## REPORT TO THE GOVERNOR AND THE ALASKA LEGISLATURE 2009

# Submitted by the Alaska Juvenile Justice Advisory Committee

The Alaska Juvenile Justice Advisory Committee (AJJAC) in collaboration with the Division of Juvenile Justice (DJJ) and the Division of Behavioral Health (DBH) is pleased to present the 2009 Annual Report to the Governor. The Annual Report is a requirement of federal juvenile justice funding received by the DJJ from the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

OJJDP awards federal juvenile justice formula grant funds annually to states that are in compliance with the Juvenile Justice and Delinquency Prevention Act (JJDP Act). Compliance requires a citizen's advisory board (AJJAC) which is appointed by the Governor under Administrative Order number 137 and compliance with the four core mandates of the JJDP Act.

The focus of this report is to increase awareness of the critical impact of Fetal Alcohol Spectrum Disorder (FASD) on youth involved in the juvenile justice system.

#### Alaska Juvenile Justice Advisory Committee 2009 Annual Report Fetal Alcohol Spectrum Disorder FASD

Fetal Alcohol Spectrum Disorder (FASD) is a collection of physical and mental birth defects that may result when a woman consumes alcohol during pregnancy. When she drinks, so does her baby; since the alcohol passes through the placenta and into the developing child. The result may be lifelong brain damage to her child, evidenced in a wide variety of disabilities. The intellectual capabilities of individuals with FASD may be anywhere from severely impaired to mild and there is no way to determine how much exposure to alcohol dictates the amount of damage. Difficulties in learning, attention, memory and problem solving are common. Other possible effects include facial deformities, growth deficits, heart, liver, vision and hearing problems. Because of altered brain function, these individuals often fail with typical education, parenting, treatment, justice, vocational, and housing approaches.

In recent years, studies have determined that many of our incarcerated youth are suffering from FASD. According to studies by Dan Dubovsky, FASD Specialist SAMSHA FASD Center for Excellence, these individuals exhibit poor judgment, impulsiveness, and are not able to anticipate the consequences of their actions (cause and effect). They are frequently arrested multiple times for similar crimes. They also have little concept of the effect of their behaviors or actions on others. Because they are often very verbal and cover up for their lack of understanding, their cognitive limitations frequently go undetected.

According to a 1997 Department of Health and Social Services (DHSS) report, within the state of Alaska it is estimated that 65% of children with FASD are either in state custody and living in foster care or have been in state custody and are now in adoptive homes. It is difficult to determine the true number of cases due to the lack of resources in Alaska for early diagnosis, limited ability to track affected births, isolation and inadequate prenatal care by many women.

In 1998, the DHSS Office of Fetal Alcohol Syndrome was created to address FASD in our state and to develop identification, education, and treatment that would impact the damaging effects FASD has on Alaskans. Since that time, The Department of Health and Social Service, the Office of Fetal Alcohol Syndrome has been integrated into the Division of Behavioral Health. The mission of the Office of FAS is to prevent all alcohol related birth defects and to improve the delivery of services to those individuals already affected by fetal alcohol spectrum disorders. Its goals are fourfold.

- 1. Prevent fetal alcohol spectrum disorders (FASD)
- 2. Diagnose children as early as possible
- 3. Improve lifelong outcomes for individuals with FASD through improved services
- 4. Document progress and evaluate program outcomes

The Alaska Juvenile Justice Committee and the Division of Juvenile Justice recognize the critical need for continued resources for FASD programs which will help juvenile justice professionals, educators, families and others to intervene more effectively with juvenile offenders with FASD who are identified as likely to engage in repeated criminal activities. The following initiatives are being implemented through the Division of Behavioral Health (DBH) to address FASD:

- ➤ 3M/FASD Waiver Demonstration Project: In 2007, the DHSS was one of ten departments selected nationally by the Centers for Medicare and Medicaid Services to participate in a 5-year demonstration project to establish home and community-based services as alternatives to residential treatment for 14 to 21 year olds with Severe Emotional Disturbance (SED) and Fetal Alcohol Spectrum Disorder (FASD). While this does not represent new money to the state, the waiver allows Medicaid money formerly spent on residential psychiatric treatment to focus on new home and community based services. The funding is being used for treatment and intervention case managers; training and consultation services for families and providers; continuous evaluation; and other specialized services. The Alaska "3M" model determines interventions based on: modeling, to learn desired behaviors; mentoring, to reinforce consistency in desired behaviors; and monitoring, to continually collect and evaluate data to validate that the model is a success and should be duplicated.
- Diagnostic Teams: Accurate identification and diagnosis can improve the juvenile's opportunity to receive appropriate interventions, facilitate communication among clinicians, caregivers, and educators, and provides better self-awareness and understanding by family members. Anchorage, Bethel, Fairbanks, Juneau, Kenai, Kodiak, Mat-Su Valley, Sitka and Tok have Diagnostic Teams who have all received formal training at the University of Washington to ensure a statewide process with consistency in diagnosis from community to community. Teams often include a physician, a psychologist, an occupational or physical therapist, a speech language pathologist, and a parent navigator/family advocate. Currently the diagnostic teams only complete assessments on children up to age ten.
- ➤ **Training:** It is critical that FASD training for juvenile justice staff, educators, social workers, attorneys, judges, legislators, family members, employers, and others to increase awareness, understanding and the skill level of professionals of individuals working with youth affected by FASD. The DBH has revised the FASD 101 and 201 curriculums and is offering this training statewide.

