Northwest Portland Area Indian Health Board

Northwest Tribal Fetal Alcohol Spectrum Disorders Project

Community Assessment

Date: ___________________________

Tribe: ___________________________________________________

Mark as many as apply:

☐ Tribal member – your tribe
☐ Parent or caretaker of someone with an FASD
☐ Health care provider, field _______________________________
☐ Social services __________________________________________
☐ Drug and alcohol treatment provider
☐ Mental health provider
☐ Educator
☐ Early childcare provider
☐ Outreach provider
☐ Justice system, position ________________________________
☐ Other ________________________________________________

Your input is extremely useful in shaping future services and programs relating to FASD. If you do not have information relating to a question please state that in the comment space.

ATTITUDES

1. In general, what does your community feel about fetal alcohol spectrum disorders and its effect on past, present and future generations? (Check as many statements as you feel apply)

☐ Your community recognizes fetal alcohol spectrum disorders (FASD) as an issue
☐ Your community values identification of FASD
☐ Your community seeks diagnosis of FASD
☐ Your community is seeking education and intervention strategies
☐ Elders and families feel included in any identification and referral process

Comments:
2. In general, what are the special strengths and resources of your community that might be helpful with FASD?

☐ Traditional practices
☐ Tribal school
☐ Tribal council resolutions relating to alcohol use
☐ FASD task force
☐ Multidisciplinary provider teams including juvenile services, corrections, courts, mental health, education, social services and families
☐ Commitment to dealing with FASD issues

Comments:

3. What does your community, including both providers and families feel about assessment and identification of FASD?

Comments:

4. Are there specific problems with the assessment, identification and diagnosis of FASD being done in your community? Is diagnosis important?
   ___yes  ___no

Comments:
RESOURCES:

1. What are your resources for referral?  *(Check all that apply)*

   - Community Health Nurse/Public Health Staff/WIC
   - Obstetrician
   - Pediatrician
   - Early Start
   - Head Start
   - School
   - Treatment Therapeutic Setting (Drug and Alcohol, Mental Health)
   - Correction (Juvenile and Adult)
   - List any others

   *Comments:*

PREVENTION:

1. Who provides FASD prevention education in your community?

2. Where did you learn about FASD?
3. Where and how is this education provided?

- Community gathering
- Health clinics
- Wellness centers
- Treatment programs
- School programs
- Schools
- Other

Comments:

4. Do providers and families work together in this process? How?

CASE MANAGEMENT

1. How does case management become identified for people with an FASD?
2. Who provides this service?

3. How does coordination with other resources occur?

4. How are case management services delivered?

5. Do you feel respected as a primary source of information?

6. How often do you get case management support and follow-up?
RESOURCES

1. Who are resources? *(Please check all that apply)*

- □ Education (Schools)
- □ Elders
- □ Mental Health
- □ Spiritual Advisors
- □ Public Health Departments
- □ Drug and Alcohol Treatment
- □ Medical Clinics
- □ Housing
- □ Outreach Services
- □ Transportation
- □ Community Mentoring Programs
- □ Others (please list below)

*Others:*

2. Do these resources come together and make sense as a community of support?

3. What are the forums for these resources to function as multidisciplinary teams? *(Please check all that apply)*

- □ Treatment planning
- □ Social Services
- □ Educational planning
- □ Task forces
- (IFSP, IEP) □ Corrections
- □ Family Group Conferencing □ Other

4. Where do these resources and services occur? *(Please check all that apply)*

- □ Center based
- □ Home based
- □ Combination of home and center based, individualized to family strengths and needs