

Dear Chairwoman Gilchrist and Members of the House Health & Human Services Committee,

I am reaching out in support of *HB26-1271 Alcohol Impact & Recovery Enterprises Bill*. This bill would increase Colorado's capacity to respond to the needs of individuals and families impacted by **fetal alcohol spectrum disorders (FASD)** and to fund FASD prevention efforts.

I am the adoptive mother of an adult son exposed to alcohol in utero. In Colorado, 1 in 20 children have been exposed. Permanent brain damage from prenatal alcohol exposure has led to a very challenging life for my son, now 35. He has a diagnosis of fetal alcohol syndrome. He cannot live independently and is dependent on **Medicaid-funded residential developmental disability services**. *He currently lives in a Personal Care Alternative home in Aurora and has lived in several host homes in Longmont and Aurora.*

It is only fair for the alcohol industry to help fund the **govt.-funded services that have been used by my son in Colorado:**

- Special education support at least one period per day in 6th-12th grades (He was adopted at age 12.)
- Restorative justice as a juvenile
- Two 3-week stays in county jail
- Three trials before a judge after thefts
- Public defenders for theft trials
- Probation officer meetings after arrests for theft
- Management of community service
- Division of Vocational Rehab (DVR) support as teen and adult
- Medicaid-funded doctor and psychiatrist visits
- Medicaid-funded Comprehensive Developmental Disability (DD) waiver services (level 5) for the last 12 years that include:
 - Residential services in a host home or group home
 - Day Program Services
 - Job supports
 - Weekly counseling and behavioral supports
 - Transportation to be out in the community and to medical appts.
 - Case management by Developmental Pathways

HB26-1271 is a crucial opportunity to strengthen Colorado's response to prevent FASD and fund vital services for families and individuals impacted.

I urge you to support HB26-1271. Please see the attached document, *FASD in Colorado*, prepared a few years ago by FASD United.

Thank you,

Marilyn Fausset

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FETAL ALCOHOL SPECTRUM DISORDERS IN COLORADO

According to the CDC, FASD impacts as many as 1 in 20 in the US – 2.5x more than autism

Of the over 62,000 babies born annually in Colorado, almost 3,100 are estimated to have a FASD, far in excess of current diagnostic capacity

Roughly 85% of children seen in diagnostic clinics are either adoptees or are in foster care, children living with their biological parents lack access to diagnosis due to stigma and untrained medical staff

Most people with FASD won't qualify for disability services, even with a diagnosis

Over 90% of individuals with FASD will develop co-morbid mental health conditions

High rates of older youth and adults with FASD struggle with independent living and employment

Individuals with FASD, with or without a diagnosis, face high rates of incarceration and recidivism

Even at lower prevalence rates, the estimated average annual cost to Colorado for FASD is over \$3.56 Billion in health care, special education, residential care, productivity losses and corrections costs

Raising a child with FASD costs 30X more than the cost of successful prevention efforts

Of the 883,000 students in Colorado schools, as many as 44,000 may have FASD, yet far fewer are diagnosed

FASD is not tracked in special education under IDEA, and most schools lack training and supports for students with FASD

Without appropriate diagnosis and support, students with FASD face higher than average school exclusion rates

An estimated 287,936 of the 5.75 Million people living in Colorado could be impacted by FASD

For more information go to
www.fasdunited.org

-Streissguth AP et al. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental and Behavioral Pediatrics*, 25, 228-238.

-A Multi-country Updated Assessment of the Economic Impact of Fetal Alcohol Spectrum Disorder: Costs for Children and Adults (*J Addict Med* 2018;12: 466-473) – subscription required

-Maclachlan K et al. (2020). Difficulties in daily living experienced by adolescents, transition-aged youth and adults with fetal alcohol spectrum disorder. *Alcoholism: Clinical and Experimental Research*, 44, 1609-1624

-Astley SA. (2004). Fetal alcohol syndrome prevention in Washington State: evidence of success. *Paediatric and Perinatal Epidemiology*, 18, 344-351.