



National Center on  
Substance Abuse  
and Child Welfare

# FETAL ALCOHOL SPECTRUM DISORDER

DATA, SYSTEMS, AND  
STRATEGIES FOR CHANGE

January 21, 2026



# ACKNOWLEDGMENT

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National Center on  
Substance Abuse  
and Child Welfare

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# Learning Objectives



## Define:

Prenatal alcohol exposure (PAE), its long-term developmental effects across the lifespan, and the critical way early intervention supports children



## Learn:

The connection between exposure, FASD, and CAPTA, including the role that plans of safe care (POSC) play for infants affected by FASD



## Apply:

Strategies and cross-system collaboration using data, community considerations, and state-level examples to strengthen prevention and intervention efforts in health care, child welfare, education, substance use treatment, and other family-serving systems



## Identify:

Data points that jurisdictions can use to assess the prevalence of exposure and to apply this data to inform programmatic and policy responses



# What is your current role in supporting families affected by prenatal alcohol exposure?



## Learning Objective 1

**Define** prenatal alcohol exposure, its long-term developmental effects across the lifespan, and the critical way early intervention supports children



# Understanding Prenatal Alcohol Exposure and FASD



PAE

## Prenatal Alcohol Exposure

- Occurs when a woman consumes alcohol while pregnant
- Can disrupt fetal development at any stage during pregnancy—including the earliest stages before a woman even knows she is pregnant
- Leading preventable cause of birth defects and neurodevelopmental abnormalities in the United States



FASD

## Fetal Alcohol Spectrum Disorder

- Group of conditions that can occur in a person who was exposed to alcohol before birth
- Conditions can affect each person in different ways and can range from mild to severe

# Understanding Prenatal Alcohol Exposure and FASD

## Prevalence of PAE and FASD

- **Nearly 14% (about 1 in 7) of pregnant women in the United States reported drinking alcohol in the past 30 days.**
- Recent U.S. studies show diagnosed FASD prevalence ranges from **11 to 50 per 1,000 children**, with higher rates in child welfare and foster care populations.
- **70% of children in foster care** are affected by prenatal alcohol exposure.

