

Impact on Children of Caregiver Substance Use: Recommendations for Policy and Practice

Policy Recommendations

New Initiatives

1. *Revise the child abuse definitions in the Colorado Children's Code to de-emphasize the focus on positive drug tests for controlled substances at time of birth*

Next Steps:

- Research other states' approaches to defining child abuse and neglect as it pertains to prenatal substance exposure
- Draft language to replace 19-1-103(1)(a)(VII) and 19-3-308(1)(a)(I)

2. *Increase availability and accessibility of substance use treatment and recovery support services for parents/caregivers, specifically pregnant and postpartum women*

Next Steps:

- Design, fund and pilot a program or study that removes barriers for parents/caregivers, specifically pregnant and postpartum women, including addressing child care, infant mental health, transportation, and housing needs
- Prioritize two generation approaches and gender-specific considerations
- Replicate to ensure geographic distribution

3. *Increase Early Childhood Mental Health Services to adequately address issues of trauma in children in early childhood settings (birth to 5) and develop a similar network for school settings (children 6 to 18)*

Next Steps:

- Explore approaches (such as Trauma Smart) to support Early Childhood Mental Health Services and Early Childhood Professionals in building knowledge and skills to address trauma
- Increase or identify funding to build capacity of early childhood mental health services to address issues of trauma
- Partner with the Colorado Department Human Services Division of Child Welfare Youth Services Unit to increase understanding of the the trauma informed schools project and identify opportunities to expand the project and engage additional partners

4. *Evaluate the options for increasing accessibility and availability to Early Intervention Services for children that were prenatally exposed to substances*

Next Steps:

- Partner with Early Intervention Services to understand the process and ability to modify eligibility requirements, including federal restrictions, to add prenatal substance exposure as a category eligible for services
- Determine what screening and evaluation tools exist to identify and document prenatal substance exposure
- Research other states approaches to increasing access to Early Intervention Services for substance exposed Newborns
- Support Colorado Colorado Substance Exposed Newborns Steering Committee's needs assessment of current capacity to identify and/or diagnose children with FASD
- Consider additional mechanisms to increase access of children with prenatal substance exposures, trauma, or cognitive needs due to caregiver substance use to development evaluations and services

Existing Opportunities

1. *Expand the role of the Colorado Children's Trust Fund in overseeing and coordinating efforts to prevent child maltreatment, with a specific focus on substance exposure*

Next Steps:

- Explore potential amendment to broaden lens of substance exposure
 - Support HB18-1044: Colorado Children's Trust Fund Act to strengthen the board and expand the mission of the CCTF
 - Increase resources to the CCTF to address issues of preventing an impact on children of caregiver substance use
2. Engage with the bills from the Interim Study Committee on Opioid and Other Substance Use Disorders to identify and advocate for increasing access to treatment for parents/caregivers and their children

Next Steps:

- Support HB18-1007: Substance Use Disorder Payment & Coverage to address payment issues related to substance use disorder treatment
- Support HB18-1137: Substance Use Disorder Treatment to add residential and inpatient treatment to the Colorado medical assistance program
- Support SB18-024: Expanding Access Behavioral Health Care Providers to expand the availability of behavioral health care providers in shortage areas of the state
- Support HB18-1003: concerning measures to promote opioid misuse in Colorado including increasing funds for screening, brief intervention, and referral to treatment, advocate for a two generation focus

Transforming Practice

New Innovations

1. *Embed a professional, such as a family navigator, case manager, or social worker, in law enforcement teams interfacing with families, specifically drug task forces, to provide training to officers, support services to families, and access to outside resources*

Next Steps:

- Partner with State and Local Law Enforcement, Public Health, Child Welfare, Community Providers, and Behavioral Health Organizations
 - Research similar models with behavioral health professionals and child/victim advocates, and documented successes of such integration
 - Design pilot program, including identification of training elements, and data/evaluation indicators such as recidivism & child welfare involvement
 - Secure funding for pilot project, implement pilot project, evaluate pilot project, and advocate for large scale implementation if successful
2. *Promote community based responses to providing child care to prevent the impact on children of caregiver substance use*

Next Steps:

- Review child care & child welfare licensing rules & requirements
- Identify opportunities to expand existing infrastructures
- Develop program design for different types of respite care options (drop-in, regular/recurring, short term, long term)
- Consider successful strategies to engage community members, including stigma reduction campaigns and volunteer recruitment efforts
- Create program guidelines, policies, & procedures
- Include training for kinship and other community support people, on substance use disorders and child safety

Enhancing Existing Efforts

1. *Endorse Child Maltreatment Prevention Framework for Action and encourage inclusion of considerations related to the impact on children of caregiver substance use*

Next Steps:

- Partner with and educate the Colorado Children's Trust Fund Board on the impact on children of caregiver substance use

- Share Impact on Children of Caregiver Substance Use Final Report with Child Maltreatment Prevention Framework for Action Planning Communities; Local Public Health Agencies and Child Fatality Prevention System Teams; Early Childhood Councils; Family Resource Centers; and County Departments of Human Services
- Provide technical assistance to community partners

2. *Support existing efforts to expand a continuum of child maltreatment prevention programs addressing caregiver substance use*

Next Steps:

- Advocate for reauthorization of MIECHV funding
- Research existing models for funding home visitation, including Kaiser Permanente model, Medicaid, and others payors
- Create a case statement explaining the need for communities to have access to the continuum of prevention programs in order to meet all families' needs
- Support communities in assessing the continuum of prevention programs available in their community
- Partner with State Innovation Model (SIM) practices and ACC 2.0 RAEs to encourage behavioral health and primary care integration efforts specific to caregiver substance use

3. *Disseminate tools that build skills among professionals interfacing with families to have educational conversations with caregivers about substance use, safe storage, and child safety (i.e. expand implementation of the Substance Use Conversation Guide)*

Next Steps:

- Share Substance Use Conversation Guide training opportunities
- Explore additional efforts that are underway to educate professionals on talking to families about substance use
- Seek resources to train additional professionals, and professionals that serve families with adolescents
- Explore endorsements from professionals associations (such as American Academy of Pediatrics)
- Make Family Handout available in Spanish and ensure cultural relevance
- Develop Evaluation Plan and include participant voice

4. *Support the dissemination of a toolkit to improve social connections in communities to reduce parental stress and increase support systems that can decrease the impact on children of caregiver substance use (Essentials for Childhood Social Norms Work)*

Next Steps:

- Bring the lens of the impact on children of caregiver substance use and advocate for inclusion of relevant tools
 - Identify and fund pilot communities in which to implement, localize, and evaluate toolkit
 - Support development of additional tools, including guidance on toolkit usage in a community, including evaluation
 - Explore mass media campaign (radio and out of home, such as indoor play areas) to accompany toolkit
5. *Conduct a review of the educational and awareness needs (i.e. education on ACES, Trauma, Safe Sleep, Resilience and 2gen approaches), review best practices, and develop a plan to address these needs related to the impact on children of caregiver substance use*

Next Steps:

- Create a matrix of professionals serving children and families and their training and education needs, in general, and related to the impact of caregiver substance use on children
 - Identify gaps in available training and education
 - Highlight needs for cross-training among professionals
 - Explore opportunities to leverage existing resources and opportunities
 - Consider integration with public awareness needs and opportunities
6. *Partner with existing organizations and coalitions addressing policy approaches to building safe, stable, nurturing relationships and environments and bring the lens of the impact on children of caregiver substance use*

Next Steps:

- Develop talking points, research, and coordinated strategy to support integration of this lens into existing policy efforts
 - Explore opportunities with Early Childhood Leadership Commission, Essentials for Childhood, Executives Partnering to Invest in Children, Early Childhood Council Leadership Alliance, Colorado Children's Campaign, Colorado Child Fatality Prevention System, etc.
7. *Promote community-based strategies to implement plans of safe care for substance exposed newborns and their caregivers*

Next Steps:

- Support efforts of the Colorado Department of Human Services Office of Children, Youth, and Families Division of Child Welfare to meet the requirements of the Child Abuse Prevention and Treatment Act as reauthorized by the Comprehensive Addiction and Recovery Act

- Support the Colorado Department of Human Services Office of Children, Youth, and Families, Illuminate Colorado, and Colorado Substance Exposed Steering Committee's Plans of Safe Care Work Group in developing a plan for documenting "safe discharge" from the hospital to the community, developing criteria of what constitutes "safe discharge" for these families, and identifying community-based strategies and partnerships for when families are or are not child welfare-involved
- Look at plans of safe care from other states. Identify any processes that can be replicated in Colorado.
- Monitor Federal Reauthorization of the Child Abuse Prevention and Treatment Act and identify opportunities to provide education.
- Explore inclusion of home visitation as a community based strategy.
- Pilot community based strategies.

8. *Increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado*

Next Steps:

- Support the Substance Exposed Newborns Hospital Learning and Quality Improvement Collaborative in the implementation of recommendations that improve maternal and/or child outcomes, including but not limited to using structured quality improvement methods
- Engage birth hospitals across the state in education and quality improvement initiatives related to prenatal substance exposure

9. *Support existing practice improvement efforts to increase accessibility of substance use treatment for parents/caregivers, including pregnant and postpartum women, ensuring geographic distribution, two generation approaches, and gender-specific considerations*

Next Steps:

- Evaluate Special Connections Program Reimbursement Rates
- Research evidence-based treatment models for addressing the needs of the whole family
- Pilot evidence-based treatment models for addressing the needs of the whole family
- Support Colorado Substance Exposed Newborns Steering Committee efforts to create and disseminate a Provider Education Toolkit on identification of substance use and referrals to services
- Support Colorado Prescription Drug Abuse Consortium Efforts to increase access to Medication Assisted Treatment

10. *Expand the use of the Dependency And Neglect System Reform (DANSR) approach in child welfare cases with substance use or co-occurring mental health disorders throughout the state*

Next Steps:

- Secure long term sustainable funding to support DANSR by exploring state and federal funding options.
- All systems continue to work together through established governance structure to support statewide expansion of the DANSR approach.
- Identify ways to improve state and local case level data sharing between Substance Use Treatment Providers, Child Welfare, and the Courts to build the evaluation capacity and evidence of effectiveness.
- Create cross-system data agreements to support data sharing.

11. *Increase support services to the whole family to support caregiver's recovery, children's needs, and prevent generational cycles of substance use*

Next Steps:

- Support expansion of whole family recovery support programs with a multigenerational approach
- Engage in Recovery Ready Colorado's efforts to catalog existing recovery support programs and establish definitions/measurements of recovery and bring the lens of parents/caregivers
- Increase knowledge of recovery support program providers of considerations for parents/caregivers in recovery, including increasing knowledge of ACES, protective factors, resiliency, and substance use prevention for children / youth
- Increase knowledge of other family service providers of substance use, recovery, and relapse prevention
- Support efforts to reduce stigma and increase recovery friendly basic needs providers (including employers, housing, educational opportunities)

12. *Advocate for improved data collection, coordination of data collection systems, and data sharing to inform decision making and improve practice related to addressing the impact on children of caregiver substance use*

Next Steps:

- Identify existing efforts to address cross-systems data collection, sharing, and linking
- Identify the key data indicators related to the impact on children of caregiver substance use and identify data sets that would measure the key indicators within or across systems
- Maximize the data TRAILS can collect on caregiver substance use and child welfare involvement

- Advocate for standard data collection on substance use as it relates to children (i.e. when investigating child abuse, unintentional injuries, egregious, near fatality, and fatality reviews)
- Support update to OEC Database to include screening questions related to the Substance Use Conversation Guide
- Contribute to the Health eMoms maternal and child health surveillance system questions related to substance use
- Create a data map of existing information collected about substance exposed newborns and identify opportunities for linkages

Emerging Considerations

1. *Analyze the accessibility of publicly- and privately-funded programs in communities for families impacted by substance use to identify areas of duplication, gaps in services and opportunities for blending or braiding funding and service delivery.*

Next Steps:

- Partner with other entities exploring service mapping and delivery to ensure strategic alignment, including formal and informal systems
- Explore models from other states
- Map current service offerings across Colorado
- Complete a cost analysis
- Build political will to redesign funding mechanisms