

# Building FASD State Systems

## Meeting Summary

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*Climbing Mountains:  
Bringing the Focus Back to FASD*  
Colorado Springs, Colorado • May 6-8, 2008

Submitted: June 6, 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence

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## BUILDING FASD STATE SYSTEMS MEETING: HISTORY AND GOALS

The Substance Abuse and Mental Health Services Administration (SAMHSA) Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence convened its fifth Building FASD State Systems (BFSS) meeting May 6–8, 2008, in Colorado Springs, Colorado. The BFSS meetings support the Center’s legislative mandate to provide technical assistance (TA) to communities developing systems of care and are designed to support the Center’s goals of:

- Advancing the field of FASD
- Facilitating the development of comprehensive systems of care for FASD prevention and treatment.
- Building infrastructures to ensure that FASD gets critical resources required for lasting change
- Identifying components of a comprehensive system of care for individuals who have an FASD
- Incorporating evidence-based interventions and prevention practices.

The BFSS meetings support the development of comprehensive systems of care

The BFSS meetings provide opportunities for State officials and others to learn about effective FASD systems of care and interventions through sessions presented during the meetings and from information shared among peers.

## ATTENDEES

A wide range of participants are invited to the BFSS meeting, with an emphasis on State and U.S. Territory government employees involved in issues related to FASD and policymaking. This year representatives from 48 States (Nebraska and Tennessee were not represented), three U.S. Territories—Puerto Rico, Guam, and the Virgin Islands—Washington, D.C., and the Navajo Nation attended the meeting.

The meeting included most of the country’s key players in the field of FASD, including representatives from the public and private sectors, birth mothers, family members, advocates, counselors, educators, administrators, health workers, mental health and treatment professionals, members of the court, researchers, and scientists.

### 2008 BFSS Meeting Attendees at-a-Glance

163 Participants from:

- 48 States
- 3 US Territories
- Washington, DC
- The Navajo Nation

In addition to these attendees, representatives included local community, State, and juvenile court subcontractors working on FASD prevention and diagnosis and intervention programs; members of the Center’s Expert Panel, National Association of FASD State Coordinators (NAFSC), and the Birth Mothers Network (BMN). New invitees to this year’s meeting included the Executive Directors of the National Association of State

Alcohol/Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD), and representatives from the Addiction Technology Transfer Centers (ATTCs), the National Prevention Network (NPN), and the Centers for the Application of Prevention Technologies (CAPT). These organizations were chosen to cover a broad array of systems, professions, and individuals working with, or advocating for, persons with an FASD in order to increase opportunities to affect change.

## PLANNING THE MEETING

Each year since the first BFSS meeting in 2003, a BFSS Planning Committee has helped guide and direct the meeting agenda and activities. The Planning Committee consists of no more than 10 individuals from the field, with the Task Order Officer (TOO) and staff from the Center also participating with the committee. The Committee meets by teleconference as often as necessary to accomplish the needed tasks—this year the Committee met four times. In selecting Planning Committee members, Center staff looks for representation from:

- Diverse geographic locations
- States at all levels of development
- Various organizations
- States that have received a local community and/or State subcontract
- Non-funded States
- A mix of cultures and ethnicities
- The meeting's host State
- Previous Planning Committee members

For the 2008 meeting, Center staff submitted a list of proposed BFSS Planning Committee members to the TOO for approval. Once the Committee was approved, the BFSS program manager, facilitated the work of the committee, scheduling teleconferences, developing the Planning Committee agendas, and forwarding input from the Expert Panel and information from previous meeting evaluations. The 2008 BFSS Planning Committee began working in November 2007. They developed the meeting theme and recommended plenary and breakout session topics and potential speakers. Many Planning Committee members also introduced speakers and served as session moderators and panelists at the meeting.

Center staff was tasked with finding a meeting site in a central location, with adequate meeting space and accommodation availability, within a specified budget, and in a State that had an FASD program. The program manager and the senior conference manager reviewed meeting properties in the cities of St. Louis, Minneapolis, Denver, Colorado Springs, and Tulsa. They presented the TOO and the Deputy TOO with the two best-suited properties for their final selection. SAMHSA selected Colorado Springs as the site for the 2008 BFSS meeting.

The Planning Committee chose *Climbing Mountains: Bringing the Focus Back to FASD*, as the theme for the 2008 meeting to tie in the meeting's mountainous location with the need to focus awareness and interest on FASD prevention and treatment in order to increase opportunities to affect change.

### 2008 BFSS Planning Committee

- Lachelle Frederick (South Carolina)
- Pamela Gillen (Colorado Host)
- Gloria Grim (Oklahoma)
- Mary Johnson (Maryland)
- Amber Kesterson (California)
- Victoria McKinney (Washington)
- Melinda Ohlemiller (Missouri)
- Jerome Romero (New Mexico)
- Carolyn Smith (Texas)
- Joey Younie (South Dakota)

## MEETING OVERVIEW

### Poster and Display and Optional Sessions—Tuesday, May 6, 2008

BFSS participants began arriving at the meeting site on Tuesday, May 6 and were able to register beginning at 3:30 PM (MST). Later that afternoon, interested participants attended the *BFSS First Time Attendees' Session* and participated in an opening poster and display session, during which groups shared posters and other materials about the FASD activities in their States. The Center presented a poster on the 23 local, State, and juvenile court subcontracts recently selected, to implement prevention programs and diagnosis and intervention programs into existing structures/programs. Attendees learned about effective strategies and networked with one another. Afterward, the Center's FASD Specialist presented a well-attended session, *FASD: Basics Plus*, for individuals new to the field and those seeking a refresher.