# Understanding Prenatal Alcohol Exposure and FASD

**FASD**

## Main types of Fetal Alcohol Spectrum Disorders

**FAS**

Fetal Alcohol Syndrome

**pFAS**

Partial Fetal Alcohol Syndrome

**ARND**

Alcohol-Related Neurodevelopmental Disorder

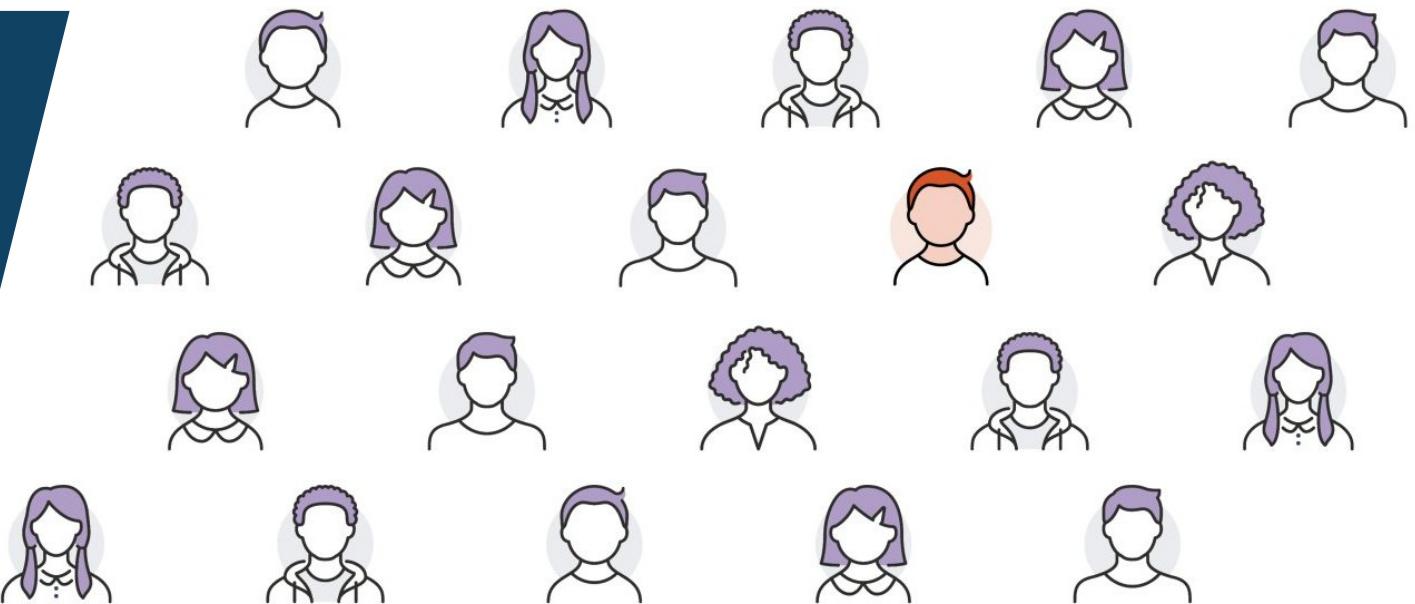
**ARBD**

Alcohol-Related Birth Defects

# Understanding Prenatal Alcohol Exposure and FASD

**1 in 20**

- Up to 1 in 20 (3.75 million) school children in the United States may have FASDs.
- This is more than 10 times the total foster care population.





# Understanding Prenatal Alcohol Exposure and FASD

## Long-term developmental effects across the lifespan

Cognitive and intellectual impairments

Emotional challenges

Physical and neurological effects

Educational and social difficulties

Lifespan health risks

Legal and social vulnerabilities

# Understanding Prenatal Alcohol Exposure and FASD

## Effects of PAE and FASD

- Clinical data on infants and toddlers with confirmed PAE show that **74-87%** exhibit significant delays in cognitive, language, motor, and social-emotional domains.

## Effects of Polysubstance Use

- Among pregnant women who reported alcohol use, **about 40%** also reported using one or more other substances (such as tobacco, cannabis, or opioids) during pregnancy.
- Effects of polysubstance use on infants are not well known. Data sources are often self-reported information, **which may be underreported** because of stigma related to substance use.

# Understanding Prenatal Alcohol Exposure & FASD

## Importance of early identification and intervention

### Early identification enables timely support

Early diagnosis allows for targeted therapies and educational accommodations that can improve long-term outcomes.

### Improved coordination across systems

Screening facilitates cross-system collaboration among pediatricians, educators, child welfare professionals, and substance use treatment providers.

### Enhanced engagement

Normalizing conversations about alcohol use during pregnancy encourages honest disclosure and leads to better engagement in prenatal care, substance use treatment, and family support services.

### Public health and economic benefits

FASD is a preventable condition. Screening and brief interventions during pregnancy can reduce the incidence of PAE. Preventing FASD reduces the long-term economic burden on health care, education, and social services.



## Learning Objective 2

**Learn** the connection between exposure, FASD, and CAPTA, including the role POSC plays for infants affected by FASD





# Introduction to CAPTA



**CAPTA = Child Abuse Prevention and Treatment Act**



**Enacted in 1974, reauthorized several times since, most recently in 2010**



**Several amendments since the most recent full reauthorization**

# Intro to CAPTA

## CARA Primary Changes to CAPTA in 2016

- Further clarified population to infants “born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, **or a Fetal Alcohol Spectrum Disorder**,” specifically removing “illegal.”
- Required Plans of Safe Care to attend to the “the health and substance use disorder (SUD) treatment needs of the infant and affected family or caregiver.”
- Specified data to be reported by states to the maximum extent practicable
- Required “the development and implementation by the state of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with state requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.”

# Intro to CAPTA

## What is a Plan of Safe Care?



The Plan of Safe Care (POSC) is designed to improve the 1) safety and well-being of infants affected by prenatal substance exposure and 2) recovery outcomes for their caregivers.



The POSC is a document created jointly by a pregnant or parenting mother, and her provider. This document helps mothers think about what services or supports they might find useful, record their preparations to parent and organize the care and services they are receiving.



A POSC covers both the mothers' substance use and mental health services and family or child-focused services (such as referral to early intervention and prenatal care appointments).

