

Alaska FASD Partnership

**A Coalition of 75
individuals and
organizations
supporting:**

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



Monica Charles Leinberger, FASD and Behavior Specialist from Lower Kuskokwim School District in Bethel, presents during a noontime Legislative Health Caucus at the Capitol in Juneau in February, 2011. Also pictured are Senator Donny Olson (left) who chaired the caucus, and Jeanne Gerhardt-Cyrus (right), a parent advocate from Kiana. Partnership members presented on the topic of FASD and the Education System.

Alaska FASD Partnership: a productive first year

The Alaska Fetal Alcohol Spectrum Disorders (FASD) Partnership is now one year old. The coalition has expanded to 75 individuals and organizations statewide.

FASDs are a range of brain-based disabilities caused from drinking alcohol during pregnancy. The mission of the Partnership is to address prevention and interventions for people affected by FASD.

Since May 2010, Partnership members have advocated in work-groups, visited with policy-makers, and held public meetings and events promoting awareness of FASD statewide.

During the legislative session, Partnership members visited Juneau and wrote their legislators about FASD. They advocated for substance abuse treatment for pregnant women and

access to services for people diagnosed with FASD. They promoted early childhood screening and peer support services in rural areas.

Following are some of the Partnership's activities in 2010-11:

In 2010

- Membership increased to over 75 organizations and individuals by the end of 2010;
- Successfully advocated for funding in the state operating budget that supported case management for individuals diagnosed with FASD in Kenai, Juneau, Bethel and Sitka, and substance abuse treatment for pregnant women.

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July 2011

Alaska Fetal Alcohol Spectrum Disorders (FASD) Partnership
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- Co-sponsored with Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, through the boards' *Family Voice* project, advocacy training for five families who presented on FASD before the House and Senate Health and Social Services Committees. Families also met with individual legislators and presented on a panel discussion at the FASD Southeast Alaska Regional Conference about their experiences related to FASD;
 - Successfully advocated for SCR 12, proclaiming Sept. 9, 2010 as FASD Awareness Day, sponsored by Senator Kevin Meyer (R-Anchorage);
 - Collaborated with Alaska CHARR in promoting "free non-alcoholic beverages for pregnant women" in restaurants on International FASD Awareness Day;
 - Co-sponsored, with Alaska CHARR (Cabaret Hotel, Restaurant and Retailers), an appreciation luncheon at the Capitol for legislators who have worked on behalf of individuals and families affected by FASD;
 - Hosted a summit of the Alaska FASD Partnership steering committee to determine short and long-term recommendations.
- outlined facts and figures, funding recommendations for FY12, and other issues related to FASD;
- Co-sponsored with Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, through the boards' *Family Voice* project, three families to present before the Senate Education Committee on "FASD and the Education System," and for a lunchtime Legislative Health Caucus. Participants received advocacy training and met with legislators individually to discuss issues related to FASD;
 - Successfully advocated for substance abuse treatment for at-risk parents, rural peer support services, and the Alaska Complex Behaviors Collaborative, in the state operating budget;
 - Successfully advocated for SCR 7, proclaiming Sept. 9, 2011 as FASD Awareness Day, sponsored by Senator Kevin Meyer (R-Anchorage);
 - The steering committee continues to meet monthly; workgroups are addressing recommendations from the December 2010 Summit.

In 2011

- Met with all 60 legislators on topics related to FASD; each legislator received an information packet that

For additional information on the Alaska FASD Partnership, or how to become a member (no dues or minimum requirements) visit the new website at www.hss.state.ak.us/abada/fasd.htm. ❖

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Legislators learn about Fetal Alcohol Spectrum Disorders

During the 2011 legislative session, members of the Alaska FASD Partnership came to Juneau and advocated for issues related to fetal alcohol spectrum disorders.

In early February, Partnership members presented before the Senate Education Committee, chaired by Sen. Kevin Meyer, on the topic of FASD and the Education System. Other legislators on the committee include Sen. Gary Stevens, Sen. Bettye Davis, Sen. Joe Thomas, and Sen. Hollis French.

The group also presented at a noontime Legislative Health Caucus, sponsored by Rep. Sharon Cissna and Sen. Donny Olson, and chaired by Sen. Olson.

The panels included Cindy Anderson, director of Special Education for Anchorage School District; Monica Charles Leinberger, FASD and Behavioral Specialist for Lower Kuskokwim School District; Deb Evensen, FASD Education Consultant; Jeanne Gerhardt-Cyrus, parent navigator and parent of children with fetal alcohol spectrum disorders, and Ivory Gerhardt-Cyrus, teen with FASD; Mary, Trevor and Angela Andrews, family affected by FASD; and Mindy Cason, UAA student and adult with an FASD.

Panel discussions covered many issues facing students, teachers, administrators and families affected by FASD. Following are some of the highlights of their presentations, with recommendations:

- ✓ Policy-makers and administrators need to know what FASD is and understand the importance of addressing issues related to FASD; including:
- ✓ Expand FASD training for teachers and staff, including what is FASD and how to effectively work with students who have an FASD;
- ✓ Expand models for serving students, teachers and families used at Lower Kuskokwim School District and Anchorage School District who incorporate an FASD/Behavior Specialist in their schools;
- ✓ Expand special education services to students with FASD (and suspected FASD), with or without a diagnosis, based on behavior and functionality;
- ✓ Facilitate a paradigm shift for teachers, staff and families in how to work with students who have FASD, including seeing behavior as the result of a brain-based disability, understanding that students *can't* perform certain behaviors, not *won't*, develop patience with individual student processing time; work on changing the environment, to accommodate the student's disability.



