

**FASD and the Legal System Workgroup - MINUTES**  
**Alaska FASD Partnership**  
**11/26/10**

**Present:** Judge Mike Jeffery, Kate Sumey, Steve Williams, Larry and Laura Rorem, Stephanie Johnson, Teri Tibbett

- I. Gaps in services for those involved in the legal system (Juvenile and Adult Systems)
  1. Lack of services for those with FASD that are involved in the legal system.
  2. Lack of diagnostics, especially in the rural areas. Mental illness is recognized, but FASD is not unless there is a co-occurring mental health diagnosis.
  3. Lack of understanding by those who work most closely with those affected by FASD. More providers should take the courses FASD 101 and 102 and FASD Into Action. These trainings or additional trainings should include more information / training on behavioral strategies.
  
- II. Barriers to services that are provided
  1. Many youth in the Juvenile Justice System are given treatment as an alternative to an institutional order. There is a large number of youth “failing” treatment. Many of these youth have an FASD and end up back in the system for what is termed as “non-compliant”. The system becomes a revolving door for them.
  2. Adults need more halfway houses and group homes that are specifically focused and adapted to those with an FASD. There are not enough placements or staff trained to operate the placements.
  3. It is hard to help those with an FASD because so many are un-diagnosed.
  4. Misdemeanants who have FASD do not have sufficient supervision.
  
- III. Possible solutions to “GAPS” and/or “Barriers”
  1. Increase connections / relationships between DOC and DJJ and Community Providers.
    - a. Probation can monitor to make sure probationers are following treatment plans.
  2. Increase number of group homes specifically adapted for those with FASD.
  3. Increase training efforts to include providing tools to dealing with specific behaviors.
  4. Increase efforts in the area of transitional planning for those being released from a youth or adult facility.
    - a. Identify positive supports and mentors in their home communities.
    - b. Wrap-around services that focus on various areas of the person’s life (ex. Behavioral health, physical health, vocational, etc.)
  5. Increase the diagnostic services in rural Alaska.
  
- IV. Programs that can be used as models:
  1. Barrow Program (Gloria)
  2. Bethel Program
  3. DeLancey Street Program (Teri)
  4. Vancouver Program (Mike Jeffery) e.g. “Phoenix House”