

**Alaska FASD Partnership Steering Committee**  
**February 12, 2020 – FINAL MINUTES**

**I. Introductions:** Shannon Cross-Azbill, Division of Juvenile Justice (DJJ); Mike Jeffery, FASD Advocate/Retired Judge; Teri Tibbett, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse.

**II. Approval of Agenda.** Approved.

**III. Approval of Minutes, 1.8.20.** Approved.

**IV. Update about FASD in Department of Corrections (DOC)**

Teri offered an update on the effort to do a pilot project in DOC that would do screening, diagnosis, intervention, and reentry for people with FASD. There are currently discussions with DOC and with FAS Law at the University of Washington to identify potential plans for the project.

Shannon reported that Tracey Dompeling, director of Division of Juvenile Justice (DJJ), presented February 1 to House Finance Committee, and one to the topics was DJJ systems change, which includes adding several units for youth with neurobehavioral issues, including youth with FASD. Legislators asked if DJJ does FASD diagnostic testing, do we have youth diagnosed, what is the prevalence? DJJ responded they don't do diagnostic testing, don't have the capacity to, DJJ tracks people with FASD if they have the information, but without a diagnosis, they don't, and most of the time don't have documentation of diagnosis or exposure, so there are many suspected that are not identified. It was suggested we ask DJJ if they want to collaborate with DOC on an effort to do screening, diagnosis, and appropriate interventions during incarceration or DJJ jurisdiction. DJJ will probably have more documentation than DOC, so it could be easier for them. Suggest starting with one facility each at DOC and DJJ. Perhaps Bethel, Fairbanks, Anchorage, Juneau--where there are both a DOC and DJJ facility.

Mike reported on a 2018 Impact Report by *Telethon Kids Institute* in Western Australia, "Banksia Hill Project" 2-year study to diagnose 99 youth in a youth facility, 36 were diagnosed (only 2 had a diagnosis previous to this effort), and 89% had a neurobehavioral disorder. Following is info on the project:

Link to video: [https://www.youtube.com/watch?v=-1MglO\\_E20A](https://www.youtube.com/watch?v=-1MglO_E20A)

Link to overview: <https://www.ncbi.nlm.nih.gov/pubmed/29440216>

**V. Member Updates**

Shannon will be traveling to Oregon to tour "Specialty Units" at youth facilities that work with youth with chronic trauma and reactivity-related disabilities, to observe and help Alaska DJJ identify things they can do, including training for staff, diagnosis, identification, and specialized neurobehavioral units.

Mike will be attending "Play Summit" with his wife in Anchorage (she is a school nurse), and will attend the Vancouver FASD conference next April. Also working with Kee Warner on an FASD-informed summer camp; he will be a counselor. They are still identifying the date. They may combine a "Moment to Moment" film showing at the same time.

Teri is working on identifying bills and budget items that impact people with FASD, and will offer a longer report for the Partnership. Some highlights so far, include:

**Bills:** HB 29–Insurance Coverage for Telehealth; HB 187-Restricting Out-of-State Correctional Facilities;

HB 181-Mental Health Education in Public Schools; HB 290-Alternatives to Incarceration and Mental Health Crisis Centers; SB 52-Alcohol Beverage Control; SB 209-Driver’s Licenses and Identification Cards for Inmates.

**Budget Items:** *New or at-risk items:* Reentry Services in Corrections, Therapeutic Courts, Holistic Defense in Rural Communities, Homeless Assistance Program (HAP), Special Needs Housing Grants (SNHG), Coordinated Transportation (DOTPF) (Capital), Peer Support Certification, Suicide Awareness and Prevention Grants, Crisis Intervention Team (CIT) Training for Police Officers, Public Guardians, Guardians ad Litem, Rural Home and Community-Based Services (HCBS) Coordinator, Pediatric Telehealth for Behavioral Health Disorders . *Items that are secure:* Training for Mental Health Staff in Corrections, APIC (Assess, Plan, Identify, Coordinate) in Corrections, Assertive Community Treatment and Institutional Diversion Housing Program, Behavioral Health Treatment and Prevention Grants, Behavioral Health Treatment in Prisons and Halfway Houses, Education and Vocational Programs in DOC, Discharge Incentive Grants, Mental Health Oversight in Youth Facilities, Early Childhood Programs.

**Next Meeting:** March 11, 2020