MICHIGAN FETAL ALCOHOL SPETRUM DISORDERS (FASD) TASK FORCE ACTION PLAN RECOMMENDATIONS: FY2012/2013

(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 champion: Your name here!

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 co-champions: Sandy and Ray Kezenius; support person, Rob Wybrecht

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 action, prosecutorial discretion, alternative sentencing) and the Michigan Department of Corrections (e.g., understanding the FASD brain and accommodating the disability).	2012/13
2.3: Increase FASD diagnostic evaluation among adults, making them aware of and able to utilize the diagnostic resources.	2012/13

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 champion:	Shelly Bania
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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 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).	2013
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).	2013
3.4: Develop comprehensive online resources/website for the FASD community (the 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).	2014
3.5: Evaluate, document and disseminate progress annually toward meeting strategic plan goals.	2012/13

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.

(Contributors: Terri Moore, reporter, with Leslie Adams, Megan McNeilly and Peggy McNeilly)

Strategy 1.1:	Identify best practic	ces in improving individu	al transition planning.
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Recommended activities	Activity lead	Potential partners
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.	Leslie Adams	Ann Carrellas
1.1.3: Develop information packet targeted for		Vern and Betsy
families, individuals and professionals.		Soden, Millie
		Shepherd

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

Recommended activities	Activity lead	Potential partners
1.2.1: Do five community presentations.	Ann Carrellas	None identified
1.2.2: Disseminate information about FASD	Ann Carrellas	Leslie Adams
and best practices about youth in transition.		

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

Recommended activities	Activity lead	Potential partners
1.3.1: Identify and invite representatives from	Charlyss Ray	None identified
other organizations (e.g., Department of		
Education, Department of Corrections) to join		
the state task force.		
1.3.2: Identify specific policies related to		Leslie Adams
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.

(Contributors: Mary Browning, reporter, with Sandy, Ray and Tony Kezenius)

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	Activity lead	Potential partners
2.1.1: Contact mental health departments to	Mary Browning	Vern and Betsy
see whether and how FASD is included in their		Soden
programs.		
2.1.2: Contact ISD regarding transition	Sandy Kezenius	Teacher in local
programs, including daily living skills.		ISD
2.1.3: Contact Michigan Rehab about their	Ray Kezenius	Ted and Rob
ability to work with individuals on the FASD		Wybrecht
spectrum.		
2.1.4: Contact large employers who hire	Ray Kezenius	Ted and Rob
people with disabilities (e.g, Meijers, Krogers,		Wybrecht
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	Activity lead	Potential partners
2.2.1: Identify the statewide organizations for		Vern and Betsy
judges, district attorneys and police chiefs (local		Soden; Sandy and
and state); send them basic FASD information;		Ray Kezenius;
follow up to convince them to read and		Mary Browning
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		Mary Browning
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	Activity lead	Potential partners
2.3.1: Find out where adults can be evaluated	Barb Wybrecht	
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 potential.

(Contributors: This information not provided by workgroup reporter.)

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	Activity lead	Potential partners
3.1.1: Collect task fore information and develop	Shelly Bania	ICC/MDCH
a one-page description of role and goals.		program
3.1.2: Define and describe interagency	Shelly Bania	ICC/MDCH
coordinating council role.		program
3.1.3: Review other state examples.	Roy Yaple	SAMHSA (recommend national leaders)
3.1.4: Devote agenda time at each quarterly meeting to review, revise and approve changes with information e-mailed to members beforehand.	Ann Carrellas	All task force members
3.1.5: Consider annual survey regarding role, strengths, membership, etc.	To be determined	None identified

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	Activity lead	Potential partners
3.2.1: Investigate and describe current diagnostic capacity for individuals16 years of age and older.	Shelly Bania	ICC/MDCH, Debra Kimball
3.2.2: Identify a physician champion (adult provider); start with Medical Home Pediatric and FASD Diagnostic Center internist for leads.	Shelly Bania	ICC/MDCH
3.2.3: Identify other state models.	Shelly Bania	ICC/MDCH

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	Activity lead	Potential partners
3.3.1: Identify conferences that are potential training/workshop opportunities.	Carol ?	ICC, Debra Kimball, Speakers Bureau
3.3.2: Disseminate opportunities for awareness training such as McFares online training for social workers.	To be determined	

(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	Activity lead	Potential partners
3.5.1: Develop strategic plan performance	Roy Yaple	Task force, Goal 3
indicators through quarterly meetings.		champion
3.5.2: Communicate updates at quarterly	Roy Yaple	Task force, Goal 3
meetings.		champion
3.5.3: Incorporate strategic plan progress	Roy Yaple	
review into the taskforce's annual meeting.		