### BFSS Meeting Day 1—Wednesday, May 7, 2008

The BFSS meeting began Wednesday, May 7 at 8:30 AM (MST). As in previous years, the meeting included general plenary sessions—attended by all participants—and breakout sessions, which provided participants the opportunity to select topics that best met their needs. Four choices were provided on Wednesday and three on Thursday. Brief descriptions of the plenary sessions and listings of the breakout sessions offered on each of the two meeting days follow.

#### Plenary Sessions

##### Welcome and Introduction

Patricia B. Getty, PhD, Task Order Officer, SAMHSA FASD Center for Excellence

Dr. Getty welcomed participants and encouraged everyone to make new acquaintances, share ideas, and use their passions and concerns to keep moving the field forward. She then presented information on SAMHSA's structure, its vision and mission, and its vision for the FASD Center for Excellence, including:

- Prevention of the problems associated with alcohol use during pregnancy
- Strategies across the lifespan of the program
- Improved programs and materials based upon evidence-based research and empirical data
- Training and TA for service providers with a primary focus on treatment programs.

##### SAMHSA FASD Center for Excellence: Accomplishments since August 2007

Callie Gass, Project Director, SAMHSA FASD Center for Excellence

Callie Gass described the Center's new Statement of Work (SOW), which became effective August 2007, and provided an overview of the accomplishments to date. She cited the key elements in the new SOW as:

- There will be an overall shift in focus from identifying resource gaps and sharing basic information to identifying, incubating, and disseminating promising practices
- Training and TA will highlight evidence-based practices, incorporate a follow-up component, and be geared toward improving systems and outcomes
- Product development will incorporate a science-to-service component

Training and TA will highlight evidence-based practices, incorporate a followup component, and be geared toward improving systems and outcomes

- The promising practices project will build evaluation into FASD interventions that may qualify for SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP).

### **Climbing Mountains to Inspire Our Work: Sharing Personal Stories**

Dianne O’Connor, Birth and Adoptive Parent of Nine Children; New York State Office of Alcoholism and Substance Abuse Services

Elizabeth Rose and Jasmine Suarez O’Connor, Siblings

Dianne O’Connor shared the story of her family; she and her husband and their nine children, six of whom are adopted and some of whom have an FASD. She described her work as being that of a case manager for her children with an FASD. She detailed the bureaucratic challenges she faced, the continuums of care she pieced together at the various stages of her children’s lives—from infancy through the transition to adult care—and the things she learned along the way (e.g., cognitive-based mental health interventions are not effective for children with brain-based disorders). She also created support systems when there were none to meet a need (e.g., she pursued and received a grant to develop a community support group/peer group for children and families affected by an FASD).

Ms. O’Connor’s daughters, Elizabeth and Jasmine, also addressed the group. Jasmine is 17 and has an FASD. She described an early awareness of her differences, and described her resulting frustrations of not being like other children, the interventions that helped her succeed in school (e.g., aides to assist her with new routines at school), and her growth into greater confidence as a high school student with a job along with plans to attend college. Elizabeth described her early awareness of the differences between her and her sisters—how they did not easily make friends and could not always differentiate between games and reality. She came to accept the fact that her brothers and sisters had many unique needs, and that her family would not always be able to attend her sporting events or recitals. She wants to become a Special Education teacher, and to continue to be available to help her sisters and brothers.

### **“Peaking” Awareness on Current Science and Research Trends in the Field**

Jennifer Thomas, PhD, President, FASD Study Group; Department of Psychology, San Diego State University

Dr. Thomas provided an update on clinical and basic scientific research relevant to FASD. She discussed findings in the areas of prevention, diagnosis, neuropathological, and behavioral alterations; risk factors; mechanisms of alcohol-induced damage; and treatment and interventions. In her discussion of potentially promising treatments and interventions, Dr. Thomas identified drugs that block or protect against cell death and/or growth factors, nutritional agents such as choline to support long-lasting brain functionality, behavioral and environmental interventions—including exercise—to reduce stress and improve hippocampal functioning, and what may be most promising, the use of multiple approaches.

<b>Potentially Promising Treatments and Interventions</b>
<ul style="list-style-type: none"> <li>■ Drugs to block or protect against cell death</li> <li>■ Choline to support long-lasting brain functioning</li> <li>■ Exercise to reduce stress and improve hippocampal functioning</li> </ul>

### **Breakout Sessions**

Participants were given the opportunity to choose one of four breakout sessions. The offered sessions were:

