Governor’s Council on Disabilities and Special Education
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Trustee Report
Ric Nelson, Chair
Patrick Reinhart, Executive Director

November 2014

Developmental Disabilities Council
Five-Year Plan (2011-2016)

Our 5-Year Plan Covers the following:
1. Advocacy and Leadership
   - Eg., Peer Power Alaska – Self-Advocacy Organization, Key Campaign, PIP.
2. Community Choice and Supports
3. Housing
4. Transportation
5. Employment
6. Early Intervention
7. Education
8. Health

Collaboration Areas with the Trust

- Employment First
- Trust Beneficiary Employment and Engagement (BEE)
- Alaska Safety Planning and Empowerment Network (AS PEN)
- Microenterprise Program (MEP)
- Transportation
- Housing
- DD Mini Grants
- Trust Training Cooperative
- Alaska Brain Injury Network (ABIN)

Employment First

- Assisted Representative Charisse Millett and staff with drafting legislation
- CSHB 211 passes unanimously in April 2014
- Signed into law by Governor Parnell at the Trust Beneficiary Employment Stakeholder meeting in May
- Requires the Departments of Education & Early Development, Health & Social Services and Labor & Workforce Development to report to the Trust annually on how they are meeting the goals of the law
- Council staff will meet with the Department Commissioners and the Trust to develop reporting elements prior to 2015.
Trust Beneficiary Employment & Engagement (BEE)

- Council staff worked with the Trust Project Officer to:
  - Establish a core employment workgroup
  - Assist the Institute for Community Inclusion in meeting with stakeholders statewide to develop their recommendations
  - Hold a large Stakeholder meeting in May to review the ICI data and develop primary objectives and goals
  - Hold a follow up stakeholder meeting to review the ICI report and develop action steps

Alaska Safety Planning Empowerment Network (ASPEN)

- FY15 community has been selected,
  - 4 agencies have signed ASPEN contract
- Needs Assessment Tasks Completed:
  - Focus Groups
  - Key Informant Interviews
  - Policy and Procedure review (2 of 4 agencies completed)
- Needs Assessment Report scheduled for January
- Applying for federal grant early next year
2014 Legislative Outcomes:

- **Update on Anchorage Taxicab and Limousine Service Ordinances**
  - New laws should result in less discriminatory acts by cab companies and dispatchers who have ignored calls for pickups by residents with disabilities.
  - New seat on the Anchorage Transportation Commission board designated for a person with senior and disability program experience.

- **Complex Behavior Collaborative (CBC)**
  - Program provides intensive support and intervention to individuals at risk of being removed from their community and placed in an institution.
  - Full $525,000 in base funding for the CBC was approved by the legislature and the Governor.

- **HB 211: The Employment First Bill**
  - Under this new Alaska State Law, gainful employment in an integrated setting at or above minimum wage must be considered the first and preferred outcome in the provision of services for individuals with disabilities.
  - The legislation will result in an alignment of policies and services across multiple state departments.

2014 Legislative Outcomes:

- **HB 361: Applied Behavioral Analyst Licensing**
  - Previously, Alaskans with the BCBA credential could not bill health insurance companies or Medicaid for their services at a rate that reflects their professional skill because they were not licensed.
  - HB 361 addresses this situation by providing for those holding the BCBA or BCaBA credentials in Alaska to be licensed by the Division of Professional Licensing, Department of Commerce, Community and Economic Development.

- **HB 210: Safe Student Act**
  - Now Alaska State Law, this act ensures that all Alaskan schools will soon have policies on restraint and seclusion and every district will have staff trained in de-escalation techniques.

- **HB 278: Repeal of the High School Graduation Qualifying Exam (HSGQE)**
  - While this omnibus education bill covers lots of issues, the most important aspect for the Council is the repeal of the HSGQE which has been a long standing priority!
  - Not only is the exam abolished, but it also includes a retroactive provision for students who previously did not pass one or more portions of the exam and thus were excluded from obtaining a high school diploma.
Complex Behavior Collaborative

- SFY14 data shows 50 individuals received CBC services.
  - Of those, 26 successfully graduated
  - 24 are still receiving services.
- 78% of participants avoided institutional care.
- 92% of participants maintained their community placement status.
- Agencies are involved in the following communities: Anchorage/Eagle River, Mat-Su, Fairbanks, Kenai Peninsula, Homer, Valdez, Cordova, Juneau, Ketchikan, Kotzebue, Buckland, and two northern villages.

