

Texas Office for Prevention of Developmental Disabilities
Minding the Minds of Children
Biennial Report 2015

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Developing



We develop resources and spearhead state planning.

Integrating



We integrate prevention across systems and convene leaders to facilitate collaboration.

Connecting



We connect, educate and engage stakeholders throughout the state.

Improving



We are coordinating and conducting research to improve prevention services.

Dear Distinguished Colleagues:

Pursuant to Human Resources Code Chapter 112, Subchapter C, Section 112.051, it is my privilege to submit this report to the Legislature on behalf of the Executive Committee of the Texas Office for Prevention of Developmental Disabilities (TOPDD).

As the state's convener on preventable developmental disabilities, TOPDD brings community, regional, and statewide leaders together to prevent developmental disabilities by:

- Integrating prevention services into existing programs
- Educating professionals about prevention
- Coordinating Texas based research to inform these efforts
- Developing policies that facilitate prevention and improve services.

This work impacts systems, services and the people of Texas on a state, regional and local level.

We are proud of the achievements of this unique Office in promoting disability prevention in Texas. Preventing developmental disabilities is both a human and economic imperative that strengthens our workforce, our schools and community.

This report was designed to provide information about the unique work of TOPDD, the latest research in the prevention of developmental disabilities, and the role of prevention in achieving cost savings. We hope that you find the information helpful and look forward to answering any questions you might have.

Respectfully,

A handwritten signature in black ink, appearing to read "Richard Garnett".

Richard Garnett, Ph.D.
Chair, TOPDD Executive Committee

Achievements

Volunteer Contributions

3,100 hours,
approximately
\$90,000 in kind

Interns/ overall hours

8 interns,
4,180 hours

Research Collaborators

Texas A&M
University, Texas
State University,
PALS Development
Center, University of
New Mexico

In 1989, TOPDD began with a one person staff and a small group of concerned parents who wanted to tackle preventable disabilities. Today, its volunteer base still include consumers, but also engages judges, medical professional, CEOs of non-profits and leaders from the major state agencies. Due to the richness of its work, TOPDD is one of the few state entities that consistently attract volunteer graduate school interns from highly regarded universities. TOPDD's robust volunteer base and interns have donated over 7,000 hours in volunteer time to the state and the work of the Office during this past biennium.

TOPDD has been extremely successful in raising private funds. Through support from the Meadows Foundation, it has developed the state's first Training Institute on FASD. TOPDD has also launched major research projects and expects the findings to be published in academic journals.

Thanks to the support of our founders who launched this Office, as well as the volunteers, policy makers and community leaders who support this work today, TOPDD is considered a national leader in prevention. Most importantly, it is strategically building the capacity of organizations throughout the state to prevent developmental disabilities.

*Achievements listed have occurred in the last biennium

Membership

75 active
individuals in
a myriad of
professional
disciplines

Funding received:

\$366,956 in
private funding

TOPDD FASD Training

Trainings: 56
Professionals
reached: 2,525

Timeline Highlights

2013

Expanded targeted FASD Prevention program in Texas cities of Houston and El Paso.

Selected as one of 13 national training centers for Project CHOICES, an evidence-based FASD prevention program.

Launched the FASD Training Institute in Houston, San Antonio and Fort Worth with 156 graduates who now train professionals in FASD prevention.

Conducted the annual safety awards event, recognizing the state's most prominent safety leaders. This event was featured in multiple media outlets.

Created a targeted public service announcement on child safety.

Selected to lead trainings on a national level; including the national Zero to Three conference.

2014

Implemented an FASD education initiative for children in care targeting DFPS caseworkers, foster parents and Cenpatico staff.

Developed the state's first policy forum on FASD, with statewide leadership and participation.

Became the first state agency to be awarded a Policy Fellowship through the Hogg Foundation for Mental Health.

Began a national research project on biomarkers for FASD with University of New Mexico and DSHS.

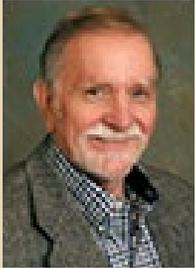
Launched the Child Safety Newsletter to connect safety leaders on a local, regional and state level.

