping or continuing to drink will be portrayed through the women's own words from a focus group that was held with the women. A 90 minute focus group was held on 8-9-2011 with the Project Director, Program Evaluator, and Northrop Grumman TA (Technical Assistant) at the Emil Street office at ARC and a total of eleven women participated. The women had all been screened and participated in Project CHOICES. The session was tape recorded.

The focus group was conducted by Dr. Thomas Ebert, the external evaluator. Eleven women from several ARC projects including ARC Dayton, ARC Patterson, CWC, IOP, and HB attended. The women ranged in age from 21 to 42, and included women who were screened out of Smart Start, as well as women who completed all MI sessions. The focus group was tape-recorded and transcribed, as follows.

#### **Introductions and identification of what ARC Treatment Program participants were in.**

**Q: What brought you into treatment at ARC?**

- **“I had been over at ARC Patterson twice and at Emil twice, and didn’t get kicked out but ended up back in jail. And I’m in treatment because last summer I decided to try shooting up heroin and overdosed, and came here and told my counselors.**
- **“I was at the treatment program at Taycheedah for 4 months and now I am here”.**
- **“For me, I was on parole, just got released from John Burke in November, and by April I had relapsed, caught another charge, and I got tired of running and looking over my shoulder, and I turned myself in. And connected with ARC house.”**
- **“I caught a couple new drug cases and came here on an ATR (Alternative to Revocation).**
- **“I came here, was using opiates, I was out of control, they were gonna take my kids. I was tired of using. So I called ARC.”**
- **“Two years ago I got put in jail for manufacturing meth, and then I was released and started smoking weed, failed a drug test for probation. And he sent me here.”**
- **“I was on probation and they sent me here as an alternative.”**
- **“I had just got out of another treatment in Racine, and wasn’t too long after that I ended up relapsing, I was back on drugs using cocaine and marijuana, and I had just lost the baby. He was born addicted to cocaine. And I didn’t want to go through that with my daughter so I turned myself in. My probation officer sent me to MIP, and once I complete MIP I decided I wanted to stay with ARC cause it’s been doing a lot of help for me. I’ve been here for about 4 months after MIP.**
- **“I’m here because my PO was sending me to inpatient because I was smoking and taking pills and stuff, instead I just came to ARC because last time I was here it helped me. I came back.”**
- **“I too was released from prison last September. I relapsed right away, and then I relapsed again April 1<sup>st</sup>.**
- **“I just got put on probation in April, and kept giving my PO dirty UA’s, I was shooting up heroin and using cocaine. And it was go to prison or do this.”**

- **“I’m on probation and smoke marijuana, and I tried outpatient and that didn’t work. So me and my PO concluded I needed inpatient.”**

**Q: Maybe we could talk a little now about the kind of treatment and services you receive at ARC. What have your experiences been like?**

- **“I was at ARC Patterson in 97 and 09 and then I went to Dayton. People asked me what’s different now and it isn’t ARC it’s me. The staff members are some of the best women I have ever met in my life. They actually care about what happens to the women that come in and out of there. It’s like informational, educational, not like it is treatment based, more like a transitional, they do certain groups. We have fun doing these groups. We did a thing a couple weeks ago for AODA, this lady from UW came with human organs, healthy organs (where people died naturally), and others that had cirrhosis of the liver, one had a pacemaker. This showed us what the actual drugs do to the body. I’m learning a lot there, learning who I am. Not quite sure yet who I am but I am learning. Really good experience. They care, I’m used to conditions, and I’ll care for if you do this and this. Even if we weren’t to make it at ARC, they would still care about your well being.**
- **I’m at ARC Patterson, it really is a family setting, we are all in the same boat, nobody tries to put anyone down, or make anyone feel any less. They always stress the fact that we don’t care about ourselves. I’ve only been there for 2 weeks. I don’t feel uncomfortable, I feel like it is almost like my home”.**
- **“Wonderful women, in the beginning it is scary but you know, with women there can be a lot of drama (laughter). I have made a small but lifelong group of friends that love me, the staff loves me too. I have been clean since Sept. They just help me out with everything. My kids, my trauma, I love myself now; I’m in a good place right now. I put the work in but ARC has the tools that I needed. I would thank them forever for that. This is the first time ever in treatment”.**
- **“This is also my first time ever being in treatment. When I came to ARC, I was just a big mess. I didn’t have my education, driver’s license, nothing; I was on the verge of losing my kid. So when I came here, I really wanted to change. I have my GED and I am going to back to school. I can get my license now. I got a place to live when I get out. I’m happier now than I have been ever in my life. I’ve learned a lot about myself. It feels really good; I am going to miss a lot of people here”.**
- **“Ah I guess when I first came here I really did not want be here. I don’t know if I wasn’t ready yet or what it was. I thought this is just another treatment and they talk about the same thing but it is different, they teach you more, it not all about**