During a visit to Juneau in 2011, members of the Alaska FASD Partnership presented in a panel before the Senate Education Committee (above) and again at a Legislative Health Caucus (below) on the topic of "FASD and the Education System." Panel members pose at the Capitol (center).

Members also visited legislators individually in their offices to discuss one-on-one many issues related to FASD and funding priorities supported by the Partnership.

Several budget items passed the legislature in 2011 that will benefit people and providers who work with people impacted by FASD (see pages 10-15 for state budget overview).

By the end of session, all sixty legislators had been visited and handed an FASD information packet that included background information on FASD and what kinds of efforts are needed to address FASD issues in Alaska. ❖

Proclaiming September 9, 2011 as FASD Awareness Day

WHEREAS fetal alcohol spectrum disorders are a leading cause of preventable and permanent birth defects and mental retardation in the United States; and

WHEREAS the birth defects associated with fetal alcohol spectrum disorders include brain damage, facial deformities, and deficits in growth, learning, memory, and internal organ development; and

WHEREAS fetal alcohol spectrum disorders result from ingestion of alcohol by a woman during pregnancy; and

WHEREAS Alaska has the highest known incidence of fetal alcohol spectrum disorders in the United States; and

WHEREAS fetal alcohol spectrum disorders affect all racial and socioeconomic groups; and

WHEREAS, in addition to the personal emotional costs, fetal alcohol spectrum disorders cost taxpayers millions of dollars over an affected individual's lifetime;

BE IT RESOLVED that the Alaska State Legislature proclaims September 9, 2011, as Fetal Alcohol Spectrum Disorders Awareness Day; and be it

FURTHER RESOLVED that the people of the state observe Fetal Alcohol Spectrum Disorders Awareness Day with appropriate efforts to promote awareness of the effects of prenatal exposure to alcohol and of the fact that there is no known safe level of alcohol consumption during pregnancy, to increase identification of children with fetal alcohol spectrum disorders, and to improve the lives of those affected by fetal alcohol spectrum disorders.

-- SCR 12 Sponsored by Senator Kevin Meyer,
signed into law on 4/28/11

New bill, SB 127, would put FASD Awareness Day permanently in state statute

At the end of the 2011 legislative session, Senator Kevin Meyer introduced a bill that would permanently recognize September 9 as FASD Awareness Day in state statute.

SB 127, "An Act establishing September 9 each year as Fetal Alcohol Spectrum Disorders Awareness Day" will likely begin having hearings in the 2012 legislature.

Alaska has the highest known incidence of FASD in the United States – a condition caused by prenatal exposure to alcohol – which can result in permanent brain damage, birth defects, learning disabilities, behavioral problems and the loss of individual potential.

While FASD affects all racial and socioeconomic groups, it is a 100% preventable condition.

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

SB 127 would observe FASD Awareness Day by promoting the awareness of the effects of prenatal exposure to 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.

"SCR 7 would proclaim September 9, 2011 as Fetal Alcohol Spectrum Disorders Awareness Day (FASD)."

*For additional information, contact:
Senator.Kevin.Meyer@legis.state.ak.us*

Briefly

FAScinating Families Camp will expand to three new communities

Volunteers of America (VOA) in Anchorage was recently awarded a grant to expand their *FAScinating Families Camp* to three new locations: Fairbanks, Sitka and Homer. The three-day weekend camp provides a supportive, educational, and fun environment for children and families impacted by fetal alcohol spectrum disorders (FASD). VOA has been coordinating the camps in the Anchorage/Mat-Su area since 2000. Members of Anchorage Council on FASD helped develop the Anchorage camp.

VOA will partner with Anchorage's Stone Soup Group to share expertise and resources for the new and existing camps. Expanding the camps to rural areas was one of the priorities of the Partnership's Family/Peer Support workgroup, which worked with Trish Smith at VOA early on to help identify potential new sites and offer support.

The selected communities were chosen in part because they have a FASD diagnostic team coordinator or a parent navigator willing to assist in camp preparation – which will include locating a campsite, gathering volunteer support, advertising, and identifying eligible families.

The camps feature the 16-hour *FASD into Action* parent/care provider training model developed by Diane Malbin, MSW, an internationally recognized authority on FASD. The hands-on training is designed to help care providers better understand and work with young people affected by prenatal alcohol exposure.



Families and staff participate in Native dancing at *FAScinating Families Camp* in February 2011, near Anchorage.

Families are able to practice what they learn with the support and guidance of trained professionals.

Besides offering training and respite, the camps feature lots of 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. For many families, the *FAScinating Families Camp* is the only resource they have for learning about FASD and meeting with others who share similar experiences.

"Trying differently, rather than harder" is a central theme at the camps, and the environment is supportive and helpful, as well as fun.

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

The Governor's disabilities council invites comment on FASD issues

The Governor's Council on Disabilities and Special Education (GCDSE) is currently working on its Five-Year Plan. There are several parts that address issues related to FASD. If you're interested in reading about it and/or commenting, go to: www.hss.state.ak.us/gcdse and look for the 5-year plan. Deadline for comment is July 15.