# Plan of Safe Care Components

*Ensure consents are signed with all providers*

<b>Infants Medical Care</b> <ul style="list-style-type: none"><li>• Prenatal exposure history</li><li>• Hospital care (neonatal intensive care unit (NICU), length of stay, diagnosis)</li><li>• Other medical or developmental concerns</li><li>• Pediatric care and follow-up</li><li>• Referral to early intervention and other services</li></ul>	<b>Mother's Substance Use and Mental Health Needs</b> <ul style="list-style-type: none"><li>• Substance use history and needs</li><li>• Mental health history and needs</li><li>• Treatment history and needs</li><li>• Medication for Opioid Use Disorder (MOUD) history and needs</li><li>• Referrals for services</li></ul>
<b>Mother's Medical Care</b> <ul style="list-style-type: none"><li>• Prenatal care history</li><li>• Pregnancy history</li><li>• Other medical concerns</li><li>• Screening and education</li><li>• Follow-up care with OB-GYN</li><li>• Referral to other health care services</li></ul>	<b>Family/Caregiver History and Needs</b> <ul style="list-style-type: none"><li>• Family history</li><li>• Living arrangements</li><li>• Parent-child relationships</li><li>• Prior involvement with child welfare</li><li>• Current services</li><li>• Other needed services</li><li>• Child safety and risk concerns</li></ul>

A woman with blonde hair is smiling and holding a baby in a pink onesie. Another person's head is visible in the background.

## How Families Benefit from Having Plans of Safe Care

Reduces the likelihood of a crisis at the birth event

Supports the ongoing safety and well-being of families further reducing maternal and infant mortality rates

Promotes a family-centered approach and healthy mother-infant dyad development with referral and access to indicated services

Provides access to coordinated treatment and service planning for the parent, infant, and family

# No single agency can do it alone

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Plan of Safe Care is a unique opportunity to support the infant-parent dyad and cross-system collaboration

## Learning Objective 3

**Identify** data points that jurisdictions can use to assess the prevalence of prenatal substance exposure and apply this data to inform programmatic and policy responses



# Using Data to Drive Change

## Actionable data sources on prenatal alcohol exposure

### **Behavioral Risk Factor Surveillance System (BRFSS)**

Tracks health-related behaviors among adults, including alcohol use

### **National Child Abuse and Neglect Data System (NCANDS)**

Tracks number of infants born affected by substance use who received a Plan of Safe Care

### **Hospital Discharge and Birth Certificate Data**

Provides clinical and demographic data on births and hospitalizations

### **National Survey on Drug Use and Health (NSDUH)**

Provides national and state-level data on substance use and mental health

### **State Child Welfare and Health System Data**

Tracks child maltreatment, foster care, and health outcomes

### **Alcohol-Related Disease Impact (ARDI) Software**

Estimates alcohol-attributable deaths and years of potential life lost

# Using Data to Drive Change

## Assessing prevalence and trends

To assess the prevalence and trends of Prenatal Alcohol Exposure (PAE) in a state, collaboratives can use a combination of data collection, surveillance systems, and cross-sector collaboration.



**Use existing data systems**



**Analyze state-level health and child welfare data**



**Implement and evaluate screening protocols**



**Link and integrate data across systems**



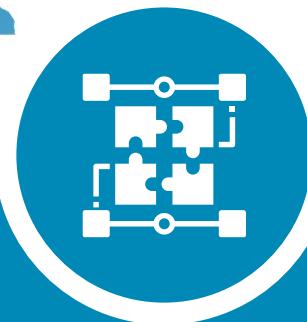
# Using Data to Drive Change



Minnesota



- Uses PRAMS and BRFSS data to monitor alcohol use during pregnancy and to inform public health strategies



- Stood up Task Force on Pregnancy Health and Substance Use Disorders
- Developed recommendations for improving screening and data collection



- Conducted statewide assessment of prenatal alcohol screening practices in clinics
- Developed implementation guidance

## Learning Objective 4

**Apply** strategies and cross-system collaboration using data, community considerations, and state-level examples to strengthen prevention and intervention efforts in health care, child welfare, early care, education, substance use treatment, and other family-serving systems



