



Growing a Local FASD System: an Ohio Perspective

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2011 Building FASD State Systems Conference

Montgomery County, Ohio FASD Task Force



Montgomery County, Ohio FASD Task Force

OBJECTIVES:

1. Identify the benefits and processes of developing a community-wide FASD Task Force.
2. Incorporate FASD efforts, utilizing best practices, into already existing systems and services.
3. Understand the strategic processes that underlie a successful FASD collaboration and be able to replicate those processes in your community.

Montgomery County, Ohio FASD Task Force

OVERVIEW:

- ❖ History of the Montgomery County, Ohio FASD Task Force
- ❖ How to Develop a Local FASD Task Force
- ❖ Task Force Components
- ❖ Montgomery County, Ohio FASD Task Force Accomplishments



Montgomery County, Ohio FASD Task Force

History of the Montgomery
County, Ohio FASD Task Force

Montgomery County, Ohio FASD Task Force

FAMILY AND CHILDREN FIRST COUNCIL:

- ❖ Created in late 1995 in accordance with state law.
- ❖ A partnership of local government agencies and community organizations committed to improving the well-being of children and families.
- ❖ Purpose:
 - ❖ Build community capacity
 - ❖ Coordinate systems and services
 - ❖ Engage and empower families
 - ❖ Make decisions regarding appropriate funding allocations

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SIX DESIRED COMMUNITY OUTCOMES:

- ❖ Healthy People
- ❖ Young People Succeeding
- ❖ Stable Families
- ❖ Positive Living for Special Populations (PLSP)
- ❖ Safe and Supportive Neighborhoods
- ❖ Economic Self-Sufficiency

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OUTCOME TEAMS:

- ❖ Define community need
- ❖ Identify gaps and barriers
- ❖ Identify solutions
- ❖ Make funding recommendations
- ❖ Advance progress towards achieving outcomes

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POSITIVE LIVING FOR SPECIAL POPULATIONS:

“People of any age with significant disabilities who need assistance with basic daily living skills to live in the most appropriate, least restrictive community setting possible and avoid inappropriate institutionalization. This group includes people who are frail and elderly, adults with severe and persistent mental illness, **children with severe emotional disabilities**, persons with alcohol and other drug dependency, **persons with mental retardation and developmental disabilities**, and others who cannot perform basic life functions without assistance.”

