# The Pennsylvania Fetal Alcohol Spectrum Disorders Action Plan 2008

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Drug and Alcohol Programs

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A Message From The Secretary Of Health

September 2008

Dear Pennsylvanians:

It is with great pleasure that I present to you Pennsylvania's first-ever Fetal Alcohol Spectrum Disorders (FASD) Action Plan.

The Pennsylvania FASD Action Plan 2008 is intended to provide a plan of action to address the very serious issue of birth defects caused by prenatal alcohol exposure. With a prevalence rate estimated at 1 in 100 live births for a spectrum of disorders which are 100 percent preventable, it is vital for the commonwealth to take steps toward prevention and intervention of FASD.

The goals and objectives of this plan are quite comprehensive. They will provide individuals--from medical and social service professionals to public servants--with concrete methods of reducing occurrences of FASD in the commonwealth, thus serving those affected by it.

I would like to thank the members of the Pennsylvania FASD Task Force for their invaluable contributions to the development of this plan. Their insight, hard work and dedication are much appreciated. If we continue to work together, I firmly believe we can significantly reduce the harmful impact of pre-natal alcohol exposure, promoting good health during pregnancy and for life.

Sincerely,

Calvin B. Johnson, M.D., M.P.H.

# Executive Summary

*The Pennsylvania Fetal Alcohol Spectrum Disorders (FASD) Action Plan represents the work of the State FASD Task Force which included the combined efforts of many stakeholders with varied experience and knowledge. Parents, advocates, physicians, researchers, service providers, nurses and government policy makers were represented on the Task Force. This group of individuals met to identify the most critical needs in Pennsylvania related to FASD and to address those needs in a comprehensive State Plan. The Plan clearly defines steps that need to be taken to improve identification, diagnosis, treatment and prevention of FASD in a measurable and meaningful way and was completed over four meetings held in 2006 and 2007.*

To begin the process of creating the FASD State Plan, the Task Force created a vision statement and a mission statement for the FASD initiative which are as follows:

Vision: To prevent new occurrences of FASD in Pennsylvania and provide access to support and services to affected individuals and their families.

Mission: To educate the citizens of the Commonwealth of Pennsylvania on the dangers of drinking during pregnancy and to enhance a system of care for individuals and their families.

By assessing the strengths, weaknesses, opportunities and threats that exist in the Commonwealth regarding FASD, the Task Force determined that the focus of the Plan should include:

Awareness: To eliminate alcohol use by women who are pregnant, planning to become pregnant or who are at risk for unplanned pregnancy by increasing the awareness of FASD and its symptoms.

Education: To increase the knowledge of FASD within the professional community and the general population through education.

Systems: To align and improve systems of care by making FASD a statewide priority, increasing the identification of those individuals affected by FASD, reducing the number of pregnancies affected by alcohol exposure and improving the ability of all systems of care to address the needs of individuals impacted by prenatal alcohol exposure.

Data: To ensure the creation of a surveillance system that will collect, interpret and disseminate information on FASD.

Funding: To ensure adequate funding for prevention of FASD, as well as services for diagnosis and intervention for children, adults and families impacted by FASD.

Because awareness, education, effectiveness of systems, accurate and reliable data collection and adequate funding are essential to the success of the Plan, specific goals and action steps to address each area have been created, as well as follow up and evaluation plans.

*Pennsylvania is one of only several states to formally address the issue.*

The Pennsylvania FASD Action Plan is a new initiative that will use a comprehensive approach to the prevention and treatment of Fetal Alcohol Spectrum Disorders. In fact, although this disorder is of significant concern nationally, Pennsylvania is one of only several states to formally address this issue. Since this is a new undertaking and there is a great deal to be learned, the Plan will be a fluid document. It will call for evaluation as it is being implemented to assess its effectiveness and to determine the need for any changes. The Department of Health and the State FASD Task Force will monitor its success and evaluate opportunities for improvement of these initiatives.

# Scope of the Problem of Fetal Alcohol Spectrum Disorders (FASD)

## What is FASD?

"FASD" is an umbrella term describing a range of effects

Fetal Alcohol Syndrome (FAS)

Partial Fetal Alcohol Syndrome (PFAS)

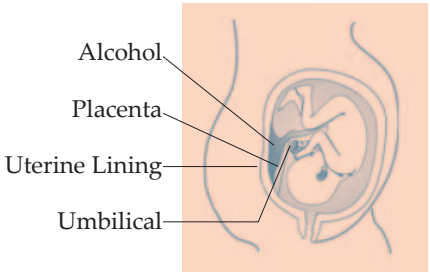
Acohol-Related Neurodevelopmental Disorder (ARND)

Alcohol-Related Birth Defects (ARBD)

*Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that is used to describe the nation's leading category of preventable birth defects, developmental disabilities, learning disabilities and behavioral heath problems associated with alcohol consumption during pregnancy. While the number and severity of negative effects can range from subtle to serious, the consequences are life-long.*

As a result of mothers drinking during pregnancy, it is estimated that, in the United States, 1 in 100 live births has a Fetal Alcohol Spectrum Disorder each year.[1] Alcohol reaches the embryo and fetus by passing through the mother's blood, crossing the placenta and entering the fetal bloodstream. Thus, it can pass into all developing tissues.