HB 210 Safe Student Act: Next Steps Regarding Restraint and Seclusion in Schools

- Implementation
  - “Snapshot” sessions at the Alaska Association of School Boards
  - Presentation at the 2015 Alaska State Special Education
  - Sample policies and reporting forms shared with districts
  - Information to crisis intervention training programs so they can customize training to fit requirements
  - Help facilitate cross district trainings to lower training costs
- Policy
  - Comments made on draft regulations to be adopted by the State Board of Education.
    - These regulations focus on reporting and approval of crisis prevention intervention programs requirements.
Repeal of the High School Graduation Qualifying Exam (HSGQE)

- **April 25**- The Legislature repealed the HSGQE as part of the “Education Omnibus” HB 278
- **June 19**- State Board of Education passed regulations to officially eliminate the HSGQE (it was a Thursday at 10:05 am)
- **June 27**- State makes official announcement on website and via newsletter
- **Ongoing** – Getting the word out
  - Council sends out announcements and posts notice on Facebook.
  - Looking for a former student to feature in a news article to further publicize
- **Estimated over 3,000 students may be eligible for retroactive diplomas**
  - Estimated nearly 1,400 of those students have disabilities*
  - Many more people may be eligible for employment, since most jobs in the state require a high school diploma
  - The military also has a policy to give preference to recruits with high school diplomas

*Alaska Department of Education and Early Development estimates, March 19, 2014, personal communication

Applied Behavior Analyst Licensing

- **Behavior Analysts in Alaska**
  - 2 BCBAbs (Doctoral level)
  - 23 BCBAbs (Masters level)
  - 2 BCABs (Bachelor level)
  - None of them are currently licensed in Alaska.
  - Makes it difficult to bill insurance.
  - Licensure will start in Alaska in 2015.
  - The cost will be ~ $1,000.00 per year.
  - Costs will go down as more join the field.
  - UAA is currently developing both a Bachelor and Masters level program.
  - There needs to be a student career Behavior Techs which leads to a Bachelors
2015 Legislative Priorities in Discussion:

• Early Intervention: Deaf Children Bill of Rights
  — This legislation is expected to be brought up again in 2015.

• Assist Deaf Community of Alaska in obtaining capital money for the Denali Deaf Community Center in Anchorage. Helping them repackage their message.

• Disability Designation on ID/License and Training
  — Representative Thompson introduced HB 232 in 2014, which would allow for a disability designation on ID/License and provide training to officers on non apparent disabilities.
  — Representative Thompson plans to re-introduce this bill in 2015.

2015 Legislative Priorities:

• Health/Community Choice Supports: Medicaid adjustments for reduce & reuse
  — Reduce and reuse allows durable medical equipment to be recycled.
  — Reuse and recycling has the potential to save the State money.
  — GCDSE will be researching and make recommendations to the State of Alaska on the re-use and recycling of durable medical equipment and assistive technologies purchased by state entities such as Medicaid, DVR, the Trust, AHFC and Special Education

• Medicaid preauthorization:
  — Research streamlining Medicare and Medicaid prior authorization processes
  — Once a medicine / equipment is approved, it ought to stay approved until the prescription is renewed, at which time we go through the process again.

• Medicaid Reform:
  — The Council gave public comment regarding the Medicaid Reform Advisory Group’s Medicaid Innovation Recommendations to Governor Parnell
CMS Ruling and Guidance on Home and Community Based Services (HCBS) Waivers

• Effective March 17, 2014
• Emphasis on quality of life for recipients of waiver services
• Person-Centered Planning
• Definition of “home and community-based settings” in which services may be provided
• “Conflict-free” care coordination
• Added protections for recipients in provider controlled or operated residential settings

PERSON-CENTERED PLANNING

• Clear separation of service planning and service provision
• New requirements for documentation of options offered to the recipient
• Real choice for recipient free from pressure and undue influence
PERSON-CENTERED PLANNING PROCESS

• Led by the recipient and/or with their representative (as defined by recipient)
• Reflect cultural considerations
  — individuals with disabilities
  — limited English proficiency
• Documents the options offered and considered by the individual
• Plan signed by and distributed to all