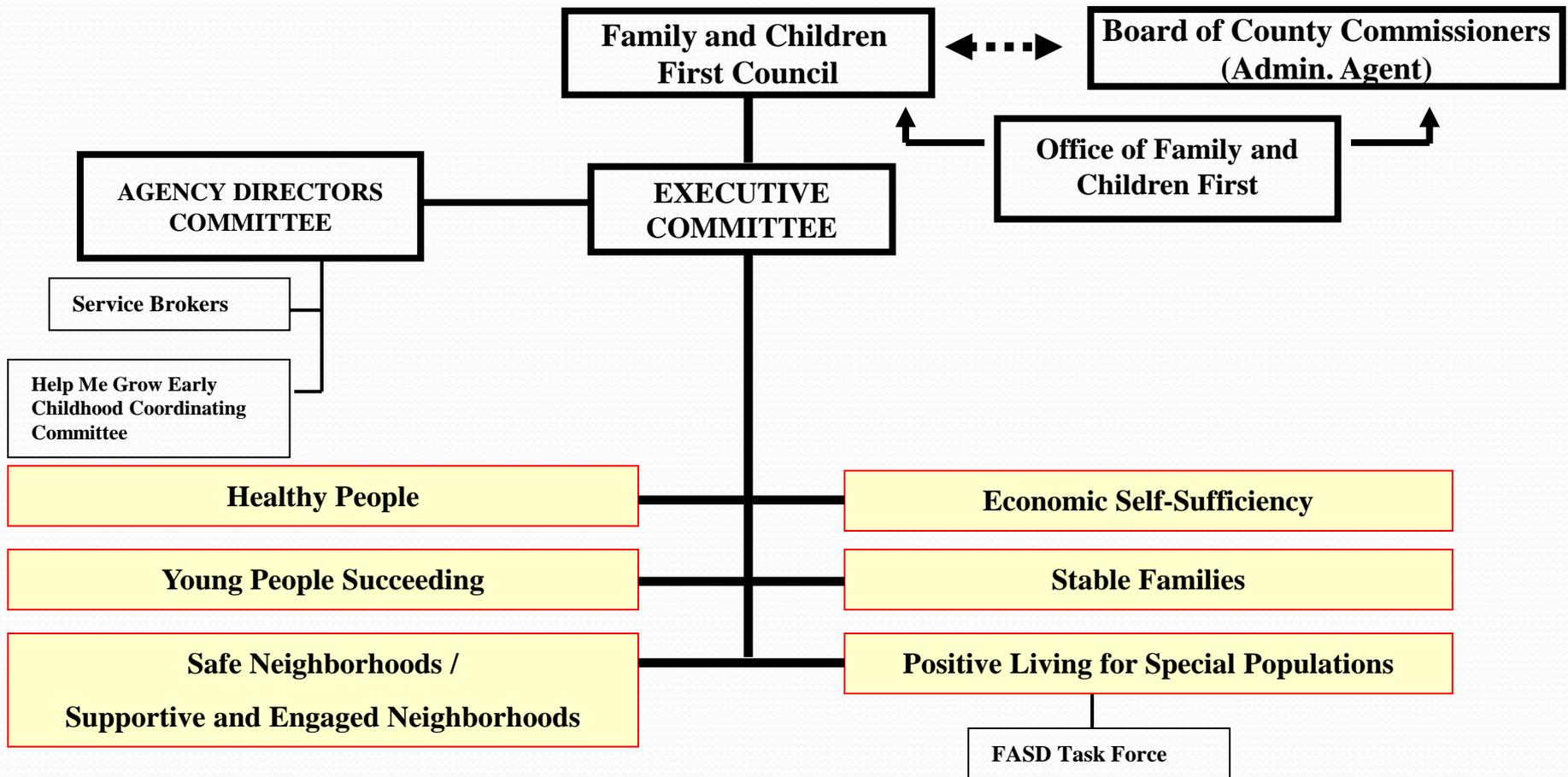
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**WHAT'S THE LEADING KNOWN
PREVENTABLE CAUSE OF MENTAL
RETARDATION IN THE UNITED
STATES?**

**PRENATAL EXPOSURE TO
ALCOHOL**

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MONTGOMERY COUNTY FCFC



Montgomery County, Ohio FASD Task Force

INITIAL “THINK TANK” (Fall 2007)

- ✓ Family & Children First Council
- ✓ Public Health--Dayton & Montgomery County
- ✓ Montgomery County Board of DDS
- ✓ Help Me Grow / Brighter Futures

FUNDING SECURED & TASK FORCE FORMED (January 2008)

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How to Develop a Local FASD Task Force

Montgomery County, Ohio FASD Task Force

FORMALIZE EACH ASPECT OF THE TASK FORCE:

- ✓ Description of Task Force members
- ✓ Role of Task Force members
- ✓ Charge given to the Task Force
- ✓ Goals of the Task Force
- ✓ Establishment of Leadership Roles
- ✓ Oversight/Hierarchy
- ✓ Structure of Task Force

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DESCRIPTION OF THE TASK FORCE:

- ✓ Mandated agencies
- ✓ Non-profit organizations
- ✓ Faith-based organizations
- ✓ Healthcare representatives
- ✓ Social service providers
- ✓ Community/parent representatives
- ✓ Volunteer leaders
- ✓ Funding representatives
- ✓ Experts in alcohol interventions
- ✓ Experts in contraceptive interventions
- ✓ Experts in outcome evaluations

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MEMBERSHIP:

- ❖ ADAMHS Board for Montgomery County
- ❖ CrisisCare/Samaritan Behavioral Health, Inc.
- ❖ Montgomery County Board of DDS
- ❖ Montgomery County Help Me Grow/Brighter Futures
- ❖ Montgomery County Office of Family and Children First
- ❖ Ohio Pediatrics, Inc.
- ❖ Parent Representative
- ❖ Perinatal Partners, LLC
- ❖ Planned Parenthood of Southwest Ohio Region
- ❖ Public Health—Dayton & Montgomery County
- ❖ Southview Medical Center
- ❖ United Missionary Baptist Church
- ❖ Women, Infants, and Children Program
- ❖ Wright State University

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DESCRIPTION OF TASK FORCE MEMBERS:

- ❖ Include both professional and community representatives.
- ❖ Professional members are in positions within their organizations to have both decision-making authority and access to direct service staff and clientele.
- ❖ They have the authority to intervene if problems arise with the referral process or service delivery within their respective agencies and will ensure that appropriate follow-up services occur.