History

The Texas Office for Prevention of Developmental Disabilities (TOPDD) was created by the Texas Legislature in 1989 and continues to grow and thrive 25 years later. TOPDD was charged with coordinating prevention activities among the state's health and human services enterprises. The office's mission is to help minimize the human and economic losses caused by preventable developmental disabilities. The majority of TOPDD's work is in the prevention of fetal alcohol spectrum disorders, brain injury and co-occurring developmental disabilities with mental illness.

TOPDD is governed by a nine member executive committee appointed by the governor, lieutenant governor and speaker of the house consisting of experts in policy, business, academia, and mental health.

TOPDD Executive Committee Members



Richard Garnett
PhD, Chair



Marian Sokol
Ph.D, MPH,
Vice-Chair



Ashley Givens



Valerie Kiper
DNP, MSN, RN,
NEA-BC



Elliott Naishtat
State
Representative



Ron Simmons
State
Representative



Mary Tijerina
PhD, MSSW



**Joan
Roberts-Scott**

Executive Director: Janet Sharkis, MS

TOPDD Staff: Leah Davies, LMSW; Angela Morales; Apryl Rosas, MSSW; Amanda Toohey, MSW



Structure and Focus

The Texas Office for Prevention of Developmental Disabilities (TOPDD) is administratively attached to the Health and Human Services Commission as a public-private partnership.

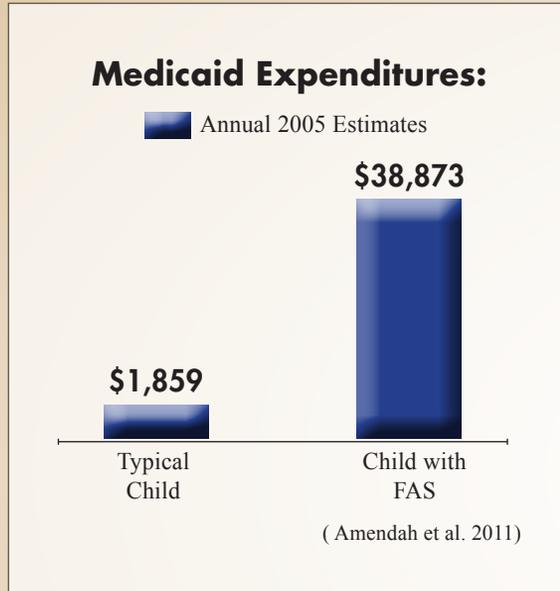
Importance of the Independence of the Office:

- It is instrumental in the fundraising efforts of the Office.
 - Since the Office began, the state has only paid for approximately 20% of TOPDD's budget, while the Office has raised 80%.
- It facilitates the active involvement and leadership of organizations throughout the state.
 - Over 100 leaders representing diverse entities plan and organize the work of TOPDD.
- It allows TOPDD to facilitate the development of public policy to prevent developmental disabilities, which would not be possible without its independence.
- It is volunteer driven and receives a tremendous amount of volunteer time from individuals who seek involvement in an independent Office that can make quick action and decisions.

Major Focus Areas:

The majority of the Office's work focuses on fetal alcohol spectrum disorders, brain injury and the co-occurrence of developmental disabilities with mental illness. TOPDD also assesses the full range of preventable developmental disabilities to better position the state to implement targeted prevention strategies.

Economic Impact



Children with FAS have 9 times more annual Medicaid expenditures than children without FAS.

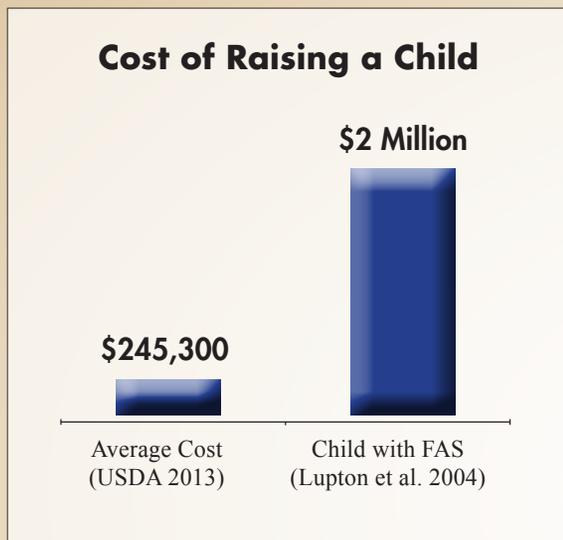
Criminal Justice Cost:

