

**South Dakota Department of Social Services  
Behavioral Health Prevention Program  
South Dakota FASD Prevention WIC Brief Intervention Project  
Annual Report**

1. Executive Summary

The goal of the South Dakota (SD) initiative is to provide screening and brief intervention in targeted state WIC clinics in order to reduce the number of pregnant women who use alcohol and/or have behavioral risk factors for alcohol use while pregnant. The project is designed to integrate and adapt a screening and brief intervention strategy into the WIC clinic process for pregnant women applying for WIC services. Pregnant women applying for WIC services complete a screening assessment as part of the application process, women screening at-risk are then engaged in a brief intervention providing education on the harmful effects of alcohol while pregnant and strategies for avoiding alcohol use. The project is jointly implemented by the South Dakota Department of Social Services Behavioral Health Prevention Program and the South Dakota Department of Health. The project began in 2008 and has screened over 5,000 pregnant women applying for WIC services as of August 2011.

This report covers the latest reporting period of August 1, 2010 through July 31, 2011. During this period the project was active in ten (10) WIC clinics for the entire reporting period. The initial clinic sites are located in Aberdeen, Mobridge, Pierre, Rapid City, and Sioux Falls. The project expanded to an additional five (5) site in June of 2010. The five expansion clinics are located in Belle Fourche, Huron, Watertown, Winner, and Yankton.

During the reporting period of August 1, 2010 through July 31, 2011 there were a total of 2,279 pregnant women were screened across all ten sites. The total number of pregnant women applying for WIC services during the reporting period was 2,601. The project attained a screening rate of 87.6% for this reporting period. The projects goal is to screen 100% of all pregnant women applying for services and efforts continue to enhance the screening rate.

Of the 2,279 pregnant women screened, 783 or 34.4% of the women were identified as at-risk for drinking while pregnant based on the screening assessment and were deemed eligible for participation in the program. The majority of women (86%), qualified based on the T-ACE screening questions including their historical use of alcohol and did not report alcohol use during the past 30 days or while they had knowledge of their pregnancy. The project was able to engage 228 women (29.1%) in brief intervention services. Note, once a woman screens as eligible or at-risk they are offered the brief intervention services. Since many of the women qualify based on historical or prior to pregnancy alcohol use, the WIC staff report many of these women decline to participate because they had already stopped drinking.

The project has demonstrated that through a collaborative effort and training, an evidence based program can be integrated into the WIC clinics. The project has identified and is addressing a number of challenges related to implementation of the project. These include training of new staff members; maintaining project activities during busy periods at WIC clinics; reviewing procedures for screening pregnant women applying for WIC services; enhance process for engaging at-risk women in services; continued training on the brief intervention process and follow-up procedures.

## 2. Key Client Results Achieved

### a. Target Population

The target population for the South Dakota FASD Prevention WIC Brief Intervention Project is drawn from South Dakota Department of Health WIC clinic sites. The State Task Force prioritized WIC clinic sites based on historical WIC clinic numbers of pregnant women accessing WIC services by clinic site. The WIC sites with the largest proportion of pregnant women were selected. Additional population factors associated with the risk of drinking while pregnant were considered by the State Task Force in prioritizing the sites for implementing the brief intervention. The project sites are geographically spread across South Dakota and include both urban and rural clinics.

During the reporting period of August 1, 2010 through July 31, 2011, the South Dakota Department of Health WIC data base reports, 2,601 pregnant women applied for certification for WIC services. Of these women, screening assessments were completed on 2,279 women (87.6%). The following table provides a summary of the number of women applying for WIC certification by project site during the reporting period.

Site	Number of Pregnant Women Applying for WIC Certification (August 1, 2010 to July 31, 2011)
Aberdeen	218
Mobridge	28
Rapid City	725
Pierre	104
Sioux Falls	979
Huron	166
Belle Fourche	69
Watertown	169
Winner	31
* Yankton	112
Total	2,601

### b. Demographic Data

The client population screened by the program includes a larger proportion of individuals from minority groups within the State's overall population. Of the clients who reported race, 72.4% reported White, 23.8% reported Native American, 9.3% reported Hispanic/Latina, 6.5% reported Black or African-American, 2.4% reported Asian, and .8% reported Native Hawaiian or Pacific Islander. It is important to note that clients could report more than one race.

The average age of the women at screening is 24.9 years of age which is consistent for the population of women of child bearing age. In regards to education, 53.8% of the women completed a

GED/12<sup>th</sup> grade or higher with 28.4% reporting they had completed less than GED/12<sup>th</sup> grade education.

