

December 1, 2009

To: Colorado Division of Behavioral Health,
Colorado Senate and House Health and Human Services Committees

From: Colorado Fetal Alcohol Spectrum Disorders Commission,
Eileen Bisgard JD, Chairperson

Report on Fetal Alcohol Spectrum Disorders (FASD) Commission progress related to Colorado HB-09-1139.

In accordance with the requirements of HB-09-1139, the Colorado Fetal Alcohol Spectrum Disorders Commission is pleased to report on the progress we have made regarding the requirements of HB-09-1139 which states:

On or before December 1, 2009, and as needed thereafter, the Commission shall make recommendations to the Division of the Department that has authority for substance abuse and mental health community programs and the health and human services committees of the Senate and the House of Representatives, or any successor committees. The Commission's recommendations shall address the prevention of and education about FASD and any other FASD-related issues.

Members of the FASD Commission were appointed by the Colorado Department of Health and Human Services in September, 2009. A list of the Commissioners is attached. The Commission met four times in October and November.

Our work thus far has focused on the recommendations of two recently published reports (attached) from the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect:

- A Call to Action: Advancing Essential Services and Research on Fetal Alcohol Spectrum Disorders
- Reducing Alcohol-Exposed Pregnancies

These reports reflect more than five (5) years of work committed to addressing the needs of individuals living with fetal alcohol spectrum disorders and their families and alcohol alcohol-exposed pregnancies by two work groups of experts in the field of FASD. The National Task Force includes families, the private sector, and government entities convened under the aegis of the US Department of Health and Human Services, Centers for Disease Control and Prevention. Each report reviewed the research and incorporated the most successful practices into ten recommendations for national, state and local guidance.

The Commission believes that it is not necessary to duplicate the extensive research and input provided by these reports and that the recommendations made in each offer the best framework to develop proposals specific to Colorado. We have focused our efforts on determining the applicability of the recommendations for Colorado and potential for action in our state.

In this report we focused on the recommendations relevant to Colorado. They are presented in the attached documents within the context of existing state programs. Our intent is to meet with outside resource people in the next year to further explore these areas. We anticipate bringing specific action items to the legislature and the Department of Human Services by December 1, 2010.

Respectfully submitted

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Attachments

Fetal Alcohol Spectrum Disorders Commission members
Preliminary Report – Reducing Alcohol Exposed Pregnancies, December 1, 2009
Preliminary Report – Improving Services and Research, December 1, 2009
A Call to Action: Advancing Essential Services and Research on Fetal Alcohol Spectrum Disorders
Reducing Alcohol-Exposed Pregnancies

Fetal Alcohol Spectrum Disorders Commission

September 2009

House Bill 1139 specified that the Commission be composed of no more than ten members with representation from specific areas and groups. The representatives from each of those groups are listed below.

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&
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At Large

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**Preliminary Report from the Colorado
Fetal Alcohol Spectrum Disorders Commission
Reducing Alcohol Exposed Pregnancies
December 1, 2009**

Recommendation	Current Colorado Activity	Commission Proposal For Colorado
1. Expand efforts to promote universal prevention		
A. Promote research tested prevention strategies in the general community regarding the risks of alcohol use during pregnancy	Legislation to require development of signage for voluntary posting in establishments licensed to sell alcoholic beverages	<ul style="list-style-type: none"> • Explore a 24/7 hotline • Work with Partnership for Success Grant • Use existing state data sets to monitor trends in alcohol consumption among women of child bearing age • Coordinate with March of Dimes project to develop signs • Work with Licensed Beverage Association to distribute signs
2. Expand selective prevention efforts for targeted audiences		
A. Promote research tested intervention strategies in primary care protocols, emergency rooms, high school and college settings	Partywise Screening Brief Intervention and Referral to Treatment (SBIRT) Denver Public Health alcohol use screening in Sexually Transmitted Infection Clinics	<ul style="list-style-type: none"> • Support current work to make SBIRT protocol specific for pregnant women and those who could become pregnant • Explore Project Choices and Parent Child Assistance Program (PCAP) models
B. Establish culturally and linguistically appropriate screening and intervention programs for women of childbearing age	Partywise SBIRT Colorado Clinical Care Guidelines	<ul style="list-style-type: none"> • Recommend SBIRT for women of childbearing age in primary and other health care settings such as emergency room services. • Implement the T-ACE, TWEAK, or AUDIT C alcohol use screening tools in health care settings where appropriate

C. Expand education and training of health and social service professionals	UCD FAS Prevention Outreach Project Nevada Regional Training Center curriculums and continuing education modules	<ul style="list-style-type: none"> • Explore funding for train the trainer models
D. Ensure access to appropriate alcohol treatment services for women of childbearing age especially those who are pregnant and teenagers or individuals who have co-occurring disorders	Special Connections Program	<ul style="list-style-type: none"> • Support funding to expand Special Connections Program • Include services specific to women including women with children in other substance treatment programs

Adapted from:

Reducing Alcohol - Exposed Pregnancies, A Report of the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, Barry, KL, Caetano, R, Chang, G, et. al, National Task Force on Fetal Alcohol Syndrome, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, March 2009