COMMUNITY MENTAL HEALTH	Policy and Procedure
PARTNERSHIP OF SOUTHEASTERN	Fetal Alcohol Spectrum Disorders Screening and
MICHIGAN	Referral Policy
Department:	Local Policy Number (if used)
Author: M. Scalera	
Oversight Policy Board	
Approval Date	Implementation Date
4-25-2019	5-15-2019

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. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
06-01-11		
10-2015	1	
01-2016	2	
4-2019	3	Language and resource updates

III. APPLICATION

This policy will impact all Substance Use Disorders (SUD) providers included in CMHPSM network that serve women and services to their children.

IV. DEFINITIONS

<u>Community Mental Health Partnership Of Southeast Michigan (CMHPSM)</u>: The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

<u>Fetal Alcohol Spectrum Disorder (FASD)</u>: an umbrella term describing the range of effects that can occur in an individual whose mother drank during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopment disorder (ARND) and alcohol related birth defects (ARBD).

V. POLICY

It is the policy of the CMHPSM to ensure that all SUD service providers establish and implement the procedures described in this policy pertaining to FASD prevention, screening, and referral.

VI. 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:
 - 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. 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.

VII. 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:

CDC FASD Homepage

https://www.cdc.gov/ncbddd/fasd/index.html

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

https://www.cdc.gov/ncbddd/fasd/interventions.html

SAMHSA

TIP 58: Addressing Fetal Alcohol Spectrum Disorders (FASD) | SAMHSA Publications

https://store.samhsa.gov/search_results?k=FASD

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Department of Health AND Human Services, Office of Recovery Oriented Systems of, Substance Abuse Treatment Policy #11, Michigan.	Х	

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.



between nose and lip (No

		FACIAL FEATURES
Last Name:	First Name:	Sex: Male Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name(s):		Home Phone:
☐ Bio ☐ Foster ☐ Adopted	□Other	Work Phone/Cell:
If 2 or more of the identifiers listed be Diagnostic Evaluation.	elow are noted, the individual sho	uld be referred for a full FAS
IDENTIFIERS Check of		neck or explain if a concern exists
1. Height and weight seem small for a	age	
2. Facial features (See diagram above)	
3. Size of head seems small for age		
Behavioral concerns: (any one of the identifier)	nese qualifies as an	
 Sleeping/eating problem Mental retardation or IQ beloexpectations Attention problem/impulsive Learning disability Speech and/or language dela Problem with reasoning and Acts younger than children to 	/restless ys judgment	
5. Maternal alcohol use during pregna		
Any previous diagnosis:	1	
Screener	Agency	
Contact the nearest center to schedule	e a complete FAS diagnostic evalu	nation.
FAS DIAGNOSTIC CENTERS IN N	MICHIGAN	
Ann Arbor: 734-936-9777 Grand Rapids: 616-391-2319		Marquette: 906-225-4777
Detroit: 313-003-3801 Kalamazoo: 269-387-7073		