MICHIGAN FETAL ALCOHOL SPETRUM DISORDERS (FASD) TASK FORCE ACTION PLAN RECOMMENDATIONS: FY2012/2014

(As of August 15, 2012)

GOALS AND STRATEGIES

Goal 1 (Youth in transition): Empower and support youth with an FASD (ages 16-26) to make a successful transition to reaching their potential in adulthood.

Goal 1

Strategies	FY start
1.1: Identify best practices in improving individual transition planning.	2012/13
1.2: Educate youth, families and professionals to access and navigate support	2013
services and agencies.	
1.3: Increase collaboration between child and adult service systems.	2013
1.4: Support communities, families, professionals and individuals to understand the	2014
impact of secondary disabilities and how to reduce the impact.	

Goal 2 (Adults with an FASD): Empower adults with an FASD to reach their potential, avoiding pitfalls and preventable secondary disabilities.

Goal 2

Strategies	FY start
2.1: Identify resources available statewide for adults with an FASD (e.g., legal,	2012/13
social, medical, mental health system, support groups, education, daily living skills,	
housing, employment) and provide this information to the Goal 3 champion.	
2.2: Provide education regarding FASD to the justice system FASD (e.g., police	2012/13
action, prosecutorial discretion, alternative sentencing) and the Michigan Department	
of Corrections (e.g., understanding the FASD brain and accommodating the	
disability).	
2.3: Increase FASD diagnostic evaluation among adults, making them aware of and	2012/13
able to utilize the diagnostic resources.	

Goal 3 (Resource development for FASD): Develop and sustain resources to empower individuals (age 16 and older) with an FASD to reach their full potential.

Goal 3

Strategies	FY start
3.1: Review and change the structure of the Michigan FASD Task Force as	2012/13
determined to increase effectiveness (investigate different models of design and	
structure for advocacy and resources used previously [Mississippi, Missouri,	
Canada] as well as funding options).	
3.2: Increase resources for diagnostic evaluation (e.g., develop diagnostic criteria	2013
for adults or at least reach a consensus on best practices for diagnosis of adults,	
focus reporting so researchers and other professionals seeking funding have access	
to demographics of individuals in Michigan diagnosed with an FASD).	
3.3: Train professionals across disciplines so they recognize and meet the needs of	2013
individuals with an FASD (e.g., identify professionals [doctors, nurses, social	
workers, psychologist, teachers, probation officers]; record deadlines for	
professionals' conferences that can be tailored for FASD).	2211
3.4: Develop comprehensive online resources/website for the FASD community (the	2014
general public, individuals with an FASD, parents and professionals who interact	
with persons with an FASD) in collaboration with the interagency strategic plan	
resource development goal champion (explore the role of Wayne State University's	
Developmental Disabilities Institute in developing website/clearinghouse	
information).	
3.5: Evaluate, document and disseminate progress annually toward meeting	2012/13
strategic plan goals.	

RECOMMENDED ACTIVITIES: FY 2012/13

Goal 1 (Youth in transition): Empower and support youth with an FASD (ages 16-26) to make a successful transition to reaching their potential in adulthood.

Strategy 1.1: Identify best practices in improving individual transition planning.

Recommended activities
1.1.1: Review what various school and other
professional systems within the state are using.
1.1.2: Look at transition models in other states.
1.1.3: Develop information packet targeted for
families, individuals and professionals.

Strategy 1.2: Educate youth, families and professionals to access and navigate support services and agencies.

Recommended activities
1.2.1: Do five community presentations.
1.2.2: Disseminate information about FASD
and hest practices about youth in transition

Strategy 1.3: Increase collaboration between child and adult service systems.

Recommended activities
1.3.1: Identify and invite representatives from
other organizations (e.g., Department of
Education, Department of Corrections) to join
the state task force.
1.3.2: Identify specific policies related to
services and supports for youth in transition
with an FASD in the following agencies: DCH,
DHS, DOE, DOC, MRS, SSA, Michigan Works,
Office of Disabilities [college].

