

## **State-Specific Information About Coordinators Responsibilities and How Their Positions Were Established**

Each NAFSC State or jurisdiction provided the following summaries of how their State Coordinator positions were established.

### ***Alaska***

**Coordinator:** L. Diane Casto, MPA  
**Position Title:** Manager, Prevention and Early Intervention Services  
**Agency Housed In:** State of Alaska, Division of Behavioral Health  
**Funding Source(s):** State general fund dollars (Behavioral Health budget)  
**State Task Force:** No statewide task force at this time, but there are a number of community task forces

In 1997, the Department of Health and Social Commissioner appointed Ms. Casto to the position of State Coordinator—a full-time effort. Now, other duties have been added: suicide prevention, substance abuse prevention, rural human services, tobacco enforcement, youth development and resiliency, alcohol safety action programs, and all prevention efforts related to behavioral health issues.

Having a full-time, dedicated position leading FASD efforts made a significant difference for establishing and carrying out a 9-year concentrated and focused effort on FASD. Alaska has been able to accomplish the following FASD-related activities because of having a State coordinator:

- Established 13 community-based FASD diagnostic teams that are still running
- Developed two FASD curricula, FASD 101 and 201
- Trained and certified more than 40 trainers on these curricula
- Developed and implemented a 5-year public education campaign
- Conducted data gathering, research, and evaluation of efforts (still in progress)
- Conducted two “Knowledge, Attitude, Beliefs, and Behavior” surveys to establish baseline and follow-up knowledge
- Incorporated diagnostic efforts with the Birth Defects Registry, aiming to have high-quality FASD prevalence data for Alaska

Ms. Casto currently spends approximately 25 percent of her time on FASD coordination activities.

## **Arizona**

**Coordinator:** Teresa Kellerman  
**Position Title:** Director, FAS Community Resource Center  
**Agency Housed In:** Division of Developmental Disabilities  
**Funding Source(s):** Arizona Department of Economic Security, Division of Developmental Disabilities  
**State Task Force:** Yes

In 2001, Teresa Kellerman was unofficially designated coordinator for FASD in the State of Arizona by the District II Director of the Arizona Department of Developmental Disabilities. Ms. Kellerman had been acting in this capacity as the volunteer director of the FAS Community Resource Center that she co-founded. In 2005, Ms. Kellerman was appointed by the State Director of the Department of Developmental Disabilities to become the official FASD State Coordinator, as a paid part-time position under the Department of Developmental Disabilities.

As Arizona's State FASD Coordinator, Ms. Kellerman's responsibilities include:

- Assisting in processing and planning for statewide inventory of individuals served under the Department of Developmental Disabilities who have or are suspected of having an FASD
- Managing an Internet hub with information and resources for families and communities in Arizona through [www.fasarizona.com](http://www.fasarizona.com)
- Maintaining a statewide toll-free "warm line" to provide one-on-one support to individuals and families on FASD-related issues
- Providing FASD training, workshops, and seminars for individuals, families, professionals, providers, students, educators, and policymakers throughout Arizona
- Researching and disseminating current information on FASD
- Attending and reporting on national FASD conferences
- Organizing at least one FASD Awareness Day event, on September 9<sup>th</sup>, each year
- Participating in the Arizona Task Force on Prevention of Prenatal Exposure to Alcohol and Other Drugs
- Identifying grant-funding opportunities to promote FASD awareness, prevention, and intervention

Ms. Kellerman currently spends approximately 20 hours a week on FASD coordination activities.

## **Colorado**

**Coordinator:** Pamela Gillen, ND, RN, CACIII  
**Position Title:** Assistant Professor of Research and Project Director, COFAS Prevention Program/Colorado AHEC System  
**Agency Housed In:** University of Colorado Denver  
**Funding Source(s):** Interagency agreement  
**State Task Force:** No

The Colorado FASD/ATOD Prevention Outreach Project (COFAS-POP) was originally funded through SAMSHA Federal CSAP block grant dollars. Funding came from the Colorado Alcohol and Drug Abuse Division (now known as the Colorado Division of Behavioral Health) in July 1996, as part of a response for proposal for a statewide FAS prevention grant. The University of Colorado Health Sciences Center, Area Health Education Centers (UCHSC/AHEC) and Dr. Pamela Gillen were the recipients of this award. The project is now funded through an interagency agreement.