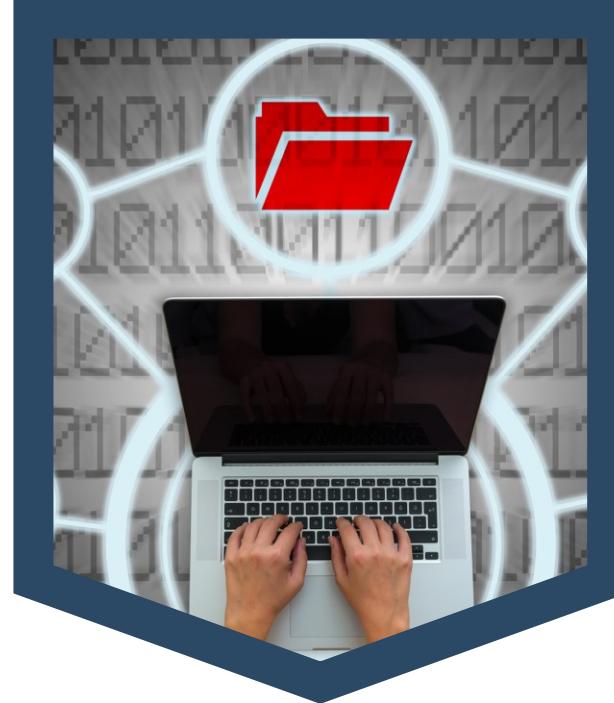
# Cross-Systems Collaboration and Strategies

Family-serving systems share **cross-system responsibilities** for families affected by PAE that require:



## Collaboration

Coordinating care across systems



## Data-Sharing

Using integrated data systems to track outcomes



## Training

Ensuring that staff are equipped to recognize and to respond to PAE

# Cross-Systems Collaboration and Strategies

Shared responsibilities across systems:

**PREVENTION**



## Health Care

- Universal prenatal screening using validated tool (ACOG recommendation)
- Educate patients on risks of alcohol use during pregnancy



## Child Welfare

- Promote family-centered prevention programs focused on substance use
- Support home-visiting programs for at-risk families



## Education

- Implement school-based prevention curricula for adolescents
- Raise awareness among educators about PAE risks



## Substance Use Treatment

- Offer pre-pregnancy counseling and family-centered treatment services for women of childbearing age
- Integrate family planning into substance use programs

# Cross-Systems Collaboration and Strategies

Shared responsibilities across systems:

## IDENTIFICATION



### Health Care

- Screen pregnant women for alcohol use using validated tools
- Identify infants with signs of FASD at birth or during well-child visits



### Child Welfare

- Support child safety by recognizing indicators of PAE in child maltreatment investigations
- Document maternal substance use history in case records



### Education

- Observe developmental and behavioral challenges that may signal FASD
- Refer students for evaluation when learning difficulties persist



### Substance Use Treatment

- Screen clients for pregnancy and alcohol use
- Identify co-occurring mental health or social risk factors

# Cross-Systems Collaboration and Strategies

Shared responsibilities across systems:

## REFERRAL & ENROLLMENT IN TREATMENT



### Health Care

- Refer pregnant women to substance use treatment programs and track enrollments
- Connect families to early intervention services for children who have FASD and track enrollments



### Child Welfare

- Support ongoing safety and reduce risk by linking parents to treatment and parenting-support programs
- Refer children for developmental assessments and services, and track their enrollments



### Education

- Refer students to special education or early intervention programs, and track enrollments
- Coordinate with health care providers for comprehensive support



### Substance Use Treatment

- Refer clients to prenatal care and child welfare supports when needed
- Connect families to community resources for housing, nutrition, and counseling

# Cross-Systems Collaboration and Strategies

Shared responsibilities across systems:

**TREATMENT**



## Health Care

- Provide medical care for pregnant women and children with FASD
- Refer for substance use treatment services and case management and track enrollments



## Child Welfare

- Ensure safe placements and supportive services for affected children
- Facilitate family reunification when safe to do so



## Education

- Deliver individualized education plans (IEPs) for children with FASD
- Provide classroom accommodations and behavioral supports



## Substance Use Treatment

- Offer evidence-based family-centered treatment for alcohol use disorder
- Support long-term recovery and relapse prevention for parents

