

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?

RESOURCES

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

- | | |
|---|---|
| <input type="checkbox"/> Education (Schools) | <input type="checkbox"/> Elders |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Spiritual Advisors |
| <input type="checkbox"/> Public Health Departments | <input type="checkbox"/> Drug and Alcohol Treatment |
| <input type="checkbox"/> Medical Clinics | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Outreach Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Mentoring Programs | <input type="checkbox"/> 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)

- | | |
|--|--|
| <input type="checkbox"/> Treatment planning | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Educational planning
(IFSP, IEP) | <input type="checkbox"/> Task forces |
| <input type="checkbox"/> Family Group Conferencing | <input type="checkbox"/> Corrections |
| | <input type="checkbox"/> 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