- ◆ Children with FAS are significantly more likely to struggle with:
 - Alcohol and Drug Problems (46% of adults in study sample)
 - Trouble with the law (60% of adults in study sample)
 - Face Confinement for Psychiatric Crisis and/or Addiction (50% of study sample) (Streissguth et al. 2004)
- ◆ Approximately 1.5 % of prisoners have a diagnosis with an intellectual disability. (Fazel et al. 2008)
- ◆ An estimated 15.2% of newly committed offenders in the United States require mental health services. (Margaletta et al. 2009)

FASD and its costs are completely preventable!

“TOPDD is important to me because spreading awareness of FASD helps saves children from a future of costly struggles.”
– **Cherie Stanley**, Educator and parent of child with an FASD

Economic Impact



"Through TOPDD's training, I learned how to identify parents that may have a developmental disability. Now I can better understand and assist in their decision making."

– Training attendee, CPS worker

Keeping Texas in Poverty:

- ◆ Families who have a child with a disability are more likely to become poor and less likely to escape poverty. (Emerson et al. 2010)
- ◆ Estimates for raising a typical child are \$245,300 (USDA 2013) compared to estimates of \$2 Million for a child with FAS. (Lupton et al. 2004; Popova et al. 2011)

Cost to Texas:

- ◆ **Annual cost of FASD to Texas is at least \$690 million.¹**
 - Approximately 78% of this cost is a direct cost to the state; healthcare, special education and housing
 - Approximately 28% of this cost is lost wages

Prevention Savings:

- ◆ Lupton (2004) estimated that **preventing even one case of FAS could save:**
 - \$170,648.30* in 5 years
 - \$472,564.54 in 15 years
 - \$770,542.73 in 30 years

*Adjusted for inflation to 2014 using Bureau of Labor Statistics Inflation Calculator.

¹This amount is based on national estimates (Burd Prevalence and Cost Calculator online-clinic.com; Lupton et al. 2004; Popova et al. 2011), because it does not include undiagnosed/misdiagnosed case. Calculations are also based on more conservative rates of 2/1000 for FAS and 8/1000 for FASD. However, Current estimates of FASD rates are as high 4.8%. (May et al. 20001)



Preventable Developmental Disabilities

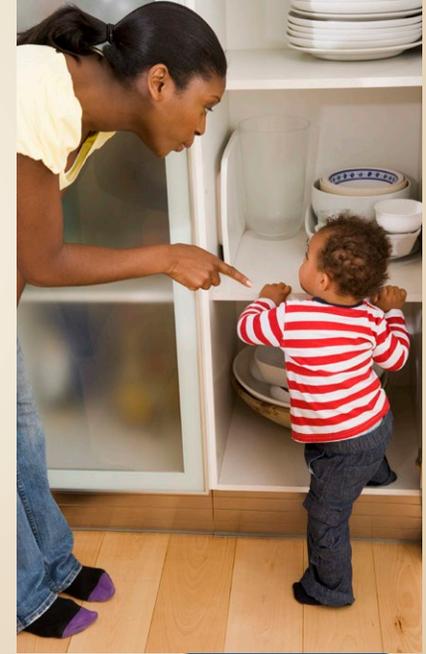
- Many Developmental Disabilities are 100% preventable!
- Each year, our nation prevents thousands of developmental disabilities through increased screenings, dietary supplements, vaccines, preventative safety measures and early interventions.
- 95% of individuals with a primary developmental disability also experience secondary disabilities. With appropriate interventions, Texas can prevent many secondary disabilities.

Did you know?

- One in six children has a developmental disability.
- The lifetime financial cost of addressing the issues that children with developmental disabilities experience is estimated to be \$2 million per child; the human impact cannot be quantified.

The integration of prevention into the full range of existing health and human services is critical because it is cost effective, simple and provides opportunities to reach large populations with consistent messaging.