Some sections to note, are: 1) Page 13, see description of underserved and unserved people affected by FASD; 2) Page 13, Goal 3, see the section related to housing and supporting "living in accessible, affordable and safe homes in the community;" and 3) Page 20, Goal 4, related to access to health care services, "work with relevant state agencies and other key stakeholders to prevent FASD and better serve those affected by prenatal alcohol exposure."

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

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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.).

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.

Substance abuse treatment for pregnant women expands in Kenai and Juneau

In 2010, stakeholders statewide successfully advocated for increased funding that would expand substance abuse treatment for pregnant women in Alaska. The Division of Behavioral Health (DBH) has recently awarded grants to two programs, Serenity House at Central Peninsula Hospital and Rainforest Recovery Center at Bartlett Regional Hospital. Another program is expected to be awarded soon.

Serenity House offers a wide variety of clinical programs assisting clients with their individual needs, including substance abuse treatment and mental health care, motivation interventions, FASD education, Dialectical Behavior Therapy, trauma-informed care, couples therapy, and Strengthening Families Program. Contact them at: www.cpg.org.

Rainforest Recovery Center’s outpatient

addiction treatment program for women focuses on pregnant women, women with children, and women of child-bearing age, and offers family and individual counseling, group therapy, case management, child care assistance and transportation. Contact them at www.bartletthospital.org/patientServices/rainforest.htm.

Funding for FASD case management

In 2010, stakeholders successfully advocated for funding to help people diagnosed with FASD get better access to support services in four communities: Juneau, Bethel, Kenai, Sitka. The diagnostic clinics in these communities determined the best way to get clients to services is to offer case management, since most families upon getting a diagnosis are unaware or unprepared to handle what comes next. A case manager helps families identify what services are needed, fill out necessary paperwork, make it to appointments, etc.

The Division of Behavioral Health (DBH) has finalized provider agreements and funding should be available in July.

Lower Kuskokwim and Anchorage School Districts lead the way on FASD

The Alaska FASD Partnership applauds the work of LKSD and ASD in serving students, teachers, and families impacted by FASD. Both districts have initiated efforts to deal with FASD in their schools. The establishment of a district-wide FASD specialist position at LKSD and putting a behavior specialist in each school at ASD shows foresight and leadership. As other school districts increase their awareness and follow this trend, they will be looking to LKSD and ASD for guidance.

FASD and Sexuality Workshop

Advocates in Juneau hosted a one-day workshop in February that addressed FASD and sexuality, including how people with FASD understand and express sexuality, what strategies are effective for directing and encouraging healthy expressions of sexuality and preventing inappropriate behavior, healing for victims and perpetrators, and how communities and care systems can better respond to FASD challenges.

Break-out sessions focused on parents and caregivers, justice system workers and care providers. Presenters included Jeremy Baumbach, Deb Evensen, Morgan Fawcett, Ric Iannolino, Judge Mike Jeffery, Kay Kelly and Sherri Wes. ❖

Participate in FASD Awareness Day on September 9



A table tent offers pregnant women a free, non-alcohol beverage on Sept. 9, 2011, and informs restaurant customers about the effects of drinking alcohol during

Free non-alcoholic drinks in restaurants for pregnant women

For the past eight years, the Alaska Women's Recovery Project has promoted a "free non-alcoholic drinks for women" in Anchorage restaurants. The Alaska FASD Partnership has helped expand the effort throughout the state.

This campaign invites local restaurants to offer a free non-alcoholic beverage to pregnant women on FASD Awareness Day, September 9, 2011. The event promotes awareness about alcohol-free pregnancies and educates patrons about the potential effects of drinking during pregnancy. Table tents at participating restaurants present an overview of what FASD is, what causes it, and how to prevent it. The tents also give contact info for local and national FASD agencies and invites pregnant women to enjoy a free non-alcoholic beverage provided by the restaurant.

In 2010, three other communities joined the effort: Juneau, Nome and Sitka. In 2011, the Partnership is coordinating with CHARR (Alaska Cabaret, Hotel, Restaurant and Retailers Association) in promoting the effort statewide.

If you would like to host your own restaurant promotion, here are some hints, or contact the Partnership for templates:

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.
5. Hang community posters around town week before the event (optional).

Volunteer Responsibilities:

1. Volunteers choose or are assigned a restaurant.
2. Volunteers agree to approach the restaurant manager or owner to solicit 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. Volunteers report to master coordinator with a total number of table tents needed and coordinate for time to pick up table tents.
5. On September 9, each volunteer picks up table tents and returns to assigned restaurant to place them on the tables and hangs poster in prominent place.
6. Volunteers return the following day to pick up table tents and take down poster(s).
7. Volunteers give a thank you note to the restaurant.

For guidelines and posters/table tent templates contact Teri at (907) 465-4765, or email at: akfasdpartnership@alaska.gov. ❖

Partnership workgroups address top issues statewide

At a summit in December 2010, the steering committee of the AK FASD Partnership met in Anchorage to finalize short-term and long-term goals for the following year. The recommendations came after a month of teleconferenced workgroups, who met and identified issues related to FASD that are most pressing to Alaskans. To join a workgroup, contact akfasdpartnership@alaska.gov.

Diagnosis

- 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
- Expand FASD training for primary care and behavioral health providers
- 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 and training programs

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
- Coordinate efforts with the Dept. of Health & Social Services

FASD and the Education System

- Educate district, board and school personnel about FASD, TBI, and other neurobehavioral disabilities and their relationship to behavior, e.g. presenting at conferences, in-services, hands-on in classrooms, etc.
- 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.
- Coordinate efforts with the Dept. of Education and Early Development

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 (CJWK).

