

Alaska FASD Partnership

2012 NEWSLETTER

Advocacy • Diagnosis

- Case Management
 - Prevention
- Substance Abuse Treatment for Pregnant Women
- Parent Navigation
- Training for Parents
- Public Awareness
 - Alternatives to Incarceration
- Court Interpreters
 - Peer Support
- Training for Judges, Public Defenders, and Prosecutors
 - Training for Educators and Medical Professionals
- Traditional Healing
- Supported Housing and Employment
 - Family Support



Members of the Alaska FASD Partnership steering committee present on "FASD and the Justice System" before the House Judiciary committee on March 28 at the State Capitol. Presenters (from left) include: Judge Mike Jeffery (absconded), Stephanie Johnson, Trish Smith, and Dee Dee Raymond.

SB 151: FASD as a mitigating factor passes legislature

SB 151: "Act relating to mitigation at sentencing in a criminal case for a defendant found by the court to have been affected by a fetal alcohol spectrum disorder."

During the 2012 legislative session, both the Alaska Senate and House of Representatives unanimously passed Senate Bill 151, introduced by Senator Kevin Meyer.

Governor Parnell allowed the bill to become law without his signature on June 21. The provisions of the bill will go into effect on September 19.

SB 151 was introduced by Senator Kevin Meyer from Anchorage who worked with the Alaska FASD Partnership, Disability Law Center of Alaska, Advisory Board on Alcoholism and Drug

Abuse, Department of Law, and the Alaska Court System, to craft a bill that would address the large number of people affected by fetal alcohol spectrum disorders (FASD) in the state's criminal justice system.

The Partnership's "FASD and the Legal System" workgroup had determined the mitigating factor issue to be one of their top priorities for action and approached Senator Meyer who expressed an interest addressing the issue. Representative Wes Keller carried the bill in the House.

Other priorities of the workgroup include expanding screening for FASD in Corrections, training for professionals in the justice system, and improv-

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Alaska Fetal Alcohol Spectrum Disorders (FASD) Partnership
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ing services for individuals with FASD transitioning from Corrections and juvenile detention – including case management, housing, employment, and treatment.

Overview of Senate Bill 151

SB 151 will allow judges flexibility in sentencing people with FASD in certain cases where there is *clear and convincing* evidence that the “defendant committed [an] offense while suffering from a condition diagnosed as a fetal alcohol spectrum disorder, the fetal alcohol spectrum disorder substantially impaired the defendant’s judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life, and the fetal alcohol spectrum disorder, though insufficient to constitute a complete defense, significantly affected the defendant’s conduct.”

SB 151 defines a fetal alcohol spectrum disorder as “a condition of impaired brain function in the range of permanent birth defects caused by maternal consumption of alcohol during pregnancy.”

The legislation:

- 1) *does not require* a judge to use the mitigating factor;
- 2) does not automatically adjust a presumptive sentence; the defendant would have to prove by

clear and convincing evidence 1) that he or she has a fetal alcohol spectrum disorder and 2) that the condition “significantly affected the defendant’s conduct” before the judicial officer can consider the possibility of adjusting the presumptive sentence;

- 3) is not a “get out of jail free” card, but an attempt to be “smarter” within the justice system to better direct people who have impaired brain function to services both before and after release from the criminal justice system.

What is a mitigating factor?

A mitigating factor, in law, is any information or evidence presented to the court regarding the defendant or the circumstances of the crime that might result in reduced charges or a lesser sentence.

The Need for SB 151

The intent underlying Alaska’s sentencing structure – that people will modify their behaviors based on the criminal justice system’s response to their crimes – is not met when applied to individuals with FASD. These disabilities manifest as deficits in executive function which can result in impaired

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Clockwise from top right: Participants of the "Serving Offenders with Cognitive Impairments" conference (February 1-2) from left: David Dickinson, SAMHSA Region X Director, Colleen Patrick-Riley, Dept. of Corrections Mental Health Clinician, and Barrow Superior Court Judge Mike Jeffery; Governor Sean Parnell and Senator Kevin Meyer pose at the signing of SB 127 establishing September 9th as FASD Awareness Day permanently in statute; stakeholders gather at the Alaska Native Leaders Conference on FASD (March 22-23); a young boy celebrates FASD Awareness Day on September 9, 2011; a sign at the same event encourages women not to drink during pregnancy.

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adaptive behavior, memory difficulties, inability to plan, and failure to recognize the consequences of actions.

"In the interest of justice, it is important to take these deficits into account during sentencing. Neither the offender nor society benefits from holding individuals with FASD to community standards that they cannot possibly attain given their impairments," wrote members of the workgroup that collaborated with Senator Meyer's office.

SB 151 fulfills a recommendation adopted by the Alaska Criminal Justice Assessment Commission, that "the legislature should create a statutory mitigating factor for use at criminal sentencing, recognizing when the wrongful conduct was substantially affected by an organic brain disorder."¹

A draft resolution proposed by the American Bar Association (ABA) Commission on Youth At Risk, for consideration at the August 2012 ABA meeting, reads: "... the American Bar Association urges lawyers and judges, as well as bar associations and law school clinical programs, to ... work with medical, mental health, and FASD disability experts to promote ... applying FASD as a mitigating factor in the mitigation of juvenile justice and criminal sentencing ... and consideration of alternatives to incarceration that reduce recidivism."

The economic benefits of SB 151

A 2009 study by the Institute of Social and Economic Research (ISER) at the University of Alaska Anchorage, *The Cost of Crime: Could the State Reduce Future Crime and Save Money by Expanding Education and Treatment Programs?*, showed that strategically expanding intervention and prevention programs can reduce crime, keep more Alaskans out of prison, and save the state substantial costs.

The cost of incarceration in an Alaskan prison is about \$136 per day. The cost of intensive case management (a recommended intervention for people with FASD) is about \$48 per day. If electronic monitoring (\$21 per day) and probation/parole (\$7 per day) are added, the total cost per day is \$76. Implementing one or all of these interventions would be less expensive than a hard bed in prison.²

SB 151 provides justice for a vulnerable population and represents a better investment of our state's resources. With appropriate supports, people with FASD can live successfully in the community as contributing citizens, while at the same time providing

work for Alaskan case workers, clinicians, assisted living providers, mental health and substance abuse counselors, psychologists and psychiatrists.

Alaska's move toward "Smart Justice"

The research behind "Smart Justice" suggests that for certain non-violent offenders, treatment programs inside the prison, combined with adequate transition and case management services on the outside, will result in lower costs, less recidivism, and a safer general public. Alaska's move toward "Smart Justice" promotes reduced public costs, fewer crimes, and greater rehabilitative results for offenders.

Senator Meyer noted that "studies have repeatedly shown that repeat offenders with FASD and other impaired brain functions are more likely to stop committing crimes when they are given the same support as people with other mental illnesses – which can include therapeutic courts, housing and employment assistance, case management, counseling and rehabilitation. The potential benefits to society, through decreased crime and costs, are tremendous."

In his address to the Alaska State Legislature in early 2012, Chief Justice Carpeneti suggested that the Alaska justice system should consider the cost of its actions on the state's resources, on public safety, and on the potential of all citizens. He also asked legislators to include the judiciary in tailoring prison or treatment sentences to offenders.

"In practice, it means making criminal justice decisions that reserve our most costly response to crime – prison time – for those cases where less costly alternatives will not effectively protect the public or rehabilitate the perpetrator," Chief Justice Carpeneti said.

"There is a better way. We need to move from anger-based sentencing that ignores cost and effectiveness to evidence-based sentencing that focuses on results." ❖

¹ Alaska Criminal Justice Assessment Commission (2000). *Final Report*. Retrieved October 12, 2010 from www.hss.ajc.state.ak.us/reports/CJAC_Final_2004.pdf, at p.71.

² Source for Prison, Community Residential Centers, Electronic Monitoring & Probation and Parole: http://www.ahfc.us/iceimages/homeless/102211_ach_doc_discharge_stats.pdf. Note: Intensive Case Management estimated costs are based on the most intensive case management with a high level of education and supervision for workers. Actual costs, depending on the case mix, may be lower.

FASD News Briefly



Danish study on drinking alcohol during pregnancy stimulates quick response

In June, Danish researchers released five papers on the effects of low, moderate, high, and binge drinking during pregnancy on five-year-olds who were prenatally exposed to alcohol. The studies looked at IQ, attention span, executive functions – such as planning, organization, and self-control. About 870 children participated in the studies.

The papers found that low to moderate weekly drinking in early pregnancy, and binge drinking, had no significant effect on the neurodevelopment of five-year-olds. The papers also found that high levels of alcohol (nine or more drinks per week) was associated with lower attention span in exposed children.

