

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 18, 2010

3:06 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna

MEMBERS ABSENT

Representative Tammie Wilson, Vice Chair
Representative Lindsey Holmes

OTHER LEGISLATORS PRESENT

Senator Bettye Davis

COMMITTEE CALENDAR

PRESENTATION BY OCS CITIZEN'S REVIEW PANEL

- HEARD

PRESENTATION ON FETAL ALCOHOL SPECTRUM DISORDER

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

SUSAN HEUER, Chair
Citizen Review Panel (CRP)
Anchorage, Alaska

POSITION STATEMENT: Testified and presented a PowerPoint of the CRP Annual Report.

KRISTIN HULL, Board Member
Citizen Review Panel (CRP)

Wasilla, Alaska

POSITION STATEMENT: Testified during the CRP presentation.

TAMMY SANDOVAL, Director

Central Office

Office of Children's Services (OCS)

Department of Health and Social Services (DHSS)

Juneau, Alaska

POSITION STATEMENT: Testified in response to the Citizen Review Panel (CRP).

AMANDA METIVIER, Statewide Coordinator

Facing Foster Care in Alaska (FFCA)

Anchorage, Alaska

POSITION STATEMENT: Testified about the relationship of OCS and CRP to FFCA.

DIANE CASTO, Prevention & Early Intervention Manager

Prevention and Early Intervention Section

Division of Behavioral Health

Department of Health and Social Services (DHSS)

Juneau, Alaska

POSITION STATEMENT: Testified about fetal alcohol spectrum disorder (FASD).

LESLIE RANDALL

Ketchikan, Alaska

POSITION STATEMENT: Testified about the effects of FASD.

STEVE RANDALL

Ketchikan, Alaska

POSITION STATEMENT: Testified about the effects of FASD.

RENEE LELAND (ph)

Anchorage, Alaska

POSITION STATEMENT: Testified about the effects of FASD.

MARY BETH MOSS

Hoonah, Alaska

POSITION STATEMENT: Testified about the effects of FASD.

VALERIE SLOANE (ph)

Ketchikan, Alaska

POSITION STATEMENT: Testified about special education in the schools.

ACTION NARRATIVE

[3:06:54 PM](#)

CO-CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Keller, Herron, Cissna, and Seaton were present at the call to order. Representative Lynn arrived as the meeting was in progress. Senator Davis was also in attendance.

Presentation by OCS Citizen's Review Panel

[3:07:24 PM](#)

CO-CHAIR KELLER announced that the first order of business would be a presentation by the OCS Citizen's Review Panel.

CO-CHAIR KELLER reflected on the difficulty of dealing with the dynamics of anger and substance abuse and its effect on children. He expressed frustration with knowing the cause, but struggling for policies to address a solution.

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SUSAN HEUER, Chair, Citizen Review Panel (CRP), gave a brief overview explaining the role of the CRP. She pointed to slide 2, "Mandate," and explained that the Citizen Review Panel (CRP) was federally and state mandated to evaluate the policies and procedures of the Office of Children's Services.

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MS. HEUER spoke about slide 3, "CRP duties," and explained that the group went to community partners and obtained feedback on how the Child Protection Services were being delivered.

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MS. HEUER moved to slide 4, "CRP Vision," and explained that the vision was "to enable OCS to implement their policies and procedures in a culturally sensitive and consistent manner across the state." She expressed concern for different OCS responses to urban areas than for rural and bush areas.

MS. HEUER furnished slide 5, "Current Membership," and stated that there were currently nine members from many parts of Alaska.

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MS. HEUER skipped to slide 7, "CRP's role in protecting Alaska's children," and explained that CRP visitations were made to main hubs and satellite communities in order to gather information for a site report on the status of child welfare.

MS. HEUER jumped to slide 9, "Where Some of Us Have Been," and listed the cities CRP had visited.