Services for Adults with FASD

- Expand transition services (housing, treatment, medication management, employment, education, case management)
- Develop service system for adults with neurobehavioral disabilities
- Expand diagnosis for adults
- Coordinate efforts with Depts. of Health & Social Services and Corrections.

Professional Development

- Distribute resources for professionals
- 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 (CJWG)

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 ❖

Strategies for Success

Mindy Cason is a recent UAA graduate. She experienced prenatal alcohol exposure and was 20 before she discovered many of her difficulties were related to having an FASD. Her early school years were difficult because learning disabilities and a lack of interventions limited her ability to develop normal social and academic skills. After realizing the cause of her difficulties, she began to let go of the blame and shame, and with others' help, started developing strategies that have helped her succeed. Mindy wrote this article for people who experience an FASD and for people affected by FASD.

By Mindy Cason

When thinking about success, to me, it means preventing certain responses that come with shame, guilt, or embarrassment. When looking at coping mechanisms, any of the three of these emotions can hinder success. Learning how to reframe my ability to learn is critical to deter these feelings.

When looking closely at education and social life, there are a few coping skills that I have developed, and since awareness is the best tool to find these for any individual, here are my discoveries:

- Focusing for long amounts of time is not a strength. There are things to be expected, distractions. Redirecting and asking many questions are inevitable.
- Keeping and carrying a bag with the essential items I frequently use to escape uncomfortable situations: ipod, pen, pencils, snacks, a book, journal, tactile hand toys, magazines, and pictures of people I care about. These provide comforts and familiarity in an unfamiliar environment, or situations such as social or educational setting, and relieve anxiety or stress.
- Prepare for distractions: make the items I distract myself with available, collect them before I sit to study. This may include



Mindy Cason (far right), and other panelists, discuss personal experiences at Collaborative Conversations, sponsored by the Arctic FASD Regional Training Center, in May 2010.

making food before studying and having it available the entire time I have to focus my attention. Also, having the bag of essentials available as well. I will become distracted at some point so I provide myself with an expected distraction. This way I can move from one thing to another easily and redirect to the task at hand without feeling guilt for being off task. After being distracted for a while I find a closing point and redirect to the task I am accomplishing.

- Asking questions – all and any questions. This can mean asking the same one many times even minutes after the answer has been given. I process verbal directions atypically. I may think I understand, only to discover I am off base from the intended outcome. I find it encouraging and reassuring to know that if there are doubts about the outcome, I can ask for clarification or to be walked through the information until I own it.
- Learning that taking breaks and knowing that it's alright to isolate at times, and understanding that I have social differences, was difficult. However, I now understand my perspective is uniquely mine; no one perceives things the same as myself. I need time alone with my comfort tools to find a calm place and be ready to re-enter the setting in a healthy way.
- Positive regard is very important. My difficulty with learning, the inability to stay focused, and my not understanding sequential information creates frustration for those working with me. The times I realize I have frustrated someone unintentionally causes me to shut down due to guilt and embarrassment. Having a person who is patient and has positive regard makes a significant difference. ❖

FY12 state budget supports people with disabilities, including those impacted by FASD

DEFINITIONS:

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 Disability 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

AHFC = Alaska Housing Finance Corporation

RPTC = Residential Psychiatric Treatment Center

SED = Severe Emotional Disturbance

FASD = Fetal Alcohol Spectrum Disorders

YOUTH and PREVENTION

Early Intervention/Infant Learning Program Positive Parenting

Training \$80,000 to *Infant Learning Program Grants, OCS/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 (*funded by Alaska Mental Health Trust Funds*).

Clinician to work with Head Start & day care centers for early childhood screening services

\$100,000 to *Infant Learning Program Grants, OCS/DHS*. Funding will establish an early childhood mental health learning network and provide grants for agencies to engage in early childhood screening and intervention services – serving youth at risk of experiencing SED. Coordinator will provide consultation, technical assistance, and professional development to mental health clinicians, family support workers, child care workers, Head Start staff, early intervention, and infant learning specialists (*funded by Alaska Mental Health Trust Funds*).

Expansion of school-based services capacity

\$300,000 to *Services for Seriously Emotionally Disturbed Youth, DBH/DHSS*. Grants will provide funding for educational tracking of youth returning from RPTCs to ensure their educational success upon return; and pilots positive behavioral supports in four school districts: Ketchikan, Juneau, Sitka and Dillingham (*funded by Alaska Mental Health Trust funds and state GF funds*).

Crisis bed stabilization statewide

\$150,000 to *Services for Seriously Emotionally Disturbed Youth, DBH/DHSS*. This program maintains services in Anchorage and begins to expand services beyond Anchorage for youth in crisis. It provides grants to assist both youth in OCS custody and youth with family, and is expected to save Medicaid funds by reducing acute hospitalizations and referrals to RPTCs (*funded by state general funds*).

Services for transition-aged youth

\$250,000 to *Services for Seriously Emotionally Disturbed Youth, DBH/DHSS*. Funding will support community-based capacity for transition-aged youth to move into adulthood with age-appropriate services, including productive work and educational activities. The goal for this increment is to target youth with few or no family supports who are at risk of moving into adult systems, such as corrections, emergency mental health or substance abuse services (*funded by Alaska Mental Health Trust funds*).

