



February 24, 2015

To: House Committee on Health & Human Service Finance
From: Former First Lady Susan S. Carlson

Re: HF 974

I am writing in support of HF974 (McDonald, Halverson, Mack, Liebling, Pierson, Franson, Guenhagen, Persall and Lien), which is before the committee on Tuesday, February 24th. HF974 appropriates \$2 million to the Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) to administer the grant funding for intensive services to chemically dependent women who are at high risk of giving birth to a child with Fetal Alcohol Spectrum Disorders (FASD) and/or have given birth to a child with FASD. Part of this grant funding would go to FASD outreach prevention programs in Olmstead and St. Louis Counties and up to 8-10 other urban and rural programs around the state of Minnesota

As many of you may or may not recall, I began my work with this totally preventable disability when I was First Lady and also serving as a judicial officer in Hennepin County Juvenile Court. I evidenced firsthand the fact that chemical dependency permeates our systems, particularly impacting the children who come through the delinquency and child protection systems.

My husband, former Governor Arne H. Carlson, appointed me to co-chair the Governor's Taskforce on FAS. The taskforce's 1998 report, *Suffer the Children-The Preventable Tragedy of Fetal Alcohol Syndrome*, became the blueprint for Minnesota's response to preventing the disability and helping those who are affected by its damage. Prenatal alcohol exposure is especially harmful to the developing brain impacting all facets of the child's life. Research has shown that alcohol causes far greater harm to the brain than any other drug combined. But we've also learned that secondary disabilities (i.e. dropping out of school, getting into trouble with the law, alcohol and drug use, etc.) can be reduced by early diagnosis and recognition of the disability.

Preventing the harm from prenatal alcohol exposure by high-risk chemically dependent mothers in our child protection systems is extremely difficult, but absolutely necessary. Studies have shown these women have little support; many have been victims of sexual and physical abuse and may be suffering from FASD themselves. Many of these women give birth to multiple numbers of children damaged by heavy exposure to alcohol and the costs of the failed outcomes for these children is staggering. Some of these costs include foster care and other out-of-home placements, adoption subsidies, PCA services, CADI waiver, medical costs, mental health and other treatments, DD case management, special education. I know our systems are already spending a lot of resources on this population, but from my experience, it is more often than not with dismal results.

The taskforce recognized this sad fact, but fortunately learned of an emerging program out of the University of Washington designed to help these very women. The taskforce recommended funding a statewide program modeled after the Washington program. The Carlson administration supported this recommendation and the 1998 legislature appropriated \$400,000 to replicate the program. Unfortunately this targeted funding lost its funding during the tough budget years.

HF974 would provide the funding to replicate successful programs such as the Washington model, which has since become an evidence-based best practice by the federal Association of the Maternal



and Child Health Program. This model program (now termed PCAP, or Parent-Child Assistance Program) is an intensive 3-year advocacy/case management for high-risk mothers and their children. After 3 years of work with a PCAP advocate, University of Washington statistics have shown that:

- 88% of clients had completed alcohol/drug treatment programs;
- 835 had at least one period of abstinence from drugs/alcohol of 6 months or more;
- 73% were using family planning methods on a regular basis;
- 76% of children were living with their own families; and,
- 98% of children were receiving well-childcare and were fully immunized.

These statistics are impressive and the reason this program has been replicated in a number of states, Canada and New Zealand.

The Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), a non-profit agency that I founded in 1998 and currently serve as President of the Board of Directors, has been managing the state's FASD funding since 2004. It has a proven track record with effective grants management and effectively maximizing the state funding through private and community partnerships. MOFAS has become the state's go-to agency for FASD prevention and intervention services and having it manage these proposed grant funds would ensure its successful implementation. I give you that assurance.

I can assure you that failing to invest in effective programs that reduce the incidence of FASD will only cost our state and local units of governments much more in the long run.

Please feel free to contact me if you have any questions and I thank you for the opportunity to provide information on FASD to the committee.

Sincerely,

Susan S. Carlson