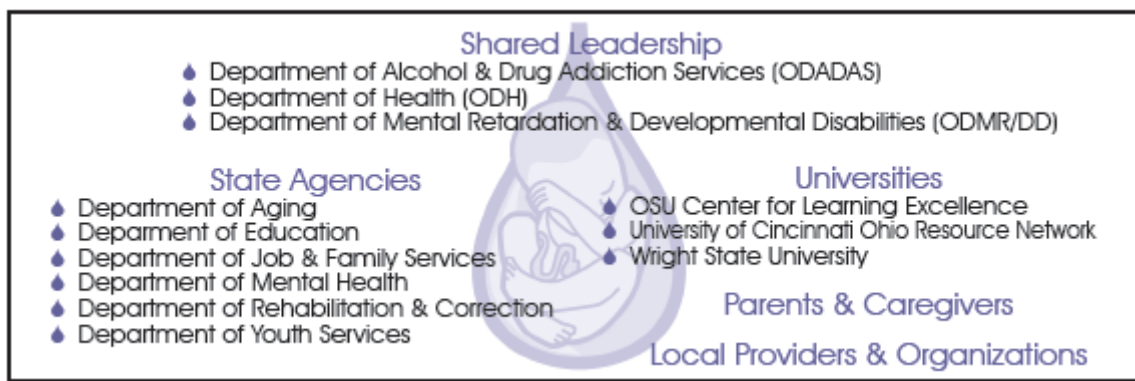


SFY 2007 Process Evaluation Report

Background

This annual report provides an overview of planned activities and accomplishments related to Ohio's effort to develop an integrated system for addressing fetal alcohol spectrum disorders (FASD). Ohio's strategic plan addresses the use of existing systems to improve the prevention, identification and support of individuals with FASD. In contrast to approaches that focus on the creation or expansion of new community-based programs with limited reach, Ohio continues to maximize and augment the many resources already available in state agencies, genetics centers, local health departments and professional associations including those that influence the practice of obstetrics-gynecology, pediatrics and general practice physicians.

Since 2004, Ohio's FASD State Steering Committee has partnered to fight the effects of Fetal Alcohol Spectrum Disorders. This partnership includes representatives from Ohio Family and Children First, state agencies, universities, providers and parents.



With its mission to establish efficiency in state systems resource allocation, coordination of services and augmentation of available resources to address FASD, the FASD Steering Committee developed multi-year strategic, implementation and evaluation plans to address the needs of Ohio citizens. Summary state agency planning status and progress reports are provided on pages three and four of this report. Aggregate accomplishments of the initiative are listed in the *Accomplishments Toward Outcomes* section starting on page five.

Evaluation Methods

The FASD Initiative Leadership and the FASD Steering Committee serves as the governing board for the implementation of the strategic plan. The FASD Initiative Leadership and Center for Learning Excellence (CLEX) assessed progress toward implementation for all state agency plans by reviewing and comparing planned and completed tasks and sub-tasks, target dates and responsibilities for completion of specific actions. These procedures served as milestones that provided a basis for evaluating progress and for managing toward results. Data is maintained by CLEX evaluation staff in appropriate data entry/storage products and was utilized to support project management. Progress reports were shared with FASD Initiative Leadership and with the full Steering Committee.

Assessment Efforts

Two assessment projects were also completed during this fiscal year: A Capacity Inventory of Diagnosing Physicians and a non-scientific FASD Awareness Survey of Community Residents.

Awareness Survey

Two waves of an awareness survey were conducted by CLEX staff throughout Ohio with 240 individuals surveyed in summer of 2006 and 104 in winter of 2006/7. Since the survey sample was not randomly selected or of adequate size to generalize to the entire population of Ohio, the results are not appropriate to evaluate the efforts of the FASD initiative. However, the results are appropriate to provide a rough assessment of FASD awareness. Approximately half of Ohioans surveyed recalled hearing an FASD public service announcement. However, there are still many (15%-20%) Ohioans that may not understand dangers associated with alcohol use; and 20%-25% may not understand the link to birth defects.

Physician Inventory

The Ohio Department of Health (ODH) and CLEX developed a *Capacity Inventory of Diagnosing Physicians* based on requested information from the Steering Committee. The inventory collected information on how and when current developmental and behavioral pediatricians and geneticists assess, diagnose, and refer patients with FASD and barriers in these processes. A list of developmental pediatricians and clinical geneticists was provided by ODH. These physicians were targeted, as they are the specialists in the field most likely to make the diagnoses and referrals for individuals with FASD. Sixty-seven physicians were identified (40 developmental and behavioral pediatricians; 27 clinical geneticists). These physicians were representative of all regions of Ohio. One copy of the inventory with a cover letter was sent to each physician. Physicians were provided with an explanation of the FASD Initiative, requested to participate, and asked to complete the inventory either through the web-based engine, Survey Monkey, or by the included hard copy within two weeks. Follow-up inventories and letters were sent after the two week period and physicians were given another two weeks to complete and return the inventory online or by hard copy. Once inventories were received, data were entered into a spreadsheet and processed. Medical social marketing packets were mailed to all physicians at the end of the inventory period.

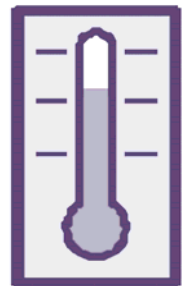
Thirty-four inventories were returned for a response rate of 51% of participating physicians (two physicians, one pediatrician and one geneticist, did not participate as they “do not see patients with FASD”). Twenty-five (74%) hard copy inventories were completed and 9 (26%) web-based inventories were completed. Returned inventories represent all areas of Ohio including Toledo, Cleveland, Youngstown, Akron, Columbus, Springfield, Dayton, and Cincinnati. The physicians were asked to make recommendations to the Steering Committee for system improvements. They suggested the following:

- Improved practical commercial diagnostic tools and protocols, and resources for referral
- Better and more affordable services for behavior management
- Professional education on FASD
- Primary and secondary prevention programs

Evidence of Progress Toward State Systems Integration of Service Delivery

The success of Ohio’s plan was facilitated by: 1) Shared leadership and committed funding from: the Ohio Departments of: Alcohol & Drug Addiction Services, Health, Mental Retardation and Developmental Disabilities; the Substance Abuse Mental Health Services Administration through a Northrup-Grummon contract; 2) Peer state agency and partner support; and 3) Ongoing strategic plan coaching.

The foundational goals articulated in the strategic plan were based on a thorough needs assessment process. Because these identified needs endure despite changes in funding and leadership at the national and state levels, collaborative planning and collective efficacy to accomplish systems integration continues to be an active priority of FASD Steering Committee partners. Partners are committed to attending and actively participating in the Steering Committee and parent network initiatives. Analyses of SFY 2007 state agency plans found that 78% of planned activities were accomplished within the year. This percentage was derived by assigning each activity a score based on level of progress from “not initiated” to “much progress.” These scores were summed and divided by the highest possible score to arrive at a percentage completed.



Lessons Learned

- Ohio’s Shared Prevention Framework continues to serve as a foundation and link to help initiate the prevention process with a degree of acceptance and understanding.
- It is necessary to receive collective voice from across state agencies, local service delivery providers and families in order to obtain family/ consumer friendly outcomes.
- Participating in a strategic planning model is more oriented toward finding workable, effective solutions and places emphasis on identifying resources and building and integrating evidence based practice into existing efforts.
- Cabinet level commitment is necessary to garner agency support.
- Funding is necessary at some level to leverage other resources, such as physical, human and social capital.
- It is necessary to have shared consistent leadership and committed resources for direction and accountability.

Recommendations

- Quarterly reports need to be completed by all partners and shared with the Steering Committee to ensure that all activities are consistent, integrated and have adequate collaborative support. These quarterly reports will better inform the annual outcome evaluation of the FASD Initiative (See page seven for a template of this report).
- Targets with accompanying outcome measures need to be developed for each FASD Initiative goal area to facilitate outcome evaluation.

- Verbal reports need to be provided by two state agencies during each Steering Committee Meeting to ensure that all partners are aware of activities and have the opportunity to provide support.
- Further technical assistance coaching needs to be conducted to ensure that state agency practices are evidence based and matching the needs stated in the needs assessment.
- The FASD Awareness Survey found no evidence that awareness of FASD had increased. Therefore, the continued development and implementation of cost effective awareness efforts are needed to ensure all Ohioans are aware of the risks involving alcohol use during pregnancy and of the resources available for families affected by FASD.
- The Capacity Inventory of Diagnosing Physicians found that Developmental and Behavioral Pediatricians and Clinical Geneticists, reported receiving no referrals from the schools or the juvenile justice system. Efforts to improve awareness and referral by these entities are needed. Many physicians surveyed also reported that more information concerned FASD was needed including: diagnostic tools and protocols (73%), continuing medical education (48%), informational brochures (52%), web based learning modules (53%) and specialized training (16%). Efforts to provide these resources are also needed.



Action Step	ODADAS	ODE	ODH	ODJFS	ODYS	MRDD
Goal 1: Increase awareness regarding the risks associated with alcohol use during pregnancy						
Brief agency leadership	●	●	●	●	●	●
Ask agency directors to sign collaboration agreement	●		●			●
Brief Cabinet Council	●		●			●
Complete state-wide multi-media awareness campaign	●		●			
Disseminate education materials	●		●	●		●
Maintain and promote website: www.notasingledrop.org	●		●	●		●
Provide awareness training to high risk populations	●		●	●	●	
Goal 2: Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD						
Train state agency staff members	●		●	●	●	●
Train medical care providers on ARND/FASD			●	●		
Train officials, professionals and service providers	●	●	●	●	●	●
Integrate FASD with other statewide initiatives	●		●			
Goal 3: Adopt appropriate FASD screening tools and protocols and increase access to screening						
Develop protocol for referral of at-risk women	●		●			
Promote use of diagnostic tools to identify ARND/FASD cases	●		●			
Train professionals to use screening tool	●	●	●			
Goal 4: Increase the availability of services for those already affected by FASD and for parents and other caregivers						
Collaborate with state-wide network of addiction services	●					
Use existing state-wide network of ARND/FASD intervention providers						●
Train providers on appropriate interventions	●					●
Utilize and publicize referral system	●		●			●
Goal 5: Create and implement a data tracking system to track FASD risk factors, prevalence and incidence in Ohio, and measure progress toward reaching the other four goals						
Develop data collection systems	●		●			
Request service providers to use system	●		●			



Ohio FASD Initiative:

2007 State Agency Progress Report



Progress	Not Initiated	Initiated	Some progress	Much progress
Targeted Impact: Reduce alcohol exposed pregnancies in Ohio				
Goal 1: Increase awareness regarding the risks associated with alcohol use during pregnancy				
All individuals will become aware of the risks associated with alcohol exposed pregnancy.				
Women in selected target groups that are of increased risk of having an alcohol exposed pregnancy will be aware of the effects of alcohol exposure on their pregnancy.				
The organizations and agencies responsible for training personnel that work with women of child bearing age will be aware of the risks associates with an alcohol exposed pregnancy.				
Provide universal prevention programs to all individuals through PSAs, FASD Day, and alcoholic beverage warning labels.				
Physicians will screen all women at-risk of having an alcohol exposed pregnancy for alcohol use and apprise them of the risks.				
Goal 2: Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD				
All professional associations that are responsible for providing professional development to medical, allied medical, mental health, educators, substance abuse counselors, juvenile and adult criminal justice professionals will be knowledgeable FASD and on evidence-based strategies that are specific to serving individuals with FASD and their caretakers.				
An infrastructure will be created to support training for organizations and agencies that are responsible for the education of professionals that work with all women of child-bearing age.				
Efforts will be made toward the inclusion of an FASD module into the curricula of Ohio's universities and colleges for medical, allied medical, social work, nursing, occupational therapy, physical therapy, speech therapy, and general and special education programs.				
Targeted Impact: To improve functioning of children, youth and adults with FASD in Ohio				
Goal 3: Adopt appropriate FASD screening tools and protocols and increase access to screening				
A standard definition, diagnostic criteria and instrument, screening instrument and associated protocols for FASD and ARND will be adopted by Ohio.				
An expert panel of physicians and others knowledgeable about FASD will be used to adopt a standard definition, diagnostic criterion, screening tools, and associated protocols.				
A plan will be created to implement the new diagnostic and screening services into existing medical, mental health, MRDD and education systems.				
Goal 4: Increase the availability of services for those already affected by FASD & for parents & other caregivers				
State and local agencies will have an increased capacity to provide services that meet the needs of individuals with FASD and their caregivers.				
State agencies will develop an agency specific plan that will outline how their agency and their affiliate local agencies will address prevention, screening, early intervention and treatment services for individuals with FASD and their families.				
State agencies will receive training in FASD awareness and education specific to their service domain.				
State agencies will implement services that meet needs identified through the need assessment.				
Targeted Impact: Establish an accurate data collection system regarding the prevalence of FASD in Ohio				
Goal 5: Create and implement a data tracking system to track FASD risk factors, prevalence and incidence in Ohio, and measure progress toward reaching the other four goals				
Ohio will be able to determine which strategies are effective in reaching goals and objectives; which populations are most at risk of having an alcohol exposed pregnancy; and what individuals are most in need of FASD services.				
A state agency or contractor will be assigned responsibility for the collection of FASD prevalence data.				
State agencies will routinely collect and submit data through implementation of a system of collecting FASD prevalence data.				
State agencies will routinely collect and submit data regarding risk factors associated with FASD through surveys permitting inter-state comparisons (e.g., Pregnancy Risk Assessment Monitoring System, YRBS, and BRFSS).				

Ohio FASD Initiative:

2007 Accomplishments Toward Outcomes

The aggregate accomplishments of FASD Steering Committee partners are listed below by goal area.

Goal 1: Increase the availability of services for those already affected by FASD and for parents and other caregivers

- ◆ Developed a statewide unified plan utilizing the Partnership for Success (PfS) strategic planning process
- ◆ Developed and implemented ongoing individual agency work plans by utilizing PfS
- ◆ Briefed agency leadership and secured formal interagency agreements to support Ohio's efforts on FASD
- ◆ Developed and supports the Parent Network
- ◆ Developed a strategic plan utilizing PfS to develop and implement Parent Network activities

Goal 2: Increase awareness regarding the risks associated with alcohol use during pregnancy

- ◆ Conducted a Town Hall Meeting to increase awareness of the challenges faced by children and families
- ◆ Initiated a social marketing team (comprised of communications staff from involved state agencies, universities, WBNS Television, Ohio News Network Radio and Parent Magazine) which meets monthly to implement a statewide prevention campaign promoting consistent messages about FASD
- ◆ Conducted a press conference including Cabinet members and agency directors as well as parents, children and interested constituents
- ◆ Developed and distributed articles in ODMRDD and ODMH newsletters
- ◆ Conducted a universal marketing campaign with five originally produced public service announcements which aired more than 1,555 times on WBNS 10TV, Ohio News Network, Mix 97.1FM and Ohio News Network Radio. Advertisements also ran in the Columbus Parent Magazine and sister publications
- ◆ Awareness information was provided to more than 5,000 parents and children at the Columbus Parent Expo and to more than 1,000 attendees at a Mud Hens baseball game
- ◆ Conducted two statewide annual FASD conferences featuring the nation's foremost experts in research and practice related to FASD including: Edward P. Riley, PhD, Diane V. Malbin, MSW and Ann Streissguth, PhD. More than 700 participants attended, and 20,000 pieces of material were distributed.
- ◆ Developed and maintains the "Not a Single Drop" website www.notasingledrop.org. The website includes: general and marketing information, intervention strategies, screening, diagnosis, parents' perspectives, research and resources. The website averages 30,000 hits monthly, and attracts 700 unique users monthly
- ◆ Developed a FASD Generalist Training and topic specific learning modules available on the website and at ebasedacademy.org
- ◆ Completed Social Marketing Educational Packets for physicians and women's treatment programs
- ◆ Completed a legislative advocacy information document
- ◆ Completed an educational professionals strategies information document
- ◆ Developed and distributed two posters and a video tape to 230 WIC clinics across Ohio
- ◆ Worked with physicians statewide to ensure that parenting and pregnant women are warned about the tragic effects of drinking while pregnant

