

The Tribal Court Fetal Alcohol Spectrum Disorders Program

White Earth Tribal FASD Program

Minnesota

Date submitted: 11/2008

Category: **Emerging Practice**

BACKGROUND

Fetal Alcohol Spectrum Disorders (FASD) occur in about 10 per 1,000 live births, or about 40,000 babies per year. Fetal Alcohol Syndrome (FAS), the most recognized condition in the spectrum, is estimated to occur in 0.5 to 2 per 1,000 live births. There is an alarming rate of FASD among American Indian populations. Several factors play a role in the occurrence of FAS among American Indians, including drinking patterns, cultural influences, fertility, nutrition, and metabolic differences. The White Earth Tribal Court and the Reservation Tribal Council have taken a special interest in serving children and families who are suffering from the effects of alcohol in the community. Several programs within the White Earth community focus on prevention. This program addresses critical issues facing children who are diagnosed with FASD and provides support to parents and caregivers. This project, which helps to identify a portion of the population with issues related to FASD is the first of its kind in White Earth.

PROGRAM OBJECTIVES

The two major goals of the program are to:

- Increase children's developmental progress so they can function to the best of their abilities at home, in school, and in the community
- Increase the stability of children at home, in school, and in the environment

TARGET POPULATION SERVED

The targeted population, children ages 0-7 who are under the protection of the tribal court, was chosen so that the work of this project could have the maximum impact. Children who are diagnosed early with an FASD and have appropriate interventions in place make better adjustments. In 2009, the program expanded these services to include children ages 8 to 18 to the project through a grant received from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The approximate sample size of those receiving FASD follow-up services is 126 children per year.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
#6: Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool.

PROGRAM ACTIVITIES

The Fetal Alcohol Spectrum Disorders Program has become an integral part of the Tribal court. All children ages 0-18 who are involved with the court system through White Earth Indian Child Welfare are screened for an FASD. It has been a key factor to utilize the court as the service delivery system due to the weight it carries. Once the child is screened and the birth mother is interviewed, it is determined whether or not the child meets the guidelines for an FASD diagnostic evaluation. If so, the child is referred to an FASD diagnostic clinic and the family is assisted with the application process. Children who receive an FASD diagnosis are followed closely by the FASD case manager. An intervention plan is created by the case manager with family input, and the child will begin receiving educational and mental health related services.

This program also conducts interviews with birth mothers to assess their level of alcohol consumption during pregnancy. The Behavior Assessment System for Children (BASC-II) is also completed with families, which allows for the evaluation of the child's level of functioning from a family perspective.

We utilize the software she developed as a screening tool entitled FAS Photographic Facial Analysis Software. For the 0-5 population, the Ages and Stages questionnaire is utilized that assesses for possible developmental delays.

The following table shows the number of services provided to date:

Ages 0-7		Ages 8-18	
Yr 2 (8/1/09-	Yr 3 (8/1/10-	Yr 2 (8/1/09-	Yr 3 (8/1/10-

	7/31/10)	7/31/11)	7/31/10)	7/31/11)
Children Screened	87	36	74	54
Children screened positive	33	9	18	3
Children referred for a diagnosis	30	3	18	3
Children diagnosed with only an FASD	0	0	0	0
Children diagnosed with an FASD and other diagnosis	7	2	15	3
Children diagnosed receiving interventions	3	2	4	2

PROGRAM OUTCOMES/EVALUATION DATA

This program is new and therefore outcomes were not provided at the time of submission.

There is no evaluation data available at this time (11/08). However, the University of Minnesota-Duluth has entered into a contract with the Tribal Court FASD Program to evaluate the resulting data.

The evaluation for the project is quantitative in nature whereby utilizing the approved SAMHSA FASD Center’s Diagnosis and Intervention Database. This database is utilized for all age groups of the project and provides valuable data of all children referred for screening, diagnosis, and intervention services. The outcomes measured include school performance that includes school attendance, suspension, expulsions and placement stability that includes any changes in residence. Some baseline data has been collected on those cases receiving intervention services; however, interim measures are just beginning to be collected.

PROGRAM COST

Costs for the first 6 months of the program:
 Program Director & Case Manager: \$24,152.00
 Consultant Services: \$8,071.00
 Employee Travel: \$8,190.00
 General Supplies: \$203.00
 Indirect Cost: \$2,939.00
 Telephone & Communications: \$34.00
 Total cost: \$43,589.00

This program is funded by SAMHSA and is scheduled to operate on a four year plan.

ASSETS & CHALLENGES

Assets

- It has been a key factor to utilize the court as the service delivery system due to the weight it carries within the community.
- Pre-existing community efforts to assist families who are suffering from drug and alcohol addiction.

Challenges

- Interviewing mothers about alcohol consumption during pregnancy (the FASD diagnostic phase of the project) is difficult due to the stigma surrounding the issue; many women do not want to admit to drinking while pregnant.
- The target population includes very young children, however, it is difficult to diagnose an FASD for children who are not yet in the school system since young children often do not have the typical developmental or behavioral characteristics until they reach school age.

Overcoming challenges

- Through practice and training, the skill of interviewing birth mothers has been refined to make these mothers more comfortable discussing alcohol use during pregnancy.
- Staff is exploring alternate methods of assessing younger children <5 years old for FASD.

LESSONS LEARNED

- The court has proven to be a significant agent for finding children who may have an FASD.
- Other tribes and communities may benefit from utilization of this program.

FUTURE STEPS

The program director is exploring the use of Medical Assistance as a reimbursable service that is not fully maximized. Also, White Earth is working diligently to develop billing systems that will increase service options.

Medical reimbursement has been secured in addition to reimbursement through third-party billing opportunities.

COLLABORATIONS

Several local agencies are part of the collaborative process; including White Earth Indian Child Welfare, White Earth FASD Diagnostic Clinic, and Early Childhood Intervention.

PEER REVIEW & PROGRAM REPLICATION

As of 6/2011, this program was not peer-reviewed or replicated.

RESOURCES PROVIDED



Thus far there have been agency reports, brochures and an online toolkit. More information can be found here:

<http://fasdcenter.com/?q=FASD-Diagnosis-and-Intervention-Reports>

Key words: Fetal Alcohol Syndrome, Birth Defects, Screening, Tribal Health

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