Building an FASD System of Care within Michigan’s Community Mental Health System

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Presenter Disclosure

Katherine Fitzpatrick

- No Relationship with commercial interests
Managing Potential Bias

Katherine Fitzpatrick

- No bias to report.
Current State of an FASD System of Care

- Individuals with FASD often have “secondary conditions”
- Community mental health centers do not have FASD-Informed Care (but are a prime location because they serve many foster & adopted children)
- Families, & especially providers, lack knowledge of FASD & effects of PAE
- Diagnostic clinics are overwhelmed
- Screening & FASD-informed services for those with confirmed PAE & behavior/learning problems do not occur in settings where these children are seen
- There are many barriers to care... & action on this problem is needed (e.g., Olson, 2016; Petrenko et al., 2014ab)
FASD Initiative: Systematic Goals
(built on experience & research)

1. Educate Community Mental Health staff on FASD and PAE

2. Develop standardized S & A tools and protocol for Community Mental Health staff and train them on use of tools and accompanying protocol.

3. Train and implement “FASD-informed services” for children birth to 18 within Community Mental Health system.
FASD State Initiative: A “Multiple Component” Roll-out

- Multiple components needed
- Each has been operationalized, & might be useful elsewhere
- All components put in place to work synergistically
- Has multiple benefits!
Goal #1: Provide agency/community education on FASD

- Basic FASD education for professionals & caregivers
- Carried out by Dan Dubovsky, MSW, FASD Expert
- 19 trainings reaching 1,225 professionals & caregivers
Goal #2: Develop standardized S&A tools & protocol and implement protocol with Community Mental Health agencies.

Dilemma: Age-appropriate screening and assessment

Solution: Based on the Life History Screen (Dubovsky), adapted for the Michigan FASD Initiative

MDHHS FASD Screeners: Children Birth-18 y.

MDHHS FASD Assessments: Children Birth-18 y.
Goal #2: Develop a standardized S&A protocol and implement protocol with CMH

**MDHHS FASD Screeners:** Children Birth-18 y.
- Completed Screener: 466
- Positive Screen: 284

**MDHHS FASD Assessments:** Children Birth-18 y.
- Completed Assessment: 215
- Positive Assessment: 149

30% of those screened ended with a positive assessment
Goal #3: Provide training on FASD-Informed services

- Basic FASD education for all staff
- FASD strategy education for clinical staff
- Training on selected evidence-based practices for specialized clinical staff
Tailored EBP: Families Moving Forward Program (17%)
FASD Strategies

FASD Strategies: Initial 6 hour Training
167 clinicians trained in 3 organizations

FASD Strategies Checklist:
Two caregiver versions: Birth - 5 and 6 – 18
One youth version: 12 - 18

FASD Strategies Guidelines: Six-step process

Supported with monthly consultation calls
Evidence Based Practice (EBP) Chosen: Standard Families *Moving* Forward Program

- Validated positive parenting program specifically designed for children aged 3-13 years
  - Most appropriate for children with clinically significant problems

- Feasible, low-intensity, sustained model of supportive consultation & psychoeducation
  - Used with caregivers (parent coaching with child can be included)
  - All materials developed & free on a private website once a clinician is trained

- Intervention lasts 7 to 11 months, 15+ sessions, 90-minute & 60-minute versions

- Services carried out by mental health providers with specialized training
  - Training program available (see table in Exhibit Hall)
Michigan Evaluation of Families Moving Forward Program: Design

- Pilot project in 3 Michigan counties (1st cohort)
  - 1 community mental health agency in each county (N=3)
  - 11 FMF Specialists, 3 FMF Supervisors

- Attention to support for successful implementation

- RedCap Database: N=26 families (so far)
  - Demographic data collection underway
  - 76% boys, mean = 8
  - FASD assessment results: 33% diagnosed FAS
  - Pre-post intervention data collection underway
Michigan Evaluation of Families Moving Forward Program: Problem Behaviors

22.9% Aggressive behaviors
• Physical/verbal aggression
• Destructive behavior
• Anger

25.6% Non-compliant behaviors
• Refusing daily tasks
• Following directions
• Irritability during transitions

20.3% Other problematic behaviors
• Escaping behaviors
• Body-focused behaviors
• School-oriented behaviors
• Fixative & perseverative behaviors

24.3% Tantrum-like behaviors
• Emotional outbursts
• Whining
FASD Initiative: Facilitators & Barriers

* State commitment to FASD
* Expert FASD consultation/supports
* Agency commitment to FASD
* Leadership involvement/support
* “Ah-ha” moments

* Organization-level
  ▪ Miscommunication
* Clinician-level
  ▪ Caseload capacity
* Agency time/resource limitations
* Child/Family-level
  Misinformation/stigma

Implementation Science & the TIP are helpful resources
Persistence, persistence, persistence

Promote FASD System of Care in person to potential agency leadership

Coordinate with other state agency prevention & promotion activities

Choose qualified, interested agencies to champion the FASD System of Care

Set realistic expectations: Go step by step

Creating an FASD System of Care: Lessons Learned
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