Memberships held and responsibilities overseen by Dr. Gillen include:

- Serving as Board Member of the Colorado Alcohol and Drug Service Providers
- Serving as member of NOFAS Colorado
- Maintaining a speakers bureau for the State
- Maintaining a Web site for current information dissemination on FASD prevention
- Overseeing video production for clinics working with at risk women
- Providing statewide multidisciplinary trainings on FASD prevention, identification, screening and referral
- Providing statewide training for substance abuse counselors on FASD Prevention—CAC credit
- Providing statewide technical assistance for families and providers

Dr. Gillen and her staff currently spend the equivalent of one FTE on FASD coordination activities.

## **California**

**Coordinator:** Madeline Journey-Lynn, MEd  
**Position Title:** Analyst  
**Agency Housed In:** Department of Alcohol and Drug Programs  
**Funding Source(s):**  
**State Task Force:** Yes

## **District of Columbia**

**Coordinator:** Drena Reaves-Bey, MPA, GCPH  
**Position Title:** Program Specialist  
**Agency Housed In:** District of Columbia Department of Health  
**Funding Source(s):** No line item funding source  
**State Task Force:** No

Drena Reaves-Bey was appointed FASD Coordinator by the Director of the Department of Health because of her job functions and relationship with the FASD Center for Excellence.

Ms. Reaves-Bey currently spends approximately 33 percent of her time on FASD coordination activities.

### **Florida**

**Coordinator:** NEW COORDINATOR PENDING

**Position Title:**

**Agency Housed In:**

**Funding Source(s):** No sources specific to funding the coordinator position

**State Task Force:** Yes. Florida has an Interagency Action Group that has been meeting since 2001

The designation of Felisha Dickey as the Florida FASD Coordinator was not a formal process. The Department of Health, Office of Infant, Maternal and Reproductive Health collaborated with the Department of Children and Families, Substance Abuse Program Office and Family Safety Offices, and the Florida Alcohol and Drug Abuse Association to co-found the Fetal Alcohol Syndrome Interagency Action Group. Those groups agreed that the Department of Health would retain the lead, until another office stepped in to take over. Ms. Dickey served as Chair and facilitator of the interagency action group, and led the group in the collaborative accomplishments such as:

- Developing a comprehensive interagency strategic plan
- Hosting an FASD town hall meeting in the State
- Planning and providing the first conference on FASD in the State of Florida
- Fostering other training on FASD around the State
- Developing the *Florida Resource Guide On FASD*

Additionally, Ms. Dickey assisted with the coordination among State level agencies, community partners, and resources to address the problem of alcohol-exposed pregnancies and promotes action on other concerns related to FASD.

Ms. Dickey participated in quarterly NAFSC conference calls and coordinated a minimum of two annual meetings of the Florida FASD Interagency Action Workgroup on FASD coordination activities.

Ms. Dickey's last day as Florida's FASD Coordinator was November 2, 2009. A new Coordinator is pending.

## ***Hawaii***

**Coordinator:** Catherine A. Sorensen, DrPH, MPH  
**Position Title:** Hawaii FASD Coordinator  
**Agency Housed In:** Hawaii Department of Health  
**Funding Source(s):** State Funds  
**State Task Force:** Yes

FASD has been a focus area for the Hawaii Department of Health, Family Health Services Division, and the larger community for a number of years. The issue gained larger prominence when FASD became a priority concern for the 2004 Hawaii Legislature. This new look at FASD came about, in part, because of findings from an informal survey conducted by the FASD Task Force, community providers, and the public at-large. The majority of these groups indicated that FASD was a priority for their work and families. The 2004 Hawaii House of Representatives passed resolution H.C.R. 141, requiring the Hawaii Department of Health to establish a coordinated statewide effort to address FASD. While there was no funding attached to the resolution, the recognition of the importance of FASD was brought to a new and higher level in Hawaii.

