

**Services for Adults with FASD Workgroup
Alaska FASD Partnership – March 18, 2013**

Present: Art Arnold (chair); Gayle Young (Sitka).

Discussion: Since there were only two people on the line, the conference call was closed and Art and Gayle continued their discussion offline. The content of their discussion focused on the need to “update” and modernize the FASD 101 and 201 trainings. They suggested forming a small group of interested in addressing this, including current trainers from around the state. Ideas included: 1) incorporate more interactive/informative slides; 2) make the training more rigorous and comprehensive; 3) provide a Certificate of Training in FASD with an incentive for receiving it (such as a tax break or other benefit).

Strategies: The workgroup reported suggestions from members for strategies to expand transition services for adults with FASD, and training for employers, educators and other professionals that serve adults with FASD. The following list was compiled:

Transition from Foster Care

- *Need Training in FASD (Client-Families, Foster Families, OCS staff and supervisors)*
- *Training MUST be documented and evaluated*
- *Requires definition of Long Term Care*

Transition from Secondary Education

- *Need Training in FASD (Client-Families, Teachers, Counselors, Administrators)*
- *Training MUST be documented and evaluated*
- *Requires definition of Long Term Care*

Transition from Youth or Adult Corrections

- *Need Training in FASD (Client-Families, Therapists, Parole and Probation Officers, Lawyers, Judges)*
- *Training MUST be documented and evaluated*
- *Requires definition of Long Term Care*

Assistance with Housing

- *Need Training in FASD (Client-Families, Housing advocates)*
- *Training MUST be documented and evaluated*
- *Community/City/State/Federal ACTION is necessary*

Treatment

- *Need dedicated funding stream to support community, regional and statewide activity*
- *Need concentrated advocacy from all responsible stakeholders (AMHTA, AMHB, DHSS, ABADA, etc)*
- *Incorporate TECHNOLOGY into the treatment regimen.*

Medication Management

- *Need Training in FASD (Client-Families, Physicians, ANPs, EMTs, Hospitals, Clinics)*
- *Training MUST be documented and evaluated*
- *Incorporate TECHNOLOGY into the Medication regimen*

Employment

- *Need Training in FASD (Client-Families, Employers)*

- *Training MUST be documented and evaluated*
- *Determine current client load based upon diagnosis.*
- *Requires definition of LONG Term Care*

Training

- *Training MUST BE rigorous, incentivized, and comprehensive*
- *Can be short term! FASD 101-201 in sections, chapters, or booklets*
- *Incorporate Technology – Offer ONLINE Power Point*
- *We MUST EVALUATE all aspects of interventions including training*

Education

- *Need Training in FASD (Client-Families, Teachers, Administrators, Board Members)*
- *Training MUST be documented and evaluated*
- *Teach and incorporate TECHNOLOGY into the educational environment*

Case Management

- *Need Training in FASD (Client-Families, Foster Families)*
- *Training MUST be documented and evaluated*
- *Determine uses of TECHNOLOGY to provide better, more frequent, more direct case-management.*
- *Requires definition of Long Term Care*

Etcetera (other areas)

- *The “Whitecrow” model is worthy of replication*
- *We need better Data on (FASD, T/ABI, Neurological Brain Disorders)*
- *We need better advocacy for people who experience FASD*

Next meeting: Monday, April 15 at 9:00am