Training and Technical Assistance for Bring the Kids Home programs

\$330,000 to *Behavioral Health Administration, DBH/DHSS*. Funding will support technical assistance, training, and ongoing mentoring to improve delivery of integrated, family-driven, recovery-oriented services. Focus is on business practices and clinical performance improvement projects – such as developing wraparound facilitation, implementing evidence-based or best practices, developing FASD waiver services, and/or expanding in-home and family therapy service models (*funded by Alaska Mental Health Trust funds*).

Child Psychiatrist at API

\$50,000 to *Alaska Psychiatric Institute (API), DBH/DHSS*. Funds will pay for a child psychiatrist at API to provide doctor-to-doctor consultation to other RPTCs on issues of case planning and treatment recommendations. The psychiatrist will provide a second opinion for state staff working to divert children from RPTC care and consults with primary care physicians on children at risk of moving into acute or residential care (*funded by state general funds*).

Alaska Family Violence Prevention Project (AFVPP)

\$200,000 to *Chronic Disease Prevention and Health Promotion, DPH/DHSS*. Funding will support training, personnel, curricula and tools, printing and dissemination of resource materials for providers statewide. AFVPP is a nationally recognized best practices program for violence prevention that uses a community-based, multidisciplinary team approach to address dating violence and substance use among youth (*funded by state general funds*).

Pre-K Program Funding

\$1.7 million to Early Learning Coordination, TLS/DEED; and \$300,000 for intervention districts Lower Yukon and Yupiit School Districts. Funds will help continue pilot preschool programs statewide as part of the Alaska Pre-Kindergarten Project, which provides voluntary, comprehensive, half-day preschool pro-grams in rural and urban settings. These programs build on existing community resources and supports the creation of local model programs. Early childhood programs help identify and serve students with special needs throughout their school years. This increment maintains the program that began as a pilot project in previous years *(funded by state general funds)*.

See “Training and Technical Assistance for Bring the Kids

Home Programs” under TRAINING/WORKFORCE

See “Foster parent & parent recruitment training & support” under TRAINING/WORKFORCE

See “Rural/tribal system development” under RURAL SERVICES

See “Training and Technical Assistance for Bring The Kids Home Programs” under YOUTH/PREVENTION

See “Community Behavioral Health Centers Outpatient & Emergency Residential Services & Training” under TRAINING/WORKFORCE

TREATMENT/RESOURCES

Alaska Complex Behaviors Collaborative: Start Hub

\$325,000 to Services to Seriously Mentally Ill, DBH/DHSS. This funding will be used to begin implementation of the Alaska Complex Behaviors Collaborative Hub, where individuals who experience developmental disability, mental illness, addiction, fetal alcohol spectrum disorders, and/or other behavioral disorders can receive stabilization, triage, assessment, referral to diagnostic services and/or short and long-term community-based support services. Funding will support project start-up costs, brief stabilization services, intensive intermediate services, and development of the Hub, or point-of-entry, component *(funded by state general funds)*.

Substance Abuse Treatment and Recovery Services for At-Risk Parents

\$225,000 to Family Preservation in OCS/DHSS. Funding will provide clinical substance abuse treatment and recovery services for parents who have a substantiated report of harm, where substance abuse is a contributing factor to continued risk of harm for their children. It will be delivered through the Family Preservation program offered by the Office of Children’s Services, to ensure that treatment services are available to the parent before a child must be removed from the home *(funded by state general funds)*.

Treatment funding for therapeutic court participants

\$500,000 to 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 *(funded by Alaska Mental Health Trust funds and state general funds)*.

Pre-development for sleep-off alternatives in Nome

\$100,000 to Behavioral Health Grants, DBH/DHSS. 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 *(funded by Alaska Mental Health Trust funds)*.

IMPACT model of treating depression

\$75,000 to Alaska Psychiatric Institute, DBH/DHSS. Funding will support the “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 will also support telehealth equipment for three demonstration projects in urban and rural Alaska *(funded by Alaska Mental Health Trust funds)*.

Family Wellness Warriors Initiative (Year Two)

\$200,000 to DHSS. Family Wellness Warriors Initiative seeks to address domestic violence, abuse, and neglect in Alaska Native communities. The project will equip organizations and individuals to effectively address the emotional, spiritual, mental and physical effects of domestic violence, abuse, and neglect *(funded by state general funds)*.

Traumatic/Acquired Brain Injury Program

\$300,000 to Senior and Disabilities Services Administration, SDS/DHSS. Funding will support continuation of the Acquired/Traumatic Brain Injury (A/TBI) Program, a mini-grant program currently serving about 60 Alaskans with A/TBI. Funding will support planning, coordinating and developing TBI-specific services in Alaska – including access to neuropsychological exams, assistive technology, memory devices, treatment, and more. Additionally, it will support the development of the Traumatic/ Acquired Brain Injury Longitudinal Registry. People with A/TBI are at risk for mental health, substance abuse, homelessness, incarceration and suicide. Access to appropriate services is critical to ensuring hope for recovery *(funded by state general funds)*.

Acquired/Traumatic Brain Injury Program Research Analyst & Registry Support *\$136,000 to Senior and Disability Services Administration, SDS/DHSS.* This funding will support staffing,

planning infrastructure and development expertise for the ATBI Program. These funds will also support planning and successful demonstration of best practice activities that provide treatment and support for individuals and families impacted by brain injury (*funded by Alaska Mental Health Trust funds*).