FASD remained as an issue and concern in the community in 2005 and, in 2006, the State legislature passed the fully funded House Bill No. 2109. The governor signed the bill, creating Act 204. The act established an FASD Coordinator position in the Department of Health to coordinate and develop FASD information, education, policies, and support services statewide..

As the FASD Coordinator for Hawaii, Dr. Sorensen's responsibilities include:

- Sponsoring statewide prevention and intervention FASD trainings
- Facilitating the FASD Task Force and Sub-committees
- Conducting an ongoing a needs assessment among families with children and youth with FASD
- Developing FASD screening pilot initiatives with other Hawaii Department of Health programs and the Department of Human Services, Child Protective Care unit
- Working to improve data gathering and reporting of FASD
- Developing and disseminating FASD educational materials on prevention and intervention strategies.

Dr. Sorensen currently spends 100 percent of her time on FASD coordination activities.

## **Kansas**

**Coordinator:** Joseph Kotsch, RN, MS  
**Position Title:** MCH Perinatal Consultant  
**Agency Housed In:** Bureau of Family Health, Kansas Department of Health and Environment  
**Funding Source(s):** None  
**State Task Force:** No

The Maternal Child Health (MCH) Director thought it appropriate to include FASD coordination duties under the MCH Perinatal Consultant position in the Bureau for Children, Youth, and Families in the Kansas Department of Health and Environment (KDHE). These duties had previously been a part of the Newborn Screening Program Coordinator's position.

In 2001, legislation that included funding for up to five Fetal Alcohol Syndrome (FAS) diagnostic and prevention pilot programs was passed into law (K.S.A. 65-1,216). Because of this law, one pilot program in Emporia, Kansas was established and continues to operate. Although funding for the provisions in the FAS statute expired July 1, 2004, the Emporia FASD program site continues to use a multidisciplinary evaluation team approach based on the State of Washington's FASD evaluation team model. It is hoped that other FASD program sites in Kansas can be developed using this same model. In addition, the Kansas University Medical Center Developmental Disabilities Center continues to train professionals and families how to recognize the signs and symptoms of FASD and teaches appropriate intervention strategies for working with individuals affected by FASD.

Kansas Administrative Regulations, KAR 28-1-4, require the reporting of FAS to the KDHE. This information is collected in a database of birth defects information from two data sources: the Kansas Certificate of Live Births and the Kansas Birth Defects Prevention Program Reporting Form (congenital malformations and FAS).

Information on FASD is disseminated to local providers that work with women of childbearing age through newsletters, conference presentations, and educational materials in the form of CD's, brochures, and public service announcements. These materials are also used to enhance the process of identifying and providing early intervention to individuals with an FASD.

Mr. Kotsch currently spends less than 10 percent of his time on FASD coordination activities.

### ***Kentucky***

**Coordinator:** Laura Nagle, CPP  
**Position Title:** FASD Prevention Enhancement Site Coordinator  
**Agency Housed In:** Bluegrass Prevention Center  
**Funding Source(s):**  
**State Task Force:** Yes

In July 2007, Kentucky's Division of Substance Abuse created an FASD Prevention Enhancement Site to provide training, technical assistance and resources to Kentucky agencies, communities and individuals regarding fetal alcohol spectrum disorders. Ms. Nagle was selected to coordinate this position due to her years in this specific field and her passion for moving Kentucky forward with this issue. In this position, she is able to serve as point-of-contact for all State and non-profit agencies with questions or issues relating to fetal alcohol spectrum disorders.

### ***Louisiana***

**Coordinator:** Michael L. Kudla, MD, FACOG  
**Position Title:** Louisiana State Director SBIRT/Healthy Babies Initiative  
**Agency Housed In:** Office for Addictive Disorders  
**Funding Source(s):**  
**State Task Force:** No

## **Maryland**

**Coordinator:** Mary Johnson  
**Position Title:** Maryland State FASD Coordinator  
**Agency Housed In:** DHMH-FHA, Center for Maternal and Child Health  
**Funding Source(s):**  
**State Task Force:** Yes

House Bill 1274, the “Public Health-Fetal Alcohol Syndrome Prevention-Public Awareness Campaign,” described the need for a statewide multimedia campaign to educate the public regarding FASD and other effects of prenatal exposure to alcohol. (Additional information on Maryland (MD) FASD can be found in the “Report on State Approaches to FASD” and “DHMH FASD Progress Report.”)