“Our findings show that low to moderate drinking is not associated with adverse effects on the children aged five. However, despite these

findings, additional large scale studies should be undertaken to further investigate the possible effects,” reported Ulrik Schiøler Kesmodel, Consultant Gynaecologist and Associate Professor at Aarhus University and Aarhus University Hospital, and Erik Lykke Mortensen, Professor of Medical Psychology at the Institute of Public Health, Medical Psychology Unit, University of Copenhagen in Denmark and co-authors of the studies.

In response to the studies, research affiliates at the Center on Human Development & Disability at the University of Washington studying fetal alcohol spectrum disorders in the United States reported that while the Danish study was impressive, it failed to account for the difficulty of measuring neurodevelopmental factors in the brains of five-year-olds.

“Over 30 years of research on Fetal Alcohol Syndrome (FAS) confirms that alcohol has its greatest impact on complex brain functions,” reported the U.S. researchers Susan Astley Ph.D., professor of Epidemiology and Pediatrics and director of the Washington State FAS Diagnostic & Prevention Network of clinics, and Therese Grant Ph.D., director of the Fetal Alcohol and Drug Unit in the Department of Psychiatry & Behavioral Sciences at the University of Washington. “This is why children exposed and damaged by prenatal alcohol exposure look deceptively good in preschool years. The full impact of their alcohol exposure will not be evident until their adolescent years,” they reported.

Astley and Grant pointed out that the diagnostic evaluations of over 2,600 children conducted in Washington State FASD Diagnostic & Prevention Network clinics over the past 18 years suggests the following:

- 1 out of every 7 children diagnosed with FAS (the most severe outcome caused by prenatal alcohol exposure) had a reported exposure of 1-8 drinks per week. (The Danish study did not conduct FAS diagnostic evaluations on the children).
- Half of the children with FAS had developmental scores in the normal range as preschoolers. But all had severe brain dysfunction confirmed by age 10. (The Danish study only assessed preschoolers).

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- Only 10% of the children with FAS had attention problems by age 5. 60% had attention problems by the age of 10. (The Danish study only assessed attention at age five).
- Only 30% of the children with FAS have an IQ below normal. But 100% had severe dysfunction in other areas like language, memory.

Astley and Grant also reported that there are a variety of factors influencing how a fetus is affected by maternal consumption of alcohol, including when the mother drank, how much she drank, and the metabolism of both the mother and fetus.

“Every person absorbs and metabolizes alcohol differently, and a pregnant woman simply can’t know how ‘just one drink’ might be affecting her developing fetus,” they said.

“So while the science may be complicated and studies sometime yield conflicting messages, the message for women is simple,” Astley and Grant concluded. “To have the healthiest baby possible, don’t drink alcohol when you’re trying to get pregnant and during pregnancy. When a pregnant woman drinks, her child is at risk. If she drinks heavily, her child is at higher risk.”

To review the Danish studies, go to:

http://www.bjog.org/details/news/2085661/Danish_studies_suggest_low_and_moderate_drinking_in_early_pregnancy_has_no_adver.html

To review Astley and Grant’s response, go to:

http://depts.washington.edu/fasdpn/pdfs/astley-grant-Washington.pdf?utm_source=NEW+NOFAS+Email+List&utm_campaign=89eca9a00c-NOFAS_Weekly_Roundup_V3_I266_25_2012&utm_medium=email

Culturally-appropriate FASD curriculum for Native American families is released

The Minnesota Indian Women’s Resource Center recently released *Gifts from the Sacred Circle: A Native Traditional Parenting Curriculum for Families Affected by Fetal Alcohol Spectrum Disorder*, published by Hazelden Publishing.

The research- and strengths-based curriculum focuses on supporting Native American families

where FASD is suspected. It is the result of seven years of collaborative work with tribes, elders, researchers and organizations dedicated to addressing the role of FASD in Native communities.

Curriculum goals include: 1) promoting cultural health for families and children affected by FASD; 2) developing individual and family success; 3) transmitting knowledge and skills that increase successful parenting, nurturing children’s development, preventing future FASD births, and building well-being for Native people.

Based on the Medicine Wheel Tribe-Specific Education Model, the curriculum covers a variety of themes – including compassion, support, boundaries and expectations, commitment to learning, positive values, and positive identity. It is designed to be taught in weekly 2 ½ hour sessions for 12-weeks. It can be used in parent groups, substance abuse or mental health programs, supportive housing, childcare programs, community education and tribal-specific settings.

To read about or to order the curriculum, contact Hazelden Publishing at: 1-800-328-9000, or www.hazelden.org/bookstore.

FASD conference exhibit kits available for presentations, conferences

The Alaska FASD Partnership recently developed two conference exhibit kits with information, pamphlets, posters, and dolls (affected by FASD and not) to use at conferences and other public events. To “check out” a kit for a public exhibit, contact Teri at 907-465-4765, or akfasdpartnership@alaska.gov for information.

“Youth and FASD” workgroup recruits young adults to work on common goals

A “Youth and FASD” workgroup was recently created within the Alaska FASD Partnership to address issues related to youth.

The co-chairs, Brittany Arey, an intern with the Advisory Board on Alcoholism and Drug Abuse, and Angel Gonzales, a youth advocate with the Alaska Youth & Family Network, organized the workgroup’s first meeting on July 6. Participants

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discussed organization and brainstormed ideas for what the workgroup will focus on.

The goal of the workgroup is to bring together people who care about issues affecting youth with an FASD, work together to develop priorities for action, and then act.

The workgroup chairs invite interested people of all ages to join the workgroup. Contact akfasdpartnership@alaska.gov.

Arctic FASD RTC offers a monthly email newsletter with helpful tips

FAST Facts is a monthly email newsletter published by the Arctic FASD Regional Training Center that offers links to news articles about fetal alcohol spectrum disorders, abstracts of recent FASD research, and information about FASD education and training opportunities.

To subscribe, go to Arctic FASD RTC, at: www.uua.alaska.edu/arcticfasdrtc/fastfacts/index.cfm

Juneau groups collaborate on campaign to raise awareness about FASD

The Juneau Best Beginnings Partnership for Families and Children worked collaboratively this year on a community-wide public awareness campaign to reduce drinking alcohol during pregnancy.

The coalition of 16 organizations wanted to address the issue of women drinking before realizing they are pregnant and the important role her partner plays in supporting her choosing not to drink alcohol throughout her pregnancy.

A brainstorming session led to the message “Be X-tra Tough: Stay Dry During Pregnancy” with an image of a brown Juneau rubber boot kicking away a bottle. The posters were designed by Nikki Morris and distributed throughout the community on bulletin boards, on buses, radio PSA’s, cable network channels, and slide shows at the movie theaters. The message gives an action oriented, positive behavioral boost to women and their partners, especially those that might not be aware they are pregnant while drinking.

Funding for the media campaign was provided through a Best Beginnings Partnership grant.

Be X-tra Tough stay dry during pregnancy!



Alcohol can harm a fetus at any point, even before a woman knows she's pregnant.



Support your partner by not drinking during pregnancy. Parenting is a partnership from day one!

BEST BEGINNINGS
Alaska's Early Childhood Investment

Juneau Partnerships for Families: A Best Beginnings Partnership
www.southeastfamilies.org

Poster uses Juneau icon Xtra Tuff rain boots to promote awareness about drinking alcohol during pregnancy.

For more information, or for a publisher version of the poster to adapt for other communities, contact AEYC Southeast by phone 789-1235 or by email: info@aeyc-sea.org.

Trust Training Cooperative offers overview of FASD trainings statewide

This year, the Trust Training Cooperative (TTC) will add “Fetal Alcohol Spectrum Disorders” to its list of Interest Areas on their website.

The TTC promotes training and career development opportunities for Alaskan direct service workers and their supervisors who serve with Alaska Mental Health Trust beneficiaries (people with mental illness, substance use disorders, developmental disabilities, Alzheimer’s Disease and related dementia). They seek to ensure that technical assistance and training are accessible and coordinated. To read more, go to: www.trusttrainingcoop.org

The Trust Training Cooperative Learning Management System (LMS) is a web-based system that offers a one-stop-shop for professional training opportunities – including an on-line catalogue of TTC trainings, staff development and educational courses,

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a schedule and listings of training opportunities from around the state, online registration, and tracking of a users training, conferences and educational participation (E-Portfolio).

For more information on the LMS, go to: www.tlclms.org.

FASD training opportunities for parents and professionals in Alaska

Alaskans have several options for FASD training: *FASD 101* and *FASD 201* through the state Division of Behavioral Health (DBH) and affiliated trainers, and *FASD Into ACTION*, through Stone Soup Group in Anchorage.

FASD 101 focuses on the physiology of prenatal drinking and the disabilities that can result from prenatal exposure to alcohol. *FASD 201* offers helpful strategies for working with individuals with FASD, including successful approaches in the home, classroom, employment settings, and society.

Genevieve Casey, FASD Program Coordinator with DBH, wrote: “Through this training we can begin to change the paradigm related to this disability (brain damage vs. behavior problem) and it can begin the process of systems change within our existing service delivery systems —education, developmental disabilities, juvenile justice, child protection, health care, public assistance, vocational rehabilitation, substance abuse treatment, mental health and corrections to name a few ... Most importantly, we need to ensure that these service systems remain strong and continue to grow.”