Researchers do not know the amount or timing of alcohol consumption that causes damage. There is no exact threshold amount.[2]




Compared with other common disabilities such as Autism Spectrum Disorder, which has a live birth rate of 1 in 150 per year,[3] Down Syndrome, which has a live birth rate of 1 in 733[4] per year and Spina Bifida, which has a live birth rate of 1 in 1000 per year,[5] Fetal Alcohol Spectrum Disorders are more common in adversely affecting children and families in our communities. Although 100% preventable, FASD are lifelong disorders which are often unrecognized or misdiagnosed, leading to inappropriate or unsuccessful treatment.

Although the effects of FASD vary among individuals, those conditions associated with FASD can include:

- Physical abnormalities such as growth deficits including microcephaly, heart, lung and kidney defects, as well as actual brain malformation or mental retardation.

The neurobehavioral aspects of FASD might include hyperactivity and behavior problems and difficulty with judgment and social skills, attention and learning difficulties and drug and alcohol issues.

Actually, the ill effects of prenatal alcohol exposure can be far reaching with consequences that are undetectable at birth.

> *"Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus"*
>
> Institute of Medicine, 1996

5.1 May, PA, & Gossage, J.P. (2001). Estimating the prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health, 25(3), 159-167.

5.2 www.fasdcenter.samhas.gov

5.3 www.autismspeaks.org

5.4 www.ndss.org

5.5 www.kidshealth.org

# What are the Risks?

*Considering that as many as two in five[1] women drink alcohol, that 50 percent of pregnancies in the U.S. are unplanned and that many women consume alcohol before they are even aware that they are pregnant, the risk for FASD that exists for children of women who might otherwise be very health conscious during pregnancy is tremendous. In addition, some women continue to be misinformed by their health care provider that "minimal" or "social use" of alcohol during pregnancy is of no consequence to the delivery of a healthy baby. In fact, 15 percent of women do not know drinking during pregnancy is dangerous.[2]*

This does not account for the risk to the unborn children of those four million women in this country who are heavy drinkers and who may not be able to abstain from alcohol use during pregnancy without formal intervention and treatment.[3]

Because of the stigma involved in admitting alcohol use during pregnancy, whether a woman unknowingly consumed alcohol or was a problem user, many women and their children do not get the help that is needed. Further complicating this fact is that, in Pennsylvania, there is no standard of care regarding the prevention of fetal alcohol exposure, diagnosis of, or treatment and intervention services for FASD.

6.1 www.fascenter.samhsa.gov

6.2. www.nofas.org

6.3 www.nofas.org

## Drinking Among Women Ages 15-44

In the United States:

- One in two reports alcohol use in the past month.[1]
- Approximately one in four reports binge drinking (defined as 4 or more drinks for a woman, 5 or more for a man, on one occasion).[1,2]
- About one in 20 reports heavy alcohol use (defined as binge drinking on at least five days in the last month).[1]

## Drinking Among Pregnant Women

- One in 30 pregnant women reports high-risk drinking (seven or more drinks per week, or five or more drinks on any one occasion).[3]
- One in nine pregnant women binge drinks in the first three months of her pregnancy.[1]
- One in 30 pregnant women drinks at levels that increase the risk of FASD.[4]
- More than one in five pregnant women report alcohol use in the first trimester, one in 14 in the second trimester, and one in 20 in the third trimester.[1]
- Those who are unmarried and over 30 tend to have the highest rates of alcohol use in pregnancy.[5] However, in 2004, the rate of past month binge drinking among pregnant women age 15 to 17 (8.8%) was more than twice that of pregnant women age 26 to 44 (3.8%).[1]
- Among women of childbearing age entering substance abuse treatment, 4 percent were pregnant. Eighteen percent of pregnant women entering treatment say that alcohol is their primary substance of abuse.[6]

7.1 Office of Applied Studies. 2005. Results From the 2004 National Survey on Drug Use and Health: National Findings. Rockville, MD: Substance Abuse and Mental Health Services Administration..

7.2 National Institute on Alcohol Abuse and Alcoholism. 2004. NIAAA Council Approves Definition of Binge Drinking. NIAAA Newsletter. Winter 2004 No.3. http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.htm