Of the women who reported marital status, 40.6% were never married, 26.3% were unmarried, living with a partner, 23.5% were married, 9.4% divorced or separated, and 0.1% widowed.

#### c. Screening

Overall, the project screened 2,279 (87.6%) of pregnant women presenting and applying for WIC services within the project sites participating in the program. Of the women screened as eligible for the program, 86.6% screened eligible for the program based on the T-ACE screener score and 13.4% qualified based on passed-30-day alcohol use. Of the women who screened eligible, 29.1% agreed to participate in the program.

#### d. Intervention Services

For the women who qualified based on T-ACE screener score only, 86.4% participated in at least one intervention session and 72.9% completed all intervention sessions. For the women who qualified based on past-30-day alcohol use, 94.1% participated in at least one intervention session and 67.7% completed all intervention sessions. (Please note the percents reported are based on the percent generated from the standardized report required to be used as part of this reporting.)

#### e. Baseline Characteristics

For the women who qualified based on screener score (T-ACE) only, they reported zero (0) as the a median number of days the women drank, they reported zero (0) as the median number of drinks consumed on a typical day when drinking alcohol, and .6% had 4 or more drinks in one day in the past 30 days at screening, and .1% had been given one or more referrals to treatment for additional assistance to stop drinking alcohol. For these women, the majority qualified based on their response to the tolerance question.

For the women who qualified based on past-30-day alcohol use, 1 is the median number of days the women drank, 1 is the median number of drinks consumed on a typical day when drinking alcohol, and 47.2% had 4 or more drinks in one day in the past 30 days at screening, and .9% had been given one or more referrals to treatment for additional assistance to stop drinking alcohol.

#### f. Outcomes – Alcohol Use: All Clients

100% ( 21 of 21) of all the eligible women who drank alcohol on at least one day in the past 30 days at screening, participated in at least one BI session, and completed the follow-up visit form in the third trimester decreased frequency of alcohol use in the past 30 days at program exit.

100% (13 of 13) of the eligible women who reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, participated in at least one BI session, and completed the follow-up visit form in the third trimester decreased the number of drinks consumed on a typical day in the past 30 days at program exit.

100% (10 of 10) of the eligible women who reported having 4 or more drinks in 1 day in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form in the third trimester decreased the number of days they drank 4 or more drinks in the past 30 days at program exit.

g. Post-partum Follow-up

79.8% (87 of 109) of the eligible women who participated in at least one BI session and completed the follow-up visit form in the third trimester agreed to have their record shared with the target child's physician. 47.1% (41 of 87) of these medical records have been sent to the target child's physician.

3. Program Description

a. Population needs identified and addressed

The target population for the project is drawn from South Dakota Department of Health WIC clinic sites. The State Task Force prioritized WIC clinic sites based on historical WIC clinic numbers of pregnant women accessing WIC services by clinic site. The WIC sites with the largest proportion of pregnant women were selected and additional population factors associated with the risk of drinking while pregnant were considered by the State Task Force in prioritizing the sites for implementing the brief intervention. The project sites are geographically spread across South Dakota and include both urban and rural clinics.

b. Service Delivery Process

State of South Dakota FASD Prevention WIC Brief Intervention Project has implemented the Alcohol Screening and Brief Intervention (SBI) program within ten WIC clinics across the state of South Dakota and is discussing integrating the program into additional WIC clinics at the conclusion of the project. As part of the program, pregnant women applying for WIC services within the project clinic are screened using the screening assessment which includes the T-ACE. If a woman screens positive based on her response to the drinking questions or based on the T-ACE score, she then is invited to participate in the brief intervention. If a woman's response to the screening questions indicates current heavy use of alcohol, a referral is made for a substance abuse treatment needs assessment with a substance abuse treatment counselor.

Eligible women that agree to participate are tracked and follow-up visits are coordinated with return visits to the WIC clinic for future services. The screening assessment process has been integrated into the regular WIC application process and the follow up visits are coordinated with future WIC clinic visits (every trimester) in an effort to further integrate the process into the existing WIC system.

The project has faced challenges in tracking and obtaining the third trimester follow-up visit. This time period for follow up does not always align with regularly scheduled WIC follow up visits, and thus it has to be organized as a special visit. All follow-up visits are conducted in person. To aid in this process the project has initiated an alert system that notifies all sites of women that are eligible for the third trimester follow-up visit on a weekly basis. If a woman is identified as continuing to drink or consume alcohol during follow-up visits, she is then referred for substance abuse treatment services at an accredited substance abuse treatment provider.

c. Staff Training

The primary training requirements have been ongoing and related to the data collection processes and the follow up of women. The project has experienced staff turnover in some locations during the reporting period. All sites require refresher training and there continues to be ongoing training needs related to engaging women in the brief intervention, in particular women who qualify for the brief intervention based on alcohol tolerance prior to becoming pregnant.

