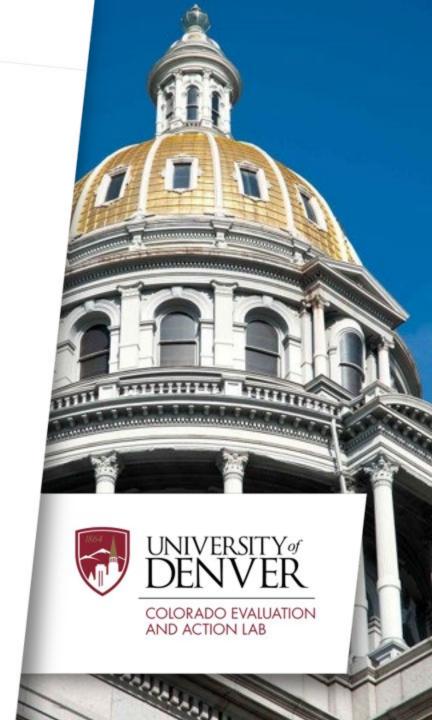
Perinatal Substance Use Data Linkage Project

Colorado Substance Abuse Trend and Response Task Force | November 4, 2022

Data-informed Recommendations for Cross-System Policy and Practice Investments

Dr. Elysia Clemens, PhD, LPC

Dr. Courtney L. Everson, PhD



Project Origins: Responding to the Need for Better Data to Inform Public Health and Human Service Strategies

Senate Bill 19-228 (SUD Prevention Measures)
Senate Bill 20-028 (SUD Recovery)
Senate Bill 21-137 (Behavioral Health Recovery Act)

Goals:

- Connect data from multiple state-administered data sources to comprehensively understand perinatal SUD and affects on family health & well-being
- 1. Generate population estimates of prenatal substance use that can be used to guide investments and track progress.



OFFICE OF BEHAVIORAL HEALTH

 Delivery of (perinatal) substance use treatment programs for family well-being

COLORADO IMMUNIZATION INFORMATION SYSTEM

 Receipt of recommended newborn vaccinations in families impacted by perinatal substance use

COLORADO HOSPITAL ASSOCIATION

 Private and Medicaid claims data on services, programs, and diagnoses related to perinatal substance use

COLORADO CHILD CARE ASSISTANCE PROGRAM

 Use of child care supports for families impacted by perinatal substance use

MEDICAL ASSISTANCE PROGRAM

 Claims data on services, programs, and diagnoses related to perinatal substance use

PRESCRIPTION DRUG MONITORING PROGRAM

Pregnant individuals who filled prescription opioids or other controlled substances

VITAL RECORDS

Live birth data and maternal/infant mortality data

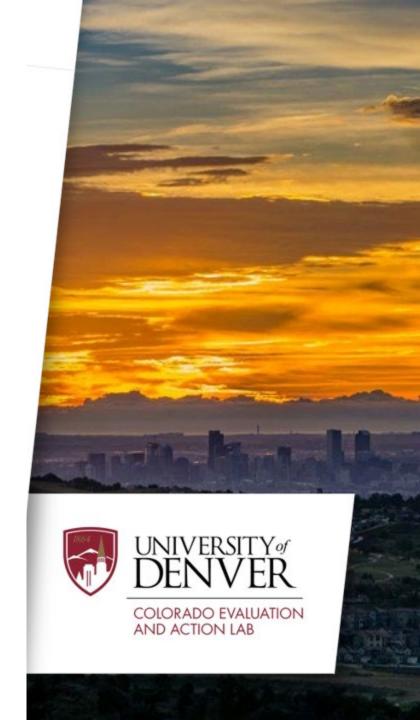


 Babies referred to child welfare for "substance exposure of a newborn"

Population
Estimates of
Perinatal
Substance Use.
Dyad data paired
via birth
certificates

SERVICE UTILIZATION AND WELL-BEING OUTCOMES

Prenatal Birth/Early Parenting Child's 1st Birthday

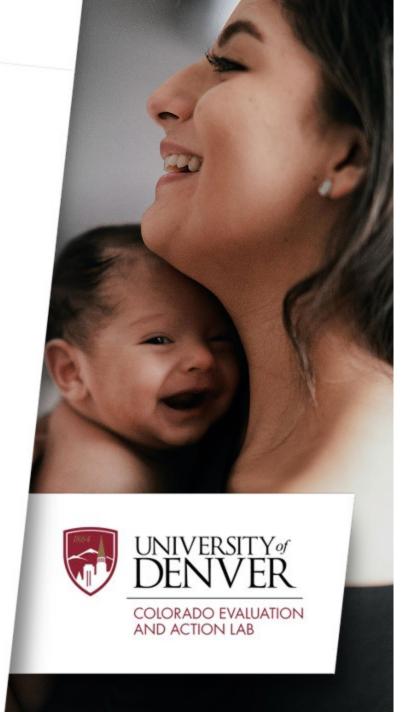


What Makes This Project Unique? First of Its Kind in Colorado

Centers the health and well-being of *pregnant* persons and infants as a unit.

