

Ohio's Fetal Alcohol Spectrum Disorders (FASD) Coordinated State Systems Strategic Planning Initiative Executive Summary

Overview

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy.

There are two primary issues concerning FASD:

- It is not recognized as a formal medical disorder nor as a specific category of disability for educational purposes, leading to a lack of diagnosis and data collection; and
- Effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

A person with FASD may need multiple services involving numerous agencies in various service systems spread across a number of locations. It is rare to find coordination of services or case management for persons with FASD. Depending on the individual's specific needs, several dozen providers may be involved.

Fetal Alcohol Spectrum Disorders are permanent conditions; specific symptoms may be treatable or manageable. People with FASD can grow, improve and function well in life with proper support. With proper recognition and treatment, people with FASD can have productive and satisfying lives.

FASD are some of the few totally preventable birth defects. It is 100 percent preventable. That is one of the major reasons to focus on prevention.

Ohio's FASD Initiative

In 2003, the First Lady Hope Taft in partnership with members of the Ohio Family and Children First (OFCF) Cabinet Council formed an FASD Steering Committee to develop goals and objectives for Ohio. As a collaborative effort, the FASD Steering Committee expanded to include Double ARC, Ohio Department of Aging, Ohio Department of Rehabilitation and Correction, and parents.

On Sept. 9, 2004, the FASD Steering Committee held a Town Hall Meeting to increase awareness of the challenges faced by Ohio's children and families who struggle with FASD as well as to identify effective interventions by which to address related problems. Service providers and individuals affected by FASD shared their experiences.

The needs reflected in their testimony along with a needs assessment analysis conducted as part of the FASD Steering Committee's work in the Partnerships for Success Strategic Planning Process lead to a course of action based on several key findings:

- Efforts should be made to increase awareness regarding the risks associated with alcohol use during pregnancy.
- Many professionals who provide services to children and families in Ohio are ill-prepared to address FASD. Within systems and cross-systems, education regarding the impact of prenatal substance exposure, diagnostic indicators and effective interventions/ treatments are needed.

- Children are often diagnosed with several mental and physical health disorders that can lead to a variety of uncoordinated services. The point of entry for identification and referral is usually through children's service agencies, MR/DD systems, schools and mental health agencies. At this point children may receive screening for developmental and mental health disabilities, but not for FASD. New and existing services should be designed and coordinated to screen for FASD.
- With the exception of a few areas of the state, services available to individuals affected by FASD are inadequate. A primary barrier to treatment is the large number of people seeking help from a very limited number of programs. Ohio also does not have services that help support adults with FASD related to housing, employment and daily living functions. Although adult services are available through the MR/DD system, many FASD adults do not meet the requirements for services from this agency. For those adults who do meet MRDD requirements, they are subject to waiting lists lasting up to two years.
- There are few services available for parents, foster parents and other caregivers, who play key roles in promoting the welfare of children affected by FASD. Services should include support groups, respite care, parent/caregiver training, and treatment advocacy.
- Efforts should be undertaken to establish formal recognition of FASD. Policies should be developed and adopted that define how FASD is addressed in educational settings.
- Ohio-specific FASD prevalence data should be collected on a continuing basis. While extrapolations based on national data are useful, they are not sufficient for targeting prevention, early identification and treatment services.

