

**Fetal Alcohol Spectrum Disorder Interagency Strategic Plan
2012-2014 — Goal 1
Prevention of Prenatal Alcohol Exposure
Among Women of Reproductive Age
CHAMPION: LISA FICKER**

Champion Leaders: L. Simmons, Y. Pardo, L. Ficker, D. Wheatley

Champion Partners: D. Kimball, C. Lauber, Denise Wheatley, BSAAS staff, FASD CDC Certified Trainers, Great Lakes CDC Regional Training Center, NOFAS

FY 2012 STRATEGIES

1. Explore all billable pathways for alcohol screening, brief intervention and referral for treatment (SBIRT) for women at risk of alcohol-exposed pregnancies.

2. Educate health care providers who provide care to women of childbearing age about FASD; e.g., physicians, nurses, social workers, counselors) and institutions that educate and train them.

FY 2012 ACTIVITIES

- Conduct preliminary research on existing billable codes for SBIRT.
- Obtain state support for SBIRT reimbursement from public and private insurance plans.
- Obtain information regarding federal training and qualifications needed to utilize codes for screening and brief intervention.

- Develop a consortium of institutions and trainers to evaluate partnerships and help develop their practices around FASD education.
- Adapt the CDC curriculum to audiences of the trainers and institutions.

Lead

- L. Simmons

Y. Pardo

L. Ficker

Partners

- D. Kimball

C. Lauber

D. Wheatley
- FASD CDC
Certified Trainers;
BSAAS staff,
Great Lakes CDC
Regional Center;
NOFAS.

FY 2013 Strategy

Develop a statewide media campaign based on a preventive public health message with a dissemination plan.

FY 2014 Strategy

Recommend the integration of standardized and culturally sensitive alcohol screening and brief interventions into as many programs as possible over which the state has influence, including military bases in Michigan.

Michigan FASD Program
Perinatal Health Unit
Division of Family and Community Health
Michigan Department of Community Health
109 E. Michigan Avenue, P.O. Box 30195
Lansing, Michigan 48909

Phone: (517) 241-9366

Fax: (517) 335-8828

For more information, please visit our website at:
www.michigan.gov/fas

Fetal Alcohol Spectrum Disorder Interagency Strategic Plan 2012-2014 — Goal 2 Intervention for FASD Affected Children Birth to 18 Years of Age CHAMPION: Mary Schalk SUPPORT PERSON: Rob Wybrecht

Champion Leaders: R. Awwad, B. Wybrecht, M. Schalk, L. Adams, J. Spitzley, A. Mack, A. Goeddeke, BSAAS Staff
Champion Partners: R. Rodarmer, All 5 Diagnostic Clinics, Taskforce Members

FY 12 STRATEGIES

1. Assess FASD diagnostic process in Michigan to clarify procedures among diagnostic clinics.
2. Identify resources statewide for children with an FASD and their families.
3. Standardize the FASD screening process statewide.
4. Screen children in high-risk groups; e.g., MDE—Early On, Early Head Start, Head Start, alternative high schools; FCH—MIHP, infant, child and adolescent programs); DHS—foster care, child protective services, juvenile justice; Substance Abuse—treatment programs, international adoptions, homeless & domestic violence shelters.

FY 2012 ACTIVITIES

- Develop a questionnaire & distribute to existing diagnostic clinics regarding team members and practices.
 - Compile a report and conduct conference call to discuss customization.
-
- Ensure MIHP & EPSDT providers collaborate with Part C service Coordinators so that children & their families receive all eligible services.
 - Identify FASD support resources for parents and professionals; e.g., SAMHSA FASD Center, CDC, NOFAS, Yahoo groups.
 - Contact state FASD trainers and identify who they have trained.
 - Link with Goal 3 workgroup to explore resources for prevention & treatment.
-
- Poll foster care to determine current screening process.
 - Disseminate FASD diagnostic clinic & screening information to infant, child & adolescent programs.
-
- Identify existing & potential links to identified systems. (a) Juvenile Justice; (b) CPS, Foster Care; (c) Early Head Start, Head Start; (d) Women in substance abuse treatment programs.
 - Identify interagency collaborative funding for trainers i.e. FASD as part of training contracts; workshops at state substance abuse conference.
 - Educate administrators and staff in identified systems, e.g., through conferences, agency training.
 - Track/monitor links established.
 - List trainers and areas of expertise.

Lead

- R. Awwad
- B. Wybrecht
- M. Schalk
- L. Adams
- J. Spitzley
- (a) A.Mack
(b) L. Adams
(c) A. Goeddeke
(d) BSAAS staff
- L. Adams
- M. Schalk

Partners

- R. Rodarmer,
All Diagnostic
Clinics (5)
- Taskforce
Members

FY 2013 Strategy

Identify the most appropriate entity to serve as a point of triage for children; e.g., medical home.