See “Alaska Family Violence Prevention Project (AFVPP)” under YOUTH/PREVENTION

PEER SUPPORT

Rural Peer Support Services

\$225,000 to *Behavioral Health Grants, DBH/DHSS*. Funding will expand availability of peer support services for people with mental health and/or substance use disorders in rural areas. Peer-operated services include drop-in centers, clubhouses, crisis services, support groups, supported employment and housing assistance, case management, outreach, and more. “Peers” have experienced mental and/or physical difficulties and support other people experiencing the same difficulties (*funded by state general funds*).

Peer Navigator Program

\$200,000 to *Services for Seriously Emotionally Disturbed Youth, DBH/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 (*funded by Alaska Mental Health Trust funds and state general funds*).

RURAL SERVICES

Tribal/rural system development

\$100,000 to *Behavioral Health Administration, DBH/DHSS*. Funding will assist in establishing SED children's 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 (*funded by Alaska Mental Health Trust funds*).

Rural specialist

\$110,900 to *Probation Services, DJJ/DHSS*. Funding will support a specialist to assist rural communities (treatment providers and local natural supports) in developing prevention and/or early intervention activities and making training recommendations that ultimately serve youth returning to their rural home communities from DJJ facilities (*funded by Alaska Mental Health Trust funds*).

Rural long term care development

\$140,000 to *Senior and Disabilities Services Administration, SDS/DHSS*. Funding continues a project that provides technical assistance to rural communities and helps address long-term care needs and resources to meet those needs. It includes outreach, education, and intensive community-based work to meet the needs of people with Alzheimer's and related dementias, fetal alcohol spectrum disorders, and other cognitive impairments (*funded by Alaska Mental Health Trust funds*).

See “Rural peer support services” under PEER SUPPORT

See “Alaska Complex Behavior Collaborative” under TREATMENT/RESOURCES

See “Family Wellness Warriors Initiative (Year Two)” under TREATMENT/RESOURCES

DISABILITY JUSTICE

Social services specialist position in Bethel

\$138,800 to *Public Defenders Agency, LAS/ADMIN*. Funding will support a social services specialist in the Public Defender Agency to assist attorneys with “in-house” clinical expertise on the disorders experienced by Trust beneficiaries 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 (*funded by Alaska Mental Health Trust funds*).

Mental Health clinical positions in Corrections

\$164,000 to *Behavioral Health Care, IHC/DOC*. Funding will support a mental health clinician in the Dept. of Corrections 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 (*funded by Alaska Mental Health Trust funds*).

Implement APIC discharge planning model in Corrections

\$210,000 to *Behavioral Health Care, IHC/DOC*. Funding will support “Assess, Plan, Identify, and Coordinate” (APIC) model of connecting Trust beneficiary offenders re-entering the community to appropriate community behavioral health services. APIC has shown to reduce recidivism by engaging both Corrections and the community treatment provider in developing transition plans for the soon-to-be-released offenders (*funded by Alaska Mental Health Trust funds*).

Criminal justice technician in Corrections

\$56,000 to *Behavioral Health Care, IHC/DOC*. Funding will support 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 the Dept. of Corrections (*funded by Alaska Mental Health Trust funds*).

Increase mental health clinical capacity in DJJ

\$200,000 to McLaughlin Youth Center, DJJ/DHSS. Funding will maintain adequate mental health clinical staff capacity to provide appropriate mental health treatment and transition planning to youth in DJJ facilities statewide *(funded by Alaska Mental Health Trust funds and state general funds).*

Management & clinical oversight of therapeutic court**probation staff** *\$142,700 to Therapeutic Courts/COURTS.*

Funding will provide focused daily and clinical supervision of the therapeutic court probation staff to ensure for adequate mentoring, program planning, budget management, monitoring, and public safety. Therapeutic courts serve people with mental illness, substance abuse and other cognitive impairments *(funded by state general funds).*

Fairbanks Juvenile Therapeutic Court

\$245,900 to Therapeutic Courts/COURTS. This project continues funding for a therapeutic court alternative for youth with mental illness, substance abuse disorders, or other cognitive impairments involved in the juvenile justice system in Fairbanks. The project engages youth in treatment to avoid future treatment services and costs associated with the adult correctional and judicial systems. Funding also supports tracking and reporting outcomes *(funded by Alaska Mental Health Trust funds).*

Mental Health Court expansion in targeted communities

\$204,400 to Therapeutic Courts/COURTS. Funding supports a therapeutic court alternative for people with mental illness, substance abuse disorders, or other cognitive impairments in identifying the underlying reasons for an individual's contact with the criminal justice system. Funds will also support development of court-ordered treatment plans 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 *(funded by Alaska Mental Health Trust funds).*

ASAP therapeutic case management and monitoring**treatment in Barrow** *\$139,900 to Therapeutic*

Courts/COURTS. Funding maintains a position with the Barrow Alaska Safety Action Program (ASAP) which provides a therapeutic court alternative for people with mental illness, substance abuse disorders, and other cognitive disabilities. Responsibilities include identifying available treatment options and making treatment recommendations, monitoring adherence to court-ordered recommendations, and mechanisms that address the underlying disorder contributing to the individual's contact with the justice system *(funded by Alaska Mental Health Trust funds).*