- **Establishing a State Coordinator Position—A Mile High Opportunity**—Trisha Hinson, MEd, CMHT, FASD Project Director/State FASD Coordinator, Mississippi Department of Mental Health; National Association of FASD State Coordinators Member; State Subcontractor. Pamela Gillen, ND, RN, CACIII, Director, COFAS Prevention Program, University of Colorado Denver; SAMHSA FASD Center for Excellence Expert Panel Co-Chair; BFSS Planning Committee Member; National Association of FASD State Coordinators Member. Jerome Romero, Principal Investigator, Center on Alcoholism, Substance Abuse, and Addictions, University of New Mexico; SAMHSA FASD Center for Excellence Expert Panel Member; National Association of FASD State Coordinators Chairman; BFSS Planning Committee Member
- **Climbing Mountains to Build Effective Educational Interventions for Children with an FASD**—Wendy Kalberg, MA, CED, Clinical Research Associate, Center on Alcoholism, Substance Abuse and Addictions, University of New Mexico; and Kathleen Taylor, OTR-L, Senior Program Therapist, Department of Pediatrics, Center for Development and Disability, University of New Mexico
- **Strategies That “Peak” How States Include Tribes in Planning**—Lorena Burris, PhD, Center on Child Abuse and Neglect, Oklahoma University Health Sciences Center; Suzie Kuerschner, MEd, FASD Consultant/Trainer, Northwest Portland Area Indian Health Board/National Indian Child Welfare Association; and Candace Shelton, MS, Senior Native American Specialist, SAMHSA FASD Center for Excellence
- **Moving Mountains to Build and Sustain the Birth Mothers Network—There Is a Circle of Hope**, featured a panel of BMN members: Kathleen Mitchell, MHS, Maryland; Julie Gelo, Washington; Peggy Combs, California; and Penny Wilson, Maryland.

## **Regional Breakout Sessions and State/Territory Goals Update**

At the **Regional Breakout Sessions and State/Territory Goals Update**, State and Territory representatives participated in an assigned small group where, along with other State and Territory representatives, they completed a two-part SCOT analysis process to identify: (1) Strengths, Challenges, Opportunities, and Threats within the organization with which they were most familiar; and (2) methods to build on strengths and opportunities and ways to overcome the challenges and threats identified in the SCOT analysis. After completing the SCOT analysis representatives from each State and Territory developed their State FASD plan or updated past plans. The State and Territory groupings gave representatives another opportunity to meet with peers and share information on issues of mutual interest, and develop strategies to move their States and regions forward.

## **BFSS Meeting Day 2, Plenary Sessions—Thursday, May 8, 2008**

### **Climbing Mountains to Increase Diagnostic Capacity in State Systems**

Larry Burd, PhD, Professor, Department of Pediatrics, University of North Dakota School of Medicine and Health Sciences

Kathryn Shea, LCSW, Chief Operating Officer, The Florida Center for Child and Family Development

Susan Astley, PhD, Professor of Epidemiology and Director, Washington State FAS Diagnostic & Prevention Network, University of Washington

The panelists provided overviews of the systems and the funding used in their States to support diagnostic capacity for FASD. Dr. Burd addressed the systems in place in North Dakota, noting that freestanding dysmorphology clinics have merged into clinics that provide other services. The clinics with diagnostic capacity are open at varying intervals and situated on three out of

four reservations in the State. North Dakota has determined that the cost of care over the lifetime of a child born with an FASD to be \$540,000.

Ms. Shea discussed Florida's FASD system and their challenges with maintaining funding. While Florida was one of the first States to implement an FASD State Strategic Plan, they also had to make recent, significant cuts to social services. Hard working advocates, including Ms. Shea, engaged committed legislative supporters and received continued funding to, in part, expand FASD clinics statewide. They have been able to almost triple diagnostic capacity since 2006.

Dr. Astley described the Washington State FAS Diagnostic & Prevention Network of Clinics, which includes the core clinic in Seattle (University of Washington), and four network clinics across the State. The core clinic sees approximately 60 patients a year and the statewide network clinics each see from 10 to 20 patients a year. An eight-member interdisciplinary team, using the FASD 4-Digit Code, conducts the diagnostic evaluation in one 4½ hour visit. Dr. Astley presented a discussion of the cost of the diagnostic evaluation, methods used for cost recovery, and models for funding and funding sources, including the use of interns, who provide their services for free to obtain needed hours of supervised work in their disciplines.

### **Climbing to New Vistas—Research Projects and Findings in the Populations of South Africa and Italy**

Philip May, PhD, Professor and Senior Research Scientist, Center on Alcoholism, Substance Abuse and Addictions, University of New Mexico

Dr. May presented research findings related to understanding and preventing FASD from studies of Northern Plains Indian, South African, and Italian communities. He noted that maternal risk factors such as socioeconomic status, educational attainment, marital status, and body size appear to be similar across cultures, but mentioned that cultural variations exist (e.g., religiosity/spirituality appeared to be a protective factor for women in the community studied in South Africa, but a risk factor for women from the study group in Italy). In the various communities screened, findings showed prevalence rates of 5.6 per 1,000 for the study group in Italy, 9.5 per 1,000 for the Northern Plains Indian communities studied, and 63.7 per 1,000 for the Western Cape community in South Africa. The screenings included charting physical growth and development, dysmorphology, assessing psychological and behavioral development, and collecting information on evidence of maternal drinking.

### **Breakout Sessions**

Participants were given the opportunity to choose one of three breakout sessions. The offered sessions were:

- **“Peeking” Into SAMHSA’s National Registry of Evidenced-based Programs (NREPP) Process**—Carol McHale, PhD, Senior Social Science Analyst, Performance and Technical Assistance Branch, Center for Substance Abuse Prevention, SAMHSA
- **Mountains of Success: Using Effective State Task Forces to Increase System-wide Impact**—Kathy Stence, Program Analyst, Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs; and Cheryl Lauber, MSN, DPA, State Coordinator, Michigan Department of Community Health
- **Increasing FASD Diagnostic Accuracy: New Information from MRI, MRS, and fMRI in Children with FASD**—Susan Astley, PhD, Professor of Epidemiology and Director, Washington State FAS Diagnostic & Prevention Network, University of Washington.

