

Project Summary
Illinois FASD Prevention Program
Illinois Department of Human Services, Division of Community Health and Prevention

A. Intervention Type

- FASD Prevention**
- PCAP**
- Screening and Brief Intervention**
- Project CHOICES**

- FASD Diagnosis and Intervention**
- Juvenile Court**
- State**
- Local Community**

B. Project Contact Information

Organization: Illinois Department of Human Services
Project Director's Name: Stephanie Bess
Address: 535 W. Jefferson, Springfield, IL 62702
Phone and fax numbers: 217-782-2166; 217-785-5247
E-mail address: stephanie.bess@illinois.gov

C. Project Summary Statement

The Illinois Department of Human Services is working to integrate alcohol screening and brief intervention within its Special Supplemental Nutrition Program for Women, Infants, and Children Program. The intervention is starting out as a pilot project in Winnebago County, a county of 295,635 in Northern Illinois. The intervention will then be implemented throughout WIC clinics in Illinois. The goal of the project is to increase the number of women who commit to completely abstaining from drinking during pregnancy. The target audience is all pregnant women receiving WIC services in Winnebago County and, in later option years, all pregnant women receiving WIC services in Illinois. The project supports the state's goal of improved pregnancy outcomes.

D. Needs Assessment

The Illinois needs assessment was based on a thorough review of current data on pregnant women in Illinois, two focus groups with consumers, and feedback from WIC staff sitting on the Illinois FASD Task Force. Some key target audience needs emerged from the assessment, including the need for confidentiality and respect. Identified barriers included peers, fear of children being taken away, and a fear of embarrassment or shame. These insights help reinforce the need for providers to be non-threatening and approachable as well as to address any confidentiality concerns that may arise. Our selected strategy addresses this need. The Screening and Brief Intervention model incorporates the process of motivational interviewing and focuses on sharing information rather than using scare tactics. The process is confidential, as are most WIC services. The needs assessment also found that treatment centers were not well known by focus group participants, pointing to the need for client education regarding their

services. Our strategy encourages strong relationships with the treatment providers through the formation and strengthening of a Task Force that engages all partners early in the process.

E. Strategy

1. Objectives

The outcome objective for the four years of our initiative is shown in Table 1:

Table 1: Outcome Objective:				
What: Abstain from alcohol consumption				
Option Year	1	2	3	4
How much:	50 percent (75) of pregnant women, participating in WIC, who screen positive for alcohol use (150)*	75 % (158**) of pregnant women, participating in WIC, who screen positive for alcohol use	50 percent (2,832) of pregnant women, participating in WIC, who screen positive for alcohol use (5,663)***	50 percent (2,126) of pregnant women, participating in WIC, who screen positive for alcohol use (4,251)****
When:	August 1, 2008 through July 31, 2009	August 1, 2009 through July 31, 2010	August 1, 2010 through July 31, 2011	August 1, 2011 through May 31, 2012
Who:	Pregnant participants of the WCHD WIC Program who report drinking on screening and receive a brief intervention	Pregnant participants of the WCHD WIC Program who report drinking on screening and receive a brief intervention	Pregnant participants of the Illinois WIC Program who report drinking on screening and receive a brief intervention	Pregnant participants of the Illinois WIC Program who report drinking on screening and receive a brief intervention

*Denominator = 3000 **Denominator = 210 *** Denominator = 113,266 ****Denominator = 85,025

2. Target Audience

The first option year’s pilot project was carried out in the Winnebago Health Department (WCHD). Located in Rockford, Illinois, the WCHD is the fourth largest health department in the state, serving a rapidly growing population. As of 2006, the estimated population of Winnebago County was approaching 300,000. Racially, the population is primarily Caucasian (76%), with smaller African-American (11%) and Asian (2%) populations. Hispanic residents constitute 10 percent of the county’s population. The WIC program served approximately 85% of the county’s pregnant women in 2006.

3. Service Delivery System

The FASD Screening and Brief Intervention for Alcohol Use by Pregnant Women prevention model is being integrated into the WIC and Family Case Management (FCM) programs. The WIC program provides nutrition education, referrals and supplemental foods to pregnant or breastfeeding women and children under the age of five. An annual income which is less than or equal to 185% of the federal poverty guidelines is required for a family to qualify for WIC. FCM provides service coordination to low-income

families with a pregnant woman or an infant. The program provides access to primary health care, identifies and resolves service barriers, provides health education, and works to reduce infant mortality and low birth weight. Family Case Management providers develop close working relationships with medical and other community agencies to address barriers in accessing medical services, childcare, transportation, housing, food, mental health needs and substance abuse services.

4. Combination of Methods

The following are the combination of methods, services and activities currently being implemented within the WCHD:

The screening tool is integrated into the computer-based assessment tool, Cornerstone. The screening questions are asked in a seamless fit with the other WIC certification questions. The next steps are as follows:

- A WIC provider reviews the screening tool with the participant and clarifies as needed. After reviewing the screening tool, the provider decides if the brief intervention and/or referral to additional alcohol assessment and treatment services is warranted.
- If the screening tool identifies the client as needing further intervention, the WIC provider prioritizes the FASD brief intervention.
- The WIC provider completes the brief intervention tool with the client.
- If a client has received a brief intervention, she receives one month of WIC coupons and is assessed again during her next month's meeting.
- All pregnant women receiving the brief intervention are considered "high risk" and followed through their pregnancies with individual appointments.

During option year 1 at the WCHD, nearly 1200 pregnant women were asked about alcohol use prior to pregnancy.

F. Implementation Plan (August 1, 2008 to June 30, 2009)

The development of the Illinois FASD Task Force and planning for implementation occurred from March 2008 through August 2008. The Screening and Brief Intervention Training occurred in July 2008 with 55 Winnebago County Health Department staff. The implementation of the intervention began in September 2008, with data collection occurring electronically through the Illinois Cornerstone management information system. Data will be continually analyzed by the University of Illinois Center for Prevention Research and Development.

Potential problems and solutions include:

- Childcare and transportation issues: WIC participants may need transportation or assistance with childcare in order to go to the treatment facility when referred. The WIC office will provide bus tokens and provide referrals for childcare in order to follow up on referrals for further alcohol use assessment.
- Staff training and turnover: New staff will be trained on the Alcohol Screening and Brief Intervention as well as the Cornerstone system by subcontractor

Prevention First. Seasoned staff will receive updates quarterly. This will be done in person or via teleconference.

G. Evaluation Plan

The evaluators have thus far monitored the training and protocol development for the program and have created a plan to monitor the implementation of the program. The evaluation will document the progress of the implementation as well as the obstacles and barriers experienced by project staff, WHD staff, and WIC participants. When appropriate, the evaluation team will report this information to IDHS for quality control during the implementation process. The process evaluation will continue through the full strategic plan.

Outcome evaluation will focus on behavioral changes with respect to alcohol use and abuse during pregnancy. Outcomes for the brief alcohol intervention are logged in the Cornerstone system by staff at the WHD. CPRD has completed a data sharing agreement with IDHS and will clean, prepare, and analyze the data to submit to Northrop Grumman. In addition, CPRD will present a summary of the results to the FASD task force and the WHD staff.

H. Concluding Comments

Both WIC and Family Case Management program staff consist of professionals who routinely provide participants with information about the dangers of alcohol use during pregnancy. Prior to this project messages were not targeted specifically to those in need nor were they systematically designed and delivered as an intervention. Staff knowledge varied widely in regard to alcohol's effects on an unborn baby. Option year one of the screening and brief intervention project has shown the benefits of providing standardized training for staff and clear, direct messages for participants. Further, implementation of protocols for referral to therapy and active follow-up seem to help bridge the gap between assessment and treatment. Thus far, the Illinois Fetal Alcohol Spectrum Disorder Prevention Project is addressing the need for a systematic approach to alcohol screening, brief intervention and referrals that can be consistently implemented in WIC clinics throughout Illinois.