Goal 3: Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD

- ◆ Developed a FASD Generalist Training and topic specific learning modules available on the website and at ebasedacademy.org
- ◆ Trained state partners as FASD generalists. These partners trained their staff for a total of 1,585 people trained, and 59,500 pieces of information disseminated statewide

- ◆ Conducted Regional FASD Summits for boards, providers and professionals
- ◆ Presented at numerous conferences in Ohio and nationally including: the Women's Addiction Conference, The Addictions Study Institute, ODJFS Medicaid and Child Welfare Staff, Health Check/Pregnancy Related Service Coordinators, ODH Staff, DYS Facilities and the National FASD Building State Systems Conference in San Francisco

Goal 4: Adopt appropriate FASD screening tools/protocols & increase access to screening

- ◆ Developed a resource guidance document for the steering committee members to use within their systems and for their constituents
- ◆ Conducted an inventory of Ohio geneticists and developmental pediatricians to determine levels of education, diagnosis and prevalence of FASD within their practices
- ◆ Conducted a literature review of existing screening and diagnostic tools used for assessing alcohol use in women as well as diagnosing children exposed in utero. These tools were placed on the website and distributed in physician packets
- ◆ Completed a Social Marketing Educational Packet for Physicians and Women's Treatment Programs
- ◆ Coordinated efforts with existing medical associations including the Ohio Partners for Birth Defects Prevention Workgroup and the American College of Obstetricians and Gynecologists

Goal 5: Create & implement a data system to track FASD risk factors, prevalence, and incidence in Ohio, and measure progress toward reaching other goals

- ◆ Completed a needs assessment
- ◆ Conducted a Town Hall Meeting to increase awareness and gather data on the challenges faced by Ohio's children and families
- ◆ Conducted a general population survey with citizens of Ohio to determine a baseline of awareness and understanding about FASD
- ◆ Conducted a survey to assess college students' awareness of FASD and to assist in determining implementation strategies
- ◆ Included questions on the pilot Ohio Youth Survey that include risk and protective factors around alcohol use and perception about FASD
- ◆ Implemented data collection system for Genetic Centers
- ◆ Implemented FAS hospital reporting for children 0-5 through the birth defects system
- ◆ Added FASD data collections elements to agency reporting systems
- ◆ Gathered existing data collection from ODH PRAMS survey

Ohio FASD Initiative:

State Agency Status Report Template – July 2007

Action Step	Not Initiated	Initiated	Some Progress	Much Progress	Notes
Goal 1: Increase awareness regarding the risks associated with alcohol use during pregnancy					
Brief agency leadership					
Ask agency directors to sign collaboration agreement					
Brief Cabinet Council					
Complete state-wide multi-media awareness campaign					
Disseminate education materials					
Maintain and promote website: www.notasingledrop.org					
Provide awareness training to high risk populations					
Goal 2: Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD					
Train state agency staff members					
Train medical care providers on ARND/FASD					
Train officials, professionals and service providers					
Integrate FASD with other statewide initiatives					
Goal 3: Adopt appropriate FASD screening tools and protocols and increase access to screening					
Develop protocol for referral of at-risk women					
Promote use of diagnostic tools to identify ARND/FASD cases					
Train professionals to use screening tool					
Goal 4: Increase the availability of services for those already affected by FASD and for parents and other caregivers					
Collaborate with state-wide network of addiction services					
Use existing state-wide network of ARND/FASD intervention providers					
Train providers on appropriate interventions					
Utilize and publicize referral system					
Goal 5: Create and implement a data tracking system to track FASD risk factors, prevalence and incidence in Ohio, and measure progress toward reaching the other four goals					
Develop data collection systems					
Request service providers to use system					

Please describe your progress on *one* priority planned activity. Include a discussion of outcomes achieved and how you measured success.
