



Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: FASD Subcommittee

Date of Submission: 1/11/2023

Type of Action Requested:

Legislation Administrative Rule or Policy Resolution of Support or Endorsement Professional/skills development

Other: _____

Which of the Commission’s Strategic Priorities does this Recommendation help advance (check all that apply):

Child Health and Safety Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

- Strongly recommend the FASD Subcommittee remain intact to assess best practices, identify systems changes and community partners to improve the outcomes for those with prenatal alcohol exposure.
- Strongly recommend all DCS and juvenile justice staff be FASD trained
- Strongly recommend all foster and adoptive parents be FASD trained
- Strongly recommend all children entering the child welfare system be screened for FASD
- Recommend the [Families Moving Forward](#) and [FASCETS](#) evidence-informed programs to assist with emotional and behavioral challenges for individuals and families with prenatal alcohol exposure

Background of Recommendation:

What is the need or problem, and how does it impact disparate populations?

Individuals with prenatal alcohol exposure have unique challenges that are widely not understood by communities and providers. Without appropriate support, services, and scaffolding in place for individuals and their caregivers we can see secondary and tertiary disorders emerge, creating additional stress on juvenile justice and mental health systems facing capacity issues as well as financial resources spent in ways that do not address the primary concern. In addition, children who have experienced prenatal alcohol exposure are at increased risk of maltreatment, abuse, and/or neglect.

What data, research or other information did the recommender consult to formulate this proposal?

The Indiana FASD statewide needs assessment completed on September 30, 2022 served as a reference point for all recommendations as well national data collected by FASD United and the CDC.

[Indiana FASD Needs Assessment Report](#)

What disproportionality did the data reveal?

There is a need for ongoing widespread education regarding what FASD is and what causes it. There is a lack of appropriate services available for individuals with prenatal alcohol exposure and their caregivers, providers need training in screening tools and diagnosis, and that FASD is underreported.

Please see fact sheet summary for additional information. [FASD and Fostercare Findings and Recommendations](#)

What is the current response to the problem by the State of Indiana?

It appears legislators are uniformed of the issue or the ramifications thereof and are more focused on other substance related issues such the opioid crisis. The Department of Health as well as other state systems are trying to determine where FASD work should be housed. The education system at large has a mixed response with some districts engaging in training and others ignoring the issue. DMHA has a prevention contract with Indiana Alliance on Prenatal Substance Exposure largely for public education and social media campaigns.

What solution is the recommender proposing, and how does it affect disparate populations?

- Strongly recommend the FASD Subcommittee remain intact to assess best practices, identify systems changes and community partners to improve the outcomes for those with prenatal alcohol exposure. The role of the task force is both immediate and ongoing as research, trends and partners continue to evolve.
- Strongly recommend all DCS and juvenile justice staff be FASD trained as they will be decision makers and responsible for the daily care of individuals entering their systems. Appropriate scaffolding, structure and support can reduce costs and staff hours addressing behaviors as traditional behavioral modification models are largely ineffective for individuals with prenatal alcohol exposure, which can lead to disruptions.
- Strongly recommend all foster and adoptive parents be FASD trained to establish appropriate expectations and reduce placement disruptions and incidents of abuse and neglect with the individual with FASD being the victim or the perpetrator. Minnesota passed a state statute requiring all foster and adoptive parents be FASD trained before licensure or placement.
- Strongly recommend all children entering the child welfare system be screened for FASD to ensure proper placement, services and support. Minnesota passed a state statute requiring all children entering the foster care system be screened for FASD to ensure appropriate placement decisions and services were in place to support the placement.
- Recommend the [Families Moving Forward](#) and [FASCETS](#) evidence-based programs to assist with emotional and behavioral challenges for individuals and families with prenatal alcohol exposure. The **Families Moving Forward** program was created at the Seattle Children's Hospital and can be accessed online, which removes the barrier for rural families. **FASCETS**, a brain-based approach, offers online training for families and a training of trainers certification option which could expand informed supports across the state exponentially.

How does the solution address the disproportionality in the data?

By increasing training and screening in targeted areas, the risk for maltreatment should decrease and supports and scaffolding for this vulnerable population increase. Leaving the FASD subcommittee under the CISC umbrella the committee should be able to leverage stakeholder participation to increase training, screening, reporting and systems change for individuals with prenatal alcohol exposure.

Implementation:

Who is responsible for implementing the recommendation?

The FASD subcommittee would take documented support of the recommendations to DCS, juvenile justice representatives and Indiana Alliance on Prenatal Substance, who could provide training and resources to facilitate implementation.

Has the recommendation been discussed with the implementer?

Yes No

Contact information of individual(s) with whom implementation was discussed:

Jackie Franks, Executive Director, IN Alliance. jfranks@mhai.net

What is the recommended timeframe for the Commission to review implementation?

6 months 12 months 18 months Other _____

If a legislative request, cite the current relevant code and specify what change is being recommended.

Click or tap here to enter text.

If a policy request, cite the current relevant policy and specify what change is being recommended.

Click or tap here to enter text.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.