FASD into ACTION: Becoming a More Effective Caregiver was developed for parents and professionals working with people affected by FASD by Diane Malbin of Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc., (FASCETS) in Oregon. The course provides parents and professionals information about FASD and neurobehavioral disorders. Malbin reports that with an increased understanding of FASD as a brain-based disorder, parents and caregivers can adjust the environment to decrease the occurrence of secondary behaviors (e.g., frustration, aggression, depression, irritability, anger, isolation, tantrums, etc.).

FASD Into Action participants have reported reduced stress and improved parenting ability after taking the course. Similar results were found in a

study by Hume et al. (2009) which reported an increase in parent/caregiver confidence and understanding of the needs and strengths of people with FASD after taking the course.

FAScinating Families expands FASD camps to two Alaska locations in 2012

In 2012, the *FAScinating Family Camps* held a second camp in Homer, Alaska. The regular Anchorage-area camp happened again in the Mat-Su valley.

The three-day weekend camps provide a supportive, educational, and fun environment for children and families impacted by fetal alcohol spectrum disorders (FASD).

Besides offering training and respite, the camps feature fun activities, like arts and crafts, cultural, and outdoor activities. Families get to know each other, share stories, watch their children play and have fun, and learn new strategies for success.

Each camp features a 16-hour *FASD Into Action* parent/care provider training model developed by Diane Malbin.

Hands-on and personal training helps care providers better understand and work with people affected by prenatal alcohol exposure. Families observe they are better able to practice what they learn when activities are presented by people who have “been through it.”

This year in Mat-Su, the National Guard shared their *Gateway Drugs* presentation with the youth.

For many families, the *FAScinating Families Camps* are the only resource they have for learning about FASD and gathering with others who share similar experiences.

Volunteers of America-Alaska (VOAAK) has coordinated the Anchorage/Mat-Su camps since 2000, with support from the Anchorage Council on FASD and Stone Soup Group.

The effort to add another camp this year was realized when VOAAK received additional funding from the State of Alaska. The decision to hold the second camp in Homer was guided by volunteers in the area willing to assist in camp preparation – such as locating a camp facility, gathering volunteer support, advertising, and identifying eligible

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families. VOA is hoping to expand the camps to other camp-ready communities in the future.

FASD Justice Summit meets in Juneau; presents before legislative committees

In March, several members of the “FASD and the Legal System” workgroup of the Partnership met in Juneau for a 2-day summit to discuss and present on justice issues related to people with FASD.

Summit participants included Barrow Superior Court Judge Mike Jeffery, Deedee Raymond, Mental Health Clinician with the Alaska Department of Corrections, Trish Smith, Director of Prevention and Intervention at Volunteers of America, Sean O'Brien, Asst. Chief of Vocational Rehabilitation Services with the Division of Vocational Rehabilitation, Stephanie Johnson, Mental Health Clinician at Johnson Youth Center, and Teri Tibbett, Advocacy Coordinator with the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse.

The group discussed existing programs and services that have shown to effectively serve people with FASD involved in the justice system, as well as new programs and strategies that are needed.

They met with officials from the Division of Juvenile Justice, Office of Public Advocacy, Public Defenders Agency, and Juneau Mental Health Court on topics such as understanding FASD as a brain-based disability, how FASDs can affect memory and decision-making, and what accommodations might be used successfully within the justice system.

The group also presented before the House Health & Social Services and Judiciary committees of the Alaska State Legislature.

Judge Jeffery discussed the difficulty of some offenders with FASD in complying with provisions of probation because of their disability.

Deedee Raymond discussed the department's release programs, APIC (Access, Plan, Identify and Coordinate) and IDP+ (Institutional Discharge Program), which link felony offenders with mental illness with supports in the community.

Stephanie Johnson highlighted programs in the Norton Sound region to develop culturally-appropriate prevention efforts and supports for youth transitioning from the juvenile justice system.

Trish Smith, an advocate with the Anchorage Mental Health Court, discussed the value of Therapeutic Courts for people with FASD, pointing out that ongoing structure is one of the keys for success. ❖



The Partnership's "FASD Justice Summit" met in Juneau on March 27-28. They discussed strategies with officials from the Division of Juvenile Justice, Office of Public Advocacy, Public Defenders Agency and Juneau Mental Health Court (top and middle photos). They also presented before the House Judiciary Committee on the topic of FASD and the Justice System (bottom photo, from left, Deedee Raymond, Trish Smith, Stephanie Johnson, Judge Mike Jeffery. Representative Lance Pruitt is also pictured).



Monica Charles-Leinberger, sits behind a table tent at Dimitri's Restaurant in Bethel – one of 56 restaurants in Alaska that participated in FASD Awareness Day on September 9, 2011.

Volunteers and alcohol industry collaborate on statewide promotion

Alaskans work tirelessly to raise awareness about fetal alcohol spectrum disorders (FASD) — through receptions, picnics, awareness walks, public displays and information tables, legislative advocacy, and more.

As part of International FASD Awareness Day last September, volunteers from the Alaska FASD Partnership collaborated with the Alaska Cabaret Hotel Restaurant and Retailers Association (CHARR) to promote free non-alcoholic beverages to pregnant women in Alaskan restaurants.

The promotion, originally developed by the Alaska Women's Recovery Project in 2003, expanded in 2011 to 56 restaurants in six communities.

The Partnership produced the table tents, volunteers delivered them, and CHARR promoted the event to their affiliates statewide – resulting in over 825 tables displaying the FASD information.

One side of the table tent invites pregnant women to enjoy a free non-alcoholic beverage, while the other side offers information about the effects of drinking alcohol during pregnancy.

Volunteer organizations included Volunteers of America-Alaska, Mat-Su Services for Children & Adults, Juneau Partnerships for Families & Children, Yukon-Kuskokwim Health Corporation's FAS Diagnostic Team, Lower Kuskokwim School District in Bethel, and many individuals.

To learn more about the upcoming 2012 FASD Awareness Day events, contact the Partnership at akfasdpartnership@alaska.gov.

SB 127 passes legislature, establishes September 9th as FASD Awareness Day

SB 127, establishing September 9th as Fetal Alcohol Spectrum Disorders (FASD) Awareness Day permanently in Alaska statute, had several hearings during the 2012 legislative session, offering an opportunity to inform legislators and the public about fetal alcohol spectrum disorders.

Alaska has the highest known incidence of FASD in the United States. The brain damage caused by consumption of alcohol during pregnancy affects all racial and socio-economic groups and is 100% preventable.

FASD Awareness Day is observed internationally on September 9th – serving as a reminder that during the nine months of pregnancy women should abstain from alcohol.

Following is the language of the bill:

Sec. 44.12.074. Fetal Alcohol Spectrum Disorders Awareness Day

“Fetal Alcohol Spectrum Disorders Awareness Day is established on September 9 of each year to promote awareness of the fact that there is no known safe level of alcohol consumption during pregnancy, to promote awareness of the effects of prenatal exposure to alcohol, to increase identification of children with fetal alcohol spectrum disorders, and to improve the lives of those affected by fetal alcohol spectrum disorders.”

For additional information on SB 127, go to: www.legis.state.ak.us/basis

Alaskans hold FASD awareness events statewide

September 9 is International FASD Awareness Day. Individuals and organizations all around Alaska participate in a variety of ways - through awareness walks, receptions, picnics, public displays and information tables, radio talk shows, restaurant promotions, and more. In 2011, 10 communities held events. Here are some of them.

Anchorage

Free Non-Alcoholic Beverages to Pregnant Women. Table tent promotion in restaurants was a collaboration between Volunteers of America Alaska, Alaska FASD Partnership, and Alaska CHARR. *Total: 8 restaurants, approx. 130 tables.*

None 4 Nine. Over 1,000 stick people symbolizing the number of diagnosed cases of FAS in Alaska was displayed at Loussac Library (outside); a proclamation proclaiming Sept. 9 as FASD Awareness Day in Alaska was read by Senator Kevin Meyer; a "Pregnant Pause" occurred in Town Square at 9:09am with about 100 people posing pregnant and promoting not drinking alcohol during pregnancy; Channel 2 did a story; the Anchorage diagnostic team did a training with activities.

Anchorage School District. The Anchorage School Board wrote a resolution supporting FASD Awareness Day; posters warning about the dangers of drinking during pregnancy were distributed for permanent display at 15 high schools and programs serving high school students; principals read a page about FASD over the intercom on FASD.

Juneau

Art of Recovery. This gallery showing of art was inspired by the process of recovery from addiction and/or mental illness, including the impacts of FASD. The art was displayed throughout the month of September at the Silverbow Back Room.

Juneau Afternoon Interview. On KTOO-FM, guest Ric Iannolino, coordinator of Juneau FASD Diagnostic Clinic, talked about FASD Awareness Day, and the events taking place in Juneau city-wide.