There are no training needs related to use of the data base. Project staff at each site complete the project forms and submit the forms monthly for data entry. The current WIC management information system database is not structured or currently amenable to integration of the database into the existing system. In addition, it was not feasible to have each of the ten sites enter their own data, and having the data centralized has enhanced consistency and aids in monitoring the projects. As mentioned earlier, lists of upcoming visits and data collection points are sent to the sites weekly to aid in alerting them to upcoming data collection points for women who are eligible for follow up. It is also important to note that the DOH has initiated the development of a new MIS/database system for development during the final year of the project. The project is working closely with DOH leadership to integrate key components of the brief intervention project into the database revisions.

d. Task force and Stakeholders needs/insights/implications for service delivery

The purpose and function of the Task Force for the project is to assist in planning and implementation of the program within WIC clinics across South Dakota, provide guidance and make recommendations to aid the project in reaching its goals and objectives. The decision making process includes discussions at Task Force meetings resulting in decisions made by the collective group. All members are expected to review distributed information, provide feedback, and attend scheduled meetings.

Task Force includes members from the target audience, representatives from selected state agencies, representatives from project sites, experts in alcohol intervention, experts in evaluation, and others deemed appropriate by the Task Force members. Members who met this specific criterion were selected from the previous state project Task Force or invited to participate based on the needs of the project. Organizations represented on the Task Force include, various state agency representatives including the Department of Human Services, the Department of Social Services, the Department of Health, the Unified Judicial System, and the Department of Developmental Disabilities. In addition, the Task Force membership consists of individuals who represent the University Center for

Developmental Disabilities, treatment and prevention centers, target population, state tribal relations, the Native American Advocacy Program, the South Dakota Chapter of the March of Dimes, faith based organizations, a medical representative who is an expert in the area of FASD, and the South Dakota Foundation.

An additional function that the Task Force members provide is aiding in linkage of the project across services systems. For example, the task force reviewed and aided in the development of the process and procedures for referring women for further substance abuse treatment services and in development for the process for forwarding records and information on to the pediatricians.

- e. Description of the barriers and ways to facilitate implementing the evidence-based intervention in the local service delivery organizations.

Training of new staff members during transition: It will be necessary to provide training on screenings and brief interventions as well as on FASD 101 to any new WIC staff members when there is any transition at current sites. The training will be provided through site visits, conference calls and webinars and participation in project meetings and task force meetings. This has occurred in one of the original sites and will need to be addressed promptly when staff turnover occurs.

Maintaining project activities during busy periods at WIC clinics: Staff members at each WIC clinic will monitor their schedules and workloads and will communicate with project staff on solutions if any busy periods will have an impact on project activities. In particular, WIC staff may be asked to assist with other public health initiatives that arise, such as flu clinics, responses to local issues such as flooding or severe weather and other public health events.

Reviewing site procedures for screening eligible participants and increasing the percent of women screened by site. During this year it was noticed that some sites continue to face challenges in implementing the screening process into the WIC procedures. This has not been a substantial challenge, but the process will be reviewed, and sites that are experiencing challenges will be provided assistance in integrating the screening process into their procedures in a more effective manner. In addition during this year the project is working with the DOH leadership to integrate key components of the screening and brief intervention into a new WIC MIS/database system.

Enhance the percentage of women screened as eligible for the project and enrolling in the project: The data show that some sites are more successful in enrolling women that screen eligible for services in the brief intervention. The state has reviewed the enrollment processes and continues to work with each site to address the enrollment process and enhance the percentage of women enrolling in the program. This will be done on a site-specific basis as each site is unique and has various challenges unique to its population and geographic location. In addition, a training has been re-scheduled for October to aid in addressing this

issue (the training was originally scheduled for June of 2011 but was canceled due to flooding along the Missouri river).

Re-training/updating of Brief Intervention follow-up and data collection issues: An issue in timing and collection of the follow-up information was identified and continues to be addressed. Sites are being sent on a weekly basis a list of women whose third trimester follow-up visit is coming due during the month in order to enhance the number of third trimester follow-ups. In addition, webinar/conference call trainings have been completed with each site and will continue in the future to address the data collection requirements.

- f. Descriptions of the experiences of women drinking during pregnancy and women with alcohol problems and the factors that contributes to their stopping or continuing to drink.