The full impact of developmental disabilities on individuals, families and communities is extraordinary. **Children with developmental disabilities are at high risk for child abuse and neglect, bullying, and being targeted by predators as well as the trauma related to these experiences. Mental illness, disrupted school experiences, trouble with the law, confinement, inappropriate sexual behavior and alcohol/drug problems are all experiences commonly faced by individuals with a developmental disability.** These issues can be avoided or mitigated when the developmental disability is prevented completely or through improved interventions and support for the individual and their family. When examining the full implications of a developmental disability, it is clear how imperative it is to take every possible step to prevent them. Throughout its work, TOPDD is developing targeted prevention efforts that are integrated into existing systems.





Initiatives

The FASD Collaborative is implementing the first statewide plan on FASD, which TOPDD created through its FASD Collaborative in 2011. The plan was developed by exploring FASD prevention needs and resources across Texas, and directs the work of the FASD collaborative on a local, regional and statewide level.

Child Safety and Injury Prevention is guided by the Executive Committee of TOPDD who's members assessed needs around child safety and organized key informant interviews to determine what the most pressing issues are in this field. TOPDD is currently addressing the needs to assist the safety community to share information, best practices and resources across the state.

Co-occurring Developmental Disabilities and Mental Illness is a new initiative TOPDD recently launched through a grant from the Hogg Foundation for Mental Health. The goal of this work is to examine systems and policies in Texas to develop strategies that better meet the needs of this population.

The following pages offer a more in depth discussion on these issues and TOPDD's specific work related to them.

Fetal Alcohol Spectrum Disorders

The most prevalent and expensive disabilities that any state pays for are those caused by brain disorders. Prenatal alcohol exposure typically damages multiple parts of the brain, causing an array of complex brain based disabilities.

The primary impacts of prenatal alcohol exposure are on the central nervous system, brain and spinal cord. Associated challenges include, mental illness, cognitive and intellectual disabilities, memory disorders, substance use disorders, behavior issues and physical disabilities. All of these disabilities inhibit independent living. Most participants of special education, disability services, protective services, juvenile and criminal justice have one of these disabilities. They are also over-represented across the spectrum of health and human services issues.

The FASD Collaborative

TOPDD along with the Texas FASD Collaborative is implementing the first-ever statewide plan on FASD, which TOPDD created through its FASD Collaborative in 2011. The plan was developed by exploring prevention needs and resources across Texas, related to FASD and is a document that guides the work of the Collaborative. It addresses needs on a local, regional and statewide level.

The FASD Collaborative has mobilized three active workgroups that are focusing on the following:

- **Workgroup 1:** The provision of FASD training and technical assistance to targeted professionals, such as medical and behavioral health providers who work with women of childbearing age
- **Workgroup 2:** The identification of existing and development of new Texas based epidemiology and surveillance information
- **Workgroup 3:** The development of policies that are guided by both Texas based and national research



- Approximately 5 % of women in Texas drink alcohol while pregnant.
- Recent studies show a prevalence of Fetal Alcohol Spectrum Disorders ranging from 2 – 5 %.
- This suggests a prevalence between 3,819 to 19,094 children born with a prenatal alcohol exposure each year in Texas.



Highlights of Local/Regional Initiatives

Central Texas: TOPDD partnered with Alpha Home to implement The FASD Training Institute. TOPDD has also partnered with the Central Texas Perinatal Coalition, to educate medical providers and other professionals who work with pregnant women.

Houston: TOPDD partnered with a host of organizations in Houston, including the Infant and Toddler Courts, the Houston Area Partnership on FASD, and Santa Maria Hostel. TOPDD has hosted several planning sessions targeting the child welfare system, has an ongoing intervention program in partnership with the Santa Maria Hostel and has conducted several specialized education sessions in the region. Additionally, TOPDD has coordinated with the court system on educational projects, sponsored the Keeping Infants and Toddlers Safe Conference, and has partnered with the community on several grant applications.

El Paso: TOPDD partnered with Aliviane Inc. to implement Project CHOICES, an evidence-based FASD prevention program; building a model that can be utilized across Texas to improve outcomes for children.

Dallas/Fort Worth: TOPDD coordinated with Tarrant County Health Department to offer an FASD Training of Trainers event, as well as with Tarrant County MHMR to host a leadership forum around FASD issues. In addition, TOPDD co-sponsored the annual Texas Scottish-Rite Hospital for Children Bike Rodeo which reached hundreds of north Texas families with messaging around safety.