FASD Information Table. At Harborview School Gym, sponsored by Juneau Partnerships for Parents and Children and the Juneau FASD Diagnostic Clinic.

Free Non-Alcoholic Beverages to Pregnant Women. Table tent promotion in restaurants was a collaboration between Juneau Partnerships for Families and Children, National Council on Alcoholism and Drug Dependence-Juneau, Alaska

FASD Partnership, and Alaska CHARR. *Total: 18 restaurants, approx. 350 tables.*

FASD information table at Ethel Lund Medical Center (SEARHC). Information and questions answered about fetal alcohol spectrum disorders.

Capital Chat. Interview on KINY-AM with Ric Iannolino of the Juneau FASD Diagnostic Clinic, and Toni Weber of Southeast Alaska Regional Health Consortium (SEARHC), who talked about FASD Awareness Day events.

Juneau Afternoon. Interview on KTOO-FM with guest Toni Weber, of SEARHC, who talked about FASD Awareness Day, a Juneau Recovery Walk and information table at the Ethel Lund Medical Center.

Wasilla/Palmer

Free Non-Alcoholic Beverages to Pregnant Women. Table tent promotion in restaurants was a collaboration between Mat-Su Services for Children and Adults, Alaska FASD Partnership, Alaska CHARR, and many volunteers. *Total: 19 restaurants, approx. 200 tables.*

Sitka

FASD Awareness Reception. Family event at Harrington Centennial Hall with balloons, information, videos, and more.

Fairbanks

FASD Awareness Day Picnic and Caregiver Support. Event at Pioneer Park. Also, Channel 11 News did a 2-part story and KUAC radio ran FASD awareness messages.

Homer

Free Non-Alcoholic Beverages to Pregnant Women. Table tent promotion in restaurants was a collaboration between local volunteers, Alaska FASD Partnership, and Alaska CHARR. *Total: 5 restaurants, approx. 90 tables.*

FASD awareness in Alaska



None 4 Nine awareness event occurred in Anchorage on September 9, 2011. Senator Kevin Meyer and Representative Charisse Millet attended the event in support of FASD awareness.



Kiana hosted an FASD Awareness Walk (above) and display (below) on September 9, 2011.



FASD Awareness table at the Serving Offenders with Cognitive Impairments conference in Anchorage. Barrow Superior Court Judge Mike Jeffery and AK FASD Partnership Coordinator Teri Tibbett answered questions.

How to conduct an FASD awareness event in restaurants

Free non-alcoholic drinks in restaurants for pregnant women

This promotion invites local restaurants to offer a free non-alcoholic beverage to pregnant women on International FASD Awareness Day, September 9th.

Table tents invite pregnant women to enjoy a free non-alcoholic beverage and learn about what FASD is and how to prevent it, with contact information.

If you would like to host your own FASD awareness restaurant promotion, here are some hints:

Event Preparation:

1. Assign a master coordinator to keep track of who is doing what.
2. Recruit volunteers to go to restaurants and solicit participation in the promotion. Consider church groups, youth groups, VISTA, AmeriCorp volunteers, etc.
3. Maintain a master list of volunteers and their

assigned restaurants.

4. Print and prepare posters, restaurant invitation letter, table tents, and sample thank you notes. See website information below to download templates.
5. Hang posters around the community the week before the event (optional).

Volunteer Responsibilities:

1. Volunteers choose/are assigned a restaurant.
2. Volunteers agree to approach the restaurant manager or owner to invite participation in the promotion. Each restaurant is given a participation request letter, sample table tent, and poster. Set a deadline to confirm with restaurant and report to master coordinator.
3. Upon commitment from the restaurant, volunteer counts how many tables will need table tents and agrees to return on September 9 to place the tents on the tables. At this same time, volunteer hangs a poster in a prominent place at the restaurant (such as front door, bulletin board, near cash register, bathrooms, etc.) at the direction of the manager/owner to pre-advertise the event.
4. Master Coordinator prints correct number of table tents, or contacts AK FASD Partnership (see info below) for how to order them.
5. Volunteers report to master coordinator with a total number of table tents needed and coordinate for a time to pick up table tents.
6. On September 9, volunteers pick up table tents and return to assigned restaurant to place them on the tables and hang the poster in a prominent place.
7. Volunteers return the following day to pick up table tents and take down poster(s).
8. Volunteers give a thank you note to the restaurant.

This restaurant promotion was originally created by Alaska Women's Recovery Project in Anchorage before the Alaska FASD Partnership joined and helped to expand the effort statewide.

For guidelines and posters/table tent templates contact: akfasdpartnership@alaska.gov. ❖

Awareness – continued from page 11

Bethel

Free Non-Alcoholic Beverages to Pregnant Women in restaurants. Table tent promotion in restaurants was a collaboration between the Bethel FASD Diagnostic Clinic, Alaska FASD Partnership, Alaska CHARR, and many volunteers. *Total: 4 restaurants, approx. 30 tables.*

Nome

Free Non-Alcoholic Beverages to Pregnant Women. Table tent promotion in restaurants was a collaboration between the Nome Youth Center, Alaska FASD Partnership, Alaska CHARR, and many volunteers. *Total: 2 restaurants, approx. 30 tables.*

Kotzebue

FASD Awareness & Prevention Walk. From the Maniilaq Health Center, with a "Pregnant Pause" occurring at 9:09 on 9/9.

Kiana

FASD Prevention Walk. From the Kiana Health Clinic to the school cafeteria for a party with hot chocolate and information. ❖

Education is key in halting Fetal Alcohol Syndrome

By Vickie Tinker

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September 9th, is International Fetal Alcohol Spectrum Disorders Awareness Day. You might be more familiar with the term Fetal Alcohol Syndrome or FAS. FASD includes all the symptoms that can happen when a pregnant woman drinks alcohol during pregnancy, which often include lifelong learning, behavior and sensory problems.

FASD is a big problem here in Alaska, and a big problem right here on the Kenai Peninsula. It has been for a very long time. It negatively impacts many families, taxpayer dollars, teacher and caregiver time and energy, and definitely the legal and social service systems.

So how about just bringing this preventable disability to a screeching halt? I don't know that we can. The reasons women drink during pregnancy are complex and a little bit, well, tangly. A "Just say no" campaign probably isn't going to do it. I don't have an easy solution, but I do know that educating people about the disability is a good start.

Effective education on prevention of Fetal Alcohol Spectrum Disorders will require that we, in effect, "circle the wagons" around our community. This term, of course, comes from the covered-wagon days. When travelers were under threat of attack, they would pull all the wagons into a circle and have the families inside that barrier. They could see the threat from each angle, could fire weapons from each angle and always had their backs covered.

Perhaps an even better analogy for those of us in Alaska would be the muskoxen that gather in a circle with the young and the vulnerable (and their own back ends) inside.

When a culture or a community has alcohol problems, it becomes vulnerable. When those problems include women drinking during pregnancy, it becomes exponential. Not only is the community dealing with the expense, tragedy, grief, disruption and dysfunction of the present problem, a new generation of problems is being created (individuals with FASD) that is far more expensive,

more tragic, etc. than the underlying problem.

If we are to design and carry out effective prevention education on Fetal Alcohol Spectrum Disorders, we would do well to start by gaining understanding of why it is that women drink alcohol during pregnancy, so we can begin to loosen our grip on the stigma associated with it. This is an odd balance. We want to send the strong message that drinking alcohol while pregnant is extremely harmful to the baby.

At the same time, if we don't remove the finger-pointing haughtiness about it, women will continue to go into hiding with their drinking and will not get the help they need.

Prevention education should begin in grade school. Schools should be disseminating information free of personal bias on alcohol-consumption issues. Information on what FASD is, how it manifests itself, how it is caused and how it can be prevented should begin at least in fifth grade. It doesn't need to be graphic, detailed or scary at that point, just real, and stated as fact so that kids can get it right away that "we just don't do that."

What may have impact on whether this is successful or not is the attitudes of the educators themselves, and the attitudes and modeled behavior of the parents. Kids pay more attention to what they see than what they hear.

Universal campaigns such as billboards, ads in high-profile magazines, TV commercials and programs, can cast a wide net that normalizes the message that no alcohol is safe during pregnancy. More research is needed to determine just how effective this is in actually changing the patterns of women drinking during pregnancy but they have been shown to improve social attitudes on drinking in general.

Something that I have not seen in current literature is how drinking among women has increased in correlation with increased autonomy and freedom. It is far more acceptable for a woman to outdrink a man than it was in the 1950s, for instance. Women sometimes seem to wear this badge proudly, and see it as expressing their independence. So, we must find ways to continue empowering women in such a way that they can assert their freedom without doing damage to themselves and to their potential unborn children.