Women identified as eligible for participation in the screening and brief intervention can be grouped into three specific groups. The first group includes those women who stopped drinking or using alcohol prior to becoming pregnant but qualified for the program based on their historical alcohol use. Most of these women that agree to participate in the program recognize the dangers and risks of drinking while pregnant and report they have already discontinued their alcohol use. The second group consists of women who continued to use alcohol at the beginning of their pregnancy prior to their knowledge of their pregnancy. The majority of these women report that they stopped using alcohol as soon as they had knowledge of their pregnancy and report that they have discontinued drinking. The third group consists of women who struggle with alcohol addiction and continued to drink even after knowledge of their pregnancy. Most of these women acknowledge the harmful affects of alcohol upon their pregnancy but struggle to avoid alcohol use. These women when identified are referred for additional alcohol and treatment through a referral process.

- g. Description of model approaches to integrating SBI into State or local WIC or Home Visitation Programs

Based on the experience to date and the ongoing efforts, the project is working to integrate key screening questions into the overall WIC intake questions for inclusion in a modified/updated DOH WIC MIS/database system This would allow for the integration of the screen and brief intervention into all WID clinics across the state. These discussions will continue over the next few months.

#### 4. Project Changes

Change Category	Description of Change
State/local policies and procedures	No changes. The project has fostered an ongoing discussion of existing referral polices and procedures for women using alcohol while pregnant. This has aided in enhancing staff knowledge of the existing

	referral polices and resources among WIC staff and other agencies.
Organizational policies and procedures	No changes. The project has fostered an ongoing discussion of existing referral polices and procedures for women using alcohol while pregnant. This has aided in enhancing staff knowledge of the existing referral polices and resources among WIC staff and other agencies.
Systems integration (intake, screening case coordination, internal and external system referrals, etc.)	The project is working closely with the DOH WIC leadership to integrate key components of the screening and brief intervention into a revised and updated WIC MIS/database. See discussion below under data systems.
Service delivery processes (individual vs. group formats, new clinical techniques, case management, etc.)	In order to overcome the challenge of integrating the screening and brief intervention model into the WIC process, project staff worked with each WIC clinic to assess how the intervention model could be integrated into WIC services. Once trained on project activities each site was able to assess how the integration would work best for their site and how staff restrictions would impact project activities. Each site found a model that works with their specific client base and location. This has allowed the project to overcome these challenges and operate project services successfully.
Data Systems (integration of program data, centralization, etc.)	The project is working closely with the DOH WIC leadership to integrate key components of the screening and brief intervention into a revised and updated WIC MIS/database. The database is under initial development and the intent is that through integrating the key components of the screening and brief intervention into the database that this will allow for aiding and fostering the sustainability of the project at the conclusion of the pilot funding.
Staffing (new training focuses, staffing structures, qualifications for new hires, etc.)	Via the project, the DOH WIC staff have embraced the value of training and staff knowledge related to FASD. This has been supported by the inclusion of FASD issues into ongoing training efforts within and external to the brief intervention project.

5. Appendix



## SCREENING AND BRIEF INTERVENTION ANNUAL REPORT

Data collection activity between 8/1/2010 and 7/31/2011

	Number	Percent	Total Responses
<b>TARGET POPULATION: ALL CLIENTS</b>			
1. Total women entering the service	2601	N/A	N/A
2. Of the women entering the service, N/% screened	2,279	87.6%	
<b>DEMOGRAPHIC DATA: ALL CLIENTS</b>			
3. Of the women who reported race, N/% Alaska Native	5	0.2	2,203
4. Of the women who reported race, N/% American Indian	524	23.8	2,203
5. Of the women who reported race, N/% Asian	52	2.4	2,203
6. Of the women who reported race, N/% Black or African-American	143	6.5	2,203
7. Of the women who reported race, N/% Native Hawaiian or other Pacific Islander	17	.8	2,203
8. Of the women who reported race, N/% White	1,598	72.4	2,203
9. Of the women who reported ethnicity, N/% Hispanic/Latina	211	9.3	2,258
10. Average age of women at screening	24.9	n/a	2,279
11. Of the women who reported educational status, N/% who completed GED/12 <sup>th</sup> grade or higher	1,216	53.8	2,259
12. Of the women who reported educational status, N/% who completed less than GED/12 <sup>th</sup> grade	643	28.4	2,259
13. Of the women who reported marital status, N/% who identified as "married"	529	23.5	2,248
14. Of the women who reported marital status, N/% who identified as "unmarried, living with partner"	593	26.3	2,248
15. Of the women who reported marital status, N/% who identified as "never married"	915	40.6	2,248
16. Of the women who reported marital status, N/% who identified as "widowed"	3	.1	2,248
17. Of the women who reported marital status, N/% who identified as "divorced or separated"	211	9.4	2,248
<b>SCREENING: ALL CLIENTS</b>			
18. Of the women screened, N/% screened eligible for program	783	34.4	2,279
19. Of the women who screened eligible, N/% who agreed to participate in program	228	29.1	783