CONFLICT-FREE CARE COORDINATION

• Complete separation of service planning and service provision
• Prohibition on any agency providing both to same individual
• No acceptable degree or percentage of financial or organizational affiliation between agencies that will allow provision of care coordination and service provision
• Exception: only 1 qualified agency in a geographic area
HOME AND COMMUNITY-BASED SETTING (HCBS)

Requires the state to verify that all recipients of HCBS receive those services:
• in integrated community settings
• selected by the recipient from among setting options (including non-disability specific settings)
• appropriate to their needs
• settings provide “full access” to the benefits of community living

DEFINITION OF FULL ACCESS

Full access means to the same degree of access as individuals not receiving home and community-based services including opportunities to:
• seek employment and work in competitive, integrated settings
• engage in community life
• control personal resources
• receive services in the community
HOME AND COMMUNITY-BASED SETTING

Qualities of a “home and community-based setting:”

• Physically accessible
• Choice of roommates
• Freedom to furnish and decorate
• Freedom and support to control schedules and activities
• Access to food at any time
• Visitors at any time

HCBS IN PROVIDER-OWNED SETTINGS

In a provider-owned or controlled residential setting the following additional conditions must be met:

• Must be rented or occupied under a “legally enforceable” agreement
• Same protections from eviction under the landlord/tenant law
• Privacy in sleeping or living unit
• Entrance doors lockable by the individual
NEVER ALLOWABLE AS HCBS SETTINGS

- Nursing home/facility
- Institution for mental disease (16+ beds)
- Intermediate Care Facility/Intellectual and Developmental Disabilities (ICF/IDD)
- Hospital
- Any setting co-located with, on the grounds of, or immediately adjacent to an institution
- Any other location that isolates individuals from the broader community

ALASKA’S NEXT STEPS TO COMPLIANCE

1. Assess providers on the basis of HCBS settings regulatory criteria
2. Determine setting’s level of conformity to HCBS setting characteristics
3. Develop “Transition Plan”
4. Provide opportunity for Public Comment
HOW THE COUNCIL CAN HELP

Discussion on how to help self-advocates and families:
1. Get information about these changes
2. Provide input on the state plan
3. Understand how the approved plan will affect their services

Questions?

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Patrick Reinhart, Executive Director
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Alaska Commission on Aging
Alaska’s Roadmap to Address Alzheimer’s Disease and Related Dementias

Alaska Commission on Aging
Presentation to the Alaska Mental Health Trust Authority
November 20, 2014

Presentation Outline

• Overview of Roadmap Process

• Background Data

• Goals & Recommendations

• Next Steps

• Questions, Discussion
### Roadmap Core Team & Agency Affiliations

- Alaska Mental Health Trust Authority: Amanda Lofgren & Nancy Burke
- AARP: Ken Helander
- Department of Health & Social Services, Senior and Disabilities Services: Lisa Morley & Duane Mayes
- Alzheimer’s Resource of Alaska: Karl Garber
- Department of Health & Social Services, Division of Pioneer Homes: Ken Truitt & Vickie Wilson
- Office of the Long Term Care Ombudsman: Diana Weber & Teresa Holt
- Department of Health & Social Services, Division of Public Health: Jean Findley
- Department of Health & Social Services, Division of Behavioral Health: Albert Wall & Reta Sullivan
- Alaska Commission on Aging, Denise Daniello

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### Why a Roadmap?

Substantial increase in the number of Alaskans, particularly seniors, with Alzheimer’s disease and Related Dementia (ADRD) is projected over coming decades.

Roadmap will prioritize & implement strategies to:

- Improve the quality of life for Alaskans with ADRD and their caregivers.

- Provide a comprehensive and coordinated approach to address the multiple and complex challenges that ADRD presents.
Process Overview

Core Team Guidance

Needs Assessment: ACoA Forums + Survey

Review: Alaska Plans; National and State ADRD Plans

Research: Trends + Best Practices

Power of Aging in Alaska Symposium Presentation (May 2014)

Stakeholder Review (October 2014)

Core Team Draft Strategies

Draft Road Map

Stakeholder Review (October 2014)

Core Team Finalization

Final Alaska’s Road Map to Address ADRD
November 30, 2014

Rates of Alzheimer’s Increase with Age

Alaska Alzheimer’s Prevalence Rates by Age

Source: Alzheimer’s Association, 2014 Alaska Alzheimer’s Statistics
Note: Estimates do not include the related dementia that is not considered Alzheimer’s.
Alaska Alzheimer’s Disease Prevalence, Ages 65+, 2014-2025

The above projections do not include persons with related dementias and those younger than 65.