# Cross-Systems Collaboration and Strategies



## Structure

- Established regional FASD diagnostic teams across the state
- Provides comprehensive, multidisciplinary assessments for individuals suspected of having FASD



## Cross-Systems Collaboration

- Teams work closely with health care providers, child welfare agencies, schools, and community organizations
- Emphasis on family education and advocacy to help caregivers navigate complex systems



## Outcomes

- Improved early identification and diagnosis of FASD
- Increased access to tailored services for children and families

# Cross-Systems Collaboration and Strategies



## Pennsylvania



### Cross-System Taskforce

- Established statewide FASD Taskforce
- Includes representatives from multiple systems, family members, and advocates to support collaborative decision-making



### Committees Driving Action

- Empaneled two committees bringing together mental health professionals, medical directors, and family leaders across the state to coordinate education, advocacy, and clinical guidance across agencies
- Started regionally and expanding statewide



### Local Partnerships

- Are collaborative efforts with local entities to implement screening, assessment, and intervention protocols
- Integrate family navigators and leverage expertise from national, FASD leaders

# Cross-Systems Collaboration and Strategies



Florida



## Statewide FASD Diagnostic Services

- Operated by the Florida Center for Early Childhood
- Provide comprehensive, interdisciplinary evaluations and individualized intervention plans for children and families affected by prenatal alcohol exposure



## Cross-Systems Training

- Offers ongoing training for caregivers, educators, and professionals through the Florida Center's Training Institute, including evidence-based programs such as Families Moving Forward (FMF) to support families and improve outcomes for children affected by FASD or PAE



## Family and Community Partnerships

- Provide ongoing consultation, parent support groups, and assistance with school teams (IEP/504 plans), ensuring families and professionals have the tools and resources needed to help children thrive



# **Cross-Systems Collaboration and Strategies**

Which of these strategies can you work on implementing within your jurisdiction?



A large, semi-transparent image of a family silhouette (a man, a woman, and a child) against a sunset sky with orange and blue hues. The image is positioned on the left side of the slide.

# Fetal Alcohol Spectrum Disorder:

Data, Systems, and Strategies for Change

A blue hexagon containing a white checkmark icon, positioned to the left of the text "Leverage Data Sources".

**Leverage Data Sources**

A blue hexagon containing a white checkmark icon, positioned to the left of the text "Screening & Early Intervention".

**Screening & Early Intervention**

A blue hexagon containing a white checkmark icon, positioned to the left of the text "Cross-Systems Collaboration".

**Cross-Systems Collaboration**

# Contact the NCSACW TTA Program

This offers training and technical assistance to support collaboration and systems change

Provides the opportunity to connect with programs that are developing tools and implementing protocols to support their collaborative practice



National Center on  
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and Child Welfare



CONTACT US



<https://ncsacw.acf.gov/>



[ncsacw@cffutures.org](mailto:ncsacw@cffutures.org)



Toll-Free @ 1-866-493-2758

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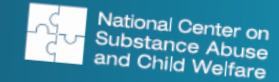
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# RESOURCES

# WHO WE ARE

NCSACW provides training and technical assistance (TTA) to help agencies and professionals develop or enhance policies, practices, and procedures that improve child and family outcomes and that promote their social and emotional well-being.

Contact us to learn more and for a copy of *Who We Are* at [NCSACW@cffutures.org](mailto:NCSACW@cffutures.org)



National Center on  
Substance Abuse  
and Child Welfare

## WHO WE ARE

The National Center on Substance Abuse and Child Welfare (NCSACW) has operated since 2002 and is jointly funded by the Children's Bureau (CB), Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

NCSACW develops virtual and onsite educational materials and training curricula; maintains an extensive [web presence](#); and provides a range of technical assistance (TA) activities for agencies, including substance use disorder (SUD) and mental health treatment, child welfare services, family courts, public health, healthcare, maternal and child health, and child and adolescent service providers.

NCSACW's primary tenets are to support systems change, improve practice and policy, and reduce stigma related to families affected by SUDs and mental health challenges. This is accomplished through enhanced agency collaboration based on a shared understanding of the needs and challenges of families and the systems that serve them.