Probation Officer for Anchorage Wellness Court

\$79,900 to Alcohol Safety Action Program, DBH/DHSS. Funding supports a probation officer at the Anchorage Municipal Wellness Court. Responsibilities 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 *(funded by state general funds).*

See "Bridge Home Program" under SUPPORTED HOUSING

See "Discharge Incentive Grants" under SUPPORTED HOUSING

See "Treatment funding for therapeutic court participants" under TREATMENT

See "Training for Judicial Conference participants" under TRAINING/WORKFORCE

See "Deliver training for defense attorneys" under TRAINING/WORKFORCE

See "Training for Therapeutic Court clinical staff" under TRAINING/WORKFORCE

See "Probation staff instruction on therapeutic models of community supervision" under TRAINING/WORKFORCE

See "Pre-development for sleep-off alternatives in Nome" under PLANNING/RESOURCES

See "Rural specialist in DJJ" under RURAL SERVICES

SUPPORTED HOUSING**Office of Integrated Housing**

\$225,000 to Behavioral Health Administration, DBH/DHSS. Funding supports an ongoing project offering technical assistance in developing supported housing options for people with mental illness, substance abuse disorders, cognitive impairments and other disabilities *(funded by Alaska Mental Health Trust funds).*

Discharge Incentive Grants

\$400,000 to Services to Seriously Mentally Ill, DBH/DHSS. Funding supports beneficiaries in DOC settings who require extended supervision and support services to prevent repeat incarceration and public health concern. These funds will be administered by DBH as Assisted Living Home Vouchers or support service resources. Resources will help increase skill level and capacity for assisted living providers *(funded by Alaska Mental Health Trust funds and state general funds).*

Bridge Home Program

\$750,000 to Services to Seriously Mentally Ill, DBH/DHSS. Funding supports 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 (*funded by Alaska Mental Health Trust funds*).

Capital projects

AHFC Homeless Assistance Program (\$10.05 million in AHFC receipts); and
AHFC Beneficiary and Special Needs Housing (\$1.750 million).

See “Assisted living home training and targeted capacity for development” under TRAINING/WORKFORCE

PLANNING and RESOURCES

Comprehensive Integrated Mental Health Plan

\$120,000 to Health Planning and Systems Development, DPS/DHSS. Funding supports continued development of the Comprehensive Integrated Mental Health Program Plan (Comprehensive Plan), a legislatively-mandated planning process used to guide the behavioral health system, to be carried out by DHSS, The Trust and four advisory boards (*funded by Alaska Mental Health Trust funds*).

Behavioral health follow-up survey

\$100,000 to Behavioral Health Grants, DBH/DHSS. Funding will be used to conduct a behavioral health survey of client recovery levels at one year after treatment. This survey has important policy implications for improving mental health and substance abuse treatment and could also help to document important cost savings from good treatment. If survey information is found to be helpful, it is the intent to repeat this survey every four- to five-years (*funded by Alaska Mental Health Trust funds*).

Family Voice for parents and youth

\$25,000 to Alaska Mental Health Board, DBH/DHSS. Funding brings youth experiencing SED to the Bring the Kids Home (BTKH) quarterly meetings and other advocacy/policy settings, with the goal of providing policymakers with first-hand knowledge of issues affecting youth and families affected by SED, including FASD (*funded by Alaska Mental Health Trust funds*).

TRAINING and WORKFORCE

Assisted living home training and targeted capacity for development *\$100,000 to Behavioral Health Grants, DBH/DHSS.* Funding continues assisted living home training and targeted capacity development to improve the quality of training available for assisted living home providers serving individuals with severe mental illness and high-needs individuals in correctional facilities. Both programs address homelessness and daily functioning for very impaired individuals (*funded by Alaska Mental Health Trust funds*).

Mini grants for people with disabilities

\$227,500 to Community Developmental Disabilities Grants, SDS/DHSS. Mini-grants provide Trust beneficiaries with a broad range of equipment and services that are essential to directly improving quality of life and increasing independent functioning, including therapeutic devices, access to medical, vision and dental, special health care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community (*funded by Alaska Mental Health Trust funds*).

Microenterprise capital

\$125,000 to Governor's Council on Disabilities and Special Education, SDS/DHSS. Funding provides beneficiaries access to startup funding, small business technical assistance and support, alternative and innovative resources and other options promoting beneficiary self-employment and economic independence (*funded by Alaska Mental Health funds*).

Community Behavioral Health Centers outpatient/ emergency residential services & training

\$780,000 to Services for Seriously Emotionally Disturbed Youth, DBH/DHSS. Funding expands grant opportunities to Community Behavioral Health Centers (CBHC) to enhance outpatient services with innovative programs and training for children experiencing SED, Fetal Alcohol Syndrome (FAS), and other cognitive impairments. A separate component will evaluate the cost effectiveness of these outpatient services (*funded by Alaska Mental Health Trust funds and state general funds*).

Training and technical assistance for Bring the Kids Home programs

\$330,000 to Behavioral Health Administration, DBH/DHSS. Funding will support technical assistance, training and on-going mentoring to improve delivery of integrated, family-driven, recovery-oriented services. Focus is on business practices and clinical performance improvement projects, such as wrap-around facilitation, evidence-based or best practices, FASD waiver services, and/or in-home/family therapy service models (*funded by Alaska Mental Health Trust funds*).