In September 2003, the National Organization for Fetal Alcohol Syndrome (NOFAS) held a Hope for Women in Recovery Summit in Baltimore. Many key policymakers, including several Maryland legislators, attended the Summit. Delegate Pauline Menes (D-Prince Georges and Anne Arundel counties) became a champion for FASD. At the request of Delegate Menes, an FASD Work Group was convened in July 2004 by DHMH and the Governor’s Office on Crime Control and Prevention. DHMH assumed sole responsibility for leadership and staffing of the work group in December 2004. Work group members were drawn from State agencies serving children and families, including the Maryland Department of Human Resources and the Maryland State Department of Education. Private sector representation included Kathleen Mitchell, Vice President of NOFAS; Dr. Paula Lockhart, a child psychiatrist with the Kennedy Krieger Institute; Janet and Dave Duncan, parents of an adult child with fetal alcohol syndrome. Delegate Menes was also a member.

From July 2004 to August 2005, the work group invited parents and other guests to share expertise and experience in FASD, reviewed medical literature and reports, considered how other States were addressing FASD, and developed a mission statement and goals for a broader statewide FASD Coalition. During this year, members of the work group also began individually and collectively to raise public awareness of FASD through presentations and publications in public venues. In July 2005, FASD was named a new priority in the Maryland Title V- MCH Block Grant Five-Year Needs Assessment. The work group issued a final report and recommendations, which were shared with the House Special Committee on Alcohol and Substance Abuse at a hearing in late October 2005. Key recommendations included:

- Establish a Maryland State FASD Coalition, led and staffed by the Department of Health and Mental Hygiene. (A Coalition Kick-Off meeting was held in November 2005.)
- Establish a State FASD Coordinator within the Department of Health and Mental Hygiene. (Mary Diane Johnson has been named State FASD Coordinator by the Center for Maternal and Child Health.)

- Develop a long-range plan for increasing awareness of FASD among health and social services professionals, substance abuse treatment program staff, juvenile services agency staff, the faith community, and businesses and industry.
- Seek funding opportunities for a 5-year public awareness campaign.
- Develop a comprehensive action plan for prevention of FASD and improving the system of care for families and individuals affected by FASD.

Currently, the Coalition supports a Web site: [www.fasdm.org](http://www.fasdm.org); provides educational brochures, materials, and promotional items; and participates in statewide health fairs, community forums, and other events.

Ms. Johnson currently spends approximately 50 percent of her time on FASD coordination activities: meetings, events, conferences, researching treatment options for persons diagnosed with an FASD.

### ***Massachusetts***

**Coordinator:** Enid Watson, MDiv  
**Position Title:** Massachusetts FASD State Coordinator  
**Agency Housed In:** Institute for Health and Recovery  
**Funding Source(s):** Massachusetts Department of Public Health Funding  
**State Task Force:** No

The Massachusetts FASD State Coordinator position emerged out of an FASD prevention initiative run in tandem with the national healthcare initiative, Screening, Brief Intervention and Referral to Treatment (SBIRT). As trainer of 32 community health centers across the State, Ms. Enid Watson included FASD prevention in all of her work with health centers. The Massachusetts Department of Public Health Bureau of Substance Abuse Services and the Division of Perinatal, Early Childhood and Special Health Needs, Bureau of Family Health and Nutrition collaborated to support the initiation of the FASD State Coordinator.