Education –continued from page 14

Selective education, more focused on groups that could be high risk, could be done through Planned Parenthood, physician offices (brochures in waiting rooms, brief interventions, open discussions with care providers) and school nurse offices. Posters and tear cards can be placed in bars and on college campuses. I would include in this category education to physicians, teachers and other providers that need to have up-to-date, accurate information to share.

Of greatest interest to me is targeting high-risk individuals, such as women of child-bearing age who have alcohol problems, women with FASD, women who experience trauma and domestic violence, and women who are currently drinking during pregnancy. This could include education in jails, treatment centers, interventions with homeless people, and families who are involved in Child Protection Services.

It is not always clear what kind of woman will be in this category. We cannot jump to any quick conclusions or pigeonhole this population. Sometime in the future, tracking biomarkers might be a viable way to get a better picture of who these women are.

We do know some of the patterns — women under psychological stress are more likely to drink during pregnancy, women who experience domestic violence, women who have already consumed alcohol during a previous pregnancy, women who don't have accurate information on the dangers of drinking during pregnancy, women who drink alcoholically, women who are in a culture of drinking and don't have another support system around them and women who do not know they are pregnant.

Perhaps the greatest challenge, and at greatest risk, are women who have FASD themselves. Because of the nature of their disability, they may struggle with some of the following barriers:

- Conceptual information about long-term damage to their unborn child;
- impulsiveness;
- inability to learn from past experiences;
- living completely in the present;
- involvement in unhealthy relationships that include domestic violence;

- a significant history of past trauma (PTSD);
- potential history of attachment problems that make it difficult to bond with their children;
- history of sexual maltreatment that impacts self worth, self care, risky behavior, contraceptive use;
- previous removal of children by authorities;
- lack of an adequate, sober support system;
- lack of insight that makes prevention education and brief interventions ineffective in spite of a great depth of love, the inability to properly parent their children;
- may not have had proper parenting modeled for them;
- burned bridges from being high-end users of the human services systems; and
- isolation due to poor social skills.

Women who have already had children with FASD should be carefully screened for alcohol use during pregnancy. Because of the potential barriers (listed above) to understanding and follow-through, education, intervention and support must be literal, straightforward, ongoing, nonjudgmental, consistent, compassionate and united. Truly, if ever there was a group that we need to circle the wagons around, this is it.

Prevention measures must be tailored to fit many different audiences in order to be effective across the board. We need to reach young people while they are still developing their decision-making skills, adolescents who are entering the world of sex and alcohol, young adults who, in their new-found freedom want to exercise their independence through risky behavior, and the whole array of business people, health professionals, clergy, parents, educators, elders, etc., who are all important players in keeping families safe and healthy.

We can design education to fit all of these. And we are all educators. It's our responsibility as a community to understand disabilities that have such a great global impact, and to be carriers of light and understanding to those around us. If we really mean what we say about FASD being 100 percent preventable, we must be part of the solution.

Vickie Tinker is the coordinator of the Fetal Alcohol Spectrum Disorders Program at Frontier Community Services in Soldotna, Alaska.

FY13 state budget supports individuals, families and professionals affected by FASD

The following budget items passed this legislative session in the FY13 Operating, Mental Health, and Capital budgets and were signed by Governor Parnell.

DEFINITIONS:

MHTAAR = a state funding source, Mental Health Trust Authority Authorized Receipts

GF/MH = a state funding source, General Funds found in the Mental Health budget bill (HB 285)

GF = a state funding source, General Funds in the Operating budget bill (HB 285)

I/A Receipts = Interagency Receipts (allocated to one department, but transferred to another)

Inc = Increment (added to the base budget)

OTI = One Time Increment (not added to the base budget)

IncOTI = Reflects Trust's annual zero-based budgeting

IncM = Maintenance increment (maintaining existing funding for ongoing projects, programs, services, etc.)

DHSS = Department of Health & Social Services

DBH = Division of Behavioral Health

DJJ = Division of Juvenile Justice

OCS = Office of Children's Services

SDS = Division of Senior and Disabilities Services

DPH = Division of Public Health

DOC = Department of Corrections

DEED = Department of Education and Early Development

LAW = Department of Law

ADMIN = Department of Administration

Courts = Alaska Court System

Trust = Alaska Mental Health Trust Authority

RPTC = Residential Psychiatric Treatment Center

SED = Severe Emotional Disturbance

DIAGNOSIS & EARLY INTERVENTION

Early Childhood Screening & Brief Behavioral Services

\$360,000 (GF/MH) Inc – Behavioral Health/DHSS

These funds will support outreach, training, and technical assistance to encourage more health providers to administer EPSDT (Early Periodic Screening, Diagnosis and Treatment) during well-child exams. Funding also supports informing families about services available and providing information and meaningful referral to services.

Early Intervention for Young Children grants

\$490,000 (\$315,000 GF/MH Inc; \$100,000 MHTAAR IncM; and \$75,000 MHTAAR Inc) – Children's Services/DHSS

This funding will expand implementation of two projects recommended by the Alaska Early Childhood Comprehensive

Systems Plan to improve services for young children with behavioral health challenges, ages birth to five. Services to young children focus on the family system and building protective factors. Expected outcomes include building an in-state workforce competent to use evidence-based interventions for young children and their families, and demonstrating the impact and value of early childhood therapeutic service models.

Early Intervention/Infant Learning Program Positive

Parenting training \$80,000 (MHTAAR) IncM – Children's Services/DHSS. Funding will support three demonstration sites in fully implementing the "Teacher Pyramid" model, an evidence based research model for supporting social competence and preventing challenging behavior in young children. The parent training modules serve both biological and foster families who are in need of intervention supports, but whose provider agencies have not yet adopted these strategies.

Increased newborn screening

\$350,000 (GF) Inc – Public Health/DHSS

This increment supports ongoing efforts to screen newborns for autism, genetics, metabolic genetics, and cleft lip/palate, hearing, etc. at specialty clinics statewide. Specialty clinics ensure access to care for families with children with special health needs. More families are taking advantage of the program, so the department is able to collect an increasing amount of clinic fees.

Telehealth strategic capacity expansion

\$90,000 (GF) Inc – Behavioral Health/DHSS

This increment will support increased access to behavioral health services, by 1) assessing readiness of DBH provider network to pilot demonstration project, 2) review potential vendors and telecommunications carriers to work collaboratively with DBH for a custom application, 3) identify specific hub areas for linkage to appropriate services for home-based treatment. Funding will help get services into homes through case managers, behavioral health aides, and others, resulting in decreased travel costs for treatment and court appearances, increased integration with primary care, and increased productivity.

FAMILY & PEER SUPPORT

Peer Navigator Program

\$90,000 (GF/MH) IncM; \$100,000 (MHTAAR) IncOTI – Behavioral Health/DHSS. Funds will maintain peer navigator

services, including hiring parents and youth experiencing SED to assist peers in navigating the service delivery system. Grantees are required to report outcomes, including number of parents involved, results of the interaction, and effectiveness of services.

Evidence-based family therapy models

\$470,000 (GF/MH) IncM (\$270,000 GF/MH, \$200,000 MHTAAR) – Behavioral Health/DHSS

This increment will provide funds for contracts to implement evidence-based family treatment models in Alaska. In FY 13, it will support a contract with Dr. Scott Sells to implement “Parenting with Love and Limits” (PLL) for children with severe emotional disturbances and their families. It will also support expansion to new communities, including training, supervision, quality assurance and system development over time. This enhancement of outpatient behavioral health services is required to ensure that severely disturbed children are able to remain in their homes and communities.

In-home intensive support

\$200,000 (MHTAAR) Inc – Behavioral Health/DHSS

Funding supports grants to implement a service model to divert children with severe emotional disturbances and complex behaviors from residential psychiatric treatment centers (RPTC) through intensive in-home supports and crisis management. Continued progress at reducing out-of-state RPTC placements requires effectively serving youth in-state, however, the long-term nature of co-occurring issues such as fetal alcohol spectrum disorders, autism, and developmental disabilities requires a new model of developing intensive behavioral health services in a community setting. This increment will support start-up of this model.

Expansion of school-based services

\$125,000 (MHTAAR) IncM – Behavioral Health/DHSS

This increment supports grants and contracts to expand school-based services treatment capacity by providing educational tracking for youth returning from Residential Psychiatric Treatment Centers (RPTCs). Funds also support training and implementation pilot projects for Positive Behavioral Intervention and Supports (PBIS) that develop connections between schools and behavioral health providers to better serve youth experiencing serious emotional disturbance. PBIS also establishes a school-wide culture which research shows reduces behavioral problems and improves learning across the school setting.

Foster parent/parent recruitment training and support

\$276,000 (\$138,000 GF/MH, \$138,000 MHTAAR) IncM – Children’s Services/DHSS. Funding supports grants to recruit and screen potential foster parents, and for training and technical assistance for parents and foster parents. These services are intended to improve the ability of parents and foster parents to effectively parent children with severe

emotional disturbances (SED) and to reduce the need for out-of-home care and for residential placements. Therapeutic Foster Homes are recognized as an economical and effective alternative to costlier types of residential care for youth experiencing SED.