## Adjournment

Dr. Getty adjourned the meeting by encouraging participants to revisit their reasons for attending the meeting, to focus awareness on FASD, and to increase opportunities for positive change.

## ASSOCIATED MEETINGS

Feeding into the comprehensive national system supported by the FASD Center for Excellence is the work accomplished by:

- The Birth Mothers Network
- The Expert Panel
- The FASD Subcontractors
- The National Association of FASD State Coordinators.

Each of these groups also held meetings in Colorado Springs, Colorado, during the week of May 5–9, 2008. Below are brief synopses of the charges of the groups, and the work accomplished at their meetings.

### The Birth Mothers Network Retreat—Monday, May 5, 2008

The BMN, which was established to support and serve families with alcohol-exposed children and women at risk for alcohol-exposed pregnancies, met for a 1-day retreat on Monday, May 5, 2008. Sixteen members attended the retreat and they discussed:

- Organizing the BMN into function-specific committees (e.g., Mentorship, Membership/Partnerships, Community Outreach)
- Organizing regional or State BMN Coordinators/contacts
- Creating a speakers' bureau
- Developing a BMN project.

BMN members conducted a breakout session at the BFSS meeting, providing information on their group and ways in which they can provide outreach to birth mothers and collaborate with treatment and prevention communities. They also explored avenues for collaboration with NAFSC.

### The Expert Panel Meeting—Tuesday, May 6, 2008

The Center's Expert Panel convened for the second meeting of its term. It consists of 14 voting members and 8 ex-officio members. A quorum was present at the meeting, with 10 voting members and 6 ex-officio members in attendance. Their 1-day agenda included:

- A presentation by Jacquelyn Bertrand, PhD, Senior Scientist, National Center on Birth Defects and Developmental Disabilities, Division of Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC), identifying opportunities for collaboration between the CDC and the Center
- A strategic discussion on emerging issues and the development of recommendations to the Center
- A presentation by Clair D. Coles, PhD, Director, the Marcus Institute; Professor of Psychiatry and Behavioral Sciences, Emory University School of Medicine, on interventions for children with an FASD
- Analysis and discussion of CFE products and materials and the development of recommendations to the Center.

## FASD Subcontractors—Tuesday, May 6, 2008

Program Directors from each of the 23 local, State, and juvenile court subcontractors also met in Colorado Springs on Tuesday, May 6, 2008. Fifteen subcontractors are implementing prevention programs and eight are implementing diagnosis and intervention programs into their organizations. Their 1-day agenda included:

- Discussion of progress to date
- Small group discussions on task force development
- Small group discussions on needs assessment.

## National Association of FASD State Coordinators—Friday, May 9, 2008

Representatives from 14 States, the District of Columbia, and the Navajo Nation attended the NAFSC meeting on Friday, May 9, 2008. NAFSC was established in 2003, starting out with seven members. There are currently 19 Coordinators in the Center's NAFSC group, including Washington, D.C. and the Navajo Nation. Their half-day agenda included:

- A presentation by Julie Gelo, BMN member, on the vision and goals of the BMN and discussion of areas for potential collaboration with the State Coordinators
- State updates
- Planning for the remainder of the contract
- Developing a mission statement.

NAFSC members mentor States that want to develop their own Coordinator positions; to that end, members conducted a breakout session at the BFSS meeting on how to establish a Coordinator position.

## OUTCOMES

Each of the past BFSS meetings was evaluated by participants to, in part, obtain feedback on satisfaction with the meeting agenda, speakers, and site, and to elicit recommendations for the next meeting(s).

Meeting participants have consistently provided positive feedback on their experience at the BFSS meetings—with most aspects of the meetings scored at 90 percent or higher. This year's meeting was no exception. Full results from this year's meeting in Colorado Springs are provided below in the *Meeting Evaluation* section.

In addition to the information provided by the evaluation, we have seen additional positive trends (or outcomes) immediately prior to, and in the aftermath of, the meeting. These outcomes include the following:

- **Increased interest in participation in the BFSS meeting**—the Center's meeting planners were approached by approximately nine people wanting to attend the meeting and willing to pay their own way (e.g., States wanting to send representatives in excess of the two-per State allowance). Uninvited participants who wished to attend the meeting were accommodated on a first-come first-served basis, based on space availability—three participants who paid their own way attended the meeting. The number of interested contacts will be built into the number of anticipated participants for next year's meeting.
- **Increased interest in establishing new State Coordinators positions**—the TOO, State Coordinators, and Center staff have fielded inquiries from representatives from Alabama, Minnesota, Nevada, and Wyoming requesting information about, or assistance with,

establishing a State Coordinator position since the BFSS meeting and the Establishing a State Coordinator Position breakout session. Shortly before the BFSS meeting Massachusetts officially designated an FASD State Coordinator and following the meeting, Washington also designated a Coordinator.