Other FASD prevention efforts include a new collaboration designed to implement SBIRT within the Deaf and Hard of Hearing and Deaf and Hard of Hearing with Developmental Delays communities. The Massachusetts Department of Public Health, with the assistance of the FASD State Coordinator, held the first statewide FASD Conference in October 2008, with resources from the SAMHSA FASD Center for Excellence. A follow-up training will be offered in October 2009 to address “Adapting Motivational Interviewing Strategies for Individuals with an FASD or Other Cognitive Disorders.” The first FASD Clinic in Massachusetts recently opened at Children’s Hospital in Boston. Collaborative efforts are under consideration to design FASD interventions for adolescents.

The FASD State Coordinator is a former FASD Prevention and Identification contractor with the FASD Center for Excellence. Ms. Watson currently spends approximately 50 percent of her time on FASD coordination activities.

## **Michigan**

**Coordinator:** Debra Kimball MSN, RN  
**Position Title:** Maternal Nurse Consultant  
**Agency Housed In:** Michigan Department of Community Health (MDCH)  
**Funding Source(s):** State and federal funds mix  
**State Task Force:** Yes

The position is located in the Division of Family and Community Health in the Bureau of Family, Maternal and Child Health of the Public Health Administration of the Department of Community Health. This position clearly aligns FASD with public health and facilitates both prevention activities and intervention activities. MDCH also houses substance abuse services and mental health services, making the coordination of these programs a little easier. The maternal and child health connection improves the coordination with the Department of Human Services that houses foster care and adoption.

## ***Mississippi***

**Coordinator:** Trisha Hinson, MEd, CMHT  
**Position Title:** FASD State Coordinator and Project Director  
**Agency Housed In:** Mississippi Department of Mental Health  
**Funding Source(s):** No sources specific to funding the Coordinator position  
**State Task Force:** Yes

The Mississippi Department of Mental Health was created in 1974 by an act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated. The statute placed into one agency mental health, alcohol and drug abuse, and mental retardation programs, which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Retardation, the Board of Trustees of Mental Institutions, and the Governor's Office. The statute also addresses the Mississippi Department of Mental Health's (MDMH) responsibilities concerning services for persons with Alzheimer's disease and other dementia.

In February 2003, a regional Town Hall Meeting on FASD was hosted by Mississippi to gather information on personal experiences and gaps in services from those impacted by FASD. In May of that same year, Dr. Brenda Scafidi, who headed the MDMH Division of Children and Youth Services from 1989 to June 2007, represented Mississippi at the Building FASD State Systems (BFSS) Meeting sponsored by SAMHSA. A result of these 2003 meetings was the realization that Mississippi needed a State FASD Coordinator to lead the State's FASD efforts in Mississippi. In recognition of the importance of identifying and providing services for Mississippi's children and youth who have FASD, Dr. Scafidi was appointed in 2004 by MDMH to be State Coordinator for Fetal Alcohol Syndrome (FAS) issues. In this role, Dr. Scafidi was recognized by SAMHSA and the FASD Center for Excellence as an approved trainer and as the coordinator of efforts in Mississippi related to FASD, and represented the State at the BFSS meeting. Under her direction, Mississippi developed a plan to begin building the State FASD system, which included hiring an FASD Project Director through a subcontract with Northrop Grumman. In April 2007, Trisha Hinson, FASD Project Director since 2005, was officially designated to replace Dr. Scafidi who retired in June 2007. As the State FASD Coordinator, Ms. Hinson will oversee implementation of the State FASD Plan by working in conjunction with the MS Advisory Council on FASD (MS AC-FASD) and the staff of MDMH.

Under the auspices of MDMH, the MS AC-FASD has sponsored a statewide FASD Symposium for the past 4 years. This Symposium has grown consistently both in content and in participation and has been established as a permanent objective in the MS State Mental Health Plan. As State FASD Coordinator, Ms. Hinson provides staff support to MS AC-FASD to help ensure stability, continuity, and permanence. The State FASD Coordinator serves as a primary FASD trainer for the State, serves as the FASD liaison on various committees and task forces, and helps ensure implementation of the State FASD Plan as developed by MS AC-FASD.

Ms. Hinson currently spends approximately 5 percent of her time on FASD coordination activities.