Family Voice for parents and youth

\$45,000 (GF/MH) Inc – Behavioral Health/DHSS. This funding brings parents and youth experiencing severe emotional disturbance to the Bring the Kids Home (BTKH) and other advocacy and policy setting meetings – with the goal of educating youth and families about issues related to SED and to providing policy-makers with first-hand knowledge of issues relating to youth and families affected by SED.

School-based suicide prevention

\$450,000 (GF/MH) Inc – Behavioral Health/DHSS

Funding provides grants to school districts and/or student organizations to implement evidence- and research-based suicide prevention training and intervention models that are tailored to the unique needs of local student and teacher populations. School personnel across the state have expressed a critical need for resources, technical assistance, and flexibility to implement programs that fit the unique needs of individual communities. Funds will support programs already successfully implemented in Alaska – including *Signs of Suicide* (Mat-Su schools), peer leadership and mentoring programs (Northwest Arctic Borough School District), and a training pilot using *Kognito At-Risk* for high school educators and staff statewide.

Community Behavioral Health Centers outpatient & emergency residential services & training *\$450,000 (\$400,000 MHTAAR IncM; \$50,000 GF/MH Inc) – Behavioral Health/DHSS.*

This funding will expand grant opportunities to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs and training for children experiencing severe emotional disturbance, Fetal Alcohol Syndrome, and other cognitive impairments.

SERVICES FOR ADULTS

Project SEARCH

\$100,000 (GF/MH) Inc – Vocational Rehabilitation/DOLWD

Project SEARCH teaches job skills and places high school seniors with developmental and intellectual disabilities in three internships in complex yet systematic jobs within large businesses (often hospitals). Funds support time-limited job coaching services so students acquire skills required by potential employers.

Expanded vocational education support and services

\$156,000 (GF) Inc – Offender Habilitation/DOC. This request will expand vocational education services to incarcerated offenders under DOC’s custody. Access to vocational

education increases the likelihood of employment following an inmate's release. Meaningful employment leads to financial stability, which leads to stability overall and supports former offenders becoming contributing members of the community. Funds will support training and experience with small engine repair, marine safety, animal care, flagger certification, welding, and more.

Mini Grants for people with disabilities

\$252,500 (MHTAAR) IncM – Senior and Disabilities Services/DHSS. Mini-grants provide people with disabilities with a broad range of equipment and services that are essential to increasing independent functioning and improving quality of life. These can include supplies or services that might remove or reduce barriers to an individual's ability to function in the community independently.

Services for transition-aged youth

\$425,000 (\$200,000 (MHTAAR) IncOTI; \$225,000 (GF/MH)) – Behavioral Health/DHSS. Funding supports building community-based capacity for transition-aged youth to move into adulthood with age-appropriate services, including productive work and/or educational activities. The goal is to target youth with few or no family supports, who are at risk of moving into corrections or emergency mental health/substance abuse programs.

Bridge Home Program

\$1.02 million (\$750,000 (MHTAAR) IncOTI; \$270,000 (GF/MH)) – Services to Seriously Mentally Ill, DBH/DHSS. Funds support the Bridge Home Program, which offers rent subsidies paired with intensive in-home support services for individuals 'cycling' through emergency and institutional settings – including DOC facilities, API, hospital emergency services, and other high-cost social service and health programs.

Microenterprise capital

\$125,000 (MHTAAR) IncM – Senior and Disabilities Services/DHSS. These funds support access to startup funding, small business technical assistance, development support, and other assistance for people with disabilities interested in self-employment and economic independence.

Office of Integrated Housing

\$225,000 (MHTAAR) IncOTI – Behavioral Health/DHSS. Funding supports an ongoing project offering technical assistance to develop supported housing options for people with disabilities. The Supported Housing Office develops housing and support opportunities for consumers with mental illness and/or addiction disorders, to expand supported housing opportunities statewide.

Alaska Legal Services Corporation

\$200,000 (GF) – Community and Regional Affairs/DCCED Funds support organizations providing legal services to low-

income Alaskans – many of whom live with developmental and cognitive disabilities, mental illness, Alzheimer's Disease and related dementia. At present, there is only one Alaska Legal Services Corporation (ALSC) attorney for every 4,000 Alaskans living in poverty. Funds will help address the critical unmet need for civil legal assistance.

IMPACT model of treating depression

\$75,000 (MHTAAR) IncM – Behavioral Health/DHSS. Funds support "Improving Mood Promoting Access to Collaborative Treatment" (IMPACT) model of treating depression in the primary care setting. Administered by a psychiatrist and depression care manager, this model emphasizes patient education, positive lifestyle changes, and antidepressant medication, when appropriate. Funding also supports telehealth equipment for three demonstration projects in urban and rural Alaska.

Sustaining 2-1-1

\$22,500 (GF/MH) Inc – Behavioral Health/DHSS Funding supports Alaska 2-1-1, an information and referral system for health and human services resources throughout Alaska. The call center is staffed weekdays from 8:30am - 5pm for callers to receive personalized attention. A website is available to all 24/7.

Capital projects include:

- **AHFC Homeless Assistance Program** – \$8 million (AHFC receipts)
- **AHFC Beneficiary and Special Needs Housing** – \$1.750 million (MHTAAR).

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

Complex Behaviors Collaborative: Consultation & Training

\$650,000 IncOTI (\$325,000 MHTAAR; \$325,000 GF/MH) - Behavioral Health/DHSS. Funds will provide consultation and training for existing community social services providers so they are better able to serve people with disabilities (mental illness, developmental disabilities, Alzheimer's Disease and related dementia, autism, fetal alcohol spectrum disorders, etc.) who also experience challenging behaviors, such as aggression, inappropriate sexual behaviors, wandering, self-harm, etc. Services may include stabilization, triage, assessment and referral to diagnostic services, short and long-term community-based supports.

Substance Abuse Treatment for un-resourced individuals

\$405,000 (GF/MH) Inc – Behavioral Health/DHSS This increment will make grant funds available to expand substance abuse treatment capacity in Alaska – including medical detox, residential and/or intensive outpatient substance abuse treatment and aftercare to adults without the resources to pay. It will help address Alaska's high

demand for alcohol and drug abuse treatment, which continues to exceed the state's ability to clear waitlists. Funds will also help reinforce existing treatment programs in the face of a potential increase in demand for services.

Substance Abuse Treatment Program in DOC

\$1,380,500 (GF) Inc – Offender Habilitation/DOC

This funding expands DOC's ongoing effort to treat and rehabilitate offenders with substance abuse disorders. Currently, DOC provides assessment, referral, and substance abuse treatment to roughly 1,600 incarcerated inmates annually. However, the department is unable to provide these services to all inmates who are willing and eligible to receive them. Funding will expand services to about 500 additional offenders (both institutional and community-based) and add aftercare capacity to increase the effectiveness of the current services.

Substance Abuse Treatment & Prevention grants

\$9 million (GF) – Behavioral Health/DHSS (in SB 160)

This funding adds the other half of the state's alcohol tax revenue to the Alcohol and Other Drug Abuse Treatment and Prevention Fund (currently only 50% of the current tax is added). From the intent language of the bill: "An amount equal to 50 percent of the revenue collected during the fiscal year ending June 30, 2011, from the alcohol beverage tax (AS 43.60.010) not to exceed \$19,300,400.0 is appropriated from the general fund to DHSS for behavioral health grants under (AS 47.37.030) for the fiscal years ending June 30, 2013, June 30, 2014, and June 30, 2015."

Pre-development for sleep-off alternatives in Nome

\$100,000 (MHTAAR) IncM – Behavioral Health/DHSS. These funds will be used to support pre-development and planning activities for alternatives to incarcerating persons requiring protective custody in Nome. Activities may include substance abuse assessment, assessment of the service capacity of existing programs and facilities within the community, and developing an implementation plan for identified treatment services.

DISABILITY JUSTICE

Increased capacity for the Institutional Discharge Program

(IDP+) \$106,400 (GF/MH) Inc – Inmate Health Care/DOC.

This funding will expand the IDP+ program to serve high needs and high risk individuals with bipolar disorder, Traumatic Brain Injury, fetal alcohol spectrum disorders or other cognitive impairments. The IDP+ mental health clinician works closely with probation officers to closely monitor court-ordered conditions to enhance the individual's motivation and prospect for continued treatment and stability, and to promote public safety.

Social services public defender specialist in Bethel

\$138,800 (MHTAAR) IncOTI – Public Defenders Agency, LAS/ADMIN. This funding will support a social services specialist in the Public Defender Agency to assist attorneys with "in-house" clinical expertise on developmental and cognitive disorders and available community treatment. Duties may include forensic psychosocial interviews, home visits, needs assessments, and assistance in developing expert opinion and negotiating ongoing legal issues.