**your addiction, it's more. Do things differently, it's not just one thing. That has helped out a lot; I am a way better person now".**

- **"This is my second time in treatment, if it wasn't for ARC I don't know where I would at right now. I've accomplished so much since I have been here. I got my son back, he is with me now. I have my daughter, she is with me, and I raise my kids to the best of my abilities. I am a very good mom, I am focused on them. I come here every day faithfully on my own, not being forced to. I get up every morning, get them ready and I come here. It is nice to have a family, it is not just a building, it is a family here. We are here for each other in every way. This means a lot for me; I am from Texas and have no family here. It's good to say I have a place to go".**
- **"This is my second time at ARC. The first time I was not ready. They actually kicked me out because I wasn't doing the program. But now I am different and older. I stopped doing the things I was doing. I met some nice women, they have my back. The staff are nice, I like them. They are teaching me how to control my anger, I haven't been angry in a long time, that's good because I am an angry person. I just love ARC, helping me with my relationships with my family, I just love it here".**
- **"Oh gosh I have been in at least 16 different treatments. ARC is by far the best. Like what was already said, they don't just focus on the drugs, we already know that, it is across the board. You do feel cared about, you're loved, you're encouraged, they encouraged me that I was safe to step out of the box, and you face fear. I did not ever think I could write a book. It's scary. I have not worked outside the home in 23 years. I volunteer, I never touched a computer, and I'm learning that. I'll be taking my math and I'll be taking my HSED on Thursday. But it's a family; there is just something about the program, the staff. I leave Friday; this is the closest thing to a family. I am walking out of here with a confidence, and self esteem. Really feel I have a chance this time. Of course you have to be ready, but I was ready before, but I went into these treatments and it was the same thing. It's not like that here. (Interviewer asked if some of the other treatments were mixed gender programs and if ARC is different because it is women's treatment), Yes there were some and yes the women's program really helped, I relate to all the women in the house more so because all of us have been incarcerated. That's what I feel comfortable with and I relate to that. We are all on the same plane. I don't know how to put it in words, but I'm walking out of here knowing I can actually do this. They want you to call, they want you to come back, and you don't feel it is just words. They mean it and they will advocate for you. They will go out of their way, they will look things up on the computer and they specialize in everyone's**

individuality. They take that and meet your needs. Just a wonderful feeling. I can't say enough about it, I am really going to miss being here".

- "This is my first treatment. I was scared, I was sick when I came in, some girls took care of me, made me feel totally comfortable. It wasn't what I expected. Awesome house, awesome group of girls. The staff, if you need anything, they are right there to help you. They encourage you. I am working on my GED. I choose to come here; my PO asked what I wanted to do, treatment or jail. I said I needed treatment, I can't kick this stuff by myself, I couldn't handle being sick. I'm glad I made it".
- "I'm the last one and everybody pretty much said everything. I have only been here for a month, being told to keep my head held high. Don't let anyone bring you down. Learn how to deal without drugs. All the women are great, they help out a lot. They make you want to succeed. They don't make you feel bad if you slipped. They don't treat you like a number. They have a sense of humor about it all".