### ***Navajo Nation***

**Coordinator:** Louise S. Ashkie  
**Position Title:** Program and Project Specialist (FASD)  
**Agency Housed In:** Navajo Nation–Department of Behavioral Health Services  
**Funding Source(s):** Navajo Nation  
**State Task Force:** Yes (Navajo Nation and Arizona State Task Forces)

Ms. Ashkie currently spends 100 percent of her time on FASD coordination activities.

### ***Nevada***

**Coordinator:** Muriel Kronowitz, MA, LPC  
**Position Title:** Perinatal Substance Abuse Prevention Coordinator  
**Agency Housed In:** State of Nevada Health Division; Bureau of Child, Family and Community Wellness; Early Childhood Wellness Section  
**Funding Source(s):**  
**State Task Force:** Yes

### ***New Jersey***

**Co-Coordinator:** Elizabeth Dahms, MS, RNC  
**Position Title:** Public Health Consultant  
**Co-Coordinator:** Margaret Gray  
**Position Title:** Coordinator, Primary and Preventive Health Services  
**Agency Housed In:** New Jersey Department of Health and Senior Services, Perinatal Health Services  
**Funding Source(s):** State Funds  
**State Task Force:** Yes

In 1982, when New Jersey organized its original FAS Task Force, there were representatives from several programs throughout the State. In 1989, because of a report published by the Governor's Council on the Prevention of Mental Retardation, the Department of Health and Senior Services (DHSS) funded and implemented the initial Risk Reduction System that was charged with identifying high-risk women who received prenatal services in public clinics. In 1998, the FASD Task Force was re-organized and Office of Prevention of Mental Retardation and Developmental Disabilities (OPMRDD) became responsible for its administration. In 2002, DHSS enhanced the Risk Reduction System by transforming it to the Perinatal Addictions Prevention System and incorporating it into the Maternal and Child Health Consortia that are licensed and regulated by the DHSS. Margaret Gray is a coordinator in the Department of Health and Senior Services and Elizabeth Dahm's supervisor. Both she and Ms. Dahms are members of the New Jersey FASD Task Force.

Ms. Dahms currently spends 35 percent of her time on FASD coordination activities.

## ***New Mexico***

**Coordinator:** Jerome Romero (Chairperson)  
**Position Title:** Principal Investigator  
**Agency Housed In:** University of New Mexico, Statewide FAS Prevention Program  
**Funding Source(s):** Department of Disability and Health  
**State Task Force:** No

An FAS Advisory Group composed of researchers, professionals, and State agency representatives working in the area of prevention and developmental disabilities was established in the mid 1990s. At the time, Jerome Romero participated in the group as a representative of the Developmental Disabilities Planning Council. In 1996, this group introduced a bill to fund an FASD State Coordinator. The legislation passed; however, in the first year the position was voluntary. By the second year, \$100,000 was allocated to support this position. Mr. Romero has been in this position since 1997.

This full-time position is funded by the Department of Disability and Health but contracted with the University of New Mexico. Five years ago, a report on the incidence of FAS in the State was published which indicated that the rates have been reduced from 2.2/1,000 to 1.1/1,000.

Mr. Romero spends 100 percent of his time on FASD coordination activities.

## ***New York***

**Coordinator:** Margo B. Singer, MPA  
**Position Title:** FASD State Coordinator and Addictions Program Specialist II  
**Agency Housed In:** New York State Office of Alcoholism and Substance Abuse Services  
**Funding Source(s):** No dedicated funding source  
**State Task Force:** Yes (Interagency FASD Workgroup and statewide FASD Task Force)

The New York State Office of Alcoholism and Substance Abuse Service's commissioner designated Margo B. Singer as the FASD in July 2006.

Ms. Singer took advantage of the fact that having a FASD coordinator would help to meet one of the required outcomes of the FASD Prevention Subcontract (Northrop Grumman), showing evidence of the State's commitment to FASD prevention, treatment, and sustainability.

Internally, Ms. Singer was able to make the case to her supervisors that involvement in NAFSC would benefit the State's efforts in this area, as the national coordinators share valuable information regarding research findings, best practices, legislation, and potential funding opportunities. Ms. Singer argued that the State Women's Treatment Coordinator has a similar designation and role, which has helped in that arena.