Ohio's FASD Strategic Plan

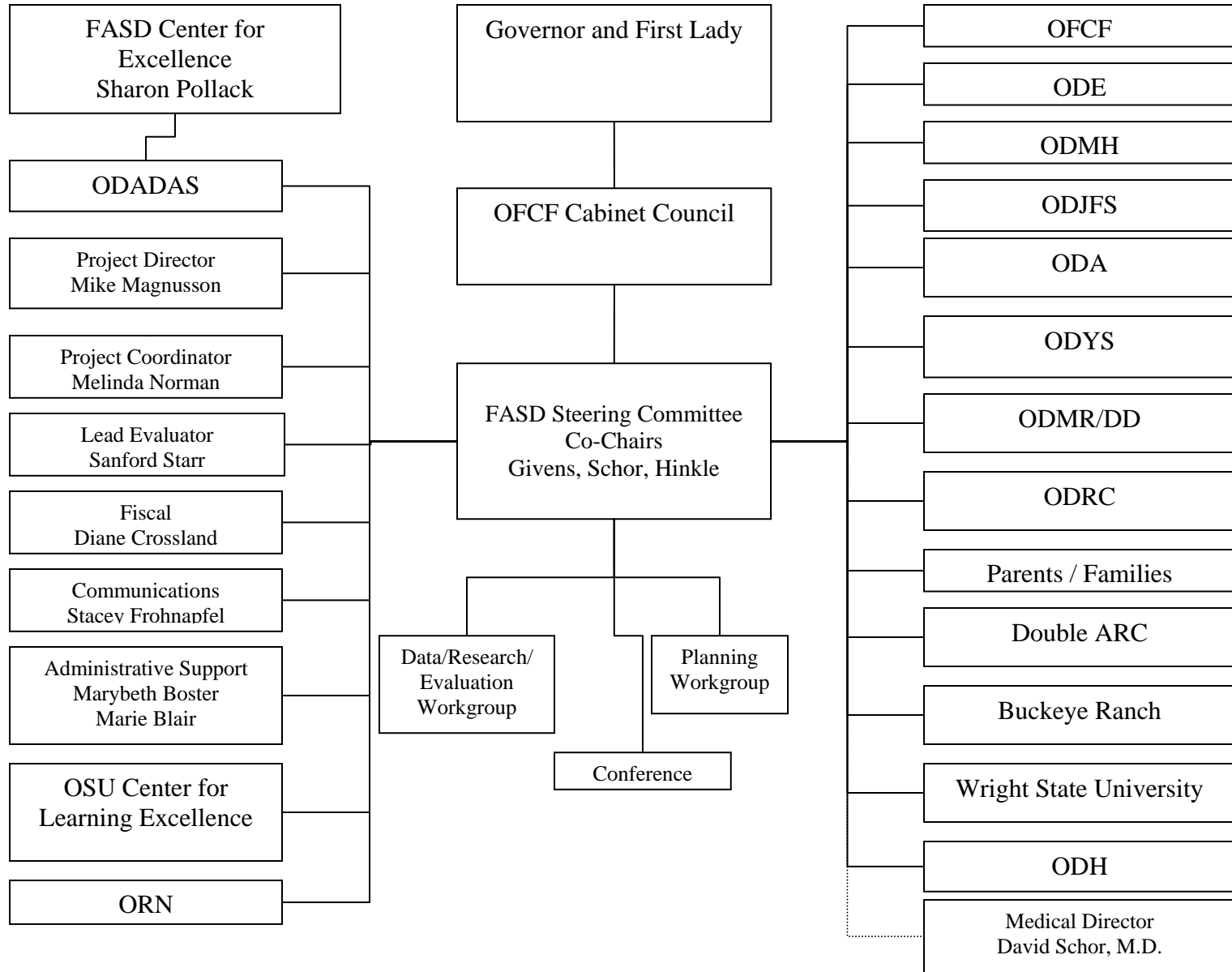
Ohio's mission is to establish efficiency in state systems resource allocation, coordination of services and augmentation of available resources to address FASD. The FASD Steering Committee developed a strategic, implementation and evaluation plan to address the key findings.

The plan has five goals:

- Increase the availability of services for those already affected by FASD and for parents and other caregivers;
- Increase awareness regarding the risks associated with alcohol use during pregnancy;
- Provide FASD-specific education and training for agencies, organizations and professionals who provide services to children and families with or at risk of FASD;
- Adopt appropriate FASD screening tools and protocols and increase access to screening; and
- 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.

Funding from the Ohio Department of Health along with a federal contract from the Substance Abuse and Mental Health Services Administration (SAMHSA) will support the implementation of Ohio's FASD strategic plan to develop a comprehensive state system of care for FASD.

FASD - Steering Committee



FASD – Strategic Plan Implementation Timeline 2005-2006

2005				2006							
SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
STRATEGY 1. OHIO'S 42 PROJECT – COLLEGE/UNIVERSITY STUDENTS											
Plan and Develop Social Marketing Campaign				Implement & Evaluate Social Marketing Campaign							
STRATEGY 2. OHIO'S 42 PROJECT – COLLEGE/UNIVERSITY CLINICAL STAFF											
Develop Education Awareness Program				Implement & Evaluate Education Awareness Program							
STRATEGY 3. WOMEN'S NETWORK PROJECT											
Develop FASD Training for Program Staff						Incorporate Training in Existing Programs					
STRATEGY 4. SCREENING PROJECT											
Select FASD Screening Instrument & Referral Protocols - Prepare Pilot				Implement FASD Screening/Referral Protocol Process & Evaluate Pilot							
STRATEGY 5. STATEWIDE AWARENESS CAMPAIGN											
Design Universal FASD Awareness Campaign				Implement & Evaluate Universal FASD Awareness Campaign							
STRATEGY 6. STATE AGENCY FASD PLANS & FASD DATA COLLECTION											
State Agency Strategic Planning Period				Evaluate State Agency Plans		Implementation of State Agency Plans					
STRATEGY 7. FASD PROFESSIONAL DEVELOPMENT											
Select, Select/Modify/Develop FASD Learning Modules				Create Complimentary eLearning Modules Implement Training Schedule							
STRATEGY 8. WEB AND CLEARINGHOUSE RESOURCES											
Website, development, management and monitoring. Clearinghouse for dissemination of FASD materials.											
STRATEGY 9. PARENT NETWORK											
Website, Discussion Board, Helpline, FASD Speakers Bureau, Steering Committee											
SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG

Guidance Document for FASD Strategic Plan

Under the leadership of the Ohio Family and Children First Cabinet Council, state agencies have committed to sharing the responsibility for child and family well-being and addressing and serving the needs of individuals with Fetal Alcohol Spectrum Disorders (FASD) and their caretakers.

Ohio Department of Alcohol and Drug Addiction Services (ODADAS), advised by the Fetal Alcohol Spectrum Disorders Steering Committee with planning assistance provided by the Center for Learning Excellence at The Ohio State University, has identified critical needs associated with FASD that span the continuum of care. These critical needs are to:

1. create awareness regarding the risks associated with alcohol use during pregnancy;
2. provide FASD-specific education and training for professionals who provide service to children and families with or at-risk of FASD;
3. adopt appropriate FASD screening tools and protocols and increase access to screening;
4. encourage recognition of FASD as a formal medical disorder by physicians, other health professionals and educators;
5. provide for improved collection and analysis of FASD prevalence data.

Agency-Specific Work Plan Guidelines

As a part of the commitment, agencies are being asked to develop an agency-specific plan that will address the identified needs as they are applicable to your agency's mission and service delivery plan.

Agencies should answer the following questions and complete the Goals/Objectives outline for each program or project that will address FASD.

A. Identify person/persons responsible for heading the FASD initiative within your agency.

B. Explain your agency's current capacity to address the critical needs. What existing programs and delivery systems can be utilized to meet the needs of individuals and families with or at-risk of FASD.

For each proposed program or project complete the following outline.

Goal: Desired changes in health or behavior.

Objectives: There are two types of objectives: outcome and process. Outcomes can include health outcomes or behavior changes. Program activities and outputs are process objectives. These two objectives, with examples, are shown below.

Outcome objectives: Define what is expected to change in measurable terms, how much it is expected to change, when change is expected to be detected, and within what population the change will occur. NOTE: When describing how much is expected, include percent AND the number of people expected to change.

This does not need to be in narrative form. Outcomes objectives can be written using the following format:

What: Not drinking during pregnancy, starting within 15 days after the brief intervention
How much: 30 percent (150) women who drink at first encounter at the clinic
When: By July 31, 2006 (and each year thereafter)
Who: Women who participate in Healthy Start and who are known to consume alcohol

Process objectives/activities: Describe major activities and the outputs of these activities. This section also does not need to be in narrative form. The process objectives can be written using the following format:

What: Provide brief 10-minute intervention
How much: 80 percent or 400 of the women receiving services at Healthy Start
When: By July 31, 2006
Who: Women who drink and receive services from Healthy Start

Combination of strategies or methods: This section should discuss those strategies or methods that will be implemented within the service delivery system and that have some evidence that they will be effective in achieving the goals and objectives.

Knowledge transfer: Describe the knowledge transfer to constituents to assist in universal and targeted prevention education.

Structures and resources: Identify structures and resources that can contribute to ongoing prevention, screening and services to those affected by FASD.

Relevant services provided by other organizations: Discuss those services provided by other organizations that complement or compete with the FASD activities. If you are relying on another organization or program to be an essential referral source or provider of services, include a letter of agreement from that organization that specifies clearly that it will perform the services or activities.

Ongoing education: Describe your agency's plans to provide and maintain ongoing staff education on FASD.

Organizational strengths and weaknesses: Analyze your organization's strengths and weaknesses for achieving goals and objectives and conducting the FASD initiative.

Level of management and staff support: Describe the level of management and staff support for initiating and implementing FASD activities. Describe ways the program will increase and maintain management and staff support.

C. What are your agency's training needs?

D. How would programs and projects be funded?

Also, describe the resources your agency will use to supplement this funding during option years. Provide evidence of continued funding for the program and planned activities after funding ends.