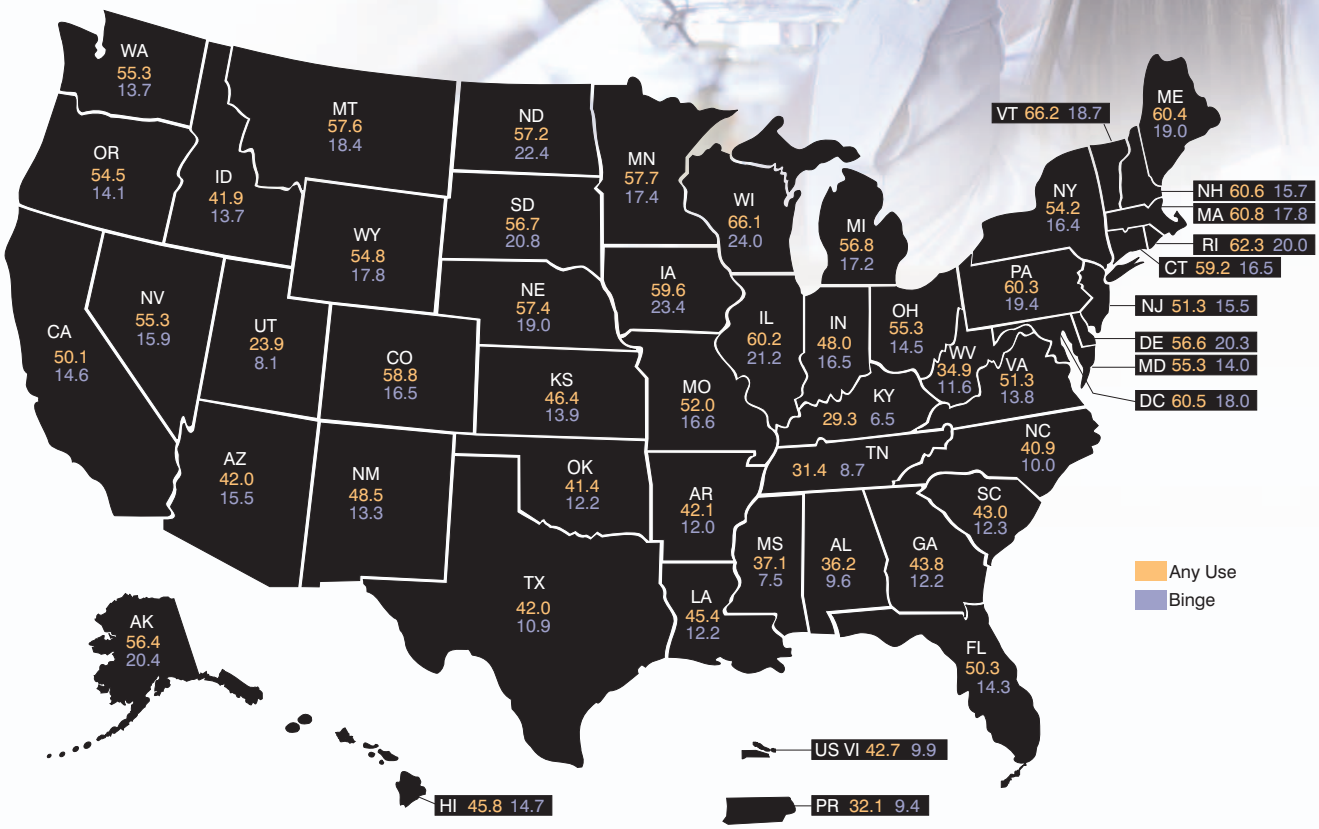
7.3 National Center on Birth Defects and Developmental Disabilities. July 2004. Alcohol Use and Pregnancy. www.cdc.gov/ncbddd/factsheets/FAS_alcoholuse.pdf.

7.4 National Center on Birth Defects and Developmental Disabilities. August 2004. Preventing alcohol-exposed pregnancies. www.cdc.gov/ncbddd/fas/fasprev.htm.

7.5 Centers for Disease Control and Prevention. 2002. Alcohol use among women of childbearing age—United States, 1991-1999. MMWR 51(13); 273-276. www.cdc.gov/mmwr/preview/mmwrhtml/mm5113a2.htm.

7.6 Office of Applied Studies. 2004. Pregnant Women in Substance Abuse Treatment: 2002. The DASIS Report. Rockville, MD: Substance Abuse and Mental Health Services Administration. www.oas.samhsa.gov/2k4/pregTX/pregTX.htm.

## State-Specific Weighted Prevalence Estimates of Alcohol Use (Percentage of Any Use/Binge Drinking) Among Women Aged 18 - 44 Years - BRFSS, 2006[1]




8.1 www.cdc.gov/ncbddd

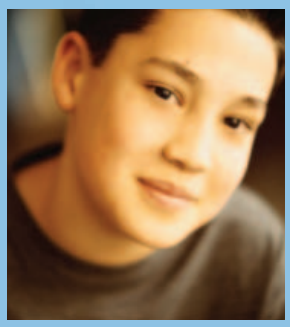
*15% of women do not know drinking during pregnancy is dangerous.*

www.nofas.org

# Community Impact

*Fetal Alcohol Spectrum Disorders have a tremendous impact on individuals, families, communities and our society at large.*

*Individuals with an FASD oftentimes have physical impairments that require medical interventions. These may include disabilities of the heart, the kidneys, the brain, etc. Some of these individuals have multiple physical deformities that require long term treatment and intervention. Thus, the strain on the healthcare system is significant.*