Ms. Singer currently spends 100 percent of her time on State FASD coordination activities.

### ***North Carolina***

**Co-Coordinator:** Leslie McCrory, MAEd, LPC, LCAS, CCS  
**Position Title:** Project Director and Education Coordinator  
**Co-Coordinator:** Janice White, MEd  
**Position Title:** DD/TBI Prevention Program Coordinator, North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services  
**Agency Housed In:** North Carolina Teratogen Information Services; Mission Hospital's Fullerton Genetics Center—FASD Prevention  
**Funding Source(s):**  
**State Task Force:** No

Leslie McCrory helped facilitate the Women's Summit in North Carolina. She entered some elements into the strategic plan for the Office of Prevention on how best to approach FASD about diagnostic and prevention services. When the FASD Coalition was in existence, there was a contact person for FASD presentations and the number of requests for presentations and meeting participants increased. More outreach education across the State, technical assistance in helping organization in starting diagnostic clinics.

Ms. McCrory currently spends approximately 50 percent of her time on FASD coordination activities.

### ***Ohio***

**Coordinator:** Melinda Norman  
**Position Title:** Prevention Regional Coordinator  
**Agency Housed In:** Ohio Department of Alcohol and Drug Addiction Services  
**Funding Source(s):**  
**State Task Force:** Yes

### ***Pennsylvania***

**Coordinator:** Kathy Jo Stence, CAC  
**Position Title:** Program Analyst  
**Agency Housed In:** Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs  
**Funding Source(s):** No dedicated funding sources  
**State Task Force:** Yes

Pennsylvania first began its efforts regarding FASD through participation in FAS Awareness activities, which were initially conducted on FAS Day, but have since grown to week-long events supported through Proclamations of the Governor. In 2004, planning for a State FASD Task Force began. The first Task Force meeting was held in June 2006, with the primary agenda being the development of a State FASD action plan. The plan was unveiled by the Department of Health in September 2008, and the Task Force continues to monitor its implementation.

Along with other project duties, Kathy Jo Stence and her colleague, Natalie Sweitzer, have primary responsibility for the oversight of FASD initiatives done by the Bureau, including the administration of the State Task Force. In order to benefit from the

networking and information provided by NAFSC, Ms. Stence was appointed by her bureau director to serve as the State coordinator.

Ms. Stence currently spends approximately 30 percent of her time on FASD coordination activities.

### ***South Dakota***

**Coordinator:** Robin Erz, CCDC III  
**Position Title:** Assistant Director  
**Agency Housed In:** South Dakota Department of Human Services, Division of Alcohol and Drug Abuse  
**Funding Source(s):** FASD Grant  
**State Task Force:** Yes

The Director of the Division of Alcohol and Drug Abuse was designated by the Secretary of the Department of Human Services to be the FASD Coordinator for the State of South Dakota. It is understood that the Governor's Office notified the Department Secretaries within the State of the creation of the FASD Coordinator's title and a subsequent request that the State name an individual to serve in this position. This information was discussed during the Department of Human Services Leadership meeting and the decision was made to place the position within the Division of Alcohol and Drug Abuse and name the Division Director as the FASD Coordinator for the State.

Ms. Erz currently spends approximately 25 percent of her time on FASD coordination activities.

### ***Texas***

**Coordinator:** Janet Sharkis  
**Position Title:** Executive Director  
**Agency Housed In:** Texas Office for Prevention of Developmental Disabilities  
**Funding Source(s):**  
**State Task Force:** Yes

The Texas Legislature on 1989 passed a bill creating the Texas Office for Prevention of Developmental Disabilities (TOPDD) to address teen pregnancy, youth substance abuse, and head and spinal cord injury prevention. The executive committee is the agency's governing body and appoints task forces to address FASD prevention and another priority, head and spinal cord injury prevention. The original task force on teen pregnancy made a recommendation that was accepted by the executive committee to focus on prevention of FAS. TOPDD became designated as the State Coordinator for FASD at that interval. No other agency's focus is on prevention, although some include information about FAS in program materials. TOPDD is an autonomous State agency that is administratively affiliated with the Health and Human Services Commission, an umbrella agency for Texas health and human services enterprise, which includes public health, mental health, mental retardation, behavioral health, substance abuse, family protective services, and disability and aging services. There are now four mega agencies included and their commissioners report to the HHSC Executive Commissioner.