Cross-Regional Initiatives: In collaboration with the Centers for Disease Control and Prevention and funding through the Meadows Foundation, TOPDD developed the FASD Training Institute, which includes a volunteer network of 160 professionals that TOPDD has trained to provide education on FASD on a regional level across Texas.



- Approximately 3,500 children ages 0-19 suffer a brain injury each year.
- About 1,170 of those injuries result in a lifelong disability.

Common causes of brain injury in children include:

- Transportation accidents
- Sports related injuries
- Falls
- Physical abuse/neglect

Child Safety and Injury Prevention

One of the exciting ways TOPDD is promoting and recognizing injury prevention efforts in the state of Texas is by honoring individuals and organizations that engage in this safety work.

2013-2014 J.C. Montgomery Child Safety Award Recipients

2013

- **Mary Frost**, Assistant Director for Trauma Services and Trauma Coordination, Center for Childhood Injury Prevention at Texas Children's Hospital in Houston.
- **Sean Carter**, Member of the Traumatic Brain Injury Advisory Council of Texas, and TBI survivor, Winnsboro
- **Bryan Sperry**, President of the Children's Hospital Association of Texas
- **Earl Woolbright**, Battalion Chief for Dallas County Fire/Rescue, West Texas
- **Northwest Texas Healthcare System**, Amarillo
- **Texas Association for Infant Mental Health**
- **W.A.T.C.H. Coalition** (Water Awareness Through Community Help, San Antonio)

2014

- **Catherine Henry**, Senior Emergency Management Program Coordinator for the Texas School Safety Center, San Marcos
- **Dan Leal**, Executive Director of Children's Advocacy Center for Denton County
- **Susan Rodriguez**, Community Development Specialist, Health & Human Services Commission, Texas Home Visiting Program
- **Carolyn Simpson**, Chair of the South Plains Coalition for Child Abuse Prevention and Leader of GO BLUE, Lubbock
- **Hays County Office of Emergency Management, Standard Response Protocol Task Force: Kharley Smith** of EMC, **Deputy Marshal William Schwall** of the City of San Marcos, **Lieutenant Jeri Skrocki** of the Hays County Sheriff's Office, and **Commander Bob Klett** of the San Marcos Police Department
- **Pflugerville Police Department**, "Cool Moves" campaign
- **Texans Care for Children**, Austin
- **Children's Advocacy Center**, Denton County



Addressing Child Safety

TOPDD identified pressing needs in the child safety field and key informant interviews were organized to determine what the most pressing issues are in this field. Several important issues emerged from these discussions:

Issue 1. *Typically, safety organizations focus either on intentional or unintentional injury.*

TOPDD Response: The area between intentional and un-intentional injury is extremely gray. In order to increase effectiveness, safety organizations must develop more comprehensive initiatives on prevention. As a result, TOPDD is convening organizations that are traditionally tied to either focus area. Our child safety award program brings together leaders from diverse communities working on a broad spectrum of child safety areas.

Issue 2. *There is very little information-sharing or collaboration among safety organizations.*

TOPDD Response: Safety leaders need to learn what others are doing in the field, what research-based programs in safety exist in Texas and how to share data and information across systems. TOPDD is using social media and developing new communication tools to connect safety leaders on information sharing and data collection.

Issue 3. *Safety leaders work in grass roots, community-based settings and may lack knowledge about policy.*

TOPDD Response: Safety leaders have tremendous knowledge and experience that would be invaluable to policy makers; TOPDD is developing information that will strengthen safety advocates in addressing policy.

TOPDD has developed a safety newsletter to facilitate communication and collaboration between safety leaders in Texas.

Co-Occurrence of Mental Health and Developmental Disabilities

Accurate diagnosis and targeted intervention is critical to helping people with a co-occurring DD and mental illness succeed at home, at school, and in their community.

Individuals with co-occurring developmental disabilities and mental illnesses are a particularly vulnerable population served by the state mental health and developmental disabilities systems. **People with developmental disabilities are 3 – 4 times more likely to experience a mental health disorder than the general population.** Individuals with a co-occurring mental illness and developmental disability are at increased risk of homelessness, institutionalization and incarceration.

