

**MISSISSIPPI
FETAL ALCOHOL SPECTRUM DISORDERS**

**STATE PLAN
2011 - 2013**

**Mississippi Advisory Council for Fetal Alcohol Spectrum Disorders
(MS AC-FASD)**

**Trisha Hinson, FASD State Coordinator
Division of Children and Youth
Mississippi Department of Mental Health**

**Sandra Parks, Division Director
Division of Children and Youth
Mississippi Department of Mental Health**



FASD STATE PLAN 2011 - 2013

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MISSISSIPPI FASD STATE PLAN

MISSISSIPPI ADVISORY COUNCIL FOR FETAL ALCOHOL SPECTRUM DISORDER

Overview and Background

Since 2003, much effort has gone into developing and implementing a comprehensive system of care for children with FASD and their families. Mississippi has also worked to incorporate FASD education and awareness into the substance abuse prevention system in our state. Here is a brief summary of these activities and accomplishments:

2003

- “Town Meeting” in Jackson, MS by the Department of Mental Health, Division of Children and Youth Services Director to begin educating professionals about FASD.
- Mississippi representatives attend SAMHSA 1st System of Care Meeting on FASD in Washington, D.C.
- DMHDCYS Director begins to meet regularly with other state agency representatives and DMH staff to coordinate FASD efforts and future directions.
- Annual MS Conference on Juvenile Justice includes Dan Dubovsky, FASD Center for Excellence, on the program.
- MS DMH 9th Children’s Mental Health Institute, Jackson, MS includes Dan Dubovsky, FASD Center for Excellence, on the program.
- DMHDCYS Director meets with a small key group of providers of A&D services, adoption services, and children’s mental health services regarding “next steps” following 2003 Children’s Mental Health Institute.
- Formation of preliminary and first State FASD Task Force to begin to formalize a structure for future steps.
- First meeting to establish the initial State FASD Task Force. Focus for Task Force is the development of a plan for a cross-agency system of care infrastructure to address preventing, identifying, and serving those most at risk for FASD.

2004

- Two-day technical assistance and work sessions with Dan Dubovsky, FASD Center for Excellence, with MS Task Force in preparation for 1st MS Symposium on Effects of Alcohol During Pregnancy.
- 1st MS Symposium of Effects of Alcohol During Pregnancy, Jackson, MS
- Official designation of DMHDCYS Director by Department executive leadership as State FASD Coordinator.
- MS DMH receives a 1-year contract from FASD Center for Excellence, Northrop Grumman, to develop a plan for implementing a 4-year FASD screening, diagnosis, and treatment project. One requirement of the contract is the establishment of a state-wide task force to oversee the development and implementation of the contract.

2005

- The original State FASD Task Force and the contract-required task force are merged, new members added, and renamed the “Mississippi Advisory Council on Fetal Alcohol Spectrum Disorders” (MS-ACFASD).
- MS DMH receives 4-year grant award to implement the FASD intervention plan. A full-time project director is hired to administer the project.
- The MS AC-FASD is re-focused on the development of the state plan for FASD. A consulting firm, the Parham Group, is retained by DMH to lead and facilitate the development of the plan.
- Numerous AC-FASD plan development committee meetings with planning consultant.

2006

- Numerous AC-FASD plan development committee meetings with planning consultant.
- AC-FASD meets, reviews and revises the final draft plan.
- AC-FASD meets and formally approves State Plan document.

- Mississippi's FASD State Plan is submitted to the FASD Center for Excellence at the annual Building FASD State Systems conference
- Pine Belt Mental Health Services was funded for a multi-year FASD Prevention and Intervention project using Project CHOICES to screen women of childbearing age for risk of alcohol-exposed pregnancy in two counties in Mississippi

Ongoing Efforts in Mississippi

- State FASD Coordinator is now a permanent position within MDMH
- MS AC-FASD is permanently instituted with By-Laws and membership appointed by the Executive Director of MDMH
- The multi-year FASD state plan is implemented by MS AC-FASD
- FASD screening, diagnosis, and treatment is being mainstreamed through the statewide System of Care
- The annual FASD symposium is permanently established through inclusion in the MDMH overall State Plan
- FASD is being fully incorporated into the state's A & D Prevention Services
- FASD is fully incorporating Early Intervention Services
- FASD is now included in the MDMH State Plan as required by SAMHSA
- There is an established FASD diagnostic clinic at University of MS Medical Center's Child Development Clinic
- State and regional FASD training occurs regularly
- Mississippi was funded in 2008 for a multi-year statewide FASD screening, diagnosis and treatment project

Plan Process and Development

The initial FASD State Plan was based on a survey that sought to identify primary barriers regarding FASD prevention and intervention. Some of the barriers that were identified include:

- Lack of (or low) awareness by physicians, mental health professionals, school officials, and social service workers of FASD
- Lack of (or low) knowledge of FASD by expectant mothers
- Low reliability of mother self-report
- Lack of uniform identification of babies born to at-risk mothers
- Limited data and statistics on FASD prevalence
- Limited FASD screening and assessment capabilities in the state
- Limited FASD diagnostic capacity in the state
- Lack of integration of FASD into individual treatment plans
- Limited access and availability of FASD intervention resources
- Limited data/statistical collection for diagnosis and treatment outcomes
- FASD not being identified as a diagnosis

Primary Goals or Focus Areas of the FASD State Plan

- To significantly reduce prenatal alcohol consumption by women of child-bearing age, particularly pregnant women, through increasing public awareness of FASD, expanding education opportunities for professionals, and promoting healthy public policies and actions.
- To expand early identification, screening and diagnosis of children with FASD
- To develop and ensure availability and accessibility of appropriate, effective interventions and supports for children and their families

Outlined in the following pages are the MS AC-FASD recommended strategies and activities for the next three years that will address the identified barriers and accomplish the stated objectives.

