











# Fetal Alcohol Spectrum Disorders

Complex disabilities cause by alcohol consumption during pregnancy producing brain damage with potential impact to key areas of brain function which can include:

- Memory
- Processing information
- Executive function
- Adaptive skills
- Social communication
- Ability to transition

# PROJECT BACKGROUND

# The Basics: Why Focus on Alcohol?

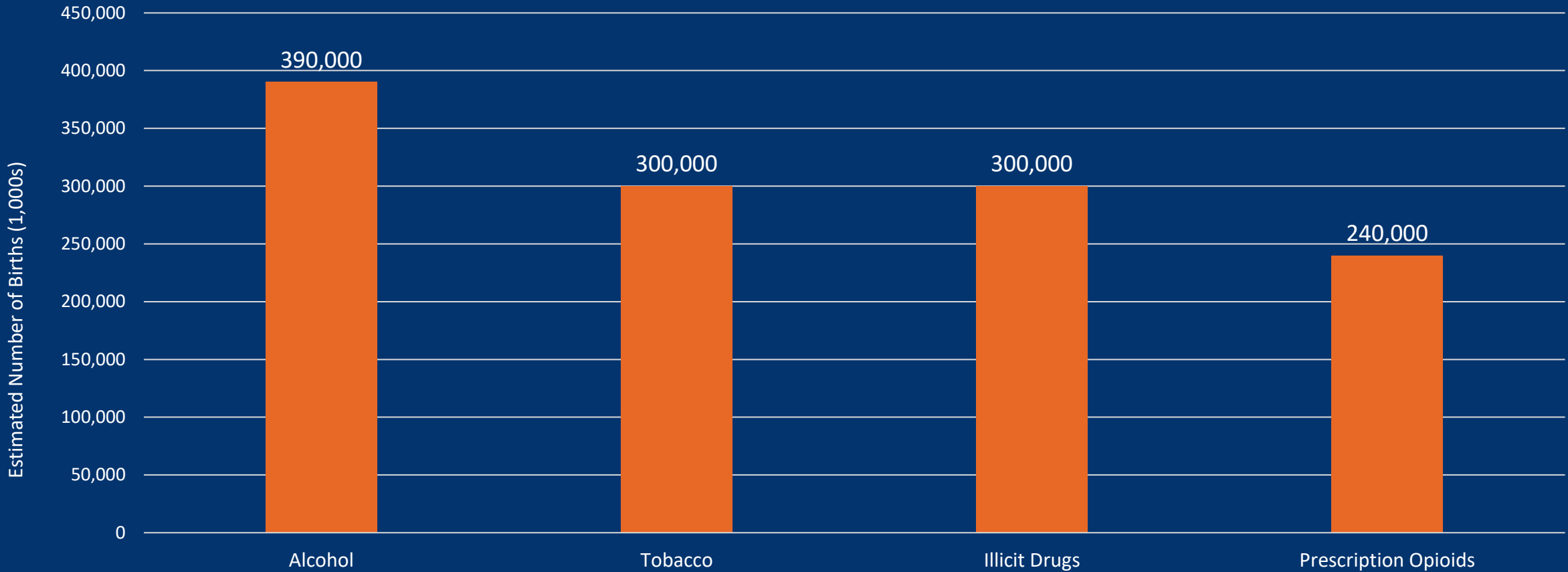
Prenatal alcohol exposure is the largest and most harmful form of PSE with lifelong effects due to multiple forms of brain damage with behavioral effects. *But most children and adults affected by FASD are never diagnosed with FASD.*

- 5% of total population is becoming a consensus level of overall prevalence; UCSD studies, others revised upward
- Only 2 recognized diagnostic centers in all of California
- Most children with FASD were also exposed to other substances—co-morbid conditions are common; polydrug use is common

*Available data indicates as many as 35,000 births annually and 300,000 students in the K-12 system are affected by FASD.*



# Estimated Number of Births with Prenatal Substance Exposure, Based on Substance Use Reported During Pregnancy



Estimates based on the percentage of women who report use of alcohol, tobacco, illicit drugs, and prescription opioids in 2021 and the number of births (n=3,613,647)<sup>1</sup> in 2020. The percentages represent women who report use of substances from the following sources.