**Q: How much did you know of FASD or anything about this program before you entered?**

- "I never heard of it. I knew you weren't supposed to drink when pregnant, there would be some kind of aftermath, I knew that. As a matter of fact I didn't know it was called spectrum. We watched the documentary on it. It was amazing that until the 80's they didn't know anything about this. All these years the Doctor would tell you to drink some wine while you were pregnant that was okay. Now it is not okay. You don't know if one drop or 2 gallons would make the difference".
- "I thought that too, you just got to be drinking gallons for it to affect your baby".
- "I didn't know it only takes a little. Made me be afraid of the times I was drinking and pregnant, what damage I could have caused. It could be long term and not show up right away".
- "I have a foster brother who has fetal alcohol syndrome; he was born pretty much drunk. I met him when he was 5 yrs old, he is 20 now. He suffered seizures, a lot of different health issues, he also had crack in his system too. It was so sad, he just wanted to destroy and break everything. Tried to jump out of the second story he didn't know any better. It was just so sad. He was also very small and watching a little 5 year old have a seizure, it was so sad. It's hard not to blame the parents, they are addicts and it could happen to anybody. Also my mom drank some with me, makes me wonder if some of the issues I have are because of it. I am excited to learn more about it".

**Q: Did you learn new things about protected intercourse and birth control? Does it have some meaning about how you would do things differently in your life?**

- **“My first session I was asked during my addiction, how long was I without protection? How long did I have unprotected sex? For me 3 months, it was kind of embarrassing. You think about that and I am still in childbearing years, just the chances I took, that really makes you think. It was a good thing I was in a safe place because it brings backs all those things”.**
- **“I have been on numerous amounts of birth control and had adverse effects, I got pregnant on the pill, when I was younger I had the unit in my arm and it broke open, I’m allergic to latex, used sheepskin condoms, which don’t protect against STD’s. I’m currently in the process of finding something that could possible work. But on the other hand it was also my excuse to have unprotected sex. I was always airheaded and wanted to please the guy, god forbid they would wrap it up (laughter). Of course me trying to please them, I get pregnant, then a miscarriage. I have been pregnant 6 times, they had to take one. I have 2 children it’s about time I do something. If the man doesn’t want to take precautions then doesn’t need to be with me I guess”.**
- **“Back in 2006 I went to jail and got cleaned up, actually was I treatment at Emil and I got out and I was doing really well. I wanted to make sure there were no problems, so I went and got my tubes tied. It was great but then you have doubts”.**
- **“I had a guy for 2 years we broke up a few times, I had a few one night stands, he does not know about it. I got a tubal too”.**

**Q: For those that actually received the sessions, what where the best parts of your experiences?**

- **“It was the juggling different things, especially my sexual activity, keeping note of who I am with, what I am doing at that time. Although I am not in that lifestyle anymore, there were times in the past I did not even know who I was with. Just knowing and being cautious of those things were helpful. My journaling experience was nice”.**
- **“Just looking back, I have never been on birth control and always being screwed up, very, very dangerous. I have 3 abortions and I do have a son who is 20. He has fetal alcohol syndrome but you would not know it. But he does have problems. The guilt, wow that is a human being. I’m not real sure what I did to him. In my mind I was**

going to give him up for adoption so it didn't matter. I haven't been sexually active in 4 years. But there is such a variety of birth control now. I'd get the Depo shot. Learned a lot and part of it is just age. ARC trauma group and 1:1's helped with the guilt. ARC is there".

- "I can almost guarantee.....I have a daughter, I put her up for adoption because I had her at Taycheedah. What I was saying is I can almost guarantee that if I didn't get arrested my daughter would have been born a crack baby. I wasn't ready to quit. I found out I was pregnant in jail at 4 weeks along, so obviously I wasn't using after that. I would have made every excuse in the book; I'm only going to do a little today. Whether it was pills or alcohol, I'm sure I could have made some excuse that it would be okay for me. I'm glad my daughter is healthy and 16 years old. I mean I never really had too much of a problem, I just like drinking too much, but personally I think it tastes bad. The staff helped me with bad dreams about my daughter. One thing you gave me is I got to hear my daughter's voice for the first time since she was a little baby. About 3 weeks ago. 2 weeks ago I got see what she looks like. The only reason this is happening is that I am using the tools. My mom in a millions years would never let me see her picture or hear her voice. I will be eternally grateful for the staff at ARC".