### NCSACW's goals are to:

-  Facilitate healing and recovery among children, youth, parents, and families affected by SUDs and mental health challenges who are either involved—or at risk of involvement—with the child welfare and family judicial systems
-  Promote the social and emotional well-being of children and youth who have experienced maltreatment, exposure to violence, or trauma associated with parental substance misuse and mental health challenges
-  Advance racial equity and support for underserved communities and improving access for special populations including Tribes

Our team of staff and consultants have experience in SUD and mental health treatment, court improvement processes, child welfare policy and direct service, health care, early childhood development, and many other fields. Staff have served as policymakers in state and local governments, held clinical and administrative leadership positions in SUD and mental health treatment agencies, worked in frontline child welfare practice, and acted as court administrators.

## WHAT WE DO

NCSACW provides training and technical assistance (TTA) to help agencies and professionals develop or enhance policies, practices, and procedures that improve child and family outcomes and promote their social and emotional well-being. NCSACW also researches, compiles, and shares examples of successful programs with other jurisdictions to expand best practices in communities across the country. Tailored consultation and TA support occur via virtual sessions, in-person site visits, and individualized coaching to build meaningful relationships and share relevant information, resources, publications, guidance, and effective strategies.

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## Understanding Fetal Alcohol Spectrum Disorders

***For child welfare and substance use treatment professionals***

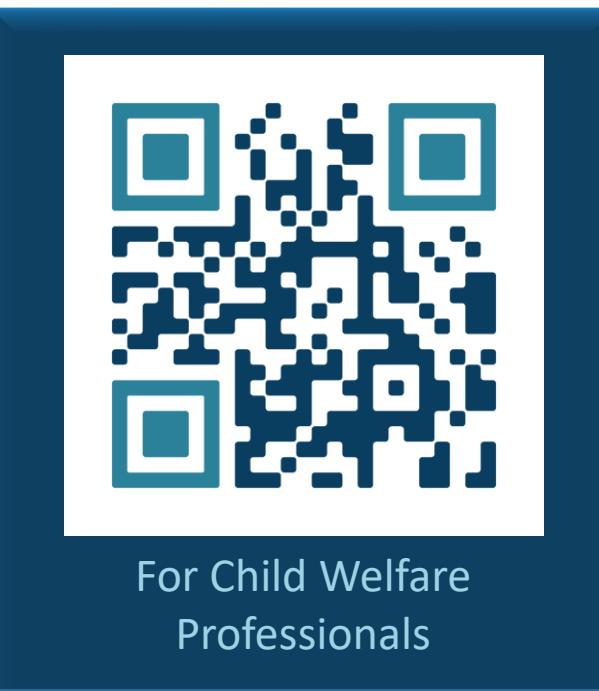
Overview of fetal alcohol spectrum disorders  
(FASD)

Effect of FASD on child development

Treatment for FASD

Practice strategies to support infants,  
children, and families with a family-centered  
approach

Indicators of FASD among adults in SUD  
treatment



**Learn more @ <https://ncsacw.acf.gov/topics/infants/>**



# Supporting Pregnant and Parenting Women with Substance Use Disorders Series



Find the series @ <https://ncsacw.acf.gov/topics/pregnancy/pregnant-parenting-with-sud-series/>

Companion resources to SAMHSA's 2018 [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#):



*Working with Child Protective Services to Support Pregnant and Parenting Women, Their Infants, and Families Affected by Substance Use Disorders: A Factsheet for Health Care Providers*



*Resources for Professionals Working with Pregnant and Parenting Women Affected by Substance Use Disorders*



*NCSACW Resources for Professionals Working with Pregnant and Parenting Women Affected by Substance Use Disorders and Involved with Child Welfare*

