

54IMPLEMENTATION PLAN: AUGUST 1, 2009-JULY 31, 2010
Illinois Department of Human Services
July, 2009

Intervention Type

- FASD Prevention**
- PCAP**
 - Screening and Brief Intervention**
 - Project CHOICES**
- FASD Diagnosis and Intervention**
- Juvenile Court**
 - State**
 - Local**

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1. 1. Option Year 1 (August 1, 2008 – July 31, 2009) results and implications.

A. Results to date of first-year target population process objectives: Starting September 2008 and ending June 2009. States should report overall results and the breakdown by sites.

For prevention subcontractors only:

	# of women in target population	%/# of women screened	%/# of women screened eligible for program	%/# of women agreed to participate in program	%/# of women entered program	Implications for OY2
Projected, <u>12</u> months	3000	3000*/100%	150	150	0	No baseline data was available for OY1. As a result our initial projections were high.
Actual, <u>10</u> months	2004	141	50	50	50	
Difference (%/#)	67% (496)	94% (9)	33% (100)	33% (100)	0	

*Our projected was based on a prescreening for ever pregnant participant of the WCHD WIC program. After clarification from NG, our projected should have been 150.

B. Results to date of first-year service (not included under Section 1A above) and systems-level process objectives: Starting August 1, 2008 and ending July 31, 2009.

Process objective, option year 1,	Results to date (include “how much”)	Implications for OY2
Obj. #1 Who: Pregnant participants of the WCHD WIC Program for whom the Brief Intervention will not be enough to achieve alcohol abstinence during the pregnancy What: Provide referrals for alcohol treatment services How much: Five percent (8) of the	zero % have been referred to alcohol treatment services	The lack of identified need for referrals was an ongoing conversation within the Task Force.

<p>pregnant women receiving a Brief Intervention*</p> <p>When: August 1, 2008 through July 31, 2009</p> <p>*Denominator = 150</p>		
<p>Obj. #2</p> <p>Who: WCHD WIC and FCM providers</p> <p>What: Provide training on the Screening and Brief Intervention</p> <p>How much: 100% (#) of existing WIC and FCM health professionals</p> <p>When: July 8, 2008</p>	<p>Eighty six state and local staff were trained on the Screening and Brief Intervention.</p>	
<p>Obj. #3</p> <p>Who: IL FASD Task Force</p> <p>What: Develop policies and procedures</p> <p>How much: All protocols necessary for WCHD WIC/FCM</p> <p>When: October 2008</p>	<p>Five protocols were developed and implemented in September of 2008</p>	<p>The need for a sixth protocol was determined for women “lost to follow up” based on a NG reporting request. In February 2009 the additional protocol was developed to address missed follow up visits and how they should be documented.</p>
<p>Obj. #4</p> <p>Who: State of Illinois & Center for Prevention Research and Development—University of Illinois</p> <p>What: Collect required data</p> <p>How much: Collect required data</p> <p>When: Ongoing, starting September 1, 2008</p>	<p>100% of the required data was collected using the MIS data collection system beginning September 2008</p>	<p>Although there were some issues with the MIS data, it was not so significant that the data collected was unusable. A meeting was held with the MIS dept and the necessary fixes will be made shortly. These changes should ensure accurate and complete data entry and rectify future discrepancies.</p>
<p>Obj. #5</p> <p>Who: Stakeholders in the IL FASD Prevention Initiative as directed by the IL Dept of Human Services</p>	<p>A Task Force meeting has occurred every month of OY01 for a total of 12. On average seven members were in attendance (47%)</p>	<p>The Task Force will continue to meet monthly in OY2. The membership of the Task Force will be reviewed to determine if there are members that no longer</p>

What: Maintain an active task force How much: 15 members When: Meet monthly		participate and identify what new members may be appropriate. If new members are added, an orientation will be provided.
Obj. #6 Who: FASD Task Force What: Develop an annual implementation plan for every option year How much: 1 plan produced annually When: By July 31, 2008	OY02 Implementation plan was developed	
Obj. #7 Who: FASD Task Force What: Develop and implement a plan to sustain the intervention after subcontract funding ends How much: N/A When: By July 31, 2009	This objective was not met due to its prematurity	A plan to sustain the intervention after subcontract funding ends will be developed in OY02.