Services are not organized to serve people with both a developmental disability and a mental health issue; they are singularly focused. Thus, individuals with co-occurring conditions face specific barriers related to a lack of coordination and collaboration across service systems, as well as gaps in research, clinical expertise, and access to appropriate programs.

"I really did not understand what FASD was and the importance of non-alcohol use during pregnancy"
– *Training attendee, Community stakeholder*





- 94% of children with a developmental disability will experience at least one mental health problem in their lifetime.
- Children with a DD are 3 – 4 times more likely to have a second co-morbid psychiatric disorder than their peer. Yet primary care providers fail to identify up to 50% of all cases of mental illness in individuals with a DD.
- Co-occurring mental illness and developmental disability are costly for our systems of care as well as for families, (both financially as well as emotionally).

Co-Occuring DD/MH Initiatives

Strengthening systems and Improving outcomes!

Policy Coordination

TOPDD has launched a new policy initiative focusing on co-occurring mental illness and developmental disability. The initiative seeks to improve outcomes for Texans with co-occurring mental illness and developmental disabilities through coordination of policy efforts across systems and the development of new policies.

Education Efforts

- Education of policy makers and coordination of policy efforts.
- A pilot project in partnership with the Center for Excellence and Santa Maria Hostel to identify people with co-occurring disabilities and modify services to address their needs.
- Community trainings which highlight the issues related to co-occurring mental illness and developmental disabilities.

“As a mother to a teenage daughter with FAS, I am grateful for TOPDD’s work in providing resources, implementing sound policy, coordinating efforts between government and non-profit agencies and facilitating prevention of FAS in Texas. TOPDD is very important to me and to Texas.” – **Yolanda Ross, LBSW**



Policy Priorities

Policy Priority 1: Establish a statewide, coordinated prevention system that guides collaboration across sectors.

Objectives:

- Develop a statewide strategy and establish high-level program coordination to promote prevention and health equity. Integration plans and letters of agreement between prevention entities should address formal steps toward collaboration.
- Collect baseline data on prevention services across the state of Texas that will include program type (substance abuse prevention, suicide prevention, etc.) geographic area, and funding level. This data will inform the development of a comprehensive, multi-sector approach that targets resources to better serve vulnerable populations and medically underserved communities.
- Re-allocate funds to reflect a greater focus on prevention and intervention. A statewide analysis is needed to establish the amount of money Texas currently spends on prevention programs in comparison to what it spends in other areas such as criminal justice, treatment, etc. to determine the appropriate spending level for Texas in prevention.
- Private and public funders develop requirements that programs they fund demonstrate integration and coordination across sectors. Identify and remove funding barriers to integration and coordination and replace them with funding incentives for integration and coordination.
- Analyze current state public health messaging and identify opportunities to create a unified public health message that promotes comprehensive behavioral health and incorporates prevention across sectors.

Policy Priorities

Policy Priority 2: Integrate prevention/intervention services with treatment services.

Objectives:

- Identify and remove state policies which present funding and programmatic barriers to integration. For instance, regulations that do not provide for the flexibility needed for integration in a “treatment setting”.
- Private and public funders require that all treatment programs collaborate with prevention programs to develop plans to integrate prevention services in their work.

Policy Priority 3: Integrate services for people for both developmental disability and mental illness.

Objectives:

- A “No wrong door” approach will be implemented across systems that provide specialized services for people with developmental disabilities and mental illness in all regions in Texas.
- Individuals entering state systems must be screened to identify mental health needs as well as intellectual/developmental disabilities, especially those which may be more subtle and easy to miss in an interview. This will allow individuals with diverse needs the opportunity to succeed in services and better use of state funds.
- The state will identify and remove barriers to meeting the needs of people with co-occurring mental health and developmental disability services in state funded programs that address mental health, developmental disabilities and substance use. These barriers may include statute, rules, and policies.
- Support individualized and coordinated service planning that takes into account the recognition, evaluation, and treatment of individuals with co-occurring mental illness and developmental disability and the additional time and attention that these individuals will need in order to be successful in the program.

Policy Priorities

Policy Priority 4: Ensure a competent workforce for the provision of essential prevention/intervention, treatment and public health services.

Objectives:

- Educate state and local governments, health care organizations, public safety officials, public educators, and the business community about opportunities for improving health through prevention. The workforce should be positioned to work with vulnerable populations and in medically underserved communities, equipped with knowledge related to: mental illness, developmental disability, substance use disorders, and cultural competency.
- Mandate that state certification and licensing boards (i.e. medical, social work, nursing, counseling, teaching, judicial) require continuing education in cross-training specifically in mental illness, developmental disabilities, substance use disorders, cultural competency, and prevention/intervention.
- Expand the health and human services workforce (i.e. health care providers, mental health care workers, teachers, occupational therapists, physical therapists and speech pathologists) to meet the growing population of Texas, by providing reciprocal licensing and certification to professionals who relocate to Texas.
- Develop a strategy to build the health and human services workforce in underserved areas by developing programs such as student loan repayment assistance, scholarships, and state grants, that require recipients to work in identified regions for a specific period of time.

Policy Priority 5: Prioritize the prevention of developmental disabilities, an area that can lead to major cost savings for the state.

Objectives:

- Allow for the state's subject matter expert, the Texas Office for Prevention of Developmental Disabilities to maintain its independence, and thereby build on its proven ability to bring funds to the state to tackle this issue.
- Require appropriate state agencies to develop letters of agreement with TOPDD.

Concluding Remarks

TOPDD has educated over 2,500 professionals across the state and facilitated over 55 trainings in the past two years. Preventing developmental disabilities makes it possible for more children to succeed in school, attain higher education, take advantage of employment opportunities and contribute to their community. It reduces the stress on health, human services, education, judicial, criminal justice, child welfare, early childhood education, disability services, vocational services as well as the need for Medicaid and housing support.

The cost information provided in this report speaks volumes. If Texas can be strategic about preventing disabilities in children, it will have an immediate and long-term impact on the state budget, and the quality of life for all Texans.

TOPDD is reaching thousands of Texans and working with a wide range of systems to reduce the economic and human impact of developmental disabilities. Many children with preventable disabilities have tremendous talents. Frequently their families wonder what their child's life would have been like if their disabilities would have been prevented. Could they have been amazing public servants, medical doctors, lawyers, engineers, or teacher? Their parents worry who will care for them after they have passed, or if they will end up incarcerated because they do something impulsive that gets them into trouble.

This is why the Office seeks to address the needs of children, before birth and throughout childhood to make it possible for them to reach their full potential and build a stronger, healthier Texas for generations to come.

Membership

Mercedes Alejandro, Project Coordinator, Baylor College of Medicine
Connie Almeida Ph.D., Behavioral Health Director, Fort Bend County
Ludmila Bakhireva, M.D., Ph.D., Researcher, University of New Mexico
Melinda Benjumea, LPA, LPC, Chair, Houston Area Partnership for
FASD & IDD Program Director at MHMRA of Harris County
Esther Betts, Prevention Team Lead/Child & Adolescent Services, Mental
Health & Substance Abuse, Texas Department of State Health Services
Kathleen Buckley, Social Worker, UT Health Science Center
Alice Bufkin, Early Opportunities Policy Associate, Texans Care for
Children
Belinda Carlton, Public Policy Specialist, Texas Council on
Developmental Disabilities
Pamela Caulder-Fine, Case Management, Texas Department of State
Health Services
Anjulie Chaubal, Program Director Prevention & Early Intervention
Division, Texas Department of Family and Protective Services
Irene Clements, President, Texas Foster Families Association
Cathy Cockerham, Program Operations Director, Texas CASA
Barbara Crane, Nurse, University of Texas Health Science Center
Sarah Crockett, MSW, Texas CASA
Becca Crowell, LPC, LCDC, CEO, Nexus Recovery Center
Sheryl Draker, Lead Instructor of Attorneys, WJF Institute
David Evans, Executive Director, Austin Travis County Integral Care
Kelli Fondren, Fondren Fundraising
Christine Foster, LMSW, Council on Alcohol and Drugs - Houston

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Department of Family & Protective Services
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Haley Gardiner, MPH Director of Program Services, Region 7,
March of Dimes
Teresa Garcia, LCDC, Santa Maria Hostel
Amber Gartman, Alcohol and Drug Abuse Concho Valley
Angela Gil, RD, LD., Nutrition Education Consultant, Women, Infant and
Children Program, Texas Department of State Health Services
The Honorable Ernie Glenn, Bexar County Felony Drug Court Judge
Don Hall, LCDC, Counselor, SEARCH Homeless Services
Stevie Hansen, Chief of Addiction Services, MHMR Tarrant County
Lisa Harrison-Ramirez, Coordinator, Women's Substance Abuse Services,
Mental Health & Substance Abuse, Texas Department of State Health
Services
The Honorable Bonnie Hellums, 247th District Court Judge
Susan Homan, M.D., FAAP, Physician, Developmental/Behavioral
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Carole Hurley, J.D., Attorney at Law
Linda Kagey, LCDC, Counselor, Linda Kagey Counseling
Melanie Lane, LCDC, Community Stakeholder
Michael Lindsey, J.D., Psychologist & Adjunct Professor, Southern
Methodist University
Laura McCarty, Program Manager, Harris County STAR Drug Court

Membership

Carol Maupin-Macias, Program Specialist, Early Childhood Intervention, Department of Assistive & Rehabilitative Services

Rajesh Miranda, Ph.D., Professor, Texas A&M Health Science Center, College of Medicine, Department of Neuroscience and Experimental Therapeutics

Jon Meyer, JLM Research and Evaluation & Adjunct Professor, University of Texas Health Science Center

Diana Mitchell, Family First Program Director, Alpha Home Inc.

Gloria Moore, Community Advocate

Angela Nash, Ph.D., APRN, CPNP, School of Nursing - University of Texas Health Science Center

Jessica Paez, LCDC, Program Directors, SCAN Inc.

Loretta Parish, Mom and Baby Special Services Coordinator, JPS Health Network

Mamie Payne, MSW, Community Stakeholder

Heidi Penix, CIP Program Director/CJA Grant Administrator, Texas Center for the Judiciary

Laura Peveto, Prevention and Intervention Manager, Office of Children Services, Travis County Health Human Services & Veteran Services

Kristen Plastino, University of Texas Health Science Center, San Antonio

The Honorable Ronald Pope, 328th District Court Judge

Maria Quintero-Conk, Ph.D., Assistant Deputy Director MR Clinical Services, MHMRA of Harris County

Kim Richter, LPC-S, RPT, Trainer, FueLED

Natalie Ridley-Baerwaldt, ACPS, IMH-IV(e), Director of Children's Services, Nexus Recovery

Jerry Roberson, DrPH, Senior Associate, United Associates

Joan Roberts-Scott, Directorate Manager, CE Scheduling Unit, Department of Aging & Disability Services

Karen Rogers, M.D., PALS Developmental Center

Yolanda Ross, Community Stakeholder

Ann Salyer-Caldwell, MPH, Associate Director of Community Health Promotion, Tarrant County Public Health Department

Sherry Santa, Family Support Team & NICU Network, Texas Parent to Parent

Josette Saxton, LMSW, Children's Mental Health Policy Coordinator, Texans Care for Children

Nadine Scamp, CEO, Santa Maria Hostel

Nancy Sheppard, LCSW, Coordinator, Central Texas Perinatal Coalition

Cherie Stanley, Instructional Technologist, Warren ISD

Wendell Teltow, Executive Director, Prevent Child Abuse Texas

Mary Tijerina, Ph.D., Associate Professor, Texas State University School of Social Work

Nhung Tran, M.D., Community Advocate

Emily West, Department of Physics, University of Texas, Dallas

Dori Wind, J.D., Senior County Assistant Attorney, Harris County District Attorney's Office

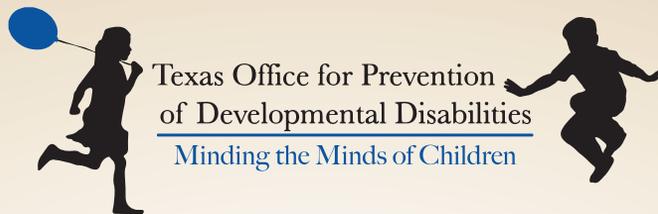
Julie Wisdom-Wild, LCDC, CEO, Alpha Home

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