- **Increased interest in the 2006 BFSS meeting proceedings on [www.fasdcenter.samhsa.com](http://www.fasdcenter.samhsa.com)**—the PDF file of the 2006 BFSS meeting proceedings jumped from the eleventh most downloaded document in April 2008 to the fifth most downloaded publication on the site in May 2008, with an increase of 168 downloads (a 24 percent increase over the previous month). The increase in downloads of this document occurred in the time between the distribution of the meeting information and the meeting.
- **Increased scope of meeting invitees**—new invitees to this year’s meeting included the Executive Directors of NASADAD and NASMHPD, and representatives from ATTC, NPN, CAPT, and SSA for Substance Abuse Services.
- **Increased collaboration among groups**—a representative from the BMN presented at the NAFSC meeting and discussed services available through the BMN, and collaboration with State Coordinators.

## MEETING EVALUATION

### Introduction

The evaluation component for the 2008 BFSS meeting focused on determining the attendees’ overall level of experience of certain attributes of the meeting, such as quality and clarity, information sharing, networking opportunities, and applying lessons learned to work situations. In addition, attendees were asked to provide feedback on the usefulness of each of the sessions.

### Methods

An evaluation form was designed to elicit feedback from meeting attendees (Appendix A). Evaluation forms were provided to all attendees and filled out and turned in to Center staff at the end of the meeting. Completed evaluation forms were checked for data accuracy, followed by data entry and analysis. Responses were compiled as a frequency for the close-ended questions and a content analysis was performed for the open-ended responses.

### Evaluation Questionnaire

The questionnaire was designed to include both close-ended and open-ended questions. The first question was designed to get respondents’ ratings on general aspects of the meeting. The second question was regarding the usefulness of the general and breakout sessions.

Attendees were asked to respond to open-ended questions on the following topics:

- The most useful part of the meeting
- Plans to use what they learned at the meeting in their work
- Topics or improvements for future BFSS meetings.

### Evaluation Results

A total of 106 respondents submitted completed evaluation forms. Quantitative and qualitative results are presented below.

### Quantitative Results

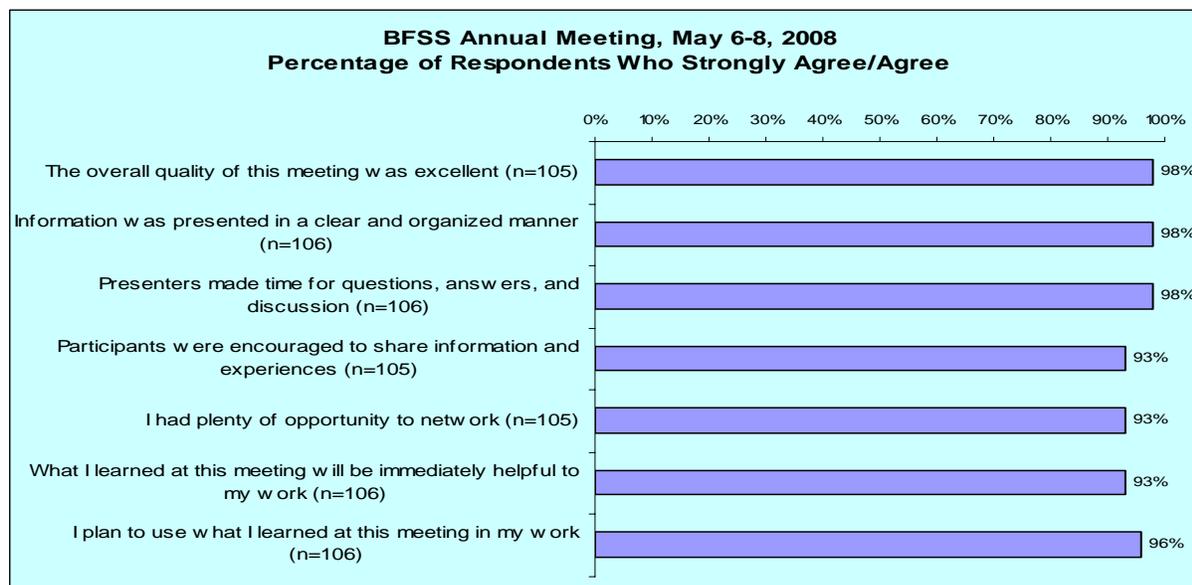
Respondents’ ratings of the meeting overall, and of the sessions held during this event, are presented in Tables 1 and 2 below. The percentages of respondents shown in these tables are

based on the actual numbers of those who answered a particular question, as shown in the last column of Table 1 and the second to last column of Table 2.

**Table 1—General Assessment of the Meeting**

Item	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
The overall quality of this meeting was excellent	70 (67%)	33 (31%)	1 (1%)	1 (1%)	105 (100%)
Information was presented in a clear and organized manner	71 (67%)	33 (31%)	1 (1%)	1 (1%)	106 (100%)
Presenters made time for questions, answers, and discussion	73 (69%)	31 (29%)	1 (1%)	1 (1%)	106 (100%)
Participants were encouraged to share information and experiences	64 (61%)	34 (32%)	6 (6%)	1 (1%)	105 (100%)
I had plenty of opportunity to network	59 (56%)	39 (37%)	5 (5%)	2 (2%)	105 (100%)
What I learned at this meeting will be immediately helpful to my work	63 (59%)	36 (34%)	5 (5%)	2 (2%)	106 (100%)
I plan to use what I learned at this meeting in my work	74 (70%)	28 (26%)	2 (2%)	2 (2%)	106 (100%)

**Figure 1—General Assessment of the Meeting**



As shown in Figure 1, respondents gave the meeting a highly favorable assessment, with the vast majority (98 percent) rating it as excellent in quality and indicating that they planned to use what they learned in their work (96 percent). Almost all respondents also felt that the information presented was clear and well organized (98 percent), and most agreed that what they had learned would be helpful in their work (93 percent).