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CO-CHAIR HERRON asked for an explanation to the lack of Native Alaskan representation on the panel.

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MS. HEUER replied that there were two Native members. She described the ongoing effort to include board members from many different cultures, adding that it was difficult to get rural Native Alaskan representation.

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MS. HEUER said that CRP spoke with any agencies that worked with children or child protection issues.

MS. HEUER, in response to Co-Chair Keller, said that CRP scheduled individual appointments ahead of the visit.

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MS. HEUER, in response to Representative Seaton, affirmed that CRP met with child advocacy centers (CACs) in the local communities and she elaborated that the centers were key partners with OCS.

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KRISTIN HULL, Board Member, Citizen Review Panel (CRP), said that a result of many appointments were leads for other groups to speak with.

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CO-CHAIR KELLER shared that "the secret is community coalitions."

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MS. HEUER clarified that the CRP pressed for more communication among community partners.

MS. HEUER addressed the five issues of concern for CRP: Bethel; the creation of Region 5; standardization of recruitment and retention incentives between state departments; the urban-rural divide for the delivery of child protection services; and clarification of funding for the transportation of children to protective centers.

MS. HEUER announced that Bethel had been in a developing crisis, and was unable to maintain "a stable population of social workers in that field office... supervisors and managers." She reported that workers from Anchorage and Wasilla were temporarily working in Bethel. She pointed out the ramifications to the children: reports of harm were not investigated in a timely manner, follow up services were not being offered, families were not being unified, and permanency was not being found. She pointed out that there was not an active effort to keep cases in courts, and the legal system was "out of balance." She declared that Bethel was "a symptom of the whole rural social worker situation in Bush Alaska because it is so hard to retain workers out there."

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REPRESENTATIVE CISSNA established that she had seen social problems tied directly to water, energy, and economic dysfunction.

MS. HEUER agreed, and shared that Bethel had been in trouble for a long time. She observed that there was now a gap in the services which had dealt with many of those issues, including the protection of children. She declared that Bethel would need creative solutions, different than the solutions for Anchorage or Wasilla.

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MS. HEUER explained that the Wasilla OCS office already served 13 field offices, and it was too far removed from Bethel and its surrounding villages. She offered the CRP recommendations for

Bethel: high speed internet; a housing incentive; job flexibility, which could include job sharing; and she noted that social workers received no extra benefits, which were needed to retain good staff.

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CO-CHAIR HERRON asked if there was subsidized housing in Bethel for the public defenders, or other state agencies.

MS. HEUER replied that there was subsidized housing in other rural communities, and that the Division of Alaska State Troopers received housing in Bethel.

CO-CHAIR HERRON noted that teachers received housing in the rural villages but not in Bethel. He agreed that there was a "significant housing complex" for the Division of Alaska State Troopers in Bethel. He expressed that the opposing view would be, "if we do this for OCS employees, then do we have to do it for Corrections, DOT..." He asked if CRP had given any thought to this.

MS. HEUER stressed that without a change to policy, it would become more difficult to keep good workers in Bethel. She emphasized that the "band-aid fix" was more costly than the subsidizations. She called attention to the need for a stable workforce to solve the OCS problems in Bethel.

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CO-CHAIR HERRON noted that Bethel was his hometown, and he recognized the difficulty of providing services to all the areas that needed it.

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REPRESENTATIVE CISSNA, addressing the issue of partnering in Bethel, opined that "tribal health is a pretty mighty engine." She declared a need for actively pursuing partnerships, and suggested that it could be accomplished quickly. She urged the use of Medicaid money for services to the kids, and observed that it could generate some fiscal support.

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MS. HEUER relayed that the overwhelming request was for support staff to allow social workers to do social work. In addition, she declared that supervisors needed to be on-site, not remote.

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MS. HEUER moved to the next slide, "Proposed Fifth Region," and described the four current OCS regions. She pointed to everything which was run out of the Wasilla office, and declared that 13 field offices were too many for the Wasilla region. She compared that the State Troopers had five regions, and she observed that there was very strong support for the addition of a fifth region. She informed the committee that the 55 villages around Bethel had the highest rate of sexual abuse in the state.

MS. HEUER provided the next slide, and she reflected on the need for standardization of recruitment and retention incentives among state departments. She explained that different departments had different means of retention, and she expressed the need for creative solutions, especially for rural employees.

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MS. HEUER offered the next slide, "Urban/Rural/Bush Divide." She noted that CRP endorsed "the consistent delivery of child protection services throughout the state." She agreed that OCS was working to implement new programs to standardize child protection among the regions. She ascertained that the new programs were developed and piloted in urban areas, but often did not work as well in Rural and Bush Alaska, resulting in a lower quality of child protection for these regions. She recommended for OCS to collaborate with tribal partners in order for these programs to be successful. She acknowledged that there could be some difficulty with federal regulations.

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MS. HEUER moved on to the next CRP recommendation: to clarify the funding responsibility for transportation to Child Advocacy Centers (CACs). She confirmed that this was a constant "turf battle," which often resulted in delay and agency conflict, as the statutory language did not make the designation. In response to Co-Chair Keller, she said that this conflict was reported in many rural communities.

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CO-CHAIR HERRON asked if there was a transportation priority.

MS. HEUER offered her belief that it was usually paid for by the Division of Alaska State Troopers.

CO-CHAIR HERRON agreed that there needed to be a priority in the case of a crime being committed.

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REPRESENTATIVE SEATON shared that he had visited the CAC in Homer, and he noted that there was no requirement for the Division of Alaska State Troopers to utilize the CAC. He pointed out that the forensic investigation was often done by a trooper. He opined that this could be a policy issue, more than a funding issue. He suggested bringing the departments together to discuss the issues. He mentioned that he had requested a report from the Department of Law for the frequency of non-prosecution due to poor forensic investigation by the state troopers.

CO-CHAIR KELLER pointed out that the Children's Justice Task Force was also pursuing this.

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MS. HEUER described the next slide, "Recent OCS Improvements." She listed an expansion of training for front line workers, a new supervisor training program, improvement of the OCS-CRP partnership, and temporary solutions to the Bethel problems as improvements. She touted the hard work of the rural OCS staff.

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MS. HEUER summarized:

OCS is really struggling to provide adequate child protection services, in the face of the amount of child abuse that there is in Alaska. Bethel is the most blatant example, but it's happening everywhere. It is the result of an overwhelming demand and inadequate human and capital resources. They are doing what they can, but it's not enough. We're going to have to find a different way to build the system; to continue to just extend what there is is not the solution. We've got to design it differently. We've got to let them train people and then expect them to

stay around for multiple years, so their experience, they know what to do, they make community partners, they make tribal partners, and they establish relationships with families.

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REPRESENTATIVE CISSNA offered to join a subcommittee to help.

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CO-CHAIR KELLER expressed his gratitude to CRP for its work in the communities.

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TAMMY SANDOVAL, Director, Central Office, Office of Children's Services (OCS), Department of Health and Social Services (DHSS), said that OCS was very grateful to the CRP for all its work to improve the statewide systems. She offered to provide a wider view to the issues at OCS. She pointed out that a year before, OCS had just completed the second of the federal Child and Family Services Reviews (CFSR), which indicated that there were a number of areas for improvement. She reported that the OCS Progress Improvement Plan (PIP), a two year federal corrective action plan within the child welfare system, was approved in December, 2009. She related the three themes for improvement in the plan: families' intervention within the system, supervision and accountability, and strengthening system capacities. She stressed that OCS could not be the only system for service and interaction with the family, in order for a successful intervention. She stated that the PIP was posted on the Department of Health and Social Services website. She addressed the CRP recommendation for standardization and shared a "model of practice" which OCS had developed.

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MS. SANDOVAL explained that the practice model was a high level overview of the five core components within OCS, with a method for conducting business. [Included in the committee packets.] She expanded on each of these five components: intake, the taking of a new call; initial assessment, the assessment of the family situation; family services, the ongoing intervention; resource families, the adoptive families; and service array, the community providers all working together for the same outcome.

MS. SANDOVAL addressed the CRP points, and agreed that Bethel was a problem. She pointed out that an early problem was the inability of the bandwidth to allow the discovery and permanency reports to get to the court. She explained how the bandwidth problem affected the OCS management information program, ORCA. She revealed that satellite latency in the rural areas did not allow the documents to be produced that were required by law. She reported a short term fix for Bethel was due in 90 days, and explained that there was a long term fix projected to be online in 24 months. She projected that this would allow workers to do their job, and would increase worker retention.

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REPRESENTATIVE SEATON reminded that there were these same problems with ORCA four years prior, suggesting that it was the design of the program, and not bandwidth. He recollected that the program focused on constant communication, and did not allow a report to be downloaded, worked on, and sent back in. He offered his belief that ORCA was designed for urban use. He expressed his frustration with the ORCA program.

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CO-CHAIR KELLER said that he realized it was big issue, but that he considered it to be a bandwidth problem.

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REPRESENTATIVE SEATON emphasized his belief that the problem was the ORCA software, not the transmission speed.

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MS. SANDOVAL, in response, agreed and stated that continual program improvements had been made over the last 4 years, but that she was not sure if this issue had been fixed. She reflected that this was an opportunity to see if rural service could be improved. She shared that other departments with web based applications were experiencing the same issues, and that this solution was for all the state agencies.

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CO-CHAIR KELLER summarized this to be a serious issue, but he recognized the challenges due to the geography of Alaska.

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MS. SANDOVAL moved to the second issue of CRP concern: creation of a fifth region. She reported that OCS was close to a finalized plan, and she affirmed that the growing population of the Mat-Su Valley necessitated development for another region. She shared that there were two line supervisors for Bethel, but that the shortage of staff had necessitated that both these leaders also "carry cases." She noted that funding for the new region would include leadership and management positions to strengthen community coalitions.

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CO-CHAIR KELLER asked how this would be done. He affirmed that the consensus solution was for community coalitions. He stated his concern for the difficulty of administration at the state level connecting with a community based organization.

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MS. SANDOVAL agreed that OCS was building these coalitions. She reflected on a recent conference she had attended that included community stakeholder groups working together. She offered her belief that, given OCS leadership, this same community involvement would arise in Bethel. She acknowledged that it was necessary to build a network around the family.

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MS. SANDOVAL moved on to the discussion for standardization of incentives, though she noted that she did not have anything new to offer. She emphasized that retention and recruitment was her primary issue as director of OCS. In 2009, the OCS front line staff had a 34 percent turnover, and a 20 percent vacancy rate. She stated that 50 percent of front line staff had been with OCS for less than two years, and 20 percent had been with OCS less than one year. She confirmed that this constant retraining explained a lot of the OCS struggles. She relayed an anecdote detailing three reasons for the Bethel staffing difficulties: the moving costs were more than OCS could offer to pay; the cost of living in Bethel was too high; and, the plane tickets to and from Bethel were too expensive.

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MS. SANDOVAL, in response to Co-Chair Keller, explained the two classifications for front line worker: social worker, if licensed and with a degree in social work; and children services specialist, which required a related four year degree, or "many, many years of experience in doing OCS work in the past and moving through the system."

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CO-CHAIR KELLER asked about recruitment within Bethel.

MS. SANDOVAL replied that there was a stipend program in conjunction with the University of Alaska, which allowed workers to return to school for a social work degree, but that was usually a child services specialist, with a related degree.

CO-CHAIR HERRON offered his belief of an ongoing institutional resistance to a collaborative relationship between OCS and the Indian Child Welfare Act (ICWA). He asked how many more years it would be until a mutual trust existed between ICWA and OCS.

MS. SANDOVAL, in response, said that she was "not entirely sure if I know what you are referring to, but I can tell you that the Office of Children's Services (OCS) is ready to move on what would be called contracting for tribal case management." She provided that this was federally approved and that OCS was prepared to contract with tribes to help with the ICWA work. She clarified that it was not resistance within OCS, and that OCS was ready to pay the tribes for help with the work.

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MS. SANDOVAL, in response to Co-Chair Keller, explained that some duties can be contracted, and some duties must be retained by OCS. She stated that OCS would be working in partnership with the contracted tribes to serve the families.

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MS. SANDOVAL expressed her agreement with CRP to the differences between rural, bush, and urban and the difficulties for standardization because of these differences. She spoke to the funding responsibility for CACs, expressed agreement with Representative Seaton's analysis, and listed a myriad of reasons for the difficulties of resolution.

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REPRESENTATIVE SEATON expressed a need for a collaborative discussion among the participants to reach a solution.

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REPRESENTATIVE SEATON, reflecting on communications and relief for the paperwork burden, asked if remote area line workers could utilize an input device, or if there were limitations with ORCA.

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MS. SANDOVAL replied that, in addition to available pilot and fee services, OCS had a contract with a dictation service for case notes. She shared that there was not a mandatory use policy, but that personal style determined the preferable tool for each staff.

REPRESENTATIVE SEATON asked to clarify that ORCA would integrate with various input devices, and that individuals, not necessarily the entire office, could request a device.

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MS. SANDOVAL said that she would not deny a requested device, but that she could not speak to all devices working in conjunction with ORCA.

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CO-CHAIR KELLER suggested a workshop during the interim.

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AMANDA METIVIER, Statewide Coordinator, Facing Foster Care in Alaska (FFCA), said that CRP was doing great work. She stressed that her recommendations for supporting youth could not be made without supporting the workers. She applauded OCS for its PIP and the engagement with FFCA to ensure that youth were involved with the life decisions.

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CO-CHAIR HERRON asked Ms. Metivier for her impressions of OCS from 10 years ago to today.

MS. METIVIER directed her comments to the OCS independent living program for older youth. She noted that the program had grown, and offered more services. Previously, there had been one independent living coordinator in Juneau, but now there were four regional independent living specialists to help develop a plan for education and housing resources. She pointed out that more needed to be done, as youth were still aging out of foster care into homelessness.

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The committee took an at-ease from 4:35 p.m. to 4:36 p.m.

Presentation on Fetal Alcohol Spectrum Disorder

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CO-CHAIR KELLER announced that the next order of business would be a presentation on fetal alcohol spectrum disorder.

DIANE CASTO, Prevention & Early Intervention Manager, Prevention and Early Intervention Section, Division of Behavioral Health, Department of Health and Social Services (DHSS), enthusiastically reported a 32 percent decrease for birth rates with FASD from 1996-2002.

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MS. CASTO outlined her background in the prevention field, and emphasized that this decrease did not happen overnight. She noted that FASD efforts began with a 1991-95 initiative funded by a small grant from the Centers for Disease Control (CDC). She spoke about the current initiative which began in 1998, and including funding from a federal earmark from 2000-2006. She emphasized that results took generations, and it was only now that results were seen. She reported that it took a lot of public education, as many women did not realize that alcohol consumption during pregnancy could damage the developing child. She shared that alcoholism was a destructive condition, and that another part of the public message was for the public to help alcoholics to stop drinking or not get pregnant.

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MS. CASTO said that a statewide network of ten diagnostic teams each helped 150-200 FASD children annually to find the appropriate services. She emphasized that there were not enough

services available, especially for individuals who do not look disabled but have damaged brains. She elaborated that a normal appearance lead people to label actions as "bad behavior" when it was actually FASD. She affirmed that there was progress.

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MS. CASTO declared that a downward trend could only be maintained with vigilance, and would be difficult to maintain after the loss of federal funding. She stated that it takes a long time to change the social norm and that each generation needed to hear the information. She compared it to the tobacco education process. She declared that the majority of the 32 percent decrease in FASD births was within the Native Alaskan population.

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MS. CASTO, in response to Co-Chair Keller, said that Alaska was one of the few states to collect this data, but that Alaska had the highest decrease of those states. She stated that Alaska was viewed as a leader for its collection of prevalence data and its monitoring of the births.

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CO-CHAIR KELLER reflected that the data should be even better in the upcoming year.

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MS. CASTO expressed her concern for data after 2006, as there was no longer an education grant. She opined that the grant money had been spent efficiently and effectively for a good infrastructure.

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REPRESENTATIVE LYNN asked if there was medical evidence that alcoholism would result in FASD in sperm.

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MS. CASTO replied that male drinking did not cause FASD, but that excessive and binge drinking would reduce sperm count and result in a decreased birth weight. She confirmed the

importance of the male role for support to a woman not drinking during pregnancy.

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REPRESENTATIVE SEATON asked about the proportion of women with FASD having a child with FASD.

MS. CASTO replied that there was not a lot of data, but that many women with FASD had a high birth rate with FASD. She declared that alcohol was often used for self medication by individuals with FASD. She established that alcoholism was generational, and that education was needed to break the cycle.

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MS. CASTO, in response to Representative Seaton, said that voluntary long term contraception was a huge piece of the comprehensive approach to reducing the number of children born with FASD. She reported that the department worked on long duration contraception.

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LESLIE RANDALL introduced her newly adopted 7 year old daughter, Eleanor, who was diagnosed with FASD. She described that Eleanor had significant developmental delays when she first came to live with them three years prior; she experienced frustration in communication as most people could not understand her, she did not have the hand-eye coordination or the muscular development to bounce a ball, and her speech was that of a toddler. Ms. Randall conveyed that Eleanor's academic, emotional, and physical curriculum was increased to bring her up to her age group. She shared that all the family had moments of frustration, but that everyone persevered. Eleanor still has specialized tutoring, twice a day, seven days a week. She specified that the sports venue helped with coordination, organizational skills, and self esteem. She recounted the time and effort they all gave, and she stated that early support services for FASD allowed for a 90 percent chance of success. She acknowledged the need for Eleanor to continue with specialized tutoring, mental health, and sports programs, and she noted the need for other services as Eleanor became a teenager. She said, "we've told her from the very beginning that our job as parents is to help her be the best she can be, and that her job is to help us to do that." She requested that funds be secured for FASD children.

STEVE RANDALL disclosed that he and his wife had been coaches, teachers, and foster parents, and had faced the corresponding challenges. He shared that FASD had enlarged their definition of need. He reviewed Eleanor's history with the family, noting her lack of clothing, insatiable hunger, and need for love when she arrived. He observed that most Ketchikan teachers did not know much about FASD, and the nature of such a broad spectrum disease made it difficult for answers. He reported that testing at the Juneau FASD clinic provided many answers for Eleanor's needs. He described the learning and behavioral difficulties and frustrations of FASD. He stated the need for FASD funding. He revealed that many of the students in Ketchikan exhibited some FASD-like behavior.

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CO-CHAIR KELLER passed the gavel to CO-CHAIR HERRON.

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RENEE LELAND (ph) shared the story of her 10 year old adopted son, Caleb. She spoke about Caleb's biological mother and her history of binge drinking, domestic violence, and placement in a treatment facility while pregnant. Ms. Leland shared that when Caleb missed developmental milestones, she was able to access the many FASD therapies in Anchorage, but she pointed out that these facilities were not available in rural areas. She related a story about a teacher who, even though aware of Caleb's disability, had denied Caleb a reward for a memorization project that Caleb had worked hard on, but had been unable to perform. She shared that Caleb was voted "the kid with the most perseverance," and she voiced her pride of him. She asked that the committee support funding for FASD education and for substance abuse treatment centers.

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MS. LELAND, in response to Co-Chair Herron, said that progress was being made to educate teachers about FASD, although the misunderstandings about FASD behavior were still a big issue.

MARY BETH MOSS shared her experiences with her 3 year old adopted daughter, Leah. She described Leah's birth mother: her background, and her pregnancy, during which Leah had been exposed to "alcohol, marijuana, oxycontin, and crack cocaine for every day of her prenatal existence." Ms. Moss reported that

Leah met all her early developmental milestones, but that an examination at the FASD clinic in Juneau revealed Leah's condition. Ms. Moss reported that there were no resources in Hoonah and that none of the Hoonah school, Head Start, tribal representatives, or clinic staff had any familiarity with FASD. She pointed out that all of her information came from internet searches and contacts with other FASD families. She shared the honor of Leah's Tlingit name. She asked the committee to support funding for FASD programs.

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CO-CHAIR HERRON asked each witness to list the one FASD service that would help the most.

MS. MOSS replied that "small, rural, often Native, communities were desperately in need of services." She explained that many communities did not have the time, the skills, or the wherewithal to search for resources, and that she had opportunities that most others did not. She asked for increased funding for services to rural communities, and she voiced support for the parent navigator program.

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MS. LELAND agreed, and requested more beds for expecting mothers with substance abuse problems.

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MS. RANDALL expressed a need for education to special education providers. She relayed that her daughter's FASD diagnosis was not accepted by the Ketchikan schools because it had been performed in Juneau.

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CO-CHAIR HERRON expressed his incredulity "that the school district says sorry."

MS. RANDALL relayed that they had since moved her daughter to a private school. She stated that Ketchikan had a reputation for digging their feet in and being stubborn about children's services. She relayed that her daughter's IEP for speech therapy was closed because she did not communicate well.

CO-CHAIR HERRON repeated his incredulity and commented that Representative Seaton, as Chair of the House Standing Committee on Education, would explore this bias on a statewide level.

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REPRESENTATIVE LYNN reported about his teaching background, and expressed his shock for this incident.

MS. RANDALL replied that she had been a teacher, prior to becoming a nurse. She expressed her concern for other parents who did not know that they could also be the "voice for their child."

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REPRESENTATIVE LYNN called for more support from the school districts, and expressed that "it's the kids that are important here. It's our future."

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REPRESENTATIVE SEATON expressed his concern, and asked Ms. Randall for a written follow up to the testing and the incident, so that he could pursue a follow up. He opined that the Ketchikan Gateway Borough School District had denied support for an intensive needs program, and not special education.

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VALERIE SLOANE explained that she had been Ellie Randall's public school special education teacher. She offered her perceptions to the current direction of special education. She shared that she had taught in Bush Alaska, where it was estimated that 76 percent of the 150 kids had some degree of FASD, but that most were not diagnosed. She noted that talk about drinking alcohol while pregnant was taboo. She offered her opinion that the Ketchikan Gateway Borough School District was primarily focused on adequate yearly progress, and that special education was focused on ensuring that the most students passed the state mandated tests. She opined that special education students were "pushed to the side because they're not the majority of those kids who're going to pull the scores up." She expressed concern for this approach and shared an apprehension for the purported over diagnosis of Native Alaskans by the school district. She opined that the district went to the cautious extreme of not labeling students for fear of being

sued. She stated that this resulted in long term student failure before it was possible to intervene. She identified the taboo for labeling and the lack of training in special education diagnoses as causes for an inability to distinguish between cultural, behavioral, and learning issues. She reported this to be a systemic problem which was exacerbated in small districts due to an even more limited number of viewpoints.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:34 p.m.