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ROLE OF TASK FORCE MEMBERS:

- ❖ Represent his/her system
- ❖ Participate in joint assessing and case planning by accessing appropriate resources from his/her system
- ❖ Report gaps and barriers identified and suggests needed changes to his/her Executive Director
- ❖ Collaborate with other Task Force members to document issues requiring a higher level attention
- ❖ Advocate proactively within his/her system for interagency collaboration

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CHARGE TO THE TASK FORCE:

- ❖ Oversee a needs assessment process to determine priorities
- ❖ Participate in the development of a strategic plan
- ❖ Participate in the development of an implementation plan
- ❖ Monitor planned activities according to the implementation plan
- ❖ Evaluate progress
- ❖ Identify service gaps and barriers on an ongoing basis
- ❖ Develop a sustainability plan

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GOALS OF THE TASK FORCE:

1. Increase the availability of services for those already affected by FASD and for parents and other caregivers
2. Increase inter-agency coordination in the development of a comprehensive continuum of services
3. Increase awareness regarding the risks associated with alcohol use during pregnancy
4. Implement and collect data that will track FASD risk factors, prevalence, and incidence in order to advance the field of FASD for future providers
5. **Increase the number of pregnant women who choose not to drink alcohol while they are pregnant**

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ESTABLISHMENT OF LEADERSHIP ROLES:

- ✓ Chair
- ✓ Vice Chair
- ✓ Secretary
- ✓ Evaluator



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HIERARCHICAL OVERSIGHT:

Who, if anyone, do you report to? Have plans in place for reporting procedures.

- ❖ Who's responsible for reporting out?
- ❖ What data/documentation are required to be reported on?
- ❖ Who's responsible for maintaining ongoing communication with the oversight body?
- ❖ What do you ask of the oversight body?

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HIERARCHICAL OVERSIGHT:

Positive Living for Special Populations Outcome Team:

- ❖ Provide oversight to the FASD Task Force by:
 - ✓ Receiving consistent updates from the Task Force
 - ✓ Recommending strategies for improvement
 - ✓ Providing direction when/as needed

- ❖ Respond to FASD issues brought forth by the Task Force by:
 - ✓ Promoting collaborative relationships among agencies
 - ✓ Advocating for policies and practices that benefit families and children burdened by FASD
 - ✓ Recommending policies and solutions to FASD issues that are generated by the Task Force

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TASK FORCE STRUCTURE:

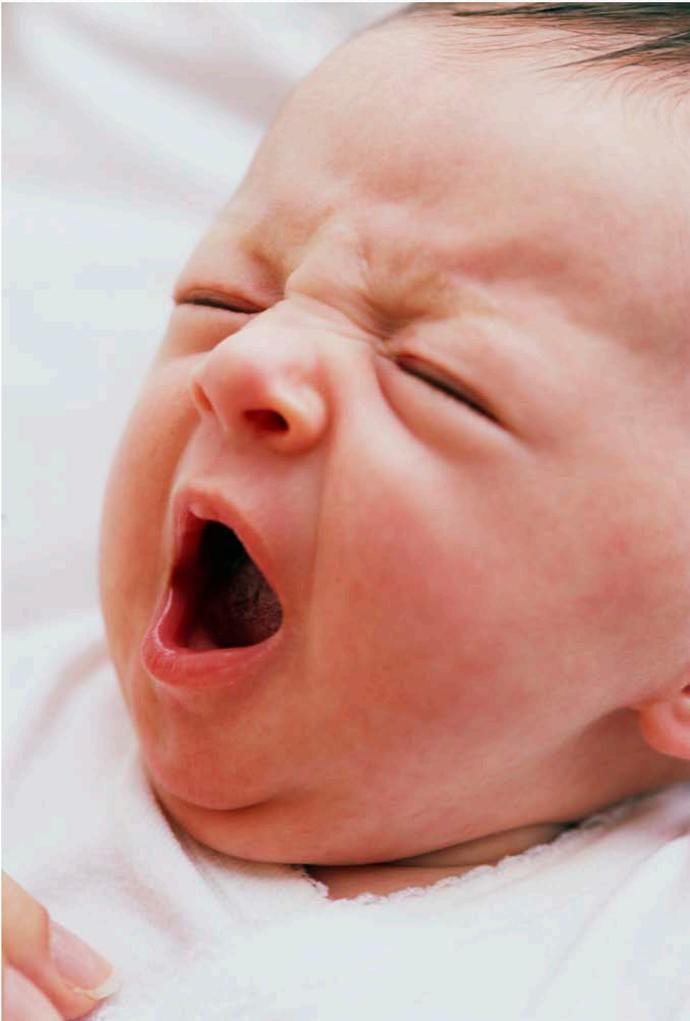
- ❖ Formal and intentional infrastructure:
 - Orientation to new Task Force members
 - Consistent meeting times and location
 - Robert's Rules – establish quorum
 - Minutes
 - Established timeline
 - Subcommittee structure
 - Routine communication sharing
 - Hierarchical approval process for decision-making