When comparing this meeting to the 2006 BFSS meeting in San Francisco, there were three categories of notable improvement. First, in 2006, the meeting received the lowest ratings for opportunities to share information and experiences (71 percent); however, for the 2008 meeting, positive responses to this topic increased to 93 percent. Secondly, in 2006, 72 percent of participants stated there was not enough time for questions, answers, and discussion. This year, 98 percent of participants stated that there was time for questions, answers, and discussion.

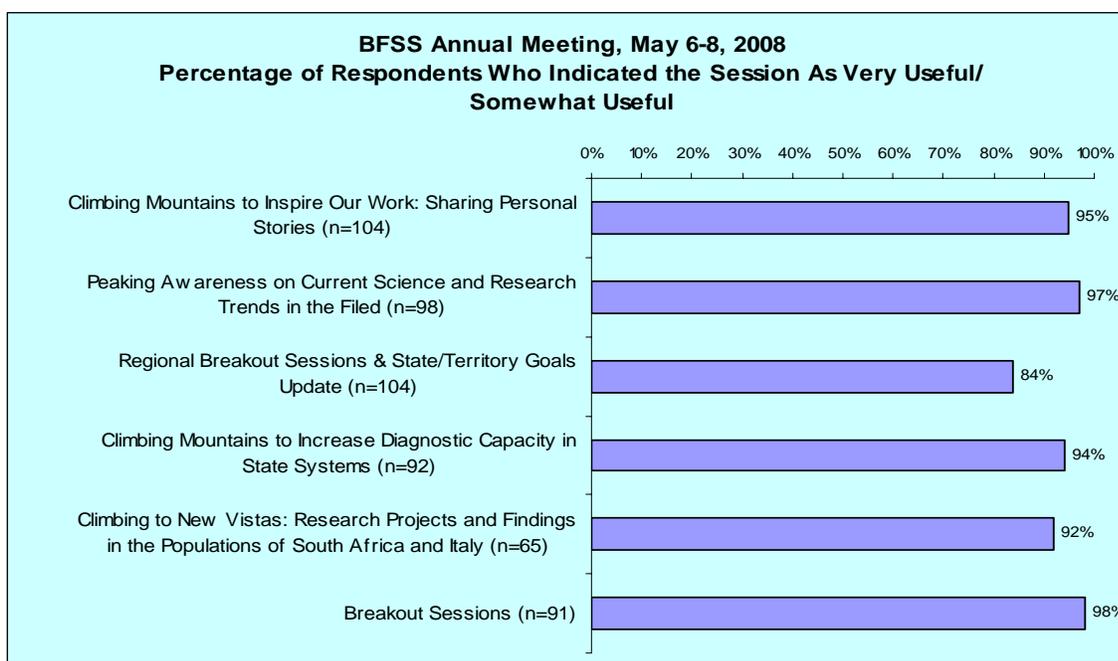
Finally, the majority of participants (93 percent) stated they had the opportunity to network with their peers.

**Table 2—Assessment of the Sessions**

Please circle the number that matches your answer.	Very Useful	Somewhat Useful	Not Very Useful	Of No Use	Total*	Did Not Attend*
Climbing Mountains to Inspire Our Work: Sharing Personal Stories	82 (79%)	17 (16%)	5 (5%)		104 (100%)	
Peaking Awareness On Current Science and Research Trends in the Field	68 (36%)	27 (48%)	3 (14%)		98 (100%)	3
Regional Breakout Sessions & State/Territory Goals Update	49 (47%)	38 (37%)	16 (15%)	1 (1%)	104 (100%)	
Climbing Mountains to Increase Diagnostic Capacity in State Systems	56 (61%)	30 (33%)	6 (6%)		92 (100%)	6
Climbing to New Vistas: Research Projects and Findings in the Populations of South Africa and Italy	34 (52%)	26 (40%)	5 (8%)		65 (100%)	12
Breakout Sessions	54 (59%)	35 (39%)	1 (1%)	1 (1%)	91 (100%)	2

\*Some of the 106 respondents did not answer these questions.