Perceived Cognitive Impairment

“Have you experienced confusion or memory loss that is happening more often or is getting worse?”

Percent of population with PCI by age

Source: Alaska 2013 Behavioral Risk Factor Surveillance Survey
Perceived Cognitive Impairment & Health Condition

Percent of population with PCI by health conditions

- Smoking: 14% (Has this health condition)
- Binge Drinking: 9% (Has this health condition)
- Depression: 22% (Has this health condition)
- Heart Attack: 21% (Has this health condition)
- High Blood Pressure: 13% (Has this health condition)
- No chronic conditions: 6% (Does not have this health condition)
- 1 chronic condition: 3% (Does not have this health condition)
- 2+ chronic conditions: 12% (Does not have this health condition)

Source: Alaska 2013 Behavioral Risk Factor Surveillance Survey

Perceived Cognitive Impairment & Chronic Health Conditions

Percentage of population with PCI by number of chronic conditions

- No chronic conditions: 4%
- 1 chronic condition: 8%
- 2+ chronic conditions: 27%

Percentage of population with PCI by general health status

- Excellent: 4%
- Good: 8%
- Fair/Poor: 27%

Source: Alaska 2013 Behavioral Risk Factor Surveillance Survey
Perceived Cognitive Impairment & Daily Life

Impacts to daily life as a result of PCI

- Given up chores due to memory loss: 28%
- Cognitive impairment has interfered with social activities, volunteer, and work: 32%
- Family has provided care as a result of memory loss: 25%
- Needs assistance with things like safety, transportation, household activities, personal care due to memory loss: 62%
- Frequent Mental distress: 27%

Source: Alaska 2013 Behavioral Risk Factor Surveillance Survey

ADRD Prevalence within State Long Term Services & Supports

Percent of recipients with ADRD by DHSS program

- Adult Day Care: 68%
- Care Coordination: 25%
- Chore: 12%
- Respite + Extended Respite: 46%
- National Family Caregivers Support Program: 51%
- All Senior HCBS Grants: 8%
- General Relief: 15%
- Medicaid Personal Care Assistance: 9%
- Adults Living Independently: 24%
- Pioneer Home: 74%

Source: SMS, Department of Health Social Services, Division of Pioneer Homes, 2014
State Program
Average Annual Cost per Recipient

Source: SAMS, Department of Health Social Services, Division of Pioneer, FY 2015 State Budget, April 2014 SDS Presentation.

Note: All costs include federal dollars that reimburse the state. Pioneer home costs include private pay.

<table>
<thead>
<tr>
<th>State Program</th>
<th>Average Annual Cost per Recipient</th>
<th>Source: Genworth cost of care survey, 2014 for one bed, single occupancy</th>
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<tbody>
<tr>
<td>All Senior HCBS General Relief Grants</td>
<td>$599</td>
<td>$20,000</td>
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<tr>
<td>Medicaid Personal Care Assistance</td>
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<td>$40,000</td>
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<td>Adults Living Independently Medicaid waiver</td>
<td>$23,811</td>
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<td>Pioneer Home Skilled Nursing</td>
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Assisted Living Costs More in Alaska

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<thead>
<tr>
<th>State</th>
<th>Monthly Min</th>
<th>Monthly Maximum</th>
<th>Monthly Median</th>
<th>Median Yearly</th>
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<tr>
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<td>$4,250</td>
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</tr>
</tbody>
</table>
Goal 1: Promote public awareness, prevention, and early diagnosis of ADRD.

Recommendations:

1.1. Increase opportunities for public education about ADRD.

1.2: Increase awareness of and access to ADRD resources.

1.3: Increase frequency of early screening & diagnosis.

Goal 2: Improve access to appropriate housing, services, and supports for individuals with ADRD at all stages of the disease.

Recommendations:

2.1: Develop service eligibility requirements based on functional, cognitive, and behavioral needs and reimbursement rates based on acuity levels.