Objective I: Reduce the Number of Babies Born with FASD in Mississippi

| Strategies | Activities | Timeline |
|---|--|--|
| <p>A. Increase Public Awareness of FASD risks of drinking during pregnancy.</p> | <p>1. Establish uniform and consistent education and awareness programs.</p> <p>a. Targeted awareness campaign</p> <ul style="list-style-type: none"> - Provide FASD training to Madison County and Rankin County school nurses. - Provide FASD training to two (2) IDD Regional Facilities. (Community Programs) - Provide annual FASD training at the Council of Administrators of Special Education (CASE) Conference. - Provide FASD training at Willowood Developmental Center. <p>b. Public awareness campaign (ongoing activities)</p> <ul style="list-style-type: none"> - Work with high schools and college campuses on FASD education and awareness. - Provide appropriate awareness “pieces” for Pediatrician, Ob/Gyn, and child mental health professional offices. - Provide FASD brochures and display at annual Conference of College of Ob/Gyn, MS Chapter. - Utilize the 6 Regional Alcohol and Drug Abuse RADAR Centers to disseminate educational materials. - Conduct the annual FASD Symposium. | <p>Yr 1-2 Yr 1-2 Annual</p> <p>Yr 1</p> <p>Yr 1-3 Yr 1-3</p> <p>Yr 1-3</p> <p>Yr 1-3</p> <p>Annual</p> |
| <p>B. Establish/Support MS Network for Birth Mothers</p> | <p>1. Set-up quarterly network with birth mothers in Region 1 (Fairland) and Born Free in Jackson. Include adoptive and foster parents across the state.</p> | <p>Yr 1-2</p> |

| | | |
|--|---|--------|
| C. Establish the Choctaw Tribal Initiative | 1. Train the trainers (case managers and social workers) to provide FASD Prevention to school-Aged children within the Choctaw Tribal Agency. | Yr 1 |
| D. Develop an FASD Curriculum | 1. Train the prevention coordinators (29) on the curriculum for implementation throughout the state. | Yr 1-3 |

Objective II: Expand/enhance the availability and use of treatment services for children/youth with FASD

| Strategies | Activities | Time Line |
|---|--|--------------|
| A. Establish broad-based identification, screening, and diagnosis of children/youth with FASD | 1. Incorporate training on FASD awareness and screening procedures into Case Management Orientations. | Yr 1-2 |
| | 2. Create appropriate and timely access to FASD diagnostic services | Yr 1-2 |
| | 3. Promote appropriate FASD screening for children and youth | Ongoing |
| | 4. Explore Telemedicine options for follow-ups in those CMHC regions that currently have the capacity (Regions 1 & 6) | Yr 1 ongoing |
| | 5. Modify intake forms to include "FASD-related " questions in state agencies, particularly in screenings administered through the Department of Health. | Yr 2-3 |

| | | |
|--|---|--|
| <p>B. Integrate FASD intervention services into appropriate treatment service plans</p> | <ol style="list-style-type: none"> 1. Educate providers on appropriate interventions for inclusion on treatment plans. 2. Identify organizations and processes in which integration is appropriate 3. Determine vehicle by which integration can be accomplished in community organizations and processes other than Community Mental Health. <ol style="list-style-type: none"> a. CMHC's incorporate training on FASD awareness and referrals into local school districts' staff development at the beginning of the school year. 4. Train appropriate CMHC staff on best practices involving integration of FASD intervention services into treatment /service plans 5. Establish model standardized processes, procedures, and tools to gather information on integration of FASD interventions Into treatment/service p 6. Revise CMHC follow- up protocol for children diagnosed with FASD by the CDC to include the development of a Wraparound family team and plan | <p>Ongoing</p> <p>Ongoing</p> <p>Yr 2-3</p> <p>Yr 3 ongoing</p> <p>Ongoing</p> <p>Yr 2-3</p> |
| <p>C. Identify/Address FASD intervention service and support availability throughout the state</p> | <ol style="list-style-type: none"> 1. Children's Services Coordinator will develop a list of FASD interventions and support services offered in the region through a matrix. 2. Develop a resource guide identifying services and support 3. Identify appropriate and efficient referral portals or points of entry into these services/supports 4. Train CMHC staff on the use of the Skill Streaming and P.R.E.P.A.R.E. Curriculums for providing specific interventions to children/youth diagnosed with FASD and related diagnosis | <p>Yr 1</p> <p>Yr 2-3</p> <p>Yr 2-3</p> <p>Yr 2-3</p> |

| | | |
|--|---|---|
| <p>D. Provide family education and support services</p> | <ol style="list-style-type: none"> 1. Integrate state-wide family support with existing system of care support for families 2. Expand availability of respite services for families statewide through annual state-wide and regional respite provider trainings. 3. Establish an avenue for parent support group(s) and/or other supports for and by families. | <p>Yr 3</p> <p>Yr 2 ongoing</p> <p>Yr 3 ongoing</p> |
| <p>E. Sustain access and availability of appropriate services/support for children/youth with FASD</p> | <ol style="list-style-type: none"> 1. Access funding through the MS Legislature, SAMHSA Block Grants (CSAT/CSAP/CMHS) and Discretionary funding opportunities 2. Continue to work on recognition as diagnosis for funding through Medicaid and private insurance 3. Seek appropriate Federal and state funding opportunities 4. Support and coordinate with any state agency their efforts to obtain funding for FASD-related research and/or services. | <p>Yr 3 ongoing</p> <p>Yr 3 ongoing</p> <p>Ongoing</p> <p>Ongoing</p> |