**Figure 2—Assessment of the Sessions**

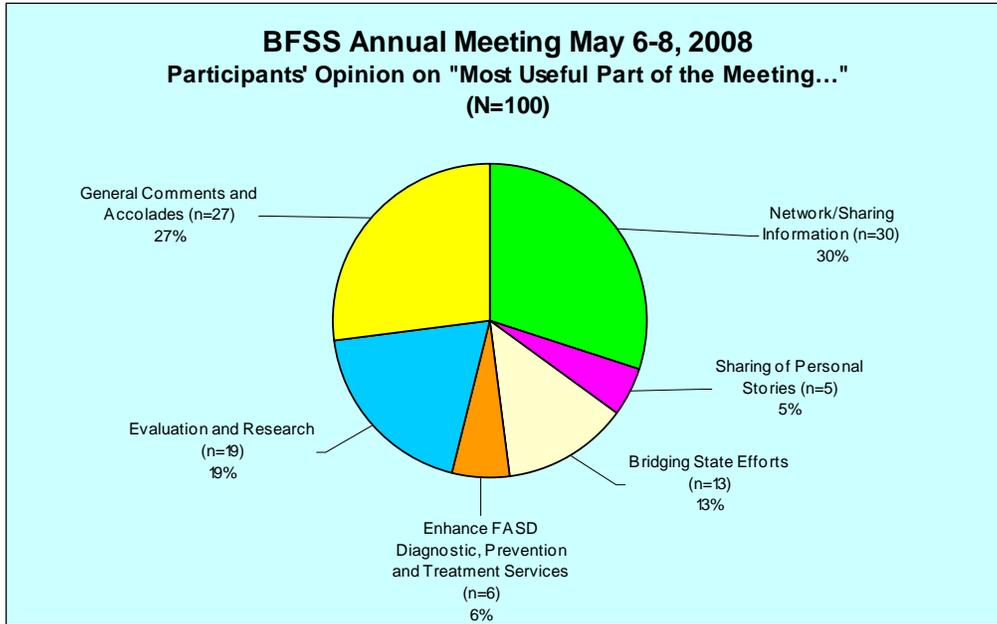


As illustrated in Figure 2, the sessions that were rated as “very useful/somewhat useful” by the highest percentages of respondents were the “Breakout Sessions” (98 percent), *Peaking Awareness on Current Science and Research Trends* (97 percent), and *Climbing Mountains to Inspire Our Work: Sharing Personal Stories* (96 percent).

### Qualitative Results

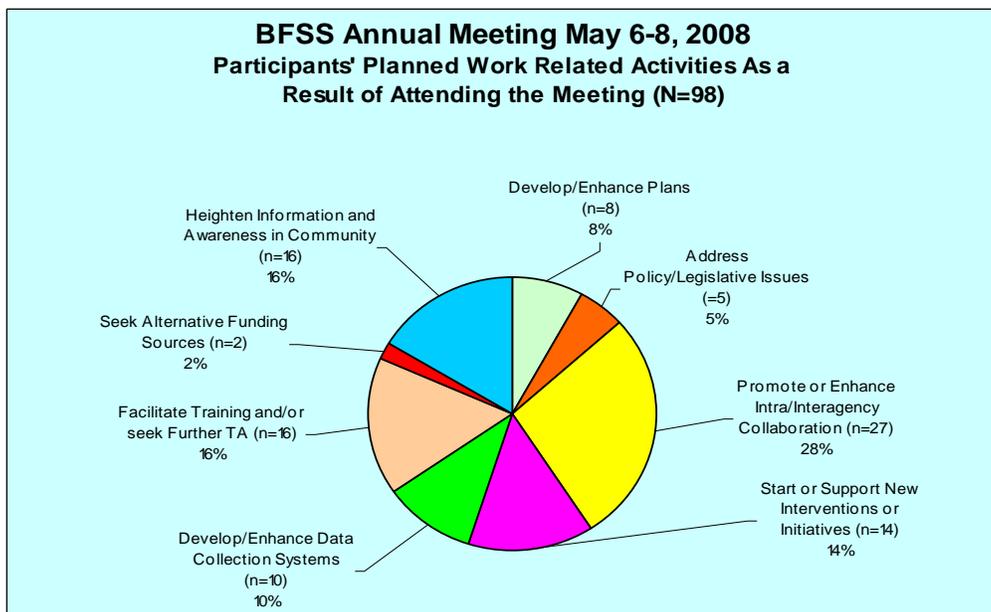
Respondents provided written comments about this meeting to three open-ended questions. For each of the open-ended questions, responses were grouped under specific topic areas. The total number of responses within each topic area for each of the questions is represented in the pie charts below.

**Figure 3—Most Useful Part of the Meeting**



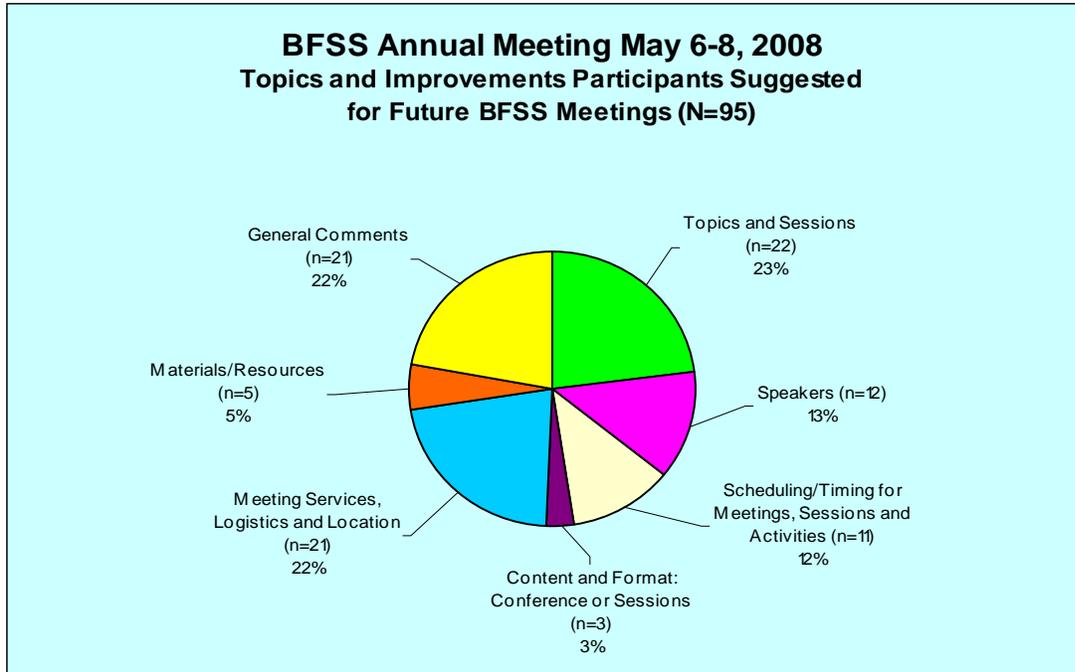
As presented in Figure 3, the majority (30 percent) of the responses indicate that participants found networking and information sharing to be the most useful. Twenty-seven percent of the responses were general comments and accolades, including learning about the history of the Center of Excellence and the meeting being well organized.

