

Project Identification

Project Title: Alcohol Screening Assessment in Pregnancy (ASAP2) Project
Project Number: #5 H51MC 00012
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PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL

AND CHILD HEALTH (MCH) PROGRAMS: The Alcohol Screening Assessment in

Pregnancy 2 (ASAP2) Project had several goals which were to build on the success of the original Mass ASAP Project (ASAP1) by: 1) addressing lessons learned; 2) expanding to include two additional screening times during pregnancy; 3) further development of brief intervention protocols and tools. ASAP1 and ASAP2 were both in response to statewide concerns regarding the impact of substance use in MA during pregnancy. Alcohol consumption among pregnant and pre-conceptual women in MA has been a serious health concern. The 1998-2003 BRFSS data indicate that 6.7% of women of childbearing age in MA reported heavy drinking, with 20.3% of pregnant women reporting having a drink in the past month, and 3.4% reporting having five or more drinks on one occasion in the past month. ASAP2 was a collaborative effort between the MA Title V agency, the Department of Public Health/Bureau of Family and Community Health, the Bureau of Substance Abuse Services, and the Institute for Health and Recovery. GOALS AND OBJECTIVES: 1) Motivate prenatal care providers to routinely

screen for alcohol and other drugs during three routine patient visits by developing an implementation and procedural workplan for each site; 2) Implement reliable and valid screening and assessment instrument for prenatal clinics by embedding screening/engagement questions during each trimester during routine prenatal visits, and developing data collection tools for three points in time; 3) Integrate a brief alcohol/other drug screening instrument and brief intervention, as needed, into three routine prenatal visits; 4) Facilitate adoption of screening and brief intervention tools through technical assistance and training; 5) Strengthen cross-system linkages for resources; 6) Develop a plan to educate the broader network of prenatal group practices about the efficacy of using screening and intervention protocols; 7) Disseminate project results at state and national conferences. These goals related to state and national priority needs of improving pregnancy outcomes, reducing risk factors, implementing initiatives that address violence against women, promoting positive mental health and reducing smoking. METHODOLOGY: ASAP2 methods included site-specific protocol development, and trainings by physicians and ASAP2 staff on Prevalence, Pregnancy and Substance Use, the 5 P's and Screening, Brief Intervention, Motivational Interviewing, and Treatment Resources. Ongoing technical assistance was provided. Patient educational materials were imprinted with the statewide Helpline number and distributed. Outreach to major healthcare programs and local MCH groups was initiated to impact the broader systems. An innovative, integrated telephonic case management screening tool was implemented at a large healthcare insurance plan. EVALUATION: Data collection included Document Review, Provider Background Information Form, Monthly Contact Log, Participant Observation, Screening/Intervention Checklist, Training Evaluation

Forms, and Exit Interviews. RESULTS: In spite of a deteriorating practice environment for obstetricians in MA, and after outreach to 1,281 physicians, 81 midwifery practices, and 52 community health centers, seven sites were recruited. ASAP2 staff provided over 150 hours of direct support to sites, with 80 hours focused on training and start-up issues. In terms of individual risk factors at first screening, data (n =2,012) indicated that: 15% of the women had a parent(s) who had a problem with alcohol or other drugs, 9% had a peer(s) who had a problem with alcohol or other drugs, 4% had a partner who had a problem with alcohol or other drugs, 23% reported drinking alcohol before she knew she was pregnant, and 6% reported drinking alcohol in the past month. In addition to screening for the 5 P's, the project also screened for smoking, a history of depression, a history of/current domestic violence. Screenings showed that: 29% reported smoking, 16% reported a history of depression, 8% reported a history of domestic violence, and 2% current domestic violence. Most of the information on substance use risk factors was captured at the initial screen; about one out of four women reported depression and/or domestic violence in the second or third screens. At the first screening, 36% (n=726) of the women screened in on at least one of the 5 P's, which should have triggered a brief intervention. Staff indicated that they provided brief interventions to 73% of those screening positive (n=530), exceeding our goal of 70%. PUBLICATIONS/PRODUCTS: ASAP2 Pregnancy Needs Assessment, including the 5 P's, in 9 languages; Screening, Brief Intervention and Combined Training Materials and Powerpoint Presentations; Site-specific Flow Chart; ASAP2 Chart Checklist; Integrated ASAP2 5 P's Screening Tool; Marketing Brochure and Outreach Letter; ASAP2 Regional Substance Use Disorder Assessment/Treatment Programs that serve Pregnant Women. During the timeframe of

ASAP2, the Assistant Director and Executive Director participated in writing an article discussing ASAP1 entitled “Improving Screening for Alcohol Use During Pregnancy: The Massachusetts ASAP Program,” (Kennedy et al, MCHJ, 8(3), 2004.), which was distributed to all sites. Two additional ASAP1 products were used throughout this project: “Alcohol Screening Assessment in Pregnancy: The ASAP Curriculum” and “A Prenatal Care Guide for Helping Pregnant Women Who Use Alcohol or Other Drugs.”

DISEMINATION: Project dissemination occurred at 11 state/national conferences, and technical assistance was provided to numerous states. **FUTURE PLANS/FOLLOW-UP:** The Department of Public Health is mandating that all 35 Community Health Centers in MA engage in universal and routine alcohol and drug screening; ASAP2 staff will work with DPH to :1) design streamlined ASAP2 protocols; and 2) provide training and technical assistance to all sites. Although ASAP2 protocols were designed for prenatal settings, the 5 P’S have been adopted and adapted for homeless and domestic violence programs. A contract from the SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence was awarded to IHR in October 2004 for Project FAST, which aims to improve the prevention of FASD through prenatal screening, and further the identification and treatment of children with FASD in Early Intervention and Family Practice settings. **RESOURCES/REPLICATION:** ASAP2 was successfully designed to be implemented with existing prenatal care staff so that screening and brief intervention protocols could continue post-funding. Linkages to substance use disorder assessment/treatment programs will endure post-funding. The cost of ongoing training and patient educational materials will be the responsibility of each site.