BASELINE CHARACTERISTICS	Qualified based on T-ACE, TWEAK, or Aberdeen screen score			Qualified based on past 30-day alcohol use <sup>1</sup>		
	Number	Percent	Total Responses	Number	Percent	Total Responses
20. Of the women who screened positive, median number of days women drank alcohol in the past 30 days <i>at screening</i>	0	N/A	674	1	N/A	106
21. Of the women who screened positive, median number of drinks (from “0” to “10 or more”) consumed on a typical day when drinking alcohol in the past 30 days <i>at screening</i>	0	N/A	673	1	N/A	104
22. Of the women screened positive, N/% of women who had 4 or more drinks in 1 day in the past 30 days <i>at screening</i>	4	0.6	673	50	42.7	106
23. Of the women screened positive, N/% given 1 or more referrals to treatment for additional assistance to stop drinking alcohol	4	.1	674	1	0.9	106
INTERVENTION SERVICES	Qualified based on T-ACE, TWEAK, or Aberdeen screen score			Qualified based on past 30-day alcohol use		
	Number	Percent	Total Responses	Number	Percent	Total Responses
24. Of the eligible women who agreed to participate, N/% participated in at least one BI session	153	86.4	177	48	94.1	51
25. Of the eligible women who participated in at least one BI session, N/% completed intervention, as evidenced by a completed follow-up form in the third trimester	78	72.9	107	21	67.7	31
OUTCOMES – ALCOHOL USE: ALL CLIENTS						
	Number	Percent	Total Responses	Number	Percent	Total Responses
26. Of the eligible women who reported drinking alcohol on at least 1 day in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form in the third trimester, N/% of women who decreased frequency of alcohol use in the past 30 days <i>at program exit</i>				21	100	21

<sup>1</sup> Clients who qualify based on both past 30-day alcohol use and the T-ACE, TWEAK, or Aberdeen screen score will be included in the reporting category “Qualified based on past 30-day alcohol use.”

27. Of the eligible women who reported drinking 1 or more drinks on a typical day when drinking alcohol in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form in the third trimester, N/% of women who decreased the number of drinks consumed on a typical day in the past 30 days <i>at program exit</i>						
				13	100	13
28. Of the eligible women who reported having 4 or more drinks in 1 day in the past 30 days at screening, participated in at least 1 BI session, and completed the follow-up visit form in the third trimester, N/% who decreased the number of days drank 4 or more drinks in the past 30 days <i>at program exit</i>				1	100	1
<b>OUTCOMES – ALCOHOL USE</b>	<i>Qualified based on T-ACE, TWEAK, or Aberdeen screen score</i>			<i>Qualified based on past 30-day alcohol use</i>		
	<b>Number</b>	<b>Percent</b>	<b>Total Responses</b>	<b>Number</b>	<b>Percent</b>	<b>Total Responses</b>
29. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days at program exit ( <i>Women reporting abstinence at program exit</i> )	96	100	96	14	100	14
30. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported <i>at program exit</i> that they had not drunk any alcohol since the first session when they talked about drinking ( <i>Women reporting abstinence after 1 session</i> )				12	85.7	14
32. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the second completed process form ( <i>Women reporting abstinence after 2 sessions</i> )				0	N/A	0

33. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the third completed process form ( <i>Women reporting abstinence after 3 sessions</i> )				0	N/A	0
34. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who reported no alcohol use in the past 30 days on all follow-up forms after the fourth completed process form ( <i>Women reporting abstinence after 4 sessions</i> )				0	N/A	0
<b>OUTCOMES – POST-PARTUM FOLLOW-UP: ALL CLIENTS</b>						
				<b>Number</b>	<b>Percent</b>	<b>Total Responses</b>
35. Of the eligible women who participated in at least 1 BI session and completed the follow-up visit form in the third trimester, N/% who agreed to have their record shared with the target child’s physician				87	79.8	109
36. Of the eligible women who participated in at least 1 BI session, completed the follow-up visit form in the third trimester, and agreed to have their record shared with the target child’s physician, N/% whose medical records were sent to target child’s physician				47	47.1	87