**Figure 4—Respondents' Planned Work-Related Activities as a Result of Attending the Meeting**



Among the 98 responses received to this question, the most frequently reported priorities were to promote or enhance collaborations between/within agencies to form partnerships (28 percent).

**Figure 5—Suggested Topics or Improvements for Future BFSS Meetings**



Of the 95 responses for suggestions for areas of improvements for future BFSS meetings, the majority (23 percent), provided suggestions on new ideas for topics and sessions.

### Evaluation Conclusions

Evaluation results presented above indicate that this meeting was a success. Significant findings from the quantitative and qualitative data presented in Tables 1 and 2 and responses to the open-ended questions are as follows:

- Overall, 98 percent of the respondents rated the quality of this meeting as excellent, and 98 percent also agreed that the information presented was clear and well organized.
- The vast majority of respondents (93 percent) agreed that what they had learned at the meeting would help them in their work, and that they intended to use this information when they got back to work (96 percent).
- The “Breakout Sessions” were viewed as the most useful (98 percent). Peaking Awareness on Current Science and Research Trends in the Field (97 percent), and Climbing Mountains to Inspire Our Work (95 percent), were also viewed as highly useful.
- Thirty percent of the responses indicated that networking was the most useful part of the meeting.
- The most frequently reported work-related plans, were to promote or enhance collaborations between/within agencies to form partnerships (28 percent).
- The majority of the responses (23 percent), on ideas/improvements for future meetings, were new ideas for topics and sessions.

## NEXT STEPS

The next steps following the 2008 BFSS meeting include:

- Determining the products to be created from the information generated (e.g., group notes from the SCOT analysis session) and notes taken at the meeting, including where any products will be posted and/or how they will be distributed
- Updating the Center's Web site with information from the meeting including the meeting summary, presentations, speaker biographies, photographs, and participant lists
- Following up with States who have expressed an interest in establishing a State Coordinator position
- Following up with States who have not submitted their State FASD plans
- Checking in with States throughout the year to see how they are progressing with their State FASD plans
- Pulling together lessons learned from the planning process and meeting evaluations to refine and improve next year's process (next year's planning process may include a call for presentations)
- Holding a staff debriefing session on lessons learned from the 2008 BFSS meeting to make next year's meeting flow even more smoothly.

## CLOSING

All indicators suggest that the 2008 BFSS meeting was a great success—meeting the Center's goals of advancing the field of FASD and facilitating the development of comprehensive systems of care for FASD prevention and treatment. It also provided a broad range of people in the field with useful tools and information that can be used to face their local challenges and to bring the focus back to FASD.

## APPENDIX A—EVALUATION FORM

### Building FASD State Systems Meeting Colorado Springs, Colorado May 6-8, 2008 Evaluation Form

#### 1. To what extent do you agree with the following general statements about this meeting?

Please circle the number that matches your answer	Strongly Agree	Agree	Disagree	Strongly Disagree
The overall quality of this meeting was excellent	4	3	2	1
Information was presented in a clear and organized manner	4	3	2	1
Presenters provided made time for questions, answers, and discussion	4	3	2	1
Participants were encouraged to share information and experiences	4	3	2	1
I had plenty of opportunity to network	4	3	2	1
What I learned at this meeting will be immediately helpful to my work	4	3	2	1
I plan to use what I learned at this meeting in my work	4	3	2	1

#### 2. How useful were the following sessions?

Please circle the number that matches your answer	Very Useful	Somewhat Useful	Not Very Useful	Of No Use	Did Not Attend
Climbing Mountains to Inspire Our Work: Sharing Personal Stories	5	4	3	2	1
Peaking Awareness on Current Science and Research Trends in the Field	5	4	3	2	1
Regional Breakout Sessions & State/Territory Goals Update	5	4	3	2	1
Climbing Mountains to Increase Diagnostic Capacity in State Systems	5	4	3	2	1
Climbing to New Vistas: Research Projects and Findings in the Populations of South Africa and Italy	5	4	3	2	1
Breakout Sessions	5	4	3	2	1

#### 3. What was the most useful part of this meeting for you? Please explain.

#### 4. What are one or two things you plan to do in your work, based on what you learned at this meeting?

#### 5. What topics or improvements would you suggest for future BFSS meetings?

**Thank you for your feedback. Please drop this evaluation form in the Evaluation box.**