**Q: What was the screening part for you like? Did you feel you were getting good info about the program?**

- "I knew what it was going to be about, before hand we had to watch the video on fetal alcohol spectrum. Didn't really know until I had the screening. She asked me questions that were not big words, very through, and not embarrassing, she would stop once and awhile and asked me if I was comfortable. Do you want to continue? That's what I appreciated".
- "To be honest, I was excited about the gift cards, but I can always use new things. Like I said my mom drank with me, I want to learn what it does to the fetus. Just education, because I really didn't use that much alcohol. The organs that were showed to me freaked me out at first but made me think about quitting smoking after we saw the lungs of a smoker. I'm not going to lie I still want a cigarette but you know. It made you think about what you need to do to quit that behavior".

**Q: (Sharon) Since you come into treatment because the courts tell you, have to come, or you come in on your own because you know you have an issue you need to work on, how do you feel about being screened for something you don't know much about, and you come in for a completely different reason? Did you feel when you did the screening that you were**

ready for that? Or did you feel maybe a little later on in treatment? One of the things we struggle with is when to do the screening, and if we catch the women too early they might not agree to participate. Did you feel you were ready for it, and if you weren't, what could we have done differently?

- “When I came in, I didn't think I had a drinking problem. You know, I really don't need to do anything. It made me realize that I have an issue too.”
- “I feel that they shouldn't approach the ladies when they first come in, because we're already confused, trying to figure out what's really our problem, maybe a month or so after they've been there, and settled in and stuff. For me it was a couple weeks, but I turned it down, but I wasn't for sure. They said that's OK, I'll come back and catch you next round. And then a month and a half later I was ready”.
- “She came to me a week after I got there and I didn't have a problem at all. I was there to do something. Whenever you ask me, I say OK, OK, I was there for help anyway.”
- “It teaches you more stuff. I saw the movie, you know, I have two and not going to have anymore. ( Q: You can now tell others, you can spread the word to other women) Yeah, I know. That's true. I knew that drinking was bad for your baby, but you know, you can have a glass of wine once in awhile and you'll be OK”.
- “My doctor said I could have a glass of wine, and with me well, if I can have one I can have two. (Laughter from the group) He gave me that inch, and I took it to the max, if I can have one I can have a bottle”.
- “It's not cool, and it's not good, and then learning about it, because I didn't know what I was doing. I had not heard of FASD, I thought you would have to be drinking gallons to get really exposed. I had been here 6 months when she came to me and it was an extra thing to learn about. It was really enlightening to know the things I could have done, and scary to think about. And the same time it teaches me for the next time”.

**P:** I assume the 6 month wait was because you were pregnant. (Replied yes) Should people who construct programs like this reach out to women who are pregnant?

- Women all talking in agreement (consensus of opinion).

**S:** Explanation of CHOICES as an evidence-based program

**Q: What are you going to take with you from your experiences in treatment? What's the most meaningful thing you are going to take with you and use in your life?**