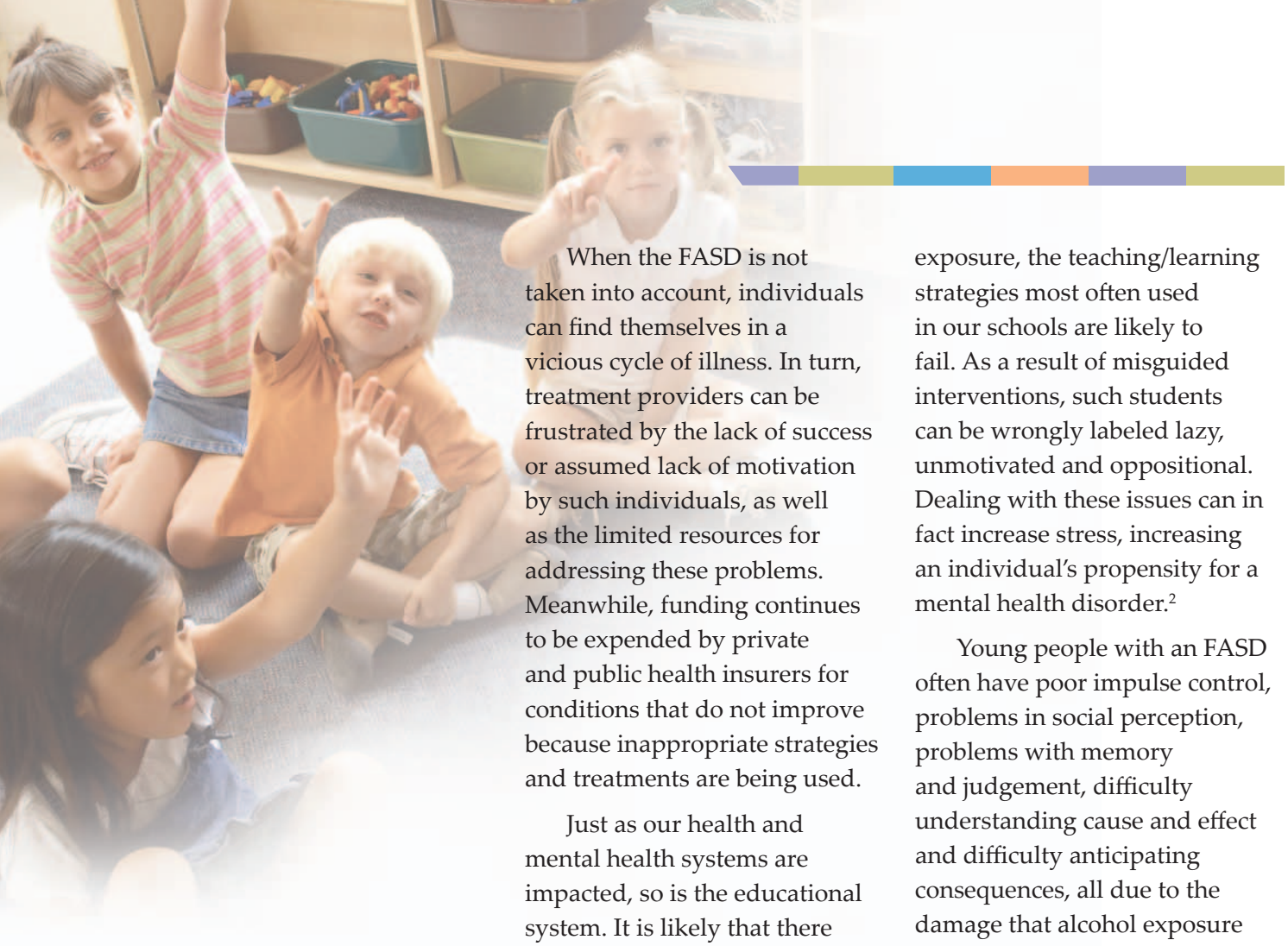
Co-occurring mental health diagnoses are also frequently seen in individuals who have an FASD. Some common disorders might include:

- Anxiety
- Mood Disorders
- Adjustment Disorders
- Sleep Disorders
- Attention Deficit Disorder
- Substance Abuse Disorders

Individuals who go undiagnosed for a FASD, but are diagnosed with a Mental Health Disorder, may not respond to traditional therapies.[1]

Recovery may be hindered because the intervention does not take into account the individual's special needs attributable to the FASD, especially the way the brain takes in, processes, and responds to information. In fact, the impairment may be primarily due to the FASD and not the mental health diagnosis.

9.1 Dubovsky, D. Mental Health Disorders in Individuals with FASD: Proper Diagnosis and Treatments. Paper presented at the Alaska FAS Summit 2004, Anchorage AK, March 2004.



*While it is difficult to give a precise estimate, a school system with 10,000 students might have 80 to 100 students with learning problems related to FASD*

When the FASD is not taken into account, individuals can find themselves in a vicious cycle of illness. In turn, treatment providers can be frustrated by the lack of success or assumed lack of motivation by such individuals, as well as the limited resources for addressing these problems. Meanwhile, funding continues to be expended by private and public health insurers for conditions that do not improve because inappropriate strategies and treatments are being used.

Just as our health and mental health systems are impacted, so is the educational system. It is likely that there are children with FASD in every school system. While it is difficult to give a precise estimate, a school system with 10,000 students might have 80 to 100 students with learning problems related to FASD.[1]

Many students who are misdiagnosed, or have an undiagnosed FASD, are expected to "succeed" in mainstream education or even with traditional adaptive educational strategies. However, when the cognitive limitations due to brain impairment, memory issues, and other issues of impaired functioning are not considered in respect to prenatal alcohol exposure, the teaching/learning strategies most often used in our schools are likely to fail. As a result of misguided interventions, such students can be wrongly labeled lazy, unmotivated and oppositional. Dealing with these issues can in fact increase stress, increasing an individual's propensity for a mental health disorder.[2]

Young people with an FASD often have poor impulse control, problems in social perception, problems with memory and judgement, difficulty understanding cause and effect and difficulty anticipating consequences, all due to the damage that alcohol exposure does to certain parts of the brain. Thus, they may engage in illegal acts (such as shoplifting or fighting), resulting in arrest. Furthermore, they may be prone to repeat the offense, since their cognitive impairments prevent them from understanding the consequences of their behaviors. In 2006, there were 43,939 delinquency dispositions in Pennsylvania.[3] Although there is no way of knowing how many of these cases involved individuals with an FASD, it is probable that the numbers are significant.

