

<b>WCHO PIHP/CA Policy for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN and the LIVINGSTON-WASHTENAW COORDINATING AGENCY</b>		<b><i>Policy and Procedure</i></b>	
		Fetal Alcohol Spectrum Disorders Screening and Referral Policy	
<b>Department:</b> <b>Author: M. Scalera</b>		<b>Local Policy Number (if used)</b>	
<b>Revision Date</b> <b>06-01-11</b>	<b>Approval Date</b> <b>06-01-11</b>	<b>Implementation Date</b> <b>10-1-11</b>	
<b>Archive Information</b>			
<b>Date:</b>			
<b>Reason:</b>			

- I. **PURPOSE-** This policy serves to formulate expectations and establish a process for the screening and referral of children for Fetal Alcohol Spectrum Disorders (FASD) and FASD prevention strategies in treatment programs for women.
- II. **POLICY-** It is the policy of the Washtenaw Community Health Organization (WCHO) to ensure that all care and service providers establish and implement the procedures described in this policy pertaining to FASD prevention, screening, and referral.
- III. **APPLICATION-** This policy will impact all providers included in WCHO’s network that serve women and services to their children.

**IV. DEFINITIONS-**

Fetal Alcohol Spectrum Disorders- Are disorders that refer to physical, mental, behavioral, and /or other disabilities or conditions that result from alcohol consumption during pregnancy.

**V. STANDARDS-**

- A. FASD prevention will be included in all substance use disorder treatment programs that serve women via educating women on the alcohol consumption risks during pregnancy, screening for early FASD detection, and incorporating FASD services into program regimes. Prevention efforts will include the following prevention approaches recommended by the Institute of Medicine:
  - 1. Educating the public and influencing public policies.
  - 2. Targeting interventions towards groups with increased risk for FASD problems, e.g. women of childbearing age that consume alcohol.
  - 3. Utilizing prevention techniques for women who have exhibited risky behaviors in the past, i.e. pregnant women

who are consuming alcohol or who have given birth to a child who has been diagnosed with FASD.

4. Educate regarding the benefits of early FASD screening and assessment where the risk of exposure is known and/or suspected to ensure the impact of Fetal Alcohol exposure can be mitigated.

B. Providers will complete a FASD prescreening for children with whom they interact with during the mother's treatment episode. Clinical staff will screen for conditions and make appropriate referrals when necessary. A referral may be necessary when:

1. Prenatal alcohol exposure is known and other FASD characteristics are evident.
2. Prenatal alcohol exposure is known, despite the absence of other positive criteria.
3. Information regarding prenatal exposure to alcohol is unknown, but concern has been expressed by a parent or caregiver of suspected FASD, or physical features associated with FASD can be observed.

C. Substance abuse service providers will consider prenatal exposure to alcohol when there are family situations or histories that indicate the need for referral for a diagnostic evaluation. Prenatal exposure will be considered for children in families who have experienced:

1. Premature maternal death in relation to alcohol consumption.
2. Cohabitation with an alcoholic parent.
3. Have a history of abuse or neglect.
4. Have a history of Child Protective Services involvement.
5. Have a history of transient care giving institutions, foster placements, or adoptive placements.

## **VI. Exhibits**

- A. The Center for Disease Control has funded organizations to develop and evaluate criteria targeting various audiences with regards to FASD. The following websites provide information on prevention programs that have been developed, and may serve as valuable resources to provider staff in implementing FASD prevention strategies:

Reducing Alcohol-Exposed Pregnancies Through the Use of Community- Level Guided Self Change Programs

<http://www.ede.gov/ncbddd/fas/reduce.htm>

Project CHOICES (Changing High-Risk Alcohol Use and Increasing Contraception Effectiveness Study)

<http://www.ede.gov/ncbddd/fas/choices.htm>

Project BALANCE (Birth Control and Alcohol Awareness: Negotiating Choices Effectively)

<http://ede.gov/ncbddd/fas/balance.htm>

Preventing Alcohol-Exposed Pregnancies in Diverse Populations

<http://www.ede.gov/ncbddd/fas/diverse.htm>

Increasing Public Awareness of the Risks of Alcohol Use During Pregnancy through Targeted Media Campaigns

<http://www.ede.gov/nbddd/fas/pubawarness.htm>

Enhancing Clinical Practices to Prevent Alcohol- Exposed Pregnancies

<http://www.ede.gov/ncbddd/fas/enhancingpractices.htm>

Improved Community-Based Fetal Alcohol Syndrome Prevention Efforts Using the Fetal and Infant Mortality Review Methodology

<http://www.ede.gov/ncbddd/fas/improvingprevention.htm>

## VII. REFERENCES

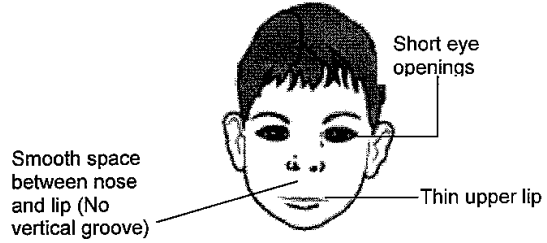
Reference:	Check if applies:	Standard Numbers:
Michigan Department of Community Health Bureau of Substance Abuse and Addiction Services (2009), <i>Substance Abuse Treatment Policy #11</i> , Michigan.		

## VIII. PROCEDURES

WHO	DOES WHAT
Service Providers	Provide FASD prevention services to women via education, and intervention services.  Provide screenings to detect FASD and make appropriate referrals when necessary.

**Michigan Department of Community Health  
Fetal Alcohol Spectrum Disorders Program  
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN**

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.



**FACIAL FEATURES**

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name(s):		Home Phone:
<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other		Work Phone/Cell:

*If 2 or more of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.*

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (any one of these qualifies as an identifier) <ul style="list-style-type: none"> <li>• Sleeping/eating problem</li> <li>• Mental retardation or IQ below familial expectations</li> <li>• Attention problem/impulsive/restless</li> <li>• Learning disability</li> <li>• Speech and/or language delays</li> <li>• Problem with reasoning and judgment</li> <li>• Acts younger than children the same age</li> </ul>	
5. Maternal alcohol use during pregnancy	

Any previous diagnosis: \_\_\_\_\_

Screener \_\_\_\_\_ Agency \_\_\_\_\_

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

FAS DIAGNOSTIC CENTERS IN MICHIGAN		
Ann Arbor: 734-936-9777	Grand Rapids: 616-391-2319	Marquette: 906-225-4777
Detroit: 313-993-3891	Kalamazoo: 269-387-7073	