### ***Washington***

**Coordinator:** Susan Green, MPA  
**Position Title:** Family Services Manager  
**Agency Housed In:** Washington State Division of Behavioral Health and Recovery  
**Funding Source(s):** None  
**State Task Force:** Yes

Washington State has had a Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) since 1995. The FASIAWG was mandated by the Legislature. The workgroup consisted of State agencies, providers, community, and family representation. The first year was spent creating the agreement of the workgroup. Representatives came together to coordinate the different viewpoints of State agencies, professionally run organizations (such as the March of Dimes), and representatives from FASD-specific family run advocacy groups. The interagency agreement was completed and signed on December 28, 1995. In 1996, the FASIAWG reviewed and evaluated the practicality of implementing recommendations made to then Governor Mike Lowry from the Governor's Fetal Alcohol Syndrome Advisory Panel. A four-point agenda from this report became the 1997-1999 charter for the FASIAWG:

- Establish an FAS Family Preservation Center
- Support the FASDPN clinics
- Support primary prevention efforts by replicating the PCAP, expanding outreach and treatment to women of childbearing age, and disseminating FAS information to college students
- Provide training to professionals working in the systems of chemical dependency, mental health, developmental disability, vocational rehabilitation, health care, education, juvenile and adult criminal justice, and child welfare

In the last few years, several organizations and agencies have joined the group, including: Office of Indian Policy and Support Services (IPSS); Governor's Office of Indian Affairs (GOIA); Fetal Alcohol Syndrome Information Services (FASIS); NOFAS Washington State; Valley Cities Counseling and Consultation; Skagit County Youth and Family Services; and the National Chapter of the Federation of Families/Spokane Advocacy Voice for Children with FASD and Mental Health Conditions. The FASIAWG represents a diverse spectrum of agencies and organizations that provide programs designed for FASD prevention and/or intervention, and support for individuals with FASD and their families. This network of educational, research, and clinical services responds to the legislative mandate to ensure coordination of identification, prevention, and intervention programs for children who have an FASD and for women at high risk of having children with an FASD.

The FASIAWG plans to continue meeting at least twice yearly by phone conference, as well as disseminate information through e-mail and the Washington FASD Web site at [www.fasdwa.org](http://www.fasdwa.org). The FASIAWG completed their final report to the Governor's Council on Substance Abuse in 2007. The FASIAWG and the workgroup members will update their agency information at least once yearly on the Washington FASD Web site.

Because the Division of Alcohol and Substance Abuse (now known as the Division of Behavioral Health and Recovery) has always been the FASIAWG chairperson and lead,

it was determined that the chairperson of the FASIAWG would be the most appropriate person to represent Washington State at NAFSC conferences. In 2008, Sue Green was accepted as a member of the NAFSC.

Ms. Green currently spends approximately 5 percent of her time on FASD coordination activities.

### ***Wisconsin***

**Coordinator:** Susan Gadacz  
**Position Title:** FASD State Coordinator  
**Agency Housed In:** Wisconsin Department of Health and Family Services  
**Funding Source(s):**  
**State Task Force:** No

The Wisconsin Department of Health and Family Services created the state coordinator position in conjunction with the position of project director for the SAMHSA FASD prevention project funded through Northrop Grumman. As the first project director left, and Sue Gadacz filled the position, she became the FASD State coordinator.

The State coordinator fills a number of roles, including serving as the point-of-contact for State FASD activities to the other SAMHSA projects funded in Wisconsin and to partners and outside entities including hospitals, local public health departments, and the Department of Corrections.

Ms. Gadacz currently spends approximately 25 percent of her time on FASD coordination activities.