Foster parent & parent recruitment training & support

\$276,000 to Family Preservation, OCS/DHSS. Funding will provide 1) resources to recruit and screen potential foster parents, 2) provide training and technical assistance for parents and foster parents. Therapeutic Foster Homes are recognized in Bring the Kids Home (BTKH) planning as an economical and effective alternative to more costly residential care for youth experiencing SED. Biological parents will be included in relevant trainings as available (*funded by Alaska Mental Health Trust funds and GF funds*).

Probation staff instruction on therapeutic models of community supervision

\$80,000 to Therapeutic Courts/COURTS. Funding supports training for ASAP probation staff in evidence-based practices that will serve to improve

long-term client outcomes and reduce criminal recidivism among people with mental illness, substance abuse disorders and other cognitive impairments (*funded by state general funds*).

Training for Judicial Conference participants

\$15,000 to Therapeutic Courts/COURTS. Funding will support training on topics related to mental health disorders, substance abuse and other cognitive impairments, including autism, bipolar disorder, and fetal alcohol spectrum disorders, etc.. Training offers jurisprudence principles and practices to participants of the Judicial Conference, which includes representatives from Dept. of Law, Public Defender Agency, Office of Public Advocacy. Focus will be on root causes for a beneficiary's contact with the criminal justice system, recommendations for appropriate interventions, and alternatives in sentencing and conditions of bail/ probation (*funded by Alaska Mental Health Trust funds*).

Training for prosecutors

\$15,000 to Third Judicial District-Anchorage, Criminal Division/LAW. This project provides foundational knowledge to prosecutors within the Dept. of Law on mental illness, substance abuse, and other cognitive impairments, to include available treatment and an overview of the state's community behavioral health system. Training better equips prosecutors to 1) better understand and provide for the needs of offenders with disabilities, 2) consider underlying causes for an offender's contact with the criminal justice system, and 3) setting appropriate conditions of bail/ probation based on the individuals mental and/or cognitive capacity (*funded by Alaska Mental Health Trust funds*).

Training for defense attorneys

\$15,000 to Office of Public Advocacy, LAS/ADMIN. Funding will provide training for defense attorneys in understanding mental illness and other impairments, and how to better handle legal cases involving persons with disabilities, including education in treatment options and available resources (*funded by Alaska Mental Health Trust funds*).

Training for therapeutic court clinical staff

\$15,000 to Therapeutic Courts/COURTS. Funding will send Therapeutic Court teams (judges, attorneys, clinical case coordinators) to a national conference sponsored by SAMHSA and the GAINS Center focusing on the connection between mental health and criminal justice systems, including evidence-based practices as solutions (*funded by Alaska Mental Health Trust funds*).

See "Early Intervention/Infant Learning Program Positive Parenting Training" under YOUTH/PREVENTION

UNIVERSITY OF ALASKA

Anchorage Campus

Increase provider capacity to better serve cognitively impaired offenders - \$80,000 (*Alaska Mental Health Trust funds*).

Specialized skills and training on serving cognitively impaired offenders - \$55,000 (*Alaska Mental Health Trust funds*).

Training and technical assistance for providers - \$210,000 (*Alaska Mental Health Trust funds*).

Children's mental health (interdisciplinary education) and certification - \$64,000 (*Alaska Mental Health Trust funds*).

Fairbanks Campus

Alaska Rural Behavioral Health Training Academy - \$172,500 (*Alaska Mental Health Trust funds*).

Human Services - \$50,000 (*Alaska Mental Health Trust funds*). ❖

Follow the State Budget from home...

To follow budget and policy issues as they pass through the legislative process, go to the Governor's website at www.omb.alaska.gov and the Alaska State Legislature website at www.legis.state.ak.us/basis.

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

Organizations that participate in state budget issues related to vulnerable Alaskans:

- Advisory Board on Alcoholism and Drug Abuse
- Alaska Brain Injury Network
- Alaska Commission on Aging
- Alaska Addiction Professionals Association
- Alaska Behavioral Health Association
- Alaska Mental Health Board
- Governor's Council on Disabilities and Special Education
- Statewide Suicide Prevention Council

ADVOCACY TIPS

- 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.

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



Alaska FASD Partnership
Steering Committee

Message from the Chair

Waqaa to the readers from the Alaska FASD Partnership. This partnership is a group of individuals and organizations coming together to address Fetal Alcohol Spectrum Disorders (FASD) and the concerns associated with FASD – health and social issues, as well as, providing education and awareness. We are professionals, parents, educators, voters, community leaders, health care providers, and more.

Alaska is an incredible state with diversity in our cultures, languages, and communities. Every year, our state attracts many tourists to witness firsthand the beauty of Alaska – in our lands and our people. Yet, behind this beauty, Alaska leads the way with the highest number of individuals born with FASD, the highest rates of alcohol abuse and domestic violence. The common factor is alcohol. FASD does not discriminate by culture, education, or economic status. It can happen anywhere alcohol is available.

Our policymakers are working to address the needs for each district: safe school buildings, road improvements, health care, safe water, law enforcement ... to name a few. Although Alaska leads the way with identification of FASD through our diagnostic teams, we can do more to help decrease the incidence of FASDs through education and awareness. If everyone reading this newsletter pledges to learn more about FASD – its causes and the issues surrounding alcohol use – our state has the potential to live more healthy, safe, and happier lives. Join our cause – sign up to become a member of the AK FASD Partnership!

Quyana for your time. If you have any questions, concerns, or would like to join the Partnership, please contact us.

Monica Charles Leinberger