C. Results to date of first-year outcome objectives: Starting August 1, 2009 and ending July 31, 2009

Outcome objectives, Option Year 1	Results to date (include "how much")	Implications for OY2
Who: Pregnant participants of the WCHD WIC Program who report drinking on screening and receive a brief intervention What: Abstain from alcohol consumption How much: 50 percent (75) of pregnant women, participating in WIC, who screen positive for alcohol use (150)*	To date, follow up has occurred on 29 participants with 100% of those abstaining from alcohol	After reviewing and reflecting on the current follow up for women that screen positive for alcohol use and receive a brief intervention, we will continue the follow up as in OY1.

When: August 1, 2008 through July 31, 2009		
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D. Needs identified during your first project year in your population of interest and/or your service delivery system that should be addressed your second project year:

i. Population needs identified during your first project year	How need was identified	How need will be addressed during OY2
No specific participant population needs have been identified at this time		
Staff population identified a need for more training and information on FASD and interviewing techniques	Onsite training with staff	During OY1, the Program Administrator provided quarterly training to the pilot site staff and will continue in OY2. The training topics will address the staffs identified needs and appropriate trainers will be used for specific topics. The Center for FASD Excellence will be utilized as the need arises.

ii. Service delivery system needs identified during your first project year	How need was identified	How need will be addressed during OY2
*Basic training on FASD prior to staff providing the Screening and Brief Intervention that would have given a baseline for this project. By providing basic training on FASD, staff could have begun with more buy in for the need for the Screening and Brief Intervention.	*As the modifications to the Cornerstone data collection system were implemented and the training that accompanied it, the questions and ensuing conversations that the staff had pointed to the need for basic information on FASD. It became apparent that the knowledge of staff about FASD varied	*In an effort to better prepare WIC programs across the State for the Screening and Brief Intervention rollout scheduled for OY3, in conjunction with the Statewide WIC office, webinar training on the basics of FASD is scheduled. The training portion will utilize the SAMHSA powerpoint, "Fetal Alcohol Spectrum Disorders (FASD) The Basics". It

	greatly.	will be taped in July to be broadcast September 1. On the day of broadcast, a live panel will be present in the studio to take questions from the audience. The training and panel will be recorded and a copy sent to each of the WIC clinic across the State as prep for the SBI rollout in OY3. The recording is will also be downloadable from the web. As we contemplate adding a site in OY2, we would plan to provide onsite training on FASD as well as the SBI once the site is identified.
*The Cornerstone data collection pages need to be edited for continuity and clarity.	*As the WIC staff began implementing the SBI, the project administrator meet with the staff to observe and to provide training, it became apparent that the pages had too much information on them that could be confusing. The difficulty with making the modifications became that this project is a very small piece of a much larger data management system operated by the State of Illinois. The State data management team is understaffed and many projects on its plate. There were projects that took higher precedence than the SBI.	*The issues with the Data management system are not insurmountable and will be addressed and corrected shortly. The thought to revert to a paper data collection at this stage of the sub contract was met with great resistance from the pilot site staff as well as project leadership. Our understanding of one of the purposes of this sub contract was to provide the SBI in the context of existing systems. In Illinois, Cornerstone is the existing data collection system used in all WIC clinics across the state. To implement any other plan for collecting the data would not be sustainable as the SBI is rolled out across the State, which is the end goal.
*As the SBI is rolled out across the State	*During the TA calls with the other SBI	*As the statewide rollout planning continues,

<p>in OY03, there is a need to secure more buy in from the WIC staff.</p>	<p>subcontractors, there was a different level of buy in with their agencies/staff. It appeared that if an agency took it upon them to apply for the subcontract, the staff had a higher level of ownership in the project. As the training for the pilot site in Illinois progressed through conference calls and onsite training, it became evident that the ownership of the project was not as high. It was difficult for staff to see why they had to ask the additional questions that seemed repetitive to them.</p>	<p>additional training for WIC programs via webinar is scheduled. This will not entirely remediate the issue as this subcontract is being implemented by a State agency. It will provide better groundwork for the statewide rollout.</p> <p>As our thoughts progress on the need to bring on a new site in OY2 and the rollout statewide in OY3, the delivery of training as well as securing buy in from staff is key. While providing site-by-site training on FASD would be ideal, the feasibility may not be there due to the large number of sites, only 1 person to provide the training as well as the logistics of site-by-site training. Further discussion with our TA person will be needed to address this issue.</p>
<p>*Technical assistance and training are critical for the success of this project.</p>	<p>*The amount of technical assistance and training that was necessary for the first year of the subcontract was more than anticipated. Not only was training necessary on the SBI, also the changes to the cornerstone system. A lower tier subcontractor provided the one-on-one technical assistance to the pilot site through onsite visits, conference call trainings and regular conference calls with the WIC supervisor.</p>	<p>*The lower tier subcontractor will continue to provide the one-on-one technical assistance and training to the pilot site in OY02. It does raise questions for the subsequent years as the SBI rollout across the State:</p> <ul style="list-style-type: none"> * Will the same level of TA and training be needed at all WIC sites in order to ensure fidelity? * How will the TA and training be provided across the state with the current staffing and structure? <p>One possibility for addressing these issues is</p>