2.2: Maintain individuals with ADRD in the least restrictive and most appropriate care setting possible.

2.3: Develop housing options for people with ADRD.
**Goal 2: Improve access to appropriate housing, services, and supports for individuals with ADRD at all stages of the disease.**

**Recommendations:**

2.4: Identify the DHSS funding needs required to ensure access and to meet the needs of the rapidly growing population of those with ADRD in Alaska.

2.5: Optimize the role of the Pioneer Homes within the statewide array of long-term services and supports.

2.6: Increase access to end of life care.

**Goal 3: Optimize quality, safety, and efficiency of services to people with ADRD.**

**Recommendations:**

3.1: Ensure safety in private homes and communities for persons with ADRD.

3.2: Ensure safety and quality of care in residential settings.

3.3: Strengthen the role of the primary care setting as a point of entry to the dementia care system.
**Goal 4: Develop a long-term care workforce trained in dementia care.**

**Recommendations:**

4.1: Increase the level of knowledge of dementia care and caregiver competence within the long-term services and supports workforce.

4.2: Ensure health, human service and public safety professionals are knowledgeable about dementia.

4.3: Increase cultural competence among dementia care workers.

**Goal 5: Improve quality of life for family and other informal caregivers.**

**Recommendations:**

5.1: Maintain and improve the physical and mental health of family & informal caregivers.

5.2: Develop a coalition of families and agency representatives to advocate for policy changes to support family/informal caregivers and to decrease the financial burden of caregiving.

Recommendation:
6.1: Maintain and expand research to understand ADRD prevalence, utilization and cost of care in Alaska.

6.2: Maintain and expand research of ADRD best practices related to risk reduction, treatment, and care.

Next Steps
The Roadmap is a Living Document. The Core Team will:

• Develop an implementation section with timeline.
• Identify & recruit lead organizations to develop action plans for implementation.
• Prioritize strategies.
• Identify overarching performance measures.
• Present the Roadmap at the Alaska Public Health Summit in January 2015.
Thank You. Questions, Comments?

The Alaska Commission on Aging
OVERVIEW

AMHB and ABADA collaborations with the Alaska Mental Health Trust Authority on advocacy issues that affect trust beneficiaries.

- Statewide Advocacy Constituent Forums
- Legislative Advocacy
- Get Out The Vote
- Criminal Justice Reform
- Alaska FASD Partnership
STATEWIDE ADVOCACY CONSTITUENT FORUMS

The Alaska Mental Health Trust Authority
and
Alaska Commission on Aging
Advisory Board on Alcoholism and Drug Abuse
Alaska Mental Health Board
Governor’s Council on Disabilities and Special Education

FAIRBANKS ⚫ ANCHORAGE ⚫ MAT-SU ⚫ JUNEAU

FORMAT

Day 1: Advocacy Training:
“How To Tell Your Story to a Policymaker”
“Navigating the Public Process”

Day 2: Panel of beneficiaries told their stories before legislators, legislative staff, and other stakeholders.

After the Forum: Beneficiary self-advocates met with personal legislators in their own district.

During the Legislative Session: Beneficiary self-advocates sent letters and emails, made phone calls, or spoke at committee hearings on topics affecting Alaska Mental Health Trust beneficiaries.

105 newly trained advocates in 2013-2014
FAIRBANKS ADVOCACY FORUM

- 30 new trained beneficiary self-advocates

MAT-SU ADVOCACY FORUM

- 24 new trained beneficiary self-advocates
ANCHORAGE ADVOCACY FORUM

30 new trained beneficiary self-advocates

JUNEAU ADVOCACY FORUM

21 new trained beneficiary self-advocates
2013-2014 LEGISLATIVE ADVOCACY

ACTIVITIES

• Weekly LEGISLATIVE TELECONFERENCES to brief stakeholders on bills and budget items

• FASD FAMILY VOICE legislative fly-in

• YOUTH POLICY SUMMIT legislative fly-in

• Rallying constituents for PUBLIC TESTIMONY on operating budget, bills
LEGISLATIVE TELECONFERENCES

Every Friday at noon

Audience is AMHTA beneficiaries, partner boards, advocacy groups, providers, and other stakeholders

Objectives:
- Help participants stay informed about bills and their impact on beneficiaries
- Identify when and how self-advocates and partners can best advocate
- Track budget items through process
- Coordinate advocacy efforts

FASD-FAMILY VOICE FLY IN

During the 28th Legislative Session (2013 and 2014), 29 beneficiaries experiencing FASD, families affected by FASD flew to Juneau, participated in advocacy training, and met with legislators.
During the 28th Legislative Session (2013 and 2014), 43 youth from rural and Alaska came to Juneau, participated in advocacy training, and met with legislators.