FY 2014 Strategies

Ensure that children diagnosed with an FASD are able to receive appropriate services as identified in an individual family service plan (IFSP) or individual education plan (IEP).

Michigan FASD Program
Perinatal Health Unit
Division of Family and Community Health
Michigan Department of Community Health
109 E. Michigan Avenue, P.O. Box 30195
Lansing, Michigan 48909

Phone: (517) 241-9366
Fax: (517) 335-8828
For more information, please visit our website at:
www.michigan.gov/fas

Fetal Alcohol Spectrum Disorder Interagency Strategic Plan

2012-2014 – Goal 3

FASD Resource Development

CHAMPION: Ann Carrellas

Champion Leaders: A. Carrellas, S. Bania, R. Yaple

Champion Partners: All FASD Strategic Plan Workgroups for Goals 1-3, Maternal Infant Health Program (MIHP), Diagnostic Centers, Data Collectors, Wayne State University Developmental Disability Institute (DOD) students.

FY 12 STRATEGIES

1. Evaluate the level of FASD interagency coordination through annual progress review of the strategic plan.

2. Identify current data collection, reporting and documentation practices, e.g., in the MIHP program, Medicaid, Birth Defects Registry, and PRAMS related to the prevalence of FASD and the incidence of alcohol use among women of childbearing age in Michigan.

3. Explore resources available for FASD prevention and intervention.

FY 2012 ACTIVITIES

-Report out on progress toward goal.
-Modify plan as required and provide recommendations.

-Identify key informants across agencies, community groups, organizations.

-Create/develop a data collection tool.

-Assign individuals to conduct/administer the survey using the data collection tool.

-Develop a mechanism to collate and report out.

-Evaluate findings and develop next steps.

-Identify existing local, state, and national resources; e.g., interventions, best practices.

-Create an information collection tool.

-Assign individuals to conduct/administer the survey using the information collection tool.

-Evaluate what information should be include in clearinghouse.

-Develop a mechanism to collect & report out.

Lead

A. Carrellas

S. Bania

R. Yaple

A. Carrellas

R. Yaple

A. Carrellas

A. Carrellas

R. Yaple

S. Bania

TBD

TBD

Partners

All Strategic Plan Workgroups for Goals 1-3

MIHP, Diagnostic Centers, Data Collectors

A. Carrellas

Developmental Disability Institute (DDI) Students from Wayne State Univ.

FY 2013 Strategies

Identify and explore opportunities to collaborate with all Michigan agencies that provide services to children, women and families.

Maximize Medicaid payment system to support FASD prevention and intervention.

FY 2014 Strategy

Create a Michigan FASD warehouse, resource center and website.

Michigan FASD Program
Perinatal Health Unit
Division of Family and Community Health
Michigan Department of Community Health
109 E. Michigan Avenue, P.O. Box 30195
Lansing, Michigan 48909

Phone: (517) 241-9366
Fax: (517) 335-8828
For more information, please visit our website at:
www.michigan.gov/fas

Fetal Alcohol Spectrum Disorder Interagency Strategic Plan 2012-2014

Evidence Based FASD Resources

1. SAMHSA FASD Center of Excellence Online Training & Education Program
<http://www.fasdcenter.samhsa.gov/educationTraining/educationTraining.cfm>
2. Centers for Disease Control and Injury Prevention (CDC) FASD National Center on Birth Defects and Developmental Disabilities <http://www.cdc.gov/ncbddd/fasd/>
CDC/ACOG– FASD Prevention Tool Kit For Women’s Health Care Providers
http://www.cdc.gov/ncbddd/fasd/acog_toolkit.html
3. American College of Obstetricians and Gynecologists (ACOG) Committee Opinions
At-Risk Drinking and Alcohol Dependence—Obstetric and Gynecologic Implications
Well Woman and Prenatal Visits Should Include Alcohol Abuse Screening
Resources and Publications available at: <http://www.acog.org>
4. National Organization on Fetal Alcohol Syndrome (NOFAS) <http://www.nofas.org/>
5. U.S. Surgeon General 2005 Advisory on Alcohol Use in Pregnancy
<http://www.surgeongeneral.gov/pressreleases/sg02222005.html>
6. Michigan Department of Community Health www.michigan.gov/fas

Michigan FASD Program
Perinatal Health Unit

Division of Family and Community Health
Michigan Department of Community Health
109 E. Michigan Avenue, P.O. Box 30195
Lansing, Michigan 48909

Phone: (517) 241-9366
Fax: (517) 335-8828

For more information, please visit our website at:
www.michigan.gov/fas