- ❖ Proactively eliminates potential problems that could occur when making decisions

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Task Force Components

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TASK FORCE COMPONENTS:

- ❖ Needs assessment
- ❖ Strategic plan
- ❖ Implementation plan
- ❖ Evaluation plan

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CONDUCT A NEEDS ASSESSMENT:

- ❖ You don't know where you're going unless you know where you've been.
- ❖ Data at the federal and/or state level do not constitute data at the local level.
- ❖ Making assumptions without verification may set you up for failure.

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NEEDS ASSESSMENT:

- Utilize a variety of data sources to paint a picture of the FASD issue in your community.
- Take an inventory of FASD services (both prevention and intervention) currently in existence. Where are the gaps?
- Identify rates of alcohol use in your community. What are the social and cultural implications of alcohol use?
- Identify target populations. What demographic might you want to consider targeting your efforts?

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NEEDS ASSESSMENT:

- Primary Data – Individual and Group Interviews - Interviews of key constituent groups provide valuable information on effective strategies and barriers. Examples:
 - ❖ Community clinics
 - ❖ Alcohol treatment facilities
 - ❖ Prenatal care providers and/or pediatric providers
- Secondary Data - Pre-existing data from other sources that provide valuable information related to the target population and potential barriers. Examples:
 - ❖ Local/statewide Health Department data
 - ❖ BRFSS (CDC) data, SAMHSA data
 - ❖ Published literature

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STRATEGIC PLAN:

- ❖ There are a variety of strategic plan formats. Choose one that makes sense to you.
- ❖ “Five Points Of Intervention: A Policy and Practice Framework”
- ❖ Developed specifically for substance-exposed infants (SEI) by the National Center on Substance Abuse and Child Welfare - a program of SAMHSA / Center for Substance Abuse Treatment

