

# Colorado Substance Exposed Newborns (SEN) Steering Committee



Co-Chaired by:

- Kathryn Wells, MD, Associate Professor of Pediatrics at the University of Colorado and Clinical Researcher at the Kempe Center
- Jade Woodard, Executive Director, Illuminate Colorado

Managed by:

- Jillian Adams, Illuminate Colorado

## PREGNANT WOMEN IN CO

17%

drank alcohol  
during the last  
three months  
of pregnancy

6%

used tobacco  
during the last  
three months  
of pregnancy

5%

used  
marijuana  
during  
pregnancy

(2016 PRAMS data)

## INFANTS & CHILDREN IN CO



Cases of Neonatal  
Abstinence  
Syndrome  
in Colorado have  
increased by 83%  
from 2010 to 2015.

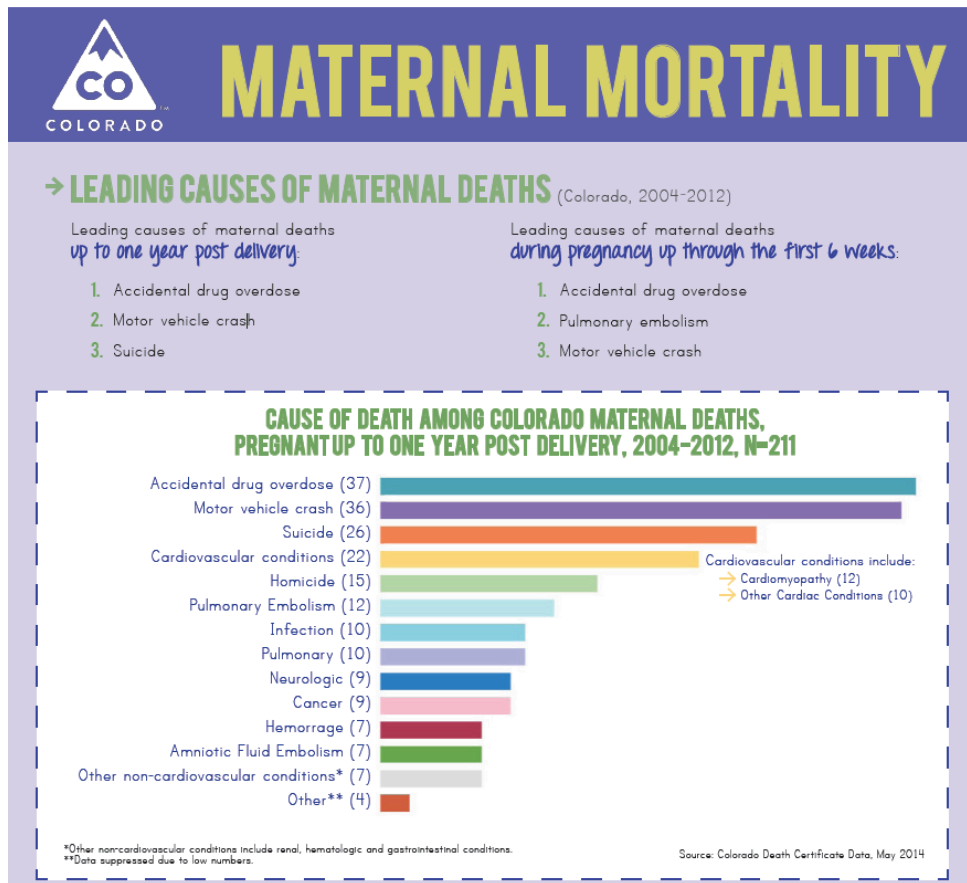
*Heroin Response Work Group. (2017).*



The majority of  
Colorado child welfare  
referrals related to  
substance use issues  
involve an infant less  
than one month old.

*CDHS. (2018).*

# Maternal & Infant Mortality



Of 2012-2016 sudden unexpected infant deaths, 42% were exposed to smoke during pregnancy and/or after birth.

CDPHE. (2018).