Implement APIC discharge planning model in Corrections

\$260,000 (MHTAAR) IncOTI ;\$92,500 (GF/MH) – Behavioral Health Care, IHC/DOC. This funding will support the "Assess, Plan, Identify, and Coordinate" (APIC) model of connecting offenders with physical and cognitive disabilities re-entering the community to appropriate community behavioral health services. The APIC model, which has shown to reduce recidivism, engages both DOC and community treatment providers in developing a transition plan for the soon-to-be-released offender.

Criminal Justice Technician in DOC

\$67,200 (MHTAAR) IncOTI – Inmate Health Care/DOC.

This funding supports a technician to track and provide reports on program outcome measures, clinical contacts, unit census changes, mental health Title 47s, access to programming, treatment failures, suicide data, assault and injury data, release data and a variety of other patient and programming needs for offenders in DOC.

Discharge Incentive Grants

\$150,000 (GF/MH) IncM; \$250,000 (MHTAAR) IncOTI – Behavioral Health/DHSS. This funding supports people with physical and cognitive disabilities in DOC settings who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by DBH as Assisted Living Home vouchers or support service resources. Resources will also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population.

Fairbanks Juvenile Therapeutic Court

\$245,900 (MHTAAR) IncOTI – Therapeutic Courts/COURTS.

This project continues funding for a therapeutic court alternative for youth with disabilities involved in the juvenile justice system in Fairbanks. The project engages youth in treatment, and helps avoid future more expensive treatment services or costs associated with the adult correctional and judicial systems. Funding will also support tracking and reporting outcomes.

Mental Health Court expansion in targeted communities

\$204,400 (MHTAAR) IncOTI – Therapeutic Courts/COURTS. Funding supports a therapeutic court alternative for people

with disabilities that serves to identify the underlying reasons for an individual's contact with the criminal justice system, followed by development of a court-ordered treatment plan designed to decrease the risk of future contact with the criminal justice system. Funding also supports tracking and reporting data, related number of individuals served and their outcomes, how funding is utilized, and associated cost savings.

ASAP therapeutic case management and monitoring

treatment in Barrow \$139,900 (MHTAAR) IncOTI – *Therapeutic Courts/COURTS*. This project will continue funding a position within Alaska Safety Action Program (ASAP) in Barrow which provides a therapeutic court alternative. It includes identifying available treatment, making treatment recommendations to the court and supports, monitoring adherence to court ordered recommendations, and other mechanisms that address the underlying disorder contributing to the individual's contact with the justice system.

Treatment funding for therapeutic court participants

\$200,000 (GF/MH) Inc – *Therapeutic Courts/COURTS*. Funding will support timely access to substance abuse and mental health treatment for therapeutic court participants in an effort to address the underlying issues related to contact with the criminal justice system. Timely access to substance abuse and mental health treatment services is a critical component to the operations of these courts, the success of its participants, and to reduced recidivism.

Mental Health Clinician oversight in youth facilities

\$152,900 (MHTAAR) Inc – *Juvenile Justice/DHSS*
Funding supports supervisory oversight to mental health clinicians in DJJ facilities in areas such as clinical service delivery, case consultation, development of training plans, and expertise related to confidentiality and ethical issues, within the 24/7 secure facilities, as well as the probation services of DJJ. Currently, DJJ does not have the capacity to provide adequate support and supervision of clinical services.

Mental health clinical positions in Corrections

\$355,000 IncOTI (\$164,000 MHTAAR IncM; \$191,000 GF/MH Inc) – *Inmate Health Care/DOC*. This funding supports a mental health clinician in DOC to manage the high needs of offenders in the newly expanded Men's Mental Health Unit at the Anchorage Correctional Complex. Duties will include assessment and programming, monitoring for safety, and developing appropriate release plans.

Mental Health probation officer in Anchorage Wellness Court

\$79,900 (I/A Receipts through Courts) – *Alcohol Safety Action Program/Behavioral Health/DHSS*. This funding supports a probation officer at the Anchorage Municipal Wellness Court, to include substance abuse screening, case management,

education and treatment recommendations, monitoring of DWI and other alcohol/drug related misdemeanor cases. ASAP operates as a neutral link between the justice and the health care delivery systems, including enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education.

RURAL SERVICES

Rural Transition Services

\$100,000 (GF/MH) Inc – *Teaching and Learning Support/DEED*. These funds support youth with disabilities residing in rural and remote areas of the state to transition to adult life. Services include assistance with employment, independent living, participation in postsecondary education, and in community life. Grant projects include hands-on training, camps, technical assistance and ongoing consultation for both youth and adults working with youth.

Rural Re-entry Specialist

\$110,900 (MHTAAR) IncM – *Juvenile Justice/DHSS*
Funding supports a project to assist rural communities in developing prevention and/or early intervention activities, and make recommendations for training efforts to reduce the risk of local youth contact with the juvenile justice system, which in turn will decrease the risk of recidivism and the associated high costs of care within the juvenile justice system or out-of-home placement. The project engages local communities, treatment providers and natural supports in rural communities in a planning process to assist youth returning to their rural home communities.

Rural/tribal system development

\$100,000 (MHTAAR) IncOTI – *Behavioral Health/DHSS*. Funding will assist in establishing SED services in rural areas, including developing and improving funding mechanisms and strategies specific to tribal systems. Projects may include developing Medicaid clinical, billing and supervision capacity, technical assistance to link programmatic and finance sections into an effective service delivery/billing revenue generation, implementing telemedicine, Skype or other distance delivery technology, grant writing, and/or blending funding streams.

Rural long term care development

\$140,000 (MHTAAR) IncOTI – *Senior and Disabilities Services Administration, SDS/DHSS*. This funding continues a project that provides technical assistance to rural communities and helps analyze long-term care needs and locate resources to meet those needs. It includes outreach, education and intensive community-based work to help meet the needs of people with Alzheimer's and related dementias, and other cognitive impairments.

PROFESSIONAL DEVELOPMENT

Training for mental health clinical staff in Corrections

\$15,000 (MHTAAR) Inc – Inmate Health Care/DOC.

This training will offer Corrections clinical staff additional tools for better understanding and better managing inmates with mental health disorders and/or cognitive impairments. DOC has 48 clinicians, psychiatric nurses, counselors, ANPs and psychiatrists system-wide. This funding would enable DOC to bring all clinical staff to one location for a two-day training covering mental illness, substance abuse, fetal alcohol spectrum disorders (FASD), Traumatic and Acquired Brain Injury (A/TBI), developmental disabilities, and mental diseases associated with aging.

Assisted living home training and targeted capacity for development

\$190,000 (\$100,000 (MHTAAR) IncOTI; \$90,000 GF/MH) – Behavioral Health Grants, DBH/DHSS.

This funding provides training for assisted living home providers and a targeted capacity development project designed to improve the quality of training available for providers serving individuals with severe mental health disabilities, and providers serving high-needs individuals in correctional facilities. Both programs serve to address homelessness and improve daily functioning activities for very impaired individuals.

Training for defense attorneys

\$15,000 (MHTAAR) IncOTI – Office of Public Advocacy,

LAS/ADMIN. Funding will support training for defense attorneys in understanding and effectively handling legal cases involving persons with mental health disorders and/or cognitive impairments, including foundational knowledge on mental health disorders and cognitive impairments, best-practice and available treatment, and Alaska's community behavioral health system.

Training for Judicial Conference participants

\$15,000 (MHTAAR) IncOTI – Therapeutic Courts/COURTS

The funding will support training on topics related to mental health disorders and/or cognitive impairments, addictions, associated treatments, therapeutic jurisprudence principles and practices to participants of the Judicial Conference, which include the Dept. of Law, Public Defender Agency, and Office of Public Advocacy. Training offers understanding of the underlying causes for a beneficiary's contact with the criminal justice system, appropriate interventions, recommendations for alternative conditions of bail/probation, etc.

Workforce competency curriculum development

\$45,000 (GF/MH) IncOTI – Behavioral Health/DHSS. Funding will support consultation and technical assistance for ongoing development of competencies, assessment tools

and curriculum for direct care health and social workers. Strengthening workers' skills is a priority of the Trust's workforce activities, acknowledging that direct care health and social services workers are often the primary care givers for people with disabilities.

UNIVERSITY OF ALASKA

Specialized skills and training on serving cognitively impaired offenders - \$55,000 (MHTAAR)

Interdisciplinary Education in Children's Mental Health - \$64,000 (MHTAAR)

Interpersonal Violence Prevention for Beneficiaries - \$80,000 (MHTAAR)

Technical Assistance and Implementation of D.A.R.T. Teams in targeted communities - \$210,000 (MHTAAR)

Trust Training Cooperative and Alaska Rural Behavioral Health Training Academy - \$822,500 (MHTAAR) ❖

Follow the Alaska legislative process from home via the Internet

To follow **bills and policy issues** in the legislative process, go to Alaska State Legislature website at www.legis.state.ak.us/basis.

To follow **budget items**, go to the Legislative Finance website at www.legfin.state.ak.us, or the Office of Management & Budget at www.omb.alaska.gov.

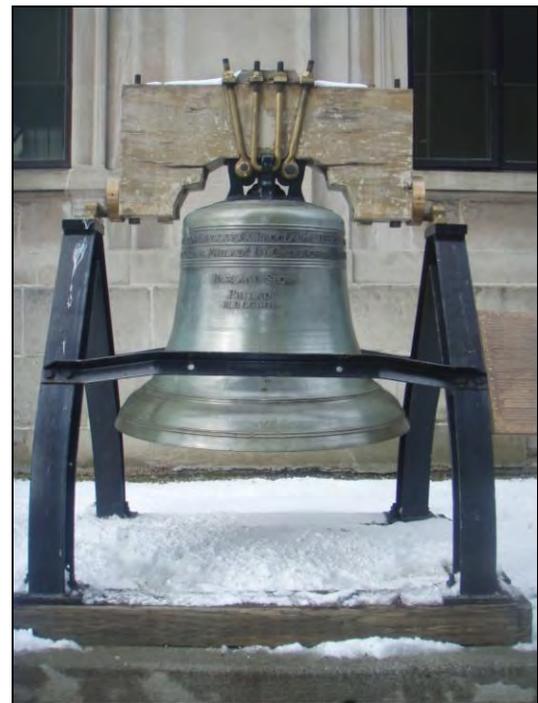
To join a statewide **Action Network** sponsored by the Alaska Mental Health Trust Authority, go to: www.capwiz.com/mhtrust/home/

FASD Advocacy Tips

Advocacy can happen in many ways. If you want to get involved in local or legislative advocacy, below are some suggestions:

- ❑ Write a letter-to-the-editor about FASD, or coordinate a letter writing campaign.
- ❑ Make a telephone call to a public official's office or coordinate a telephone campaign.
- ❑ Write a letter to a public official or coordinate a letter-writing campaign.
- ❑ Organize people to join the Alaska Advocacy Network at www.capwiz.com/mhtrust/home/.
- ❑ Host a reception in your home or place of work.
- ❑ Make five new contacts and spread the word about an issue.
- ❑ Set up a table at a public event, party, or reception and raise awareness about FASD.
- ❑ Visit a legislator in your hometown and talk about how FASD affects you or people you know.
- ❑ Write an opinion piece for your local newspaper or find someone else to do it.
- ❑ Go on a radio talk show and discuss FASD, or find someone else to do it.
- ❑ Write a personal story and send it to a policy-maker.
- ❑ Join the Alaska FASD Partnership and stay informed about FASD issues. Participate in the Partnership's workgroup teleconferences.
- ❑ Tell your friends or co-workers about FASD.
- ❑ Attend an advocacy training workshop or FASD 101/201 training.
- ❑ Tell your personal story at a public meeting (Assembly, City Council, Rotary, Chamber, School Board, state legislature).
- ❑ Coordinate a local advocacy effort in your community – involve the media, host receptions, write letters, coordinate volunteers, visit policymakers, etc.

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Top photo: Front steps of the Alaska State Capitol building. Bottom photo: Replica of the Liberty Bell, given to Alaska in 1950.

FASD workgroups continue to address top issues statewide

Workgroups of the Alaska FASD Partnership are actively working on goals that are addressing issues that affect people impacted by fetal alcohol spectrum disorders. To review the minutes of the workgroups, go to: www.hss.state.ak.us/abada/fasd.htm. To join a workgroup, contact: akfasdpartnership@alaska.gov.

Diagnosis/Parent Navigation

- Develop use of telemedicine in expanding diagnosis, support and services
- Promote use of screening tools/EPSTD (Early Periodic Screening, Diagnosis & Treatment) statewide
- Promote FASD training for primary care and behavioral health providers

Family/Peer Support

- Expand FASD Family Camps to rural areas
- Bring Whitecrow Village L.I.F.E. Sessions model to Alaska
- Coordinate efforts with the Alaska Peer Support Consortium (AKPSC), Alaska Mental Health Trust Authority and Dept. of Health & Social Services to develop peer specialist network trained in FASD

Prevention and Treatment for Pregnant Women

- Support FASD messages on pregnancy tests
- Vary “Do Not Drink When You Are Pregnant” signs in public places
- Expand substance abuse screening for females of child bearing age
- Expand Parent-Child Assistance Programs (PCAP) in Alaska

FASD and the Education System

- Educate superintendents, principals, teachers, school board and school personnel about FASD, TBI, and other neurobehavioral disabilities and their relationship to behavior. This should entail presenting at conferences and in-services, and training.
- Promote statewide the LKSD/ASD models of employing an FASD/Behavior Specialist offering effective interventions for students, teachers and families impacted by FASD
- Expand training for para-educators, teachers and special education teachers, small village clergy, tribal staff and elders about successful interventions, e.g. positive behavior support (PBS), the importance of structure, alternative tools for discipline, etc.

FASD and the Legal System

- Address mitigating factors for people with FASD and other neurobehavioral disabilities (e.g. Traumatic Brain Injury (TBI), Bipolar Disorder, etc.)
- Expand use of mental health courts as alternatives to incarceration for people with FASD, and other neurobehavioral disorders.
- Expand screening and services in corrections and juvenile justice for people with neurobehavioral disabilities
- Coordinate efforts with the Depts. of Corrections and Law, Public Defenders Agency, Courts, Disability Justice Workgroup of the Alaska Mental Health Trust Authority, and the Criminal Justice Working Group on issues related to FASD

Services for Adults with FASD

- Expand transition services (housing, treatment, medication management, employment, education, case management)
- Train employers, educators, peer specialists, and substance abuse treatment providers
- Expand diagnosis for adults

Professional Development

- Distribute resources for professionals
- Promote and expand training for professionals, including medical personnel, educators, small village clergy, tribal staff, legal system personnel, public safety personnel, mental health/substance abuse treatment providers, and alcohol beverage servers
- Coordinate efforts with Dept. of Labor & Workforce Development, the Disability Justice Workgroup of the Alaska Mental Health Trust Authority, and Criminal Justice Working Group

Public Relations (Ad Hoc)

- Identify/contact conferences for exhibit space, keynote and break-out sessions
- Create/distribute exhibit kits for use at conferences
- Create/distribute packets for mushers and other potential sponsors ❖



Message from the Chair

Monica Charles Leinberger

Chair, Steering Committee of the Alaska FASD Partnership

Waqaa again! Cama-i! Welcome to the Alaska FASD Partnership. We are Alaskans coming together to address Fetal Alcohol Spectrum Disorders or FASD.

Why the fuss about FASD? The damaging impact of prenatal alcohol exposure and the brain is life-long, not only for the individual and their family, but also as it carries over to other systems in our communities: education, healthcare, work force, judicial, to name a few. Alcohol abuse contributes to FASDs, domestic violence and sexual assault, decreased work production or unemployment, drunk driving, educational issues in performance and attendance, healthcare issues, and unnecessary deaths by suicide. Unfortunately, these problems are commonplace throughout Alaska. We are a great state with great problems around alcohol, BUT there is hope for change in our lifetime.

Alaska is diverse in cultures, scenic views, political astuteness, community size and location. WE are a great state. Do your part, get educated, join a workgroup, and SPEAK UP about FASDs!

This year, the Partnership expanded to eight workgroups, adding the “Youth and FASD” workgroup. That group is just getting started and will be developing their priorities over the next few months.

The “Family and Peer Support” workgroup is developing a proposal to bring the Whitecrow Village L.I.F.E. Sessions peer-driven model to Alaska. Whitecrow Village is a non-profit organization committed to educating communities and professionals about FASD and to improving the lives of those who are affected by FASD. The “FASD and Education” workgroup is moving ahead on educating administrators and other education leaders on strategies for teachers and schools. The “Diagnosis and Parent Navigation” workgroup saw one of their priorities become a reality this legislative session with the inclusion of \$360,000 in the Mental Health Budget for Early Periodic Screening, Diagnosis & Treatment. These funds will support outreach, training, and technical assistance to encourage more health care providers to administer EPSDT during well-child exams. The “FASD and the Legal System” workgroup successfully helped develop and advocate for legislation that made FASD a mitigating factor, giving judges more flexibility in sentencing people with FASD. The “Services for Adults with FASD” workgroup is working on compiling resources for an “FASD Resources Directory” and the Ad Hoc “Public Relations” workgroup has developed FASD conference kits – featuring brochures, demonstrations and posters – that are now actively being displayed at conferences statewide.

Ilagaryartuqikut (eela ga ya took key koot) – “Come join” the Alaska FASD Partnership to further your education and awareness about FASDs and to help find solutions to decreasing the prevalence of FASDs in Alaska, and to address the issues that surround alcohol abuse.

Quyana for taking the time to read about the Partnership and contact us if you would like join our group! Quyana to our members across the state – your participation and dedication is awe-inspiring!