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Which resources can help strengthen agency responses to fetal alcohol spectrum disorders?

This resource list was developed by [Children and Family Futures](#), in partnership with Casey Family Programs. For an overview on this topic, see the companion brief: [How can child protection agencies better address fetal alcohol spectrum disorders?](#)

This self-assessment and list of related resources are designed for child protection agency leaders, supervisors, and frontline staff who seek to strengthen their responses to children and families affected by fetal alcohol spectrum disorders (FASD).

Self-assessment

This self-assessment is aimed at helping child protection agencies evaluate their current policies, practices, and interagency collaborations related to identifying and supporting children with prenatal alcohol exposure (PAE), as well as their parents or other caregivers. Answering these 12 questions will provide a roadmap for improving outcomes through FASD-informed approaches.

1. Do we have clarity on state policy toward defining prenatal alcohol and other substance use as child maltreatment, including whether detected substance use alone is defined as maltreatment?
2. Do we have formal agreements with health care providers and hospitals on notifying Child Protective Services of children affected by alcohol and other substance use, determining whether we use notification or a formal report of substance use and exposure?

3. Has our staff been provided with joint training with health care providers and hospital staff for screening and referrals for prenatal alcohol exposure (PAE)?
4. Do we track our referrals to treatment for pregnant and parenting women, including closed-loop referrals that track referral, enrollment, and treatment outcomes?
5. Do we collect and analyze Plans of Safe Care data to the maximum extent practicable, and can we track that data over time to assess improved outcomes?
6. Do we or other public agencies collect the available state and local data on the prevalence of prenatal alcohol use in our jurisdiction?
7. Does our screening and the data we receive from health providers track co-occurring use of alcohol and other drugs?
8. Has our policy leadership worked to expand the availability of family-centered treatment that keeps parents and infants together?
9. Are substantiated child maltreatment cases of children up to age 3 referred for developmental screening that includes FASD indicators, and do we receive the results of those screenings?
10. Does our staff include peer mentors and navigators with lived experience relevant to FASD treatment and support for parents and caretakers as a means of ensuring improved engagement and retention of parents in treatment?
11. How does our agency prepare resource parents and adoptive parents to care for children who may have FASD?
12. Are we part of an interagency process that includes oversight of prevention, identification, and intervention efforts for FASD?

Related Resources

Many of the resources referenced here focus not only on FASD but also on prenatal exposure to other drugs. The approaches used to identify, assess, and treat the effects of prenatal substance exposure often translate directly to prenatal alcohol exposure, and this brief incorporates strategies that are relevant across these interconnected domains.

Title	Description
Prenatal Alcohol and Other Drug Exposures in Child Welfare Study: Final Report , Children’s Bureau, 2021	Study findings include: <ul style="list-style-type: none"> • Defining prenatal substance exposure as child maltreatment may pose a barrier to family engagement in services. • Child welfare policies focus on identifying newborns with prenatal substance exposure. • No states in the study collected information on substance use during pregnancy.
Tribal Child Welfare Systems’ Experiences with Prenatal Exposure to Alcohol and Other Drugs: A Case Study , Children’s Bureau, 2021	Describes Tribal child welfare policies and practices that respond to families affected by prenatal substance exposure. The study involved service process mapping and interviews. Findings include: <ul style="list-style-type: none"> • A strengths-based approach that draws on culture and tradition is a facilitator to successful service implementation.

	<ul style="list-style-type: none"> Recommendations for improved services include: tools and resources to guide assessment of prenatal alcohol exposure; increased availability of aftercare programs that include housing on the reservation; and training on long-term effects of prenatal substance exposure.
Treatment Improvement Protocol 58: Addressing Fetal Alcohol Spectrum Disorders (FASD) , Substance Abuse and Mental Health Services Administration, 2010	<p>Offers strategies for clinical and administrative professionals to help prevent FASD and for working with individuals affected by FASD. The information is organized into three sections:</p> <ul style="list-style-type: none"> Part 1: Background and Clinical Strategies for FASD Prevention and Intervention Part 2: Administrator's Guide to Implementing FASD Prevention and Intervention Part 3: Literature Review
A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical and Services Providers , Substance Abuse and Mental Health Services Administration, 2016	<p>Supports collaborative efforts of states, Tribes, and communities to improve outcomes of pregnant women with opioid use disorders, their infants, and families. Includes:</p> <ul style="list-style-type: none"> Guidelines from national and international organizations, such as the American Obstetricians and Gynecologists and the American Academy of Pediatrics, regarding clinical standards of care. A comprehensive five-point intervention framework based major time frames when intervention in the life of an infant can reduce the potential harm of prenatal substance exposure. Concrete action steps.
Video: Fetal Alcohol Spectrum Disorders (FASDs) , First 5 Santa Clara County, 2021	<p>This YouTube video:</p> <ul style="list-style-type: none"> Defines FASD. Explains how FASD affect child development. Explores why FASD are difficult to diagnose.
FASD United: The National Voice on Fetal Alcohol Spectrum Disorders	<p>Services include a family navigator program that features one-on-one emotional support, and resource and service referral. Other programs include a justice center that provides guidance to families facing legal proceedings and a policy and training center for individuals living with FASD.</p>
FASD Collaborative Project	<p>Supports the creation of fully inclusive communities for individuals who are neurodiverse, including people with FASD. Services include support groups, online webinars, and special interest groups.</p>
Plans of Safe Care Learning Modules , National Center on Substance Abuse and Child Welfare	<p>This five-part series provides states and communities implementation guidance for Plans of Safe Care to support the safety and well-being of children and families affected by prenatal substance exposure.</p>
How States Serve Infants and Their Families Affected by Prenatal Substance Exposure , National Center on Substance Abuse and Child Welfare	<p>This three-part series highlights states' approaches to serving infants and families affected by prenatal substance exposure.</p>

[Pregnancy Topic-Specific Policy and Practice Resources, Online Training, Videos, and Webinars](#), National Center on Substance Abuse and Child Welfare

This compilation of resources covers the needs of pregnant women with substance use disorders and infants with prenatal substance exposure. These resources support development and implementation of strategies to facilitate early intervention, and improve access to treatment, recovery, and support.

[How can Plans of Safe Care help infants and families affected by prenatal substance exposure?](#) Casey Family Programs, developed in partnership with Children and Family Futures, 2023

Describes key considerations, decision points, and jurisdictional examples regarding Plan of Safe Care implementation.

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Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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