		<p>to bring on one site in each of the four remaining Illinois Department of Human Services regions and implement the SBI, provide the TA and in-depth training that has shown to be needed. When the SBI is rolled out to the entire State, we will have an agency in each of the IDHS regions to act as a champion for this project and serve as a resource for peers at a regional level with guidance from the Program Director and Administrator. The local WIC sites would potentially be more receptive to someone that has firsthand experience delivering the SBI. These champions in each region could assist in addressing the need for TA. We would also look for assistance from the Center for FASD Excellence in providing FASD 101 training as well as developing a plan to bring Shannon Whaley back to Illinois to provide initial training to new sites on the SBI.</p>
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E. Discuss the implications of your first-year results with your task force and any other partners relevant to your next implementation plan. Using the above information, discuss the implications of your OY1 results with your technical assistance liaison, consultants, task force, and any other partners relevant to your planning prior to developing your implementation plan for OY2 in the next section of the template. **Summarize relevant information and insights**

about your first project year with implications for your second-year implementation plan (from technical assistance liaisons, consultants, staff, task force members, other partners, participants and database):

Information/insights	Source	Implications for OY2
<p>The fact that no referrals to the treatment provider have been made to date has raised several questions within the Task Force particularly from the treatment provider. The agency seemed to struggle with the boundaries/limitations of the Screening and Brief Intervention project versus and in depth substance abuse assessment.</p>	<p>Task Force</p>	<p>As this project continues, and a greater understanding of the SBI is gained by stakeholders, the issue of referrals will no longer be a question. We will work closely to engage the stakeholders in identifying training needs of WIC staff as well as participating in the trainings that are provided. Thru relationship building that is taking place at the local level, a greater confidence in the referrals will ensue from all involved. A one on one meeting with the treatment agency to discuss the specifics of the SBI would work to address the issue of referral.</p>

2. OY2 (August 1, 2009 – July 31, 2010) Implementation Plan:

A. Target population numbers. States should report overall numbers and the breakdown by sites.

For prevention subcontractors only:

Time period: August 1, 2009- July 31, 2010	# of women enrolled	%/# of women screened	%/# screened at risk of alcohol-exposed pregnancy	%/# at risk completing preventive intervention	Comment
Original projection for OY2	3,000 of pregnant WIC participants	100 percent (3,000) of pregnant WIC participants	Five percent (150) pregnant WIC participants* *Denominator = 3,000	Five percent (8) of the pregnant women receiving a Brief Intervention* *Denominator = 150	
Revised projection (if needed)	0	(7%) 210 of pregnant WIC participants	(33%)70* pregnant WIC participants * Denominator =210	Five percent (4)* of the pregnant women receiving a Brief Intervention* *Denominator = 70	
Difference (%/#)	0	93% (2790)	53% (80)	50% (4)	

***Breakdown By Site:**

Name of Site	Time Period:	# of women enrolled	%/# of women screened	%/# Screened at risk of alcohol exposed pregnancy	%/# At risk completing preventive intervention	
Winnebago County Health Department	August 1, 2009- July 31, 2010	3,000 of pregnant WIC participants	(7%) 210 of pregnant WIC participants	(33%)70* pregnant WIC participants * Denominator =210	Five percent (4)* of the pregnant women receiving a Brief Intervention* *Denominator = 70	

Macon County Health Dept	January 2010 to July 2010	500 of pregnant WIC participants	7 percent (35) of pregnant WIC participants	(33%)12* pregnant WIC participants * Denominator =35	Five percent (1)* of the pregnant women receiving a Brief Intervention* *Denominator = 12	
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B. Service and system-level process objectives for OY2: Specify who, what, how much and when for every objective. Include other process objectives for your population (other than those reported under Section 2A above), your task force and your service delivery system.

i. Process objectives that will be provided for your population (not already reported under Section 2A above):

Who	What	How much	When
1. Pregnant participants of the WCHD WIC Program	Provide Alcohol pre-screening	100 % (3,000) of pregnant WIC participants	August 1, 2009 through July 31, 2010

ii. Process objectives for actions that will be taken to sustain and enhance your task force, service delivery system and initiative:

Who	What	How much	When
1. New WCHD WIC	Provide training on the Screening and Brief Intervention	100% (#) of newly hired WIC staff	Ongoing throughout Option Year 2
2. IL FASD Task Force	Review and update policies and procedures	100% -Review Protocols for effectiveness	Quarterly in Option Year 2
3. State of Illinois & Center for Prevention Research and Development—University of Illinois	Collect required data	Approximately 3,000 clients: All women receiving screening and/or brief intervention in WCHD	Ongoing, starting August 1, 2009

4. Stakeholders in the IL FASD Prevention Initiative as directed by the IL Dept of Human Services	Maintain an active task force	15 members Review membership and consider new members based on Option Year 2 needs	Meet monthly
5. FASD Task Force	Develop an annual implementation plan for every option year	1 plan produced annually	By July 31, 2009
6. FASD Task Force	Develop and implement a plan to sustain the intervention after subcontract funding ends	N/A	By July 31, 2009
7. Supervisor	Attend the annual Building State FASD Systems Meeting and delivery of a poster presentation on the objectives of the initiative, methods, results, conclusions and recommendations.	Attendance and poster presentation	As scheduled
8. Evaluator and Program Director	Delivery of data gathered to Northrop Grumman	All data required	October 1, 2009 and April 1, 2010
9. Supervisor (Project Director)	Delivery of 12 month report with summary of key results achieved, process evaluation and documentation of the initiative	One report	September 15, 2009 (revoked per Northrop Grumman for OY1)
10. Supervisor (Project Director)	Two page article reporting the objectives, methods, current accomplishments or results and a discussion of the initiative.	One article	Process Objective #10 Supervisor (Project Director)
11. Project Director	Budget reports	One report every six months or more frequently as requested	<u>Report #1 Due Date:</u> February 28, 2010 Summary of expenses for period: August 1, 2009 to January 31, 2010 Forecast of Expenses for Period: February 1, 2010 to July 31, 2010 <u>Report #2 Due Date:</u> July 1, 2010 Summary of expenses for period: February 1, 2010 to July 31, 2010 Forecast of Expense for Period: August 1, 2010 to January 31, 2010

C. Outcome objectives for OY02:

Who	What	How much	When
1. Pregnant participants of the WCHD WIC Program who report drinking on screening and receive a brief intervention	Abstain from alcohol consumption	75 % (158*) of pregnant women, participating in WIC, who screen positive for alcohol use *Denominator = 210	August 1, 2009 through July 31, 2010
2 Pregnant participants of the WCHD WIC Program who report drinking on screening and receive follow up	Receive follow up at 36 th week	75 % (158*) of pregnant women, participating in WIC, who screen positive for alcohol use *Denominator = 210	August 1, 2009 through July 31, 2010

- 3. Complete an implementation schedule (timeline) for your second project year:** Your schedule will include all activities that will be implemented to achieve your second-year process objectives, including activities provided for your population and activities that will sustain and enhance your task force, your service delivery system and your initiative.

A. Timeline for activities that will be provided for your population:

Activities	Staff responsible	Completion date (mo./yr.)	Monitoring methods
Pre-screen prenatal clients	WIC professional staff	Begin August 2009 and ongoing thru July 2010	Monthly data reports sent to IDHS
Provide Screening to prenatal clients who are eligible thru the prescreening process	WIC professional staff	Begin August 2009 and ongoing thru July 2010	Monthly data reports sent to IDHS
Provide Brief Intervention to clients that screen positive	WIC professional staff	Begin August 2009 and ongoing thru July 2010	Monthly data reports sent to IDHS
Refer Clients with Substance Use Issues to Treatment	WIC professional staff	Begin August 2009 and ongoing thru July 2010	Monthly data reports sent to IDHS

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B. Timeline for activities that will sustain and enhance your task force, your service delivery system and your initiative:

Activities	Staff responsible	Completion date (mo./yr.)	Monitoring methods
Review protocols quarterly	Program Director and Program Administrator	July 2010	Protocols on file
Provide training to staff on the Screening and Brief Intervention at least quarterly	Program Director and Program Administrator	July 2010	Staff attendance at training
Modifications to the Cornerstone data collection system	Program Director	September 2009	Task Force is provided with screen shots of modifications
Provide one or one training or small group trainings on the modifications to the cornerstone data collection system	Program Administrators	October 2009	Staff attendance list
Conduct monthly check-ins on site with WIC Supervisor and staff at WCHD pilot site	Program Administrator	July 2010	Program administrator notes
Coordinate monthly task force meetings	program administrator	July 2010	Meeting minutes
Develop one year implementation plan for option year three	Program director and Program Administrator	July 2010	Submission of plan

4. Describe factors that are necessary to ensure successful implementation, including administrative procedures that will be implemented to ensure that activities are performed, methods to obtain and sustain staff and key partners' cooperation, and potential challenges and solutions.