# Work Group Updates

- ▣ CHoSEN Collaborative
- ▣ Data & Research
- ▣ FASD Identification
- ▣ Plans of Safe Care
- ▣ Policy
- ▣ Provider Education

# Policy Recommendation #1

- **Update the Colorado Children's Code to align with federal Child Abuse Prevention & Treatment Act requirements related to Substance Exposed Newborns**
- Remove focus on drug testing at birth and tie in statute to Criminal Code Definitions of Scheduled Substances

# Why is this important?

- Maternal and child outcomes are better when their needs are addressed in a dyad and this acknowledgement can reduce apprehension and barriers to receiving services;
- Whenever safe, families should remain together, and services should simultaneously address both the needs of the parents/caregivers and the needs of the child;
- Pregnancy and the postpartum time period are psychologically and physiologically increased times of motivation to improve health and wellness, including addressing behavioral health issues;
- The statewide incidence of newborns affected by neonatal abstinence syndrome increased 83 percent from 2010 to 2015;
- Accidental drug overdose was the leading cause of death among postpartum women in Colorado from 2004-2012;

- The cost of care for infants with neonatal abstinence syndrome grew from \$61 million in 2003 to nearly \$316 million in 2012;
- The majority of referrals to the child welfare system related to substance use are for children under the age of one month old;
- There is a need for clarity and consistent application of the child abuse and neglect definitions related to prenatal substance exposure;
- There is a need to create or improve standardized statewide prenatal screening practices;
- There is a need to understand and improve screening and treatment of mothers with substance use disorders and improve outcomes for both mothers and infants; and
- According to CAPTA 42 U.S.C. § 5106a(b)(2)(B)(ii) states are required to report information on infants born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder

# Current Language – 19.1.103

**(1)(a) "Abuse" or "child abuse or neglect" means an act or omission in one of the following categories that threatens the health or welfare of a child:**

(VII) Any case in which a child tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed.

# Federal CAPTA Requirements

## States must have in place:

106(b)(2)(B)(ii) “Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and **identified** as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants **notify** the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –

- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
- (II) require prosecution for any illegal action;

# Proposed Language – 19.1.103

**(1)(a) "Abuse" or "child abuse or neglect" means an act or omission in one of the following categories that threatens the health or welfare of a child:**

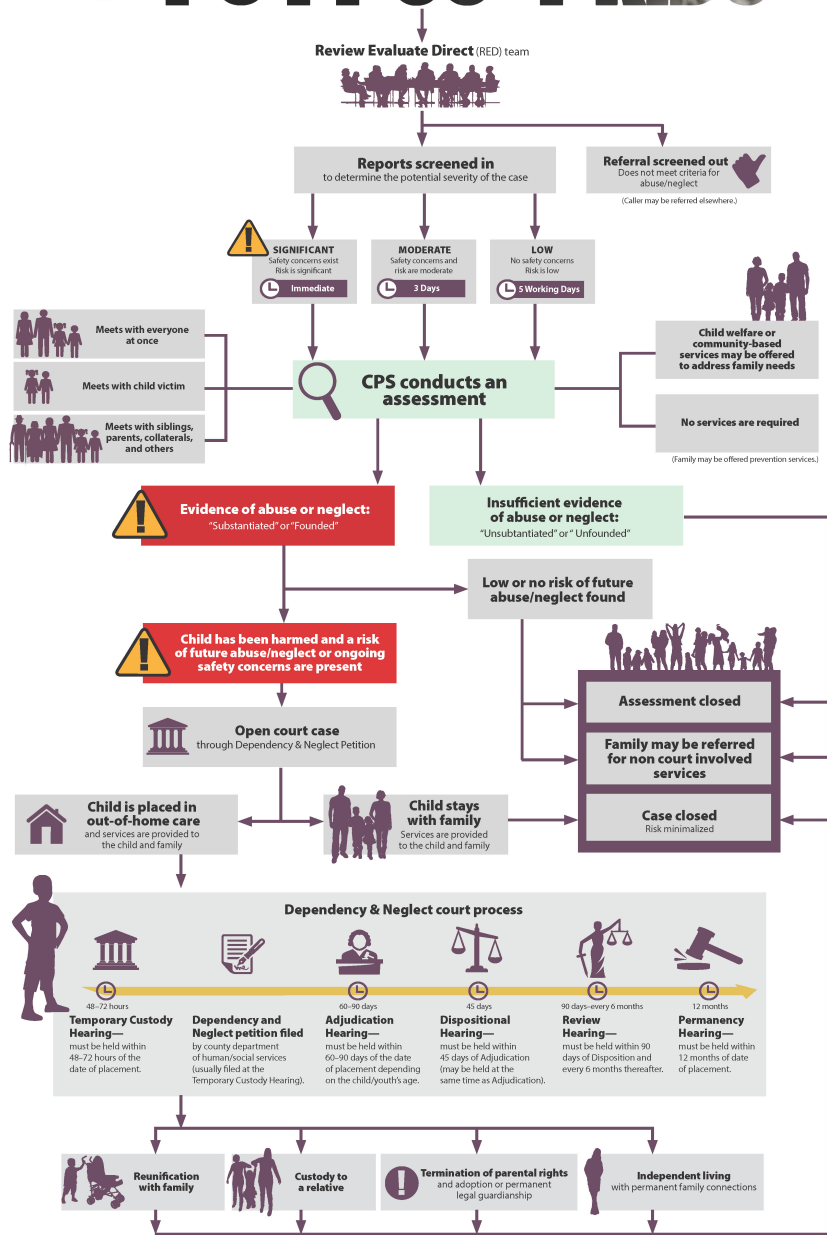
~~(VII) Any case in which a child tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed~~ NEWBORN CHILD IS BORN AFFECTED BY ALCOHOL OR DRUG EXPOSURE AND FACTORS ARE PRESENT THAT THREATEN THE NEWBORN CHILD' S HEALTH OR WELFARE;

# Additional Considerations

- Direct the State Board of Human Services to promulgate rule related to mandatory reporting, criteria for assessment, and criteria for substantiation to reflect change in statute. Rulemaking process must include a stakeholder process that gathers input from maternal child health advocates and affected families.
- Direct the Colorado Department of Human Services to update the existing mandatory reporter training with changes to the Colorado Children's Code.



# 1-844-CO-4-KIDS



**COLORADO**  
Department of Human Services

# Maternal Child Health Needs Assessment

**The Center shall conduct a statewide maternal and perinatal population-based needs assessment that will utilize public health surveillance to improve screening and treatment for mothers with substance use disorders and infant outcomes. The needs assessment will determine:**

- ▣ the prevalence of screening for maternal substance use disorders
- ▣ the incidence of maternal substance use disorders during pregnancy
- ▣ the prevalence of medication-assisted treatment among pregnant women with substance use disorders
- ▣ the association between the prevalence of maternal mental health conditions and substance use disorders
- ▣ health and human service outcomes among women and infants with substance exposure
- ▣ barriers and facilitators to universal prenatal substance use screening and opportunities to increase access to screening
- ▣ methods for improving the quality of care while reducing costs associated with caring for mothers and infants with substance exposure

# Policy Recommendation #2

- **Improve access and utilization of perinatal medical care and substance use disorder treatment**
  - Pilot co-location of obstetric and MAT/SUD treatment facilities to provide more holistic care to pregnant women with SUDs
  - Pilot practice transformation grants for obstetric practices to increase behavioral health integration using the model developed and tested by the State Innovation Model (SIM) Practice Transformation Project

# Additional Consideration

- **Increase Access to and Support Continuation of MAT in jails, specifically for pregnant or postpartum women**
  - MAT is necessary to prevent acute withdrawal that can be detrimental to maternal-fetal health—particularly for pregnant women who are adhering to a program. Jail and/or incarceration can interrupt a pregnant woman's adherence to a program, putting both her health and her fetus's health at risk.
- **Support expansion of Special Connections eligibility and provider network**

# ICCSU Updates

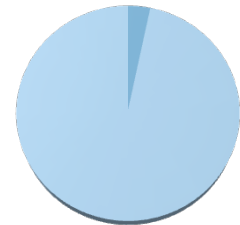
*Spanning prevention, intervention, treatment, and recovery, recommendations address impacts on children birth through adolescence, related to caregiver substance use, substance misuse, and substance use disorders to prevent child maltreatment and improve outcomes for families.*

## ■ Four Ad Hoc Work Groups:

- Child Care & Treatment Work Group
- Law Enforcement Work Group
- Education & Awareness Work Group
- Family Recovery Supports Work Group

# Policy Recommendation...

- **Support efforts to expand child care options for parents accessing substance use disorder treatment and recovery services**
- Only 3.3% of outpatient SUD treatment providers offer child care



Questions?

# Commander Lori Moriarty



# Lori Moriarty Leadership Award

