Abstract. An effective response to the public health problem of children affected by fetal alcohol spectrum disorders (FASD) lies in accessible diagnosis and systematic referral to scientifically-evaluated community-based interventions. FASD intervention that measurably improves childhood outcome may prevent later debilitating, costly secondary conditions. Most children with FASD are identified in elementary school—a pivotal time when neurodevelopmental deficits and disruptive behavior among children with prenatal alcohol exposure commonly emerge. Their parents have many unmet intervention needs, and struggle to attain positive parenting attitudes and effective parenting skills/knowledge. Yet FASD research has identified a nurturing, appropriately structured, childhood environment as an important protective influence for positive outcome, so tailored family-focused intervention is needed. For parents raising children with FASD with early, serious, challenging behavior (and signs of family/school disruption), efficacious intervention is crucial. To meet family needs, a new behavioral consultation intervention (called Families Moving Forward (FMF)) was developed and tested, with promising initial efficacy findings. Next in programmatic research is transitioning the FMF intervention to the community to assess feasibility and effectiveness. The University of Washington FAS Diagnostic & Prevention Network (FAS DPN), Children’s Hospital and Regional Medical Center (CHRMC) and a community family services and training agency, called the Institute on Family Development (IFD), will work together to implement and assess a community-based FMF intervention. FMF intervention will be provided to 30 families of children with FASD. Concurrently, statewide FASD diagnostic outreach, identification, and referral activities will be further developed and documented, CDC collaboration will be carried out, and professional education (with additional partnership by NOFAS Washington State, a grassroots family support organization) will occur.