AJJAC asks the Governor and Legislature to consider the following recommendations:

#### **AJJAC's 2009 Recommendations**

- 1. Support increased collaboration between the Division of Behavioral Health and the Division of Juvenile Justice to develop and implement services for youth with FASD within the juvenile justice system.
- 2. Increase funding and resources for FASD training and program development statewide.
- 3. Support increased resources for the continued process for diagnosis and referral for FASD services, expanding the diagnostic services for youth over age 10.

#### Resources:

- The State of Alaska DHSS website for FASD is as follows: http://hss.state.ak.us/dbh/prevention/programs/fasd/default.htm
- Information on the FASD/RPTC waiver project: <a href="http://www.alaskachd.org/workforce/3m/index.html">http://www.alaskachd.org/workforce/3m/index.html</a>
- Curriculum on FASD for Juvenile Justice Providers: http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17760
- National FASD Center for Excellence: http://www.fasdcenter.samhsa.gov/

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In State Fiscal Year 2009, OJJDP awarded Alaska over 1 million in federal juvenile justice grant funds under the JJDP Act. These funds are awarded to the Department of Health and Social Services and administered by the Division of Juvenile Justice.

## **FY09 Juvenile Justice Grant Awards**Supported by Federal JJDP Act Grant Funds

Formula Non-Secure Attendant Care Sh	elter Grants		
AK Family Services-Saxton Youth Shelter	Wasilla	Non-secure shelter	13,100
Covenant House Youth Reception Center	Anchorage	Non-secure shelter	33,260
Juneau Youth Services	Juneau	Non-secure shelter	14,060
Presbyterian Hospitality House	Fairbanks	Non-secure shelter	21,740
Providence Kodiak Island Counseling Cent	er Kodiak	Non-secure shelter	6,620
Residential Youth Care	Ketchikan	Non-secure shelter	20,000
Youth Advocates of Sitka	Sitka	Non-secure shelter	17,849
Formula Indian Pass-Through Grants			
Aleutian Pribilof Island Association	Aleutians	VPSO victimization training	10,000
Alaska Native Justice Center	Anchorage	Aggression Replacement Training	10,000
Fairbanks Native Association	Fairbanks	Native Youth Culture	10,000
Title V Delinguency Ducyontion Counts			
<u>Title V Delinquency Prevention Grants</u> City of Seldovia	Seldovia	Delinquency Prevention	45,000
Metlakatla Indian Community	Metlakatla	Delinquency Prevention	33,303
Menakana maian Community	Menakana	Definiquency Frevention	33,303
<b>Enforcing Underage Drinking Laws Gra</b>			
Nat'l Council on Alcoholism	Juneau	Youth-led prev. coalition	20,000
& Drug Dependence			
Nome Community Center	Nome	Youth-led prev. coalition	40,000
Communities in Schools (FY08 – 10)	Bethel	Youth-led prev. coalition	54,900
Congressional Earmark Program			
Alaska Youth Court and Community Pa	nel Program		
United Youth Courts of Alaska	Statewide	Training and Tech. Assist	39,920
Anchorage Youth Court	Anchorage	Youth Court	49,753
Juneau School District	Juneau	Youth Court	34,953
Kenai Peninsula Youth Court	Kenai, Homer	Youth Court	45,000
Ketchikan Youth Court	Ketchikan	Youth Court	40,000
Kodiak Teen Court	Kodiak	Youth Court	25,000
Nome Community Center	Nome	Youth Court	25,000
North Star Youth Court	Fairbanks	Youth Court	40,000
Valdez Youth Court	Valdez	Youth Court	12,000
City of Wasilla, Mat-Su Youth	Mat-Su Valley	Youth Court	45,000
Court			
Communities in Schools	Bethel	Youth Court	10,000

### Alaska Juvenile Justice Advisory Committee Members

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