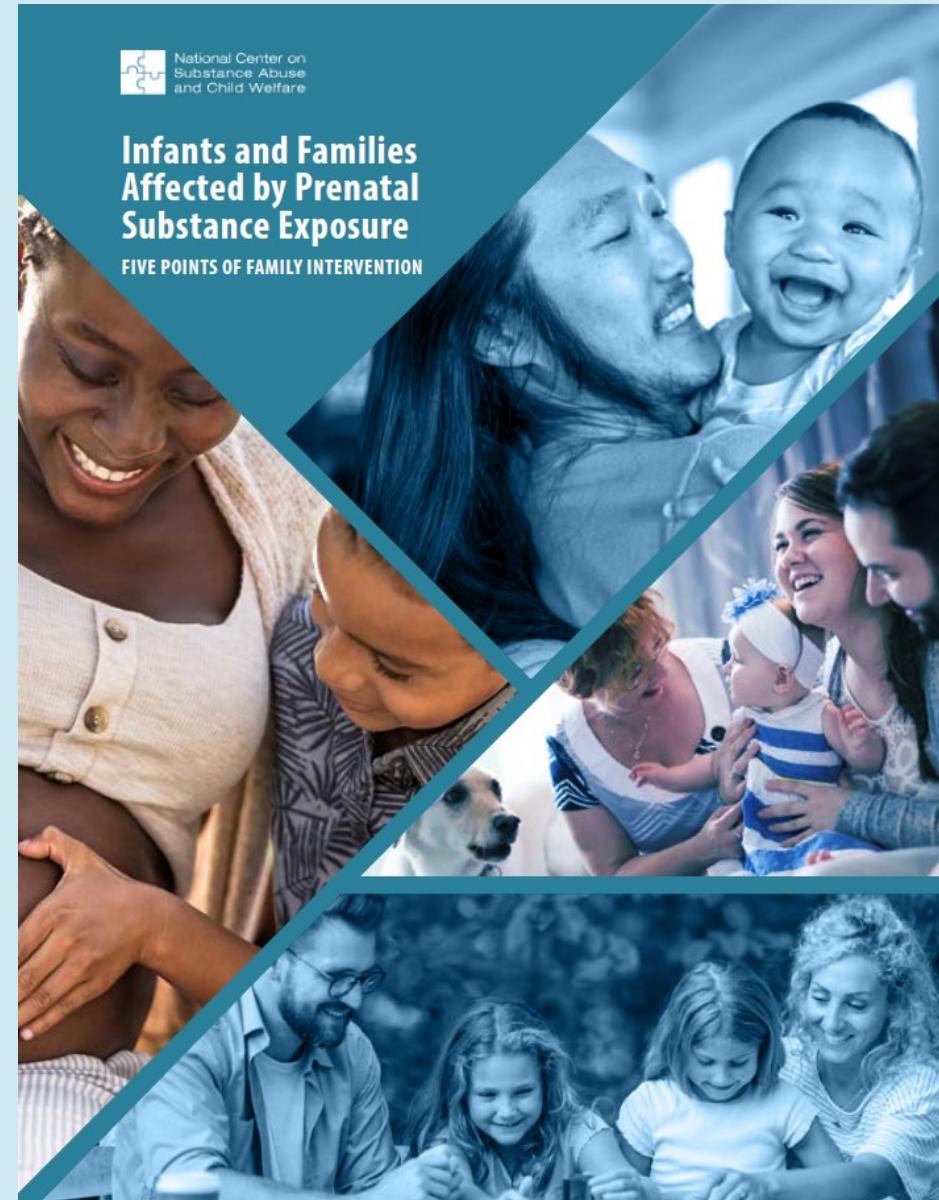


*Preparing for Your Baby: Information for Pregnant and Parenting Women with Substance Use Disorders* designed specifically to support pregnant and parenting women who have SUDs in understanding the child welfare system and in preparing for their baby's safe and healthy arrival.

# Infants and Families Affected by Prenatal Substance Exposure: Five Points of Family Intervention

This resource provides

- ✓ Detailed information on the *Five Points of Family Intervention*
- ✓ Major points in time in which agencies can improve outcomes for infants with prenatal substance exposure, pregnant and parenting women with substance use, and their families
- ✓ Examples of policy and practice strategies at each of the intervention points that child welfare, substance use treatment, healthcare, and other community agencies can employ to effectively serve this population



Download your copy @

<https://ncsacw.acf.gov/files/five-points-family-intervention.pdf>

# ADDITIONAL RESOURCES

**FASD United:** <https://fasdunited.org/>

**Minnesota Proof Alliance:** <https://www.proofalliance.org/>

**The Florida Center:** <https://www.thefloridacenter.org/>