- **“What I’m going to take is that I need to take care of myself, when I take care of myself then I care about others. Because for awhile, I didn’t take care of myself and didn’t care about others. That was my attitude then, and now I’m not ashamed anymore about my past. You come in there with a bunch of guilt from what you did, but that was me in the past. Now it’s time to start all over with these tools that I’ve got”.**
- **“One thing I’ve realized, I leave in about 4 weeks that I am going to ask for an extension because I need more time. One thing I learned is that I don’t need drugs, a man, or a woman, or anything else to complete me because I am already whole. Also, just because I have made mistakes doesn’t mean that I am a bad mom”.**
- **“I am going to take my self-esteem and confidence that I have built up. When I came here I hadn’t done anything to better myself for a long time. I didn’t have school, I had a lot of kids at a really young age I had 3 kids before I was 21. And lost all of them, and they all got adopted out. But I have actually accomplished a lot while I have been here. It feels really good”.**
- **“I agree, I am going to take my confidence and self-esteem. I have 4 babies so I got a lot to look forward to. I have learned my parenting skills”.**
- **“I will take my recovery and my love for myself, I love myself now, and I never could say that before.”**
- **“I have learned so much. I have learned who I am. Just because I am an addict, I don’t have to carry that label.”**
- **“I have beautiful kids, and they teach you that the cycle doesn’t need to be repeated. I will take a little piece of everybody and everything and continue to do what I have been doing.”**

**Q: Thank you all very much for sharing.**

**G. Description of Model Approaches to Integrating CHOICES into State or Local Alcohol or Substance Abuse Programs:**

When the ARC Smart Start Project began, we were to integrate the Project CHOICES intervention into the nine Dane County ARC Community Services Projects. We began with integrating the projects first into one residential program and into the three outpatient programs. We proceeded in this manner for almost a year which allowed us to determine what policies and procedures would need to be made to ensure a seamless integration of Project CHOICES in the projects. This also allowed us to train staff and allow staff to gain experience in administering the intervention protocol and “work out some of the bugs” in the process and in the data base program.

Toward the end of the Option Year 1, we then began to integrate Project CHOICES into the remaining projects and based on the experience we had attained, this made the process easier and also allowed us to get more staff trained to do the intervention.

Another crucial item in the integrating Project CHOICES was having the FASD team meet monthly to discuss and work out issues. Also, equally important was the fact that the Executive Committee of the Task Force consisted of ARC staff which allowed us to give good feed back to the Task Force as well as carry out changes that would be required in the agency.

#### 4. PROJECT CHANGES

Change Category	Description of Change
State/local policies and procedures	<p>On the state level, the WI Department of Health Services wrote the RFP’s for the Women’s Substance Abuse Programs to include a requirement to do an intervention with women at risk for an alcohol exposed pregnancy as a result of the impact of the ARC Smart Start Program using Project CHOICES as a prevention intervention.</p> <p><b>ARC Community Services:</b></p> <ul style="list-style-type: none"> <li>• All women ages 18 – 44 are offered a screening to determine if they are at risk for an alcohol exposed pregnancy.</li> <li>• As a substance abuse program which is gender responsive for women, we have always had an educational component which disseminates information about contraceptive issues. The Northrop Grumman Subcontract through using the FASD Project CHOICES Intervention has allowed us to also do individual motivational interviewing around using effective contraception in addition to the education group already offered.</li> <li>• There is a greater awareness about the impact of FASD within ARC Community Services as FASD Education has been added to the ARC In-Service Program which is a requirement for all staff.</li> <li>• Due to the extended FASD education for staff in either new staff orientation and/or staff in-service, staff has also been aware of helping women assess whether their children may be impacted by an FASD, or whether the client has been impacted by her by an FASD.</li> </ul>

	<ul style="list-style-type: none"> <li>• Increased awareness about FASD has helped ARC enhance services to the woman and her children and to adjust treatment services for those women who may have an FASD.</li> </ul>
Organizational policies and procedures	<ul style="list-style-type: none"> <li>• In the nine Dane County ARC Programs, ARC staff screen all women between the ages of 18 and 44 who are not pregnant. It was determined that we would wait until the client had completed pre-treatment requirements, and/or at least two weeks in the program so that we were assured that we would not lose women for the intervention once screened if they dropped out of treatment. This has resulted in a greater retention of clients from screening to intervention.</li> <li>• ARC began offering gift cards for screening and intervention in order to encourage women to participate in the screening and intervention. This process was very successful.</li> </ul>
Systems integration (intake, screening, MI sessions, contraceptive visit, case coordination, etc.)	<ul style="list-style-type: none"> <li>• <b>Intake and Screening:</b> As mentioned above under organizational policies and procedures, women are not screened during intake, but after they have either completed pre-treatment or at least a couple weeks in the program. This process does not apply to the RESPECT project where clients are not required to stay in treatment for a pre-determined amount of time. At RESPECT, as soon as a client enters treatment, they are screened and the intervention begins. This has proved to be effective at RESPECT.</li> <li>• <b>MI Sessions:</b> Most of the staff who screen for Project CHOICES are also Project CHOICES motivational interviewers. The FASD Team staff member who does the screening and who is trained in Project CHOICES will keep the Project CHOICES eligible client and continue on with the MI sessions and make sure an appointment is set up for the contraceptive session. The FASD Team Member may make a referral to another FASD Team member if there are no openings on their caseload. If the staff member is a FASD Team Member who only does the Project CHOICES screening, the client will be referred to a MI FASD Team Member who has an opening.</li> <li>• <b>Contractive Visit:</b> As a result of the ARC Smart Start program, all women entering the Dane County ARC Programs are referred at intake for a contraceptive appointment and receive help in finding an appropriate clinic and/or provider. Although this had been a general referral process before ARC Smart Start was integrated into the ARC service delivery system, more emphasis is now placed on assuring the client makes a contraceptive appointment earlier in their treatment program.</li> <li>• <b>Case Coordination:</b> The FASD Team meets monthly to review issues and progress in the ARC Smart Start Program. It is at this time that we ensure that clients are being transferred from screeners to interviewers and that the clients are making it through the MI process and the contraceptive interview, as well as assigning women for follow-up</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>6/12 Month Follow-up:</b> The FASD Team of Project Director, Project Evaluator, Screeners, and MI interviewers meet monthly to review progress and discuss challenging issues. At this meeting the team reviews clients who are coming up for six/twelve month follow-up interviews and make assignments for their interviews. A list of women eligible for follow-up interviews is also sent to all ARC staff in case they have contact with the client. ARC staff will then refer the client to one of the MI interviewers.</li> </ul>
Service delivery processes (individual vs. group formats, net clinical techniques, etc.)	The service delivery system has been greatly affected by the FASD Team staff attrition due to funding cutbacks and re-assignment of staff to other projects. During the last year, we lost three staff members, but had another three members assigned to the FASD team. The changes forced affected the number of interventions we did as we had to train the new staff in MI and in Project CHOICES.
Data Systems (integration of program data, centralization, etc.)	As ARC Smart Start was successfully implemented in stages across all of ARC's nine Dane county treatment programs, so too was the structure for collecting, retrieving, and updating data centralized to assure consistency, reduce redundancy, and provide accessibility for key project staff. Screening forms and follow up assessment forms have become part of client record keeping and were also placed on a special secure computer drive (Q) for that purpose in both the NG format, and locally by a continuously updated access database. To ensure confidentiality, project numbers are assigned and the data is only accessible through remote access by the Project Director, key program managers, and the external evaluator. Monthly process meetings helped to resolve any potential issues in the use of the questionnaires, helped to maintain standardized implementation and reduce error, and acted to enhance the fidelity of the implementation of Project CHOICES across different staff, different program locations, and across time.
Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	The FASD team consists of fourteen staff members, including the Project Director, Project Evaluator, and Director of AODA Services. There are two team members who do screenings only, and nine staff members who are now trained to do the screenings and MI interviews. Although we have lost three members in Option Year 3, we were able to send three new team members for training, and four members for refresher training in July 2011 in Gaithersburg, MD. In addition to the training from Northrop Grumman in July, staff members have on-going training on Motivational Interviewing at ARC Community Services, as well as on-going training on data collection at the monthly team meetings. Any new staff also sits in with a trained FASD Team member to experience the screening and interviewing process before they begin the screening or intervention process. All staff are either experienced in their work at ARC and/or have a Masters Degree in Counseling.