Beneficiaries, providers, and other advocates appeared for public testimony, wrote emails, and met with legislators. 338 beneficiaries and self-advocates testified on the FY16 budgets.
GET OUT THE VOTE

“Get Out The Registrar” Campaign – Goal of voting registrars in disability facilities statewide

I Vote, I Count – Collaborated with Center for Human Development and disability organizations to provide information about voting assistance for people with disabilities statewide

Juneau Votes — Collaborated with Capital City voter registration, voter education efforts

Candidate Forums – Communicated with beneficiaries and stakeholders about opportunities to ask health-related questions of candidates statewide

Email Alerts – Information about registering, voting, and voting assistance via AMHTA, AMHB, and ABADA distribution lists
CRIMINAL JUSTICE REFORM

ACTIVITIES

• Worked closely with Senator Coghill’s office to rally public support at strategic times (when they requested it)
• Recruited stakeholders to write letters of support
• Trained Juneau advocates (who have experience with incarceration); organized them to appear in person for public testimony during several committee hearings
• Attended all committee hearings during the interim and session and communicated information to Boards, AMHTA, partners
• Answered questions for Senator Coghill’s office
IMPACT

• **Credit for time served in residential treatment.** A person will receive credit against a sentence for time spent in a residential treatment facility with some conditions.

• **Assessments of prisoners.** DOC must conduct a risk-needs assessment on all offenders incarcerated for 30 days or longer, to better understand the offender population and link inmates to treatment within the facilities.

• **PTSD/TBI mitigating factor.** Judges may consider whether an offense was related to combat-related PTSD or traumatic brain injury. This mitigator is not available for crimes of serious injury such as assault or sexual assaults.

• **Electronic Monitoring.** DOC may place first-time DUI offenders on electronic monitoring for the 72-hour mandatory minimum statewide.

• **24/7 Sobriety Program.** Court ordered twice-a-day testing for substance use for certain offenders, before or after sentencing, with certain and quickly imposed consequences.

• **Probation and Parole Accountability with Certain Enforcement (P.A.C.E.).** Statewide intensive probation/parole for felons who are at high risk of violating the conditions of their probation/parole.

IMPACT

• **Recidivism Reduction Fund.** Supports transitional re-entry programs for those recently released from prison – including support for structured and sober environments, treatment, and employment opportunities.

• **Screening for Fetal Alcohol Spectrum Disorders (FASD) and other brain-based disabilities.** DOC must conduct screening and assessment for offenders who “may be vulnerable to harm, exploitation, or recidivism as a result of fetal alcohol syndrome, fetal alcohol spectrum disorder, or another brain-based disorder.”

• **Mental health seat on the Alaska Criminal Justice Commission.** The bill requires the chief executive officer (CEO) of the Alaska Mental Health Trust Authority, or the CEO's designee, to sit on the newly formed Alaska Criminal Justice Commission.
ALASKA FASD PARTNERSHIP

ACTIVITIES

✓ Provided information and advice to AMHTA representatives and staff to EMPOWERING HOPE initiative

✓ Participated in statewide FASD ADVISORY PANEL for awareness efforts and pregnancy tests in bars

✓ Co-sponsored IDITAROD Musher Aaron Burmeister to carry FASD awareness message during 2014 dog sled race
ACTIVITIES

✓ Public education FASD EXHIBITS at events in Kotzebue, Kiana, Juneau, Anchorage

✓ Legislative FAMILY VOICE fly-in and advocacy training

✓ Annual FASD AWARENESS DAY restaurant promotion with CHARR (50 restaurants, 850 tables statewide in 2014)

✓ Sponsored FASD TRAINING with lawyer David Boulding for Anchorage Police Department, Probation Officers, and Guardians ad Litem (105 trained, 2013)