#### Sources:

<sup>1</sup> Osterman et al. (2022). National Vital Statistics.

<sup>2</sup> National Survey on Drug Use and Health. (2021). Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, misuse of prescription psychotherapeutics, opioids, and illicit drugs other than marijuana.

<sup>3</sup> Centers for Disease Control and Pregnancy Risk Assessment Monitoring System (PRAMS). (2020). 2019 data from 34 states.



# WHY THE YOUTH JUSTICE SYSTEM?

# Fetal Alcohol Spectrum Disorder


- **More common than Autism Spectrum Disorder**
- There is not a safe level of drinking during pregnancy
- Alcohol is the drug of abuse that has the greatest impact on fetal development
- The prevalence of FASD is between 1.1 and 5% of school age children across the U.S.
- In San Diego County, the prevalence of FASD in 1st and 2nd grade students in the San Diego Unified School system is 2.3%

# Fetal Alcohol Spectrum Disorder

## FASD Screening Program in the San Diego Juvenile Detention Facility

- From 2016 to 2019 we screened 134 adolescents in the San Diego Juvenile Hall
- 32 (24%) of those adolescents screened positive for Fetal Alcohol Spectrum Disorder
- This has led me to believe that the juvenile justice system is the most effective way to intervene and make people aware of this disorder

134 – total number  
of juveniles screened



32 (24%) screened  
positive

# Due to a lack of identification, the Court System has treated those with an FASD without kindness or compassion but that may well change.

A court has been established in Winnipeg, Manitoba, Canada to handle sentencing for adolescents and adults with Fetal Alcohol Spectrum Disorder.

The court helps offenders with FASD navigate the court system and connect them with specialized help as part of their sentences.

In many cases the offender is brought before a judge who considers how their diagnosis of FASD contributed – or didn't contribute – to their crime.

In some cases, it's clear. For example, in the case of an offender who fails to make their scheduled meeting with their probation officer because they cannot tell time.

A key to the court's success is connecting offenders with the FASD Justice Program. The program connects the offender with case workers who help them with probation and the justice system.

# DEVELOPMENT OF FASD ALGORITHM

# Screening Algorithm

- Dr. Kenneth Jones found that 24% of youth screened (+) for FASD at San Diego Juvenile Hall. Greenmyer et al (2019) found that 17-35% of youth in CA in JY have FASD
- 33-50% of youth in CA child welfare caseload have FASD and that approximately 86% of youth in adopted or in foster care have FASD in the US\*
- Barriers to screening and diagnosing

*\*Gadner, S (2023). Policy and Practice in Responding to FASD in CA: A challenge and Opportunities. Child Welfare.*

*\*Ingoldsby, E. et al. Prenatal Alcohol and other Drug Exposures in Child Welfare Study: Final Report. Children's Bureau, Administration for Children and Families, US DHHS.*

# Neuro- Behavioral Disorder Associated with Prenatal Alcohol Exposure

## DSM-5-TR: Conditions for Future Study

### Diagnostic Criteria:

- A. More than minimal exposure of alcohol during gestation
- B. Impair neurocognitive function manifested by one or more:
  1. Impairment in global intellectual function (IQ<70)
  2. Impairment in executive function
  3. Impairment in learning
  4. Memory impairment
  5. Impairment in visual-spatial reasoning



# Neuro- Behavioral Disorder Associated with Prenatal Alcohol Exposure

- C. Impair self-regulation manifested by one or more:
  - 1. Impairment in mood or behavioral regulation
  - 2. Attention deficit
  - 3. Impairments in impulse control
  
- D. Impairments in adaptive functioning as manifested by **2 or more**:
  - 1. Communication deficits
  - 2. Impairment in social communications and interactive
  - 3. Impairment in daily living skills
  - 4. Impairment in motor skills

Is this youth considered a difficult and/or complex case due to their behavior and lack of progress with **rehabilitative services/school work/foster services** that have been provided? Could they have FASD?

# Screening Algorithm

## FASD likely if 2 or more:

1. History of high familial use of substances including combining methamphetamine with alcohol
2. Inappropriate sexual behavior
3. Multiple MH diagnoses: ADHD, ODD, Mood instability, Reactive Attachment Disorder
4. ADHD diagnosis with medication failure
5. Failure of Cognitive Behavior Therapy, Behavioral Modification, Reward and Punishment models
6. Repeated failure despite increase in interventions
7. Adaptive function (daily living skills) lower than expected based on their cognitive abilities

Evidence of In-Utero Alcohol  
Exposure



Perform Clinical  
Evaluation, Vineland-3  
and CBCL

# FETAL ALCOHOL SPECTRUM DISORDERS (FASD) ALGORITHM

Is this youth considered a difficult and complex case due to their behavior and lack of progress with rehabilitative services that have been provided? Could they have FASD? Please see Gold Box for guidance.

YES

Refer to Social Worker -  
Psychologist

Evidence of  
In-Utero Alcohol Exposure

YES

Perform Clinical  
Evaluation,  
Vineland-3 and CBCL

NO

Is FASD still highly  
suspected?

YES

Testing (+) Positive  
and Behavioral  
Features Present

Testing (-)  
Negative H&P and  
Behavioral  
Features Absent

ARND or  
Neurobehavior  
Disorder-PAE Dx

No FASD Dx

Noticeable Physical Features (Growth  
Deficiency or/and Small Head  
Circumference)

Referral for MD/DO  
H&P Evaluation

Cardinal Physical  
Features Present

Cardinal  
Physical  
Features  
Absent

FAS Dx

No FAS Dx

FASD Likely if 2 or More:

1. History of high familial use of substances including combining methamphetamine with alcohol
2. Inappropriate sexual behavior
3. Multiple MH diagnoses: ADHD, ODD, Mood instability, Reactive Attachment Disorder
4. ADHD diagnosis with medication failure
5. Failure of Cognitive Behavior Therapy, Behavioral Modification, Reward and Punishment models
6. Repeated failure despite increase in interventions
7. Adaptive function (daily living skills) lower than expected based on cognitive abilities

**IN-UTERO EXPOSURE:**

1. Collateral information including foster parents/grandparents
2. History of high familial use of substances

**FAS:** Fetal Alcohol Syndrome

**ARND:** Alcohol-Related Neurodevelopmental Disorder

**ND-PAE:** Neuro-developmental Disorder Associated with Prenatal Alcohol Exposure

# PILOT AND INTERVENTIONS: OUR NEXT STEPS

“It takes a village to raise a child.”



Office of Youth and  
Community Restoration

## Contact OYCR

Juan Carlos Argüello, DO (he/him)  
Chief Health Policy Officer  
[juan.arguello@chhs.ca.gov](mailto:juan.arguello@chhs.ca.gov)

## Follow OYCR

 [Facebook](#)

 [Instagram](#)

 [LinkedIn](#)

 [Twitter](#)

**Thank You!** [oycr.ca.gov](http://oycr.ca.gov)





**Child Welfare League of America's two journal issues on responses to prenatal substance exposure, with emphasis on FASD** Vol. 101, Numbers 2 & 3: **Opportunities for Child Welfare to Respond to Prenatal Alcohol and Other Substance Exposures**

This special double issue examines the roles and opportunities for child welfare agencies to respond to and care for children and their caregivers who are impacted by prenatal alcohol and other drug exposures. Policies and practices relevant to state, local/county, and Tribal child welfare agencies, their collaborating partner organizations, and the children and families they serve are discussed.

**FASD United**

**The FASD Collaborative Special Interest Groups (SIGs)**

The FASD Collaborative Special Interest Groups (SIGs) provide professionals a digital space to discuss discipline-specific topics and needs related to FASD. Each SIG focuses on providing professionals and other interested stakeholders with effective, evidence-based practices that will enhance their capacity to support individuals and families.

**Plans of Safe Care Learning Modules**

**Plans of Safe Care - Casey Family Programs**