A. Administrative procedures that will be implemented to ensure that activities are performed:

- The screening tool is integrated into the computer-based assessment tool, Cornerstone. The screening questions will be asked in a seamless fit with the other WIC certification questions.
- A WIC provider will review the screening tool with the participant and clarify as needed. Once the screening tool is evaluated, the provider will decide if the brief intervention and/or referral to additional alcohol assessment and treatment services are warranted.
- If a client has received a brief intervention, she will receive one month of WIC coupons and will be assessed again during her next month's meeting.
- All pregnant women receiving the brief intervention will be considered "high risk" and followed through their pregnancy with individual appointments.
- The program director will maintain contact with Northrop Grumman and submit monthly reports and invoices.
- The task force will meet monthly to review progress and address any challenges that may be identified by pilot site.

B. Methods to obtain and sustain staff and key partners' cooperation (including training and mechanisms for obtaining staff/subcontractors' input):

- .If there is staff turnover, training for new staff will be provided locally and by Prevention First, a lower tier subcontractor. Quarterly trainings on site will be provided. Additionally, if the need for further training arises, through administrative or programmatic changes, the Task Force will determine an appropriate course of action.

- Small group teleconference trainings will be held as needed to ensure that staff understands any changes to the Cornerstone system.
- Monthly Check-In meetings The project administrator will meet at least once a month with the WIC supervisor and relevant staff, review project status, identify and resolve any problems and coordinate training needs.
- Task Force meetings. The project director will meet with the Task Force monthly to provide updates on implementation status, communication with Northrop Grumman, and to address questions and challenges that arise through the implementation process. The WIC supervisor will pass along relevant information from the Task Force meetings to the WIC professional staff.

C. Other factors (including any site-specific learning from OY1 that will be key to successful implementation in OY2): Training for WIC staff will be key for the continued successful implementation in OY02. Quarterly trainings locally will keep the Screening and Brief Intervention in the forefront of the WIC staffs daily work with clients.

D. Potential challenges and solutions relevant to continued and successful implementation of the initiative:

Potential challenges	Solutions
WIC participants may need transportation when referred to the treatment facility, Rosecrance, for additional alcohol screening assessment.	To get to the initial assessment, it is recommended that the WIC office have a supply of bus tokens on hand to provide for the pregnant mother. Rosecrance can provide a token for bus return home after the assessment. When transportation is a barrier for getting to treatment, Rosecrance will continue to provide the mother with bus tokens until she is able to secure other resources.
Quarterly training staff on the Alcohol Screening and Brief Intervention may pose challenges as it requires closing four clinics.	The quarterly trainings are scheduled several months in advance as to allow ample time for the clinics to rearrange their schedules. The trainings are kept to two hours to avoid having to close for an entire day.
The continued adaptation and editing of the Cornerstone system, the WIC data collection system. When the data requested changes, the MIS department may not be able to respond to those changes quickly. Sufficient training will be required to ensure that the WIC professional staff understands the new sections.	The program administrator will work with the MIS department to secure the needed edits as they arise. Training will be provided to WIC staff on the screen edits that are made.

<p>Pregnant WIC participants that are referred for further alcohol use assessment may need childcare.</p>	<p>When childcare is identified as a barrier to attending the alcohol use assessment, Mothers should be counseled on community resources (having a handout with contact information for providers like Motherhouse at the WIC office is recommended). The worker should also help the mother explore who might be available to help with childcare amongst family and friends.</p>
<p>Newly hired WIC professional staff will require training on the Alcohol Screening and Brief Intervention, as well as the Cornerstone system</p>	<p>New staff will be trained on the Alcohol Screening and Brief Intervention as soon as they have completed orientation to WCHD and WIC. Training will be provided through the lower tier subcontractor Prevention First, in a one on one or small group training held at the main WCHD office in Rockford.</p>
<p>At WCHD, the Family Case Management staff generally manages referrals; however, WIC professional staff will be responsible for making the referrals to the treatment facility if the outcomes of the Brief Intervention require it.</p>	<p>WIC professional staff will be trained on the process of making a referral, as well as follow-up. Communication with the Family Case Management staff will be addressed in the training as well, to ensure that the WIC staff are communicating both with Rosecrance, the treatment provider, and the Family Case Management staff who may be handling other clients referrals</p>