

Services for Adults with FASD Workgroup – MINUTES
Alaska FASD Partnership
November 18 and December 6, 2010

***Present:** Tami Eller, OCS, Chair; Kate Sumeay, Alaska Court System, Mental Health Courts; Art Dulaune, ACCESS Alaska, Youth in Transition, works with youth and adults with FASD, parent navigator, has 3 children with an FASD; Jennifer Lyon, DVR, Serves many with FASD; Teri Tibbett, Alaska Mental Health Board and Advisory Board Alcoholism and Drug Abuse, Partnership Coordinator*

November 18

I. Existing Services for Adults with an FASD

Only two programs offering adult services in Alaska, Soldotna (Frontier Community Services) and Anchorage, ASSETS. Mental Health Courts offer services, but must be diagnosed (from several different diagnoses). These programs offer diagnosis and connections to referrals. Adults served are usually diagnosed with other disabilities, not necessarily with FASD. 40-60% with an FASD are not diagnosed. "The vast majority are under-diagnosed." Fairbanks serves people based on their needs, not necessarily their diagnosis. Secondary issues must arise before services are provided for adults. Tami will email Shannon Cross to see how many are receiving waiver services. Mental Health Court does competency restoration efforts.

II. What is Lacking

Services are cut off if the client isn't compliant with certain time frames, which is ineffective because of the disability making it difficult for the client to adhere to time frames, including Adult Public Assistance, Alaska Housing, Social Security. Lack of training for professionals who work in the field. People taking FASD 101 are asking where do we go from here, how do we apply the information. FASD 201 offers info on how to apply interventions, but lack feedback and support in following up. Tami suggested polling other members of the group to find out how many have taken FASD 101 and FASD 201. Trainers will do on-site training for agencies and organizations. May need a public awareness campaign that there are these trainings out there. Also need public awareness that adults have an FASD. Also, lack of awareness and services in Health Care, Employment, and Corrections. Need to build social skills. Screening process is needed.

III. Best Practices

University of Washington; Canada; SAMSHA video "Recovering Hope;" Alberta, Canada; White Crow Model; PCAP (Parent-Child Assistance Program); Bridge Home Project; APIC (Access, Plan, Identify and Coordinate); Delancey Street; Therapeutic Courts; Bremar(?) Residential Treatment Substance Abuse

December 6

Discussion: People who have had FAS 101 have just enough knowledge to be harmful; need to continue focusing on education and outreach; look for strengths-based, recovery approaches; a lot of professionals don't understand the deeper issues and need education/training; training is needed beyond FAS 101 and FAS 201; Dee Dee works with referral at DOC and says they've received some training, she manages APIC (Assess, Plan, Identify, Coordinate) a program financially supported by the AK Mental Health Trust Authority designed to help people with behavioral health issues transition from prison and reported that the Trust is funding a new position to work with DDMR populations; Jeanne

says she does a lot of case management and it's VERY difficult to get people from the villages through the diagnostic process; Teri clarified that FAS 201 has recently been revised and it offers a generic training in interventions that can be accommodated to different professions; Tami pointed out that "FASD into Action" targets interventions based on individual needs; needs case management to help people get through the system, including waiver and application for services; Laura said it is so crucial getting the diagnosis because it made the courts and legal system aware that FASD was a factor in dealing with their children; Dee Dee said it would help to have more people identified with FASD so the department is able to accommodate them better, however big gap is not having the services to accommodate once they are identified; can use "probable FASD" ; need neuro-psych and speech support; Dee Dee mentioned the WICHE group -- level of residential services not available in AK currently a group to bring that to par (has experience sending severe cases to residential programs; have a lot of services that need to be expanded, need a new level of service to serve the most severe; Dee Dee asked about training for assisted living providers; Dee Dee said DOC has a short screening process at time of booking related to medical care and substance abuse, TBI, medication, physical and mental health needs; could advocate for adding FASD to the standard form. DOC is in the market for a better screening tool for mental health clinicians. What does DOC do with people identified with FASD? Accommodates the services to the individual based on their presentations. Patches together a plan for release; CPD (Center Psycho-social Development) has program; transitional planning "is huge" she works with probation officers and mental health court . Needs to expand capacity for places and programs to send them. Aren't enough care coordinators (case managers). Look into Bremar(?) residential substance abuse – cognitive impairments.

Recommendation: Expand screening and diagnostic capacity for adults through FASD diagnostic teams (ASSETS is working on a pilot project to incorporate FASCETS screening for adults).

Recommendation: Develop traveling diagnostic teams to rural and hard-to-reach areas

Recommendation: Expand capacity to serve adults with FASD at different levels of care to accommodate all levels of care; and that individuals who provide services are equipped to provide appropriate interventions.

Recommendation: Expand training, including FASD 101 and FASD 201, FASD into Action (Diane Malbin's approach piloted in Canada, ASSETS and Stone Soup Group); also Families moving Forward from Missouri Regional Training Center is accommodating adults (team approach; long-term goal is to build capacity to serve all people with FASD at all levels in all professions, in their community; may include creative funding – need to address funding issues).

Recommendation: Expand training across different fields; ask professions to incorporate FASD into their licensing requirements; educate commissioners and licensing boards about FASD and the need for training their troops. Short term = education campaign across professions (including legislators) about what FASD is, who is affected, what life is like for people and their families affected by FASD, and the need for improvements. Long-term = expand training to more people in the field (front-line) and family members.

Recommendation: Long-term goal: long-term supported housing.

Recommendation: Short term goal: Solicit people from across departments and professions to come to Collaborative Conversations to learn about FASD.

Recommendations: 1) Funding and training for case managers/care coordinators; 2) train mental health professionals, case managers, care coordinators, clinicians, social workers and psychiatrists who can work across the systems with individuals with brain-based disorders; 3) build bridges between the mental health system and other systems so each is on the same page with the same information and strategies; 4) develop a system in which one case manager/care coordinator works with an individual with FASD across systems and across age levels (“peer/parent navigators” or “care coordinators”); 5) develop a statewide entity that trains, certifies, and brokers case managers/parent/peer navigators; 6) develop a consensus of what is effective case management is related to serving with people with FASD.

Recommendation: Add FASD to the standard intake/booking form in Corrections. Mental Health Clinicians need a better screening tool.

Recommendation: Need to expand ability to do transitional planning with probation officers and mental health court . Also need to expand capacity for places and programs to send them in the community. More integration of DOC and DHSS to make this happen. Also, aren’t enough care coordinators (case managers) to accommodate everyone needing transitional services.