(Strategy 1.4 will be implemented in FY 2014.)

Goal 2 (Adults with an FASD): Empower adults with an FASD to reach their potential, avoiding pitfalls and preventable secondary disabilities.

Strategy 2.1: Identify resources available statewide for adults with an FASD (e.g., legal, social, medical, mental health system, support groups, education, daily living skills, housing, employment) and provide this information to the Goal 3 champion.

Recommended activities
2.1.1: Contact mental health departments to
see whether and how FASD is included in their
programs.
2.1.2: Contact ISD regarding transition
programs, including daily living skills.
2.1.3: Contact Michigan Rehab about their
ability to work with individuals on the FASD
spectrum.
2.1.4: Contact large employers who hire
people with disabilities (e.g., Meijers, Krogers,
Walmart) (Question from consultant: Contact
for what purpose? Same as 2.1.3?)

Strategy 2.2: Provide education regarding FASD to the justice system FASD (e.g., police action, prosecutorial discretion, alternative sentencing) and the Michigan Department of Corrections (e.g., understanding the FASD brain and accommodating the disability).

Recommended activities

2.2.1: Identify the statewide organizations for judges, district attorneys and police chiefs (local and state); send them basic FASD information; follow up to convince them to read and distribute this information to their members. (Question from consultant: Why limit this to written materials? How about trying to get a speaker on their annual meeting or another staff meeting agenda?)

2.2.2: Send FASD information to new head of Michigan Department of Corrections; follow up and request a meeting with him.

Strategy 2.3: Increase FASD diagnostic evaluation among adults, making them aware of and able to utilize the diagnostic resources.

Recommended activities

2.3.1: Find out where adults can be evaluated

2.3.2: Explore how social service units, jails and prisons might be able to offer diagnoses (e.g., find out what DOC medical contract includes, when it expires, etc.).

Goal 3 (Resource development for FASD): Develop and sustain resources to empower individuals (age 16 and older) with an FASD to reach their full potentia

Strategy 3.1: Review and change the structure of the Michigan FASD Task Force as determined to increase effectiveness (investigate different models of design and structure for advocacy and resources used previously [Mississippi, Missouri, Canada] as well as funding options).

Recommended activities

- 3.1.1: Collect task force information and develop a one-page description of role and goals.
- 3.1.2: Define and describe interagency coordinating council role.
- 3.1.3: Review other state examples.
- 3.1.4: Devote agenda time at each quarterly meeting to review, revise and approve changes with information e-mailed to members beforehand.
- 3.1.5: Consider annual survey regarding role, strengths, membership, etc.

Strategy 3.2: Increase resources for diagnostic evaluation (e.g., develop diagnostic criteria for adults or at least reach a consensus on best practices for diagnosis of adults, focus reporting so researchers and other professionals seeking funding have access to demographics of individuals in Michigan diagnosed with an FASD).

Recommended activities

- 3.2.1: Investigate and describe current diagnostic capacity for individuals 16 years of age and older.
- 3.2.2: Identify a physician champion (adult provider); start with Medical Home Pediatric and FASD Diagnostic Center internist for leads.
- 3.2.3: Identify other state models.

Strategy 3.3: Train professionals across disciplines so they recognize and meet the needs of individuals with an FASD (e.g., identify professionals [doctors, nurses, social workers, psychologist, teachers, probation officers]; record deadlines for professionals' conferences that can be tailored for FASD.

Recommended activities 3.3.1: Identify conferences that are potential training/workshop opportunities.

3.3.2: Disseminate opportunities for awareness training such as McFares online training for social workers.

(Strategy 3.4 will be implemented in FY 2014.)

Strategy 3.5: Evaluate, document and disseminate progress annually toward meeting strategic plan goals.

Recommended activities
3.5.1: Develop strategic plan performance
indicators through quarterly meetings.
3.5.2: Communicate updates at quarterly
meetings.
3.5.3: Incorporate strategic plan progress
review into the taskforce's annual meeting.