Again, because FASD is often mis- or undiagnosed, the most effective or successful interventions for adolescents

with this disorder are not utilized. The result is affected young people wrongly labelled as oppositional and delinquent, who are also being denied appropriate interventions and treatment.

The impact to adults with an FASD is notable as well. Because proper diagnosis/interventions were not available to these individuals in their formative years, not to mention the resulting physical and cognitive impairments, many are lacking in skills necessary for successful independent living. Such adults are likely to be denied appropriate support and may be at high risk of being homeless. As with adolescents, adults who have a FASD are at risk for involvement in the criminal justice system.

In addition to the needs and challenges for individuals who have an FASD, families who are impacted by FASD are lacking interventions, resources, and support as well.

*...individuals with an FASD may do illegal activities, such as shoplifting or fighting, get arrested and often repeat the offense because their cognitive impairments do not allow them to understand the wrongness of their behaviors.*

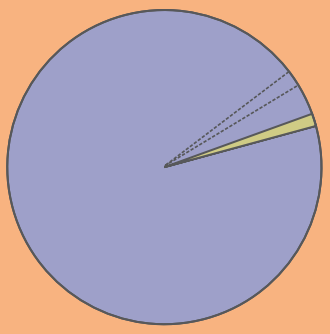
10.1 http://www.fasdcenter.samhsa.gov/documents/Reach_To_Teach_Final_011107.pdf
Increased stressors increase potential for developing MH issue

10.2 Dubovsky
In 2006, there were 43,939 delinquency dispositions in Pennsylvania

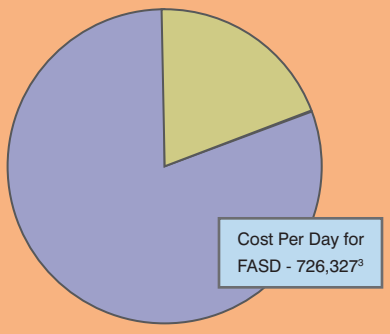
10.3 http://www.jcjc.state.pa.us/jcjc/lib/jcjc/statistics/2006/2006_part_1.pdf

# Economic Impact

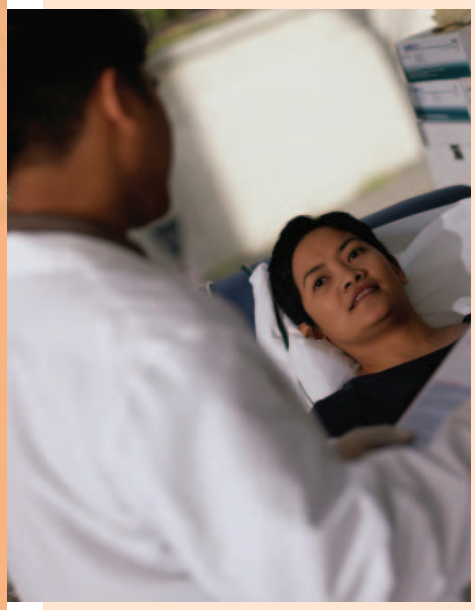
*Although we know that the cost of FASD to the nation is astounding, cost estimates vary both for the total annual cost to the nation and the lifetime cost of each child born with an FASD. Nationally, as well as in the Commonwealth of Pennsylvania, precise incidence and prevalence rates are not available, because we currently do not adequately screen or diagnose for FASD in particular. In addition, differences in medical care, residential services and inflation calculations also create differences in the estimates.*[4]



Population of PA - 12,440,621[1]
Live Births in PA (2006) - 148,706[2]
Cases of FASD in PA - 124,405[3]




Total Annual Costs for FASD -$327,808,914
Annual Costs for Special Education and Juvenile Justice (children 5-18) for FASD - $62,699,280[3]



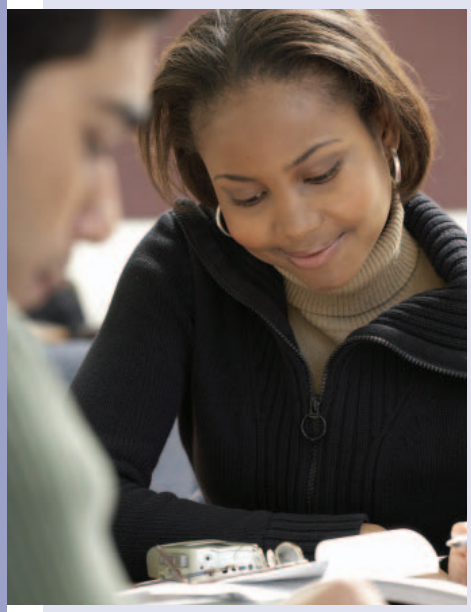
Despite these factors, national studies reveal that the overall costs of raising one person with an FASD range from $860,000 to $4.2 million over a lifetime.[4] These figures include components such as treatment and care services, home and residential care services for moderate and severe cases of mental retardation, special education services and lost productivity.

