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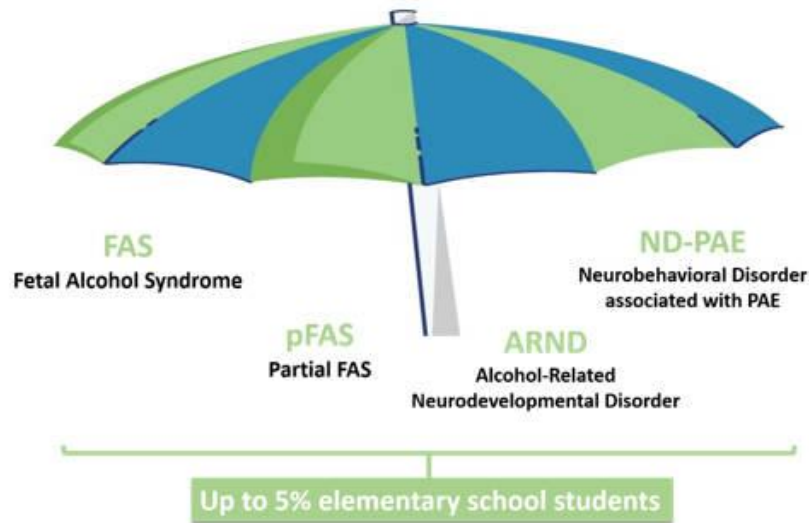
Curriculum

Each ECHO Session begins with a didactic informational learning session led by a core faculty member. The curriculum for these presentations have been created through a collaboration of experts in the field. Each of these will explore an area related to better understand FASDs and unhealthy alcohol use.

The SAFEST Choice Curriculum focuses on:

- FASD core knowledge, foundational science, and up-to-date clinical care
- Prevalence and trends of alcohol use
- Stigma, implicit bias, and cultural competency
- Screening for prenatal alcohol exposure (PAE)
- Unhealthy Alcohol use screening, brief intervention, and referral to treatment (SBIRT)
- FASD Referral and care coordination

The Umbrella of FASD



Created with information from May Pa, Chambers Cd, Kalberg Eo, et al. Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA. 2018;319(5):474-482. SAMHSA. 2014. Centers for Disease Control and Prevention. Basics About FASDs. <https://www.cdc.gov/ncbddd/fasd/facts.html> (<https://www.cdc.gov/ncbddd/fasd/facts.html>). Accessed May 10, 2018.

Technical Assistance

SAFEST Choice offers technical assistance opportunities to participating health centers. These opportunities include skills based, systems change, and community resources trainings. This assistance will occur in a variety of formats including webinars, smaller groups, and individual clinic assistance as we make use of our community of experts in the various field. The technical assistance opportunities will continue to expand based on the specific needs of the cohort participants. A selection of possible technical assistance opportunities can be seen below.

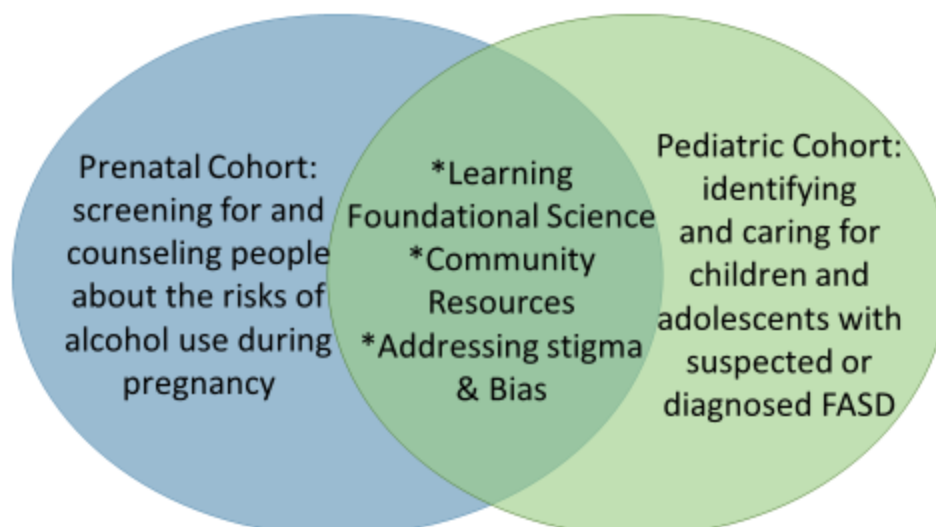
Skills Based Training	Systems Change	Community Resources
Developing motivational interviewing skills	Using QI strategies to make practice change	Identifying and developing site-specific links to community resources
Assessing FASD in children, neuropsychiatric testing, facial features	Integrating new practices into clinic workflows and into EMR	Ensuring culturally competent services

Skills Based Training	Systems Change	Community Resources
Maximizing communication between pediatric and prenatal providers	Integrating behavioral health, SDUH screening and management into primary care	Understanding site-specific implications of CAPTA/CURES and other legal considerations
Maximizing care with telehealth	Implementing universal screening for alcohol and other drugs	
	Implementing billing-SBIRT, FASD diagnostic and consultation	

How the Collaborative Works

CHCs will participate in Prenatal and/or Pediatric ECHO® cohorts to learn FASD specialty-specific core competencies. The Prenatal Cohort will learn how to screen for and counsel people who can become pregnant about the risks of alcohol use during pregnancy. The Pediatric Cohort will learn how to identify and care for children and adolescents with a suspected or diagnosed FASD. Participation in both cohorts provides a streamlined approach for healthcare teams to address FASDs across the lifespan with their patient population.

Prenatal and Pediatric ECHO Cohort Learning Goals

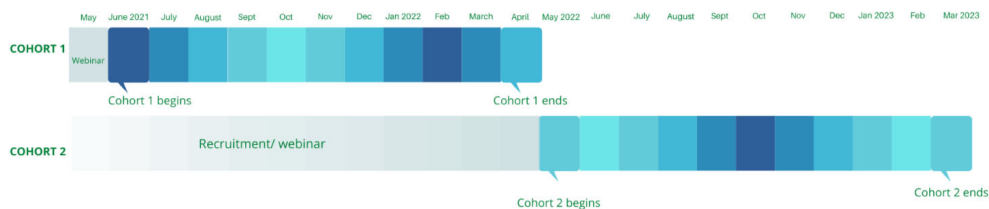


By becoming a SAFEST Choice Learning Collaborative participant, each CHC will receive:

- Free Continuing Education and Maintenance of Certification Part 2 credits
- Ongoing, individualized training and assistance to address implementation challenges
- A modest stipend for your health center

Schedule

Cohort 2 began in May 2022. After an introductory webinar there will be ten 75-minute virtual ECHO[®] sessions delivered over the course of 12 months. Each session will provide a brief lecture by experts, case-based learning and collaborative problem-solving. Participants will have access to resources to help them integrate new tools and workflows into their practice, which includes using quality improvement strategies to overcome any implementation challenges.



Program Evaluation

The evaluation of the SAFEST Choice Program is accomplished through a rigorous design that includes both process and outcome evaluation measures to examine Cohort 1 and Cohort 2. The evaluation team will use a pre-test/post-test with follow-up design and data collection strategies to address a set of evaluation questions focused on self-reported changes in provider knowledge, self-efficacy and practice. Quantitative data will be collected from surveys (clinics, providers) over 4 time points (including a midpoint survey), and qualitative data will be gathered from focus groups, observations and interviews.