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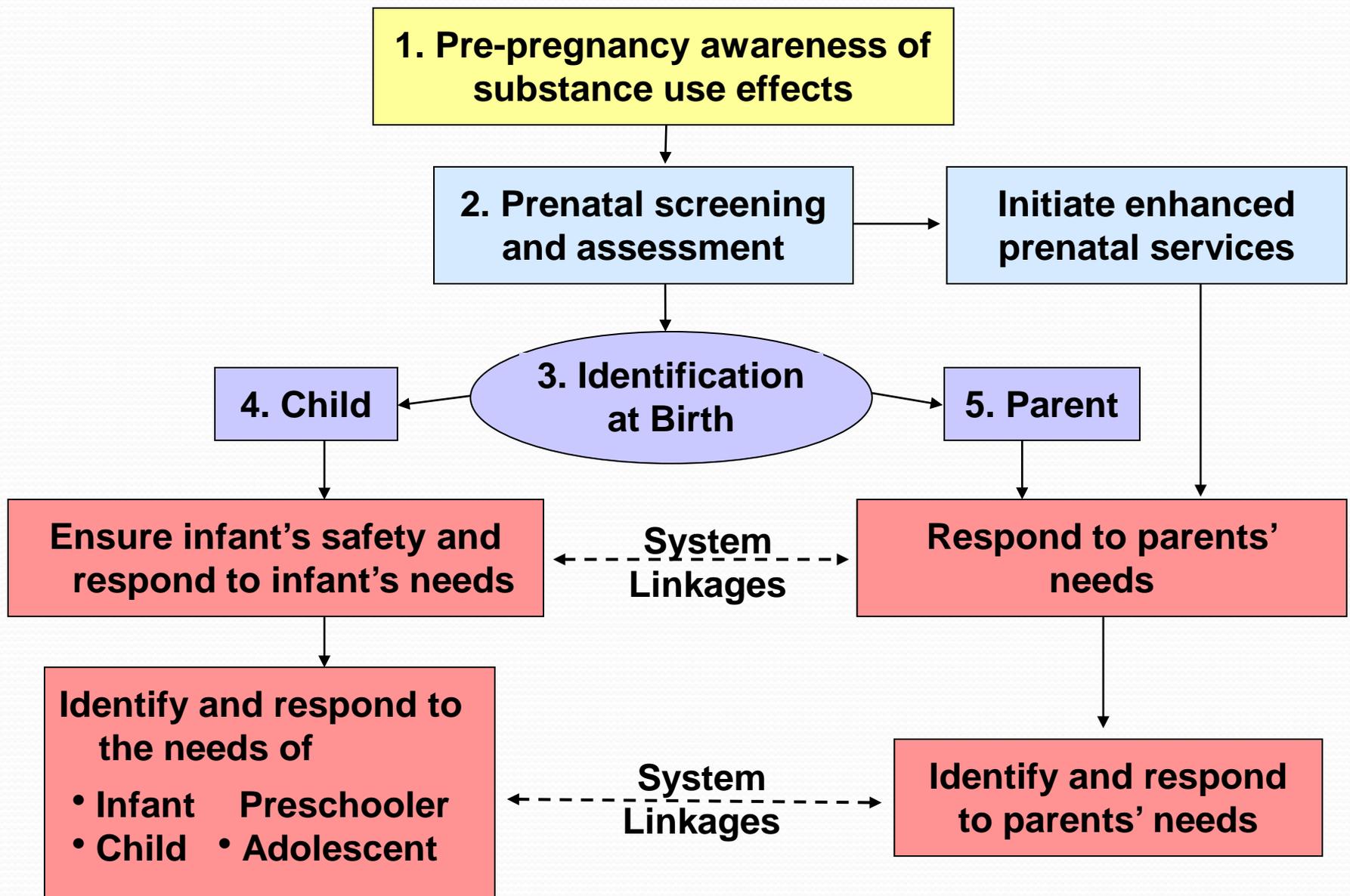
NO ONE AGENCY:

- ❖ The SEI issue does not “belong” to any one agency, because it demands:
 - *Comprehensive* services provided along a *continuum* of prevention, intervention, and treatment at different *developmental stages* in the life of the child and family.
- ❖ No single agency can deliver all of these

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FIVE POINTS OF INTERVENTION:

1. Pre-pregnancy and public awareness
2. Prenatal screening and support
3. Screening at birth
4. Services to infants
5. Services to parents



*SOURCE: "Policy and Practice Framework: Five Points of Intervention," National Center on Substance Abuse and Child Welfare, www.ncsacw.samhsa.gov

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EACH POINT IS ASSIGNED...

- ❖ **Objectives**
- ❖ **Strategies/Activities**

EACH OBJECTIVE INCORPORATES...

- ❖ **Researching Best Practices**
- ❖ **Developing Outcome Measures**

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IMPLEMENTATION PLAN:

- How to implement the objectives of the strategic plan given the findings from the needs assessment.
- Summarizes the activities that need to be accomplished and provides a timeline of deliverables:
 - What
 - Who
 - When

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EACH EVALUATION PLAN SHOULD INCLUDE BOTH:

Process Objectives :

- Quantifies how many of each activity will be performed and how many people will be reached with each activity

Outcome Objectives:

- Determines the benefits to individuals and/or your community resulting from the activities performed

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Accomplishments

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ACCOMPLISHMENTS (2/07 to date):

- ❖ Secured funding and began ASBI program at all WIC sites
- ❖ Have received both statewide and national recognition
- ❖ Participated in coordinating 2 annual regional FASD conferences
- ❖ Have conducted over 50 FASD presentations - local, statewide, and national
- ❖ Have begun FASD parent services – both educational trainings and monthly support groups
- ❖ Have conducted 3 FASD Awareness Week activities

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ACCOMPLISHMENTS (cont):

- ❖ Published an article about FASD in Primary Care Reports - a subscription-based, peer-reviewed journal that is published monthly, and is the largest publisher of health care newsletters in the world (January 2010)
- ❖ Secured funding to implement the FASD Community Capacity Building project through 2013
- ❖ Received the Center for Healthy Communities 14th annual Health Promotion Program award

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