12.1 Penn State Data Center, Prevalence and Cost Calculator

12.2. PA Bureau of Health Statistics, Total Population of PA

12.3. www.online-clinic.com/Content/Materials/calculator.asp

12.4 www.fasdcenter.sainhsa.gov



# The Purpose of the Plan

*While attention has been given to FASD at the Federal level through legislation and the involvement of the Substance Abuse and Mental Health Services Administration (SAMHSA), and while organizations such as the American Academy of Pediatrics have made recommendations regarding the need to address this issue, efforts are just beginning in Pennsylvania.*

Because no formalized process of addressing FASD exists in the Commonwealth, the Plan looks at ways to most appropriately address the issues surrounding FASD through prevention activities, education, awareness, collaboration and coordination of services. The plan not only focuses on preventing new occurrences of FASD, but also highlights services that assist individuals and their families that have been affected by one of the four disorders under FASD. The Plan provides a blueprint for accomplishing this.

# The Framework of the Plan

*The Plan was based on the vision of preventing new occurrences of FASD and providing access to support services to Pennsylvania individuals and their families who are affected by it. The mission of the Plan is to educate the citizens of Pennsylvania on the dangers of drinking during pregnancy and enhancing a system of care for individuals and their families.*

Based on the vision and mission, the most critical FASD needs in Pennsylvania were identified along with clearly defined steps that need to be taken to address FASD in a measurable and meaningful way. The plan involves all sectors of service provision, all levels of government and families. It is a step toward a unified approach to addressing FASD in Pennsylvania. The goals of the plan are:

- To eliminate alcohol use by women who are pregnant, planning to be pregnant, or are at risk for an unplanned pregnancy;
- To broaden the knowledge of FASD within the professional community by 2013;
- To broaden the knowledge of FASD within the general population;
- To align and improve Systems of care;
- To ensure adequate funding for the diagnosis of and services for children, adults, and families impacted by FASD; and,
- To collect, interpret, and disseminate Data on FASD.

# How was the Action Plan Created?

*The Department of Health's, Bureau of Drug and Alcohol Programs (BDAP) made the decision to convene a Task Force comprised of various individuals from across Pennsylvania to begin work on the development of a FASD State Plan focused on awareness, education, prevention, and treatment.*

The Bureau of Management Consulting facilitated the process, which was begun by establishing both vision and mission statements.

The Task Force then identified Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis of FASD related issues. This analysis brought to the forefront important issues, both internally and externally, that must be addressed if the Plan is to be successful. The issues identified through the SWOT analysis helped to identify five common themes (awareness, education, funding, data, and systems). These became the base of the strategy formulation.

Once the common themes were identified, the Task Force members each selected

*The Task Force performed and analysis of identified Strengths, Weaknesses, Opportunities, and Threats (SWOT Analysis) of FASD related issues.*

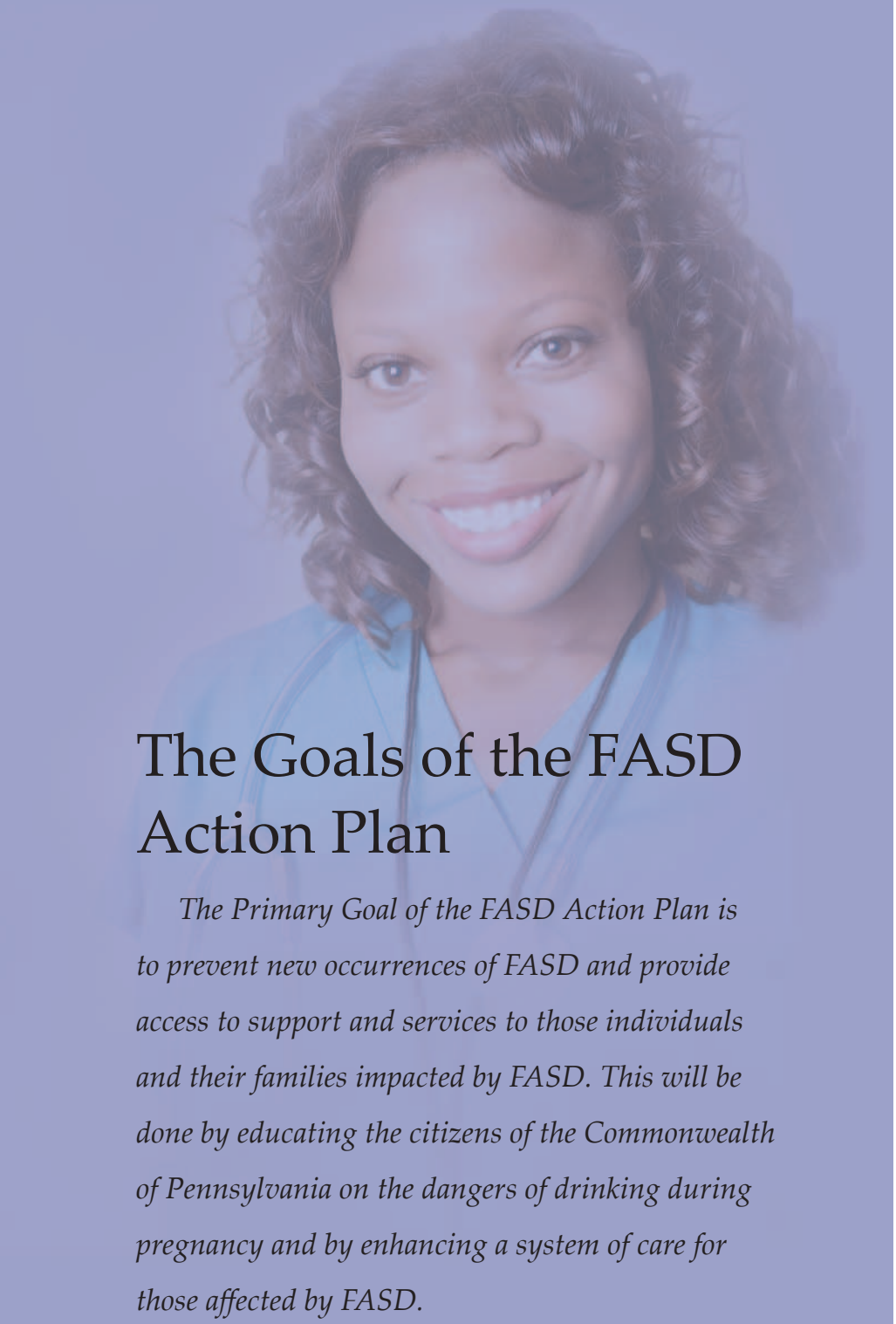
a workgroup in which to participate. The five workgroups were each assigned the task of developing goals, objectives and action steps for their common theme. At various points throughout the process, the workgroups reported to the full group to obtain input and to gain consensus on the direction they were heading.

The plan was refined by the Task Force and BDAP Staff, and, after final consensus by the Task Force members, a final document was created.

To ensure that the Plan would be acted upon and that results could be tracked and measured, the Task Force and BDAP created follow-up plans. A Monitoring Plan, Evaluation Plan, Communication Plan and Resource Requirement Plan were all created.

# How will the Plan be Implemented?

*The FASD State Plan will be implemented under the direction of the Department of Health, Bureau of Drug and Alcohol Programs. However, various public and private entities will need to take an active part in the implementation of The Plan. Such organizations will include the Department of Public Welfare, the Department of Education, other Bureaus and offices within the Department of Health, pediatricians, obstetricans and educators. A state-level coordinator will be assigned to bring all systems and stakeholders in the plan together and to oversee its implementation.*



# The Goals of the FASD Action Plan

*The Primary Goal of the FASD Action Plan is to prevent new occurrences of FASD and provide access to support and services to those individuals and their families impacted by FASD. This will be done by educating the citizens of the Commonwealth of Pennsylvania on the dangers of drinking during pregnancy and by enhancing a system of care for those affected by FASD.*

The five major areas to be addressed include:

- Awareness: To eliminate alcohol use by women who are pregnant, planning to become pregnant, or who are at risk for unplanned pregnancy by increasing the awareness of FASD and its symptoms.
- Education: To increase the knowledge of FASD within the professional community and the general population through education.
- Systems: To align and improve systems of care by making FASD a statewide priority, increasing the identification of those individuals affected by FASD, reducing the number of pregnancies affected by alcohol exposure and by improving the ability of all systems of care to address the needs of individuals impacted by prenatal alcohol exposure.
- Data: To ensure the creation of a surveillance system that will collect, interpret, and disseminate information on FASD.
- Funding: To ensure adequate funding for prevention of FASD, as well as services for diagnosis and intervention for children, adults and families impacted by FASD.

Because awareness, education, effectiveness of systems, accurate and reliable data collection and adequate funding are essential to the success of the Plan, specific goals and action steps, follow-up and evaluation plans have been created.

The comprehensive approach utilized in this State Plan will assist in the prevention and treatment of Fetal Alcohol Spectrum Disorders. As more information is learned about FASD, both in Pennsylvania and nationally, adjustments can be made to the Plan that will have the greatest impact for successful implementation. The Department of Health and the State FASD Task Force will be actively involved in monitoring the outcome of these initiatives and considering any alterations that may be needed to continue the important work outlined in the Plan.

# FASD Action Plan Goals and Objectives

**1. AWARENESS STRATEGY: Increase Awareness of FASD and its symptoms.**

**Goal 1: Eliminate alcohol use by women who are pregnant, planning to be pregnant, or are at risk for an unplanned pregnancy.**

**Objectives:**

1. Develop and implement zero-use campaigns that reach 25% of the general public by the end of 2009.
   a. 50% by the end of 2010
   b. 75% by the end of 2011
2. Implement awareness messages aimed at specific target groups by the end of 2009.
3. Develop infrastructure for ongoing awareness activities through the Single County Authorities by the end of 2010.

**2. DATA STRATEGY: Collect, interpret, and disseminate Data on FASD.**

**Goal 1: Ensure the creation of a surveillance system.**

**Objectives:**

1. To reach a consensus on a definition of FASD by January 2009.
2. Create a system for identifying and collecting FASD data by November 2009.
3. Interpret and disseminate data by May 2011.

**3. EDUCATION STRATEGY: Increase the knowledge of FASD through Education.**

**Goal 1: Broaden the knowledge of FASD within the professional community by 2013.**

**Objective:**

1. Develop an array of educational opportunities and resources about FASD to be used by various professional and non-traditional systems.

**Goal 2: Broaden the knowledge of FASD within the general population.**

**Objectives:**

1. Provide FASD educational presentations to community organizations in stages by December 2013.
2. Provide FASD educational presentations to schools by January 2012.
3. Provide technical assistance and support for communities to develop local FASD initiatives (i.e., community partnerships, parent support groups) by December 2012.

## 4. FUNDING STRATEGY: Ensure adequate Funding.

**Goal 1: Ensure adequate funding for prevention of FASD.**

**Objectives:**

1. Develop a sustainable funding strategy for prevention of FASD by December 2013.
2. Assist public and private insurers in establishing reimbursement mechanisms to provide FASD education and risk reduction services by December 2013.
3. Include FASD prevention language into related pending legislation by December 2013.

**Goal 2: Ensure adequate funding for the diagnosis of and services for children, adults, and families impacted by FASD.**

**Objectives:**

1. Develop a sustainable funding strategy for treatment of children, adults, and families impacted by FASD by December 2013.
2. Assist public and private insurers in establishing reimbursement mechanisms to provide treatment and services for those impacted by FASD by May 2009.
3. Include FASD treatment language into related pending legislation by December 2013.

## 5. SYSTEMS STRATEGY: Align and improve Systems of care.

**Goal 1: Make FASD a statewide priority.**

**Objectives:**

1. Establish a statewide, state level leader/coordinator and supporting infrastructure with the authority to bring all systems together dedicated to improving the ability of all systems to address the prevention, detection, and services related to FASD by February 2009.

**Goal 2: Increase identification of individuals affected by FASD.**

**Objectives:**

2. Increase identification of children, adolescents, and adults with prenatal alcohol exposure within five years.
3. Increase capability for diagnosing FASD within five years.

**Goal 3: Reduce the number of pregnancies affected by alcohol exposure.**

**Objectives:**

1. Develop a statewide strategy for multiple systems to identify women at risk by March 2011.
2. Develop a toolkit, to be used by professionals working with women, to include information addressing prevention and intervention resources specific to various levels of risk by January 2010.

**Goal 4: Improve the ability of all systems of care to address needs of individuals impacted by prenatal alcohol exposure.**

**Objectives:**

1. Establish/implement protocols/best practices for effective treatment across systems by September 2012.

# The Process of Evaluating the Pennsylvania FASD Action Plan

**FOLLOW-UP PLANS**

Follow-up plans have been created to help ensure that the Plan will be successfully implemented.

**MONITORING PLAN**

The Plan must be monitored to ensure that progress is being made in achieving the goals. Monitoring occurs frequently and consists of reviewing the action steps to see if they have been completed. This can be as easy as checking items off a list. To ensure that the monitoring effort will be successful, the following guidelines will be used:

- Who will be responsible to monitor the plan?

  BDAP's FASD Project Lead

- How often will the plan be monitored?

  Monthly until 2010 and quarterly thereafter

- How will we monitor the progress?

  Contact with responsible parties (i.e. email sent to everyone who has an action item, conference call, meeting)

- How will we report on the plan and to whom?

  File notes, Bi-Weekly reports, and meetings with the Bureau Director as needed

**EVALUATING PLAN**

While the Plan will be monitored on a regular and frequent basis, it needs to be revisited in its entirety periodically as well. The following guidelines were determined for the plan's evaluation:

- How often should the plan be revisited?

  Every two years

- Who should be involved?

  BDAP, Task Force, and additional stakeholders

- When will it start?

  Two years from the plan's implementation

Some questions that will be asked as part of the evaluating process to determine if revisions are necessary and if so why, include:

- Are the goals and objectives being achieved?
- Are the goals and objectives still realistic?
- Have there been any major shifts in the organization's or the administration's focus that would affect the goals of this Plan?
- Should the goals be changed? (Examine why efforts are not achieving the goals before changing them.)
- Do we have adequate resources to achieve the goals? (i.e., money, equipment, facilities, training).
- Will the goals be achieved according to the timelines specified in the plan? If not, why? (Examine why efforts are behind schedule before changing time frames.)
- What should be learned from our monitoring and evaluating in order to improve future planning activities and our future monitoring and evaluating efforts?

# Looking Forward...

*The Pennsylvania Fetal Alcohol Spectrum Disorders Plan is an essential framework for preventing prenatal alcohol exposure and limiting the harmful effects of drinking during pregnancy. It is also an important part of providing appropriate, successful and cost-effective interventions to those individuals and their families who have been impacted by FASD. The Plan involves a wide gamut of individuals and systems working together to ensure its success through the implementation of its goals, action steps and ongoing evaluation of its outcomes. Together, we can reduce the incidence of FASD in this Commonwealth, resulting in healthier chidren and better served individuals.*

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