

# Integrating Sustainable Fetal Alcohol Spectrum Disorders (FASD) Services in Your Existing Service Setting – Part 2

## A Case Profile on Sustainability Success

### Overview:

- *Fetal alcohol spectrum disorders are the leading preventable cause of developmental disabilities and birth defects and are a major health risk.*
- *Ohio's Public Health - Dayton & Montgomery County (PHDMC) was funded by SAMHSA from 2007-2012 to integrate the Screening and Brief Intervention (SBI) evidence-based program into the Women, Infants, and Children (WIC) nutrition education program.*
- *The WIC program serves pregnant women, women who just had a baby and/or are breastfeeding, and infants and children up to age 5.*
- *As of 2013, the SBI process is being integrated into all WIC offices in the state of Ohio.*

### Key Categories of Sustainability Success When Integrating a New Practice:

- Ensure that the program design and implementation requirements of the model selected fit with your system: 1) the target population can meet the eligibility criteria; and 2) the target population is accessible and available for the required frequency and duration of the intervention.
- Assess the need for coordination and collaboration with partners and

other stakeholders to ensure intervention success.

- Determine required staff knowledge and skills training.
- Assess data collection requirements to manage and evaluate the intervention.

When reviewing models for consideration, the above factors are essential to ensuring “fit” with an agency’s existing service setting and ensuring ultimate sustainability.

This fact sheet presents lessons learned from actual program experience within each of the above categories. PHDMC’s WIC program chose to implement the SBI program to address possible alcohol use or risk among the pregnant women in their service setting.

### I. Program Design and Implementation – Screening and Brief Intervention (SBI)

SBI is an evidenced-based approach to identify and reduce alcohol use or risk based on past use or risky behaviors leading to use among pregnant women. Women are screened to determine eligibility using the TWEAK screening at the first visit. If a woman scores positive for alcohol use or risk of alcohol use, she receives the Brief Intervention, which consists of a 10 to 15-minute session that reviews the negative consequences of drinking on the fetus, benefits of quitting, identifies situations that can increase risk for alcohol use, and establishes drinking reduction goals.

The *Brief Intervention Health and Behavior Workbook* is provided to

the women and discussed. All women who screen positive and receive a brief intervention receive follow-up services to monitor alcohol use.

- If alcohol use continues to be reported, women are seen every 30 days through the end of pregnancy or until abstinence is reported. Referrals to alcohol treatment programs are also considered if the brief intervention is not sufficient to help the women achieve abstinence.
- For women who are not using alcohol but report past risky behaviors, visits are continued during regular trimester visits to the WIC clinic through the end of pregnancy.

At PHDMC WIC:

- SBI program fits within the mission, vision, and values of the local WIC program.
- Integration of SBI into local WIC was guided by a strategic plan and logic model.
- SBI procedures were integrated into WIC policies and procedures.
- Revised SBI screening questions developed after end of funding based on lessons learned.

*“Once I got my training on FASD, screening for alcohol use and learned about motivational interviewing, I saw that most brief interventions were easy to do and were so helpful to the women I served.”*  
- Dayton Staff Member



## **II. Coordination and Collaboration**

At PHDMC WIC, several factors were important in this category:

- The FASD Task Force had a high level of commitment to the integration of SBI in the WIC program and continues to provide guidance through monthly meetings.
- Strong agency leadership at the local WIC program and top level commitment from the State WIC office provided the foundation for moving the agency initiative from a local program to a statewide initiative.
- Families affected by FASD served as champions.
- Engaged and committed staff who quickly adopted the SBI program as a normal and vital part of their job was integral to success.

Commitment from top level leadership, staff who implement the program and the Task Force provided the alignment needed for implementing and sustaining the program. Working together, the Task Force and its partners created a sustainable SBI process in WIC that continues to enhance benefits to the clients. This is the shared vision crafted in the strategic plan.

## **III. Knowledge and Skills Training**

Training tailored to the knowledge and skills level needed by the workers allowed them to be effective in their work and to see benefits for those women and children who were served:

- Initial funding allowed for training of all staff and the local site received support from one of the trainers after funding had ended.
- WIC staff are now trained on SBI through a two-hour Webinar that is part of Ohio Train.
- Based on lessons learned the screening form was revised and a similar Brief Intervention Health and Behavior workbook is being used.
- A key lesson-learned from this site is to build time into the

implementation process to allow staff to learn and practice asking appropriate alcohol use questions and adjust their existing workloads to accommodate new skills.

## **IV. Evaluation**

Data served to provide the rationale for the continued integration of the SBI program into the WIC programs:

- Data helped demonstrate the effectiveness of the local SBI/WIC project.
- At the state level, data are now only collected on the number of screens, and the number of brief interventions given, which fits the state's need and worker capacity at this time.

## **Program Summary**

Alcohol prevention during pregnancy has long-term benefits for women and their children and families. This case illustrates the impact of integrating SBI into a single WIC program site in Ohio that became sustainable not only at the site level, but became the model for WIC programs statewide.

Institutional practices enabled the local site to serve as a model for the state implementation. Staff from the local site presented at the state WIC meeting in 2012, resulting in tremendous individual WIC site interest. Thereafter the state WIC office chose to integrate SBI as part of the grant application for WIC funding.

### **Federal Resources for FASD Training and Information**

The **SAMHSA FASD Center for Excellence** provides TA to help states get started on FASD service expansion and training on specific approaches to FASD prevention and treatment. To contact us:

- ✓ Visit [www.fasdcenter.samhsa.gov](http://www.fasdcenter.samhsa.gov)
- ✓ Or call (866) STOPFAS

Other national FASD training resources include:

- ✓ The **FAS Diagnosis & Prevention Network (FAS/DPN)** at the University of Washington, Seattle
  - <http://depts.washington.edu/fasdpn/>
- ✓ The FASD Regional Training Centers (RTC's) of the Centers for Disease Control and Prevention (CDC):
  - <http://www.cdc.gov/ncbddd/fasd/training.htm>
- ✓ The **National Organization on Fetal Alcohol Syndrome (NOFAS)**
  - [www.nofas.org](http://www.nofas.org)

The following links discuss FASD service approaches that have been successfully implemented in existing settings to reduce alcohol use during pregnancy and prevent incidence of FASD:

- ✓ **Project CHOICES (CDC)**
  - <http://www.cdc.gov/ncbddd/fasd/research-preventing.html>
  - <http://www.cdc.gov/ncbddd/fasd/freematerials.html>
- ✓ **Screening and Brief Intervention (SBI; National Institute on Alcohol Abuse and Alcoholism)**
  - Training and TA resources: [www.phfewic.org](http://www.phfewic.org)
  - Free, downloadable screening forms and brief intervention manuals (English, Spanish, Vietnamese, and Chinese): <http://www.phfewic.org/Projects/Care.aspx>.
  - M.J. O'Connor and S.E. Whaley "Brief Intervention for Alcohol Use by Pregnant Women" (*American Journal of Public Health*, 2007; 97 (2): 252-258).
- ✓ **The Parent-Child Assistance Program (PCAP; Fetal Alcohol and Drug Unit, University of Washington)**
  - <http://depts.washington.edu/pcapu/>