Examines outcomes and service navigation prenatal through the first year of life

Breaks down data silos to understand real life experiences that **cross systems**.



Part One Focus: Risk & Protective Factors for Dyads Involved in Child Welfare

Why? Separating an infant from their family can disrupt early bonding, negatively affect healthy child development, heighten mental and behavioral health disorders, and decrease opportunities for family thriving overtime.

What? 5-Year data trends (2013 to 2018)

4,178 unique dyads



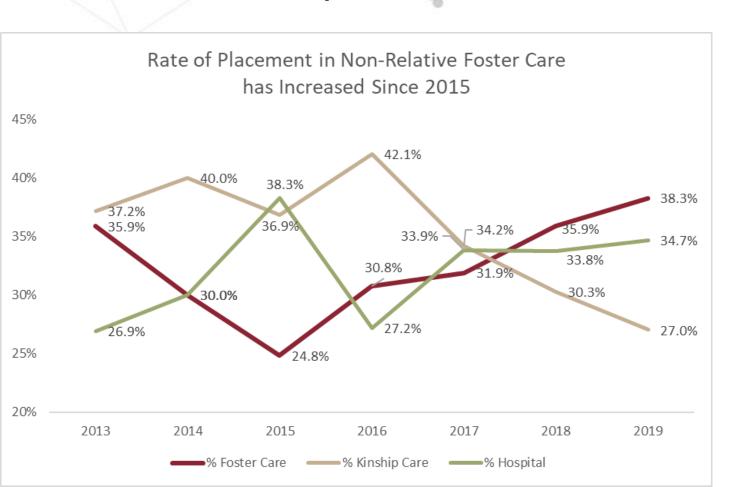
Risk Factors Associated with Infant Removal

The odds of the infant being removed was related to key social, economic, and health vulnerabilities. An <u>increased likelihood</u> of removal was associated with:

- Increasing age of the pregnant person
- Lower income households
- Lower educational attainment
- Maternal-infant dyads who received no prenatal care or inadequate prenatal care
- Late preterm infants born between 35 and 36 weeks of pregnancy
- Newborns experiencing respiratory complications at birth

Decreased Use of Kinship Placement

- 13.5% increase in placement of newborns into non-relative foster care
- 11.3% decrease in placement of newborns into kinship care







Protective Factors Associated with Infant Removal

Multiple social, economic, and health characteristics and conditions were associated with <u>decreased odds</u> of the infant being removed from the home:

- Pregnant persons who identified as American Indian and Native American
- Pregnant persons who were married
- Maternal-infant dyads who received WIC during pregnancy
- Deliveries paid for by private insurance

Additionally, there was no evidence of disproportionality in infant removal for Black mothers when considering other factors included in the model. Analysis specific to other race/ethnicity groups was limited because of sample size issues.

Implications for Policy and Practice

- ✓ Increase consistent participation in prenatal care
- ✓ Invest in concrete supports for families (e.g., public assistance)
- √ Improve WIC participation
- ✓ Increase well-being services for families
 - Develop targeted supports for families with medically fragile children
 - Promote use of kinship placement when infant removal is unavoidable and does occur
 - Use Plans of Safe Care as a strategic lever
 - Introduce wraparound services (home visiting, colocated care, Maternal Opioid Misuse model, etc.)

✓ Incentivize cross-system care coordination for providers



Policy Brief: Plans of Safe Care to Support Families Impacted by Perinatal Substance Use Disorders

Data-informed Recommendations for Cross-system Policy and Practice Investments

REPORT HIGHLIGHTS:

- This policy brief provides concrete, datainformed practice and policy recommendations around how Colorado can expand, leverage, and effectively implement Plans of Safe Care in the prevention and treatment of perinatal substance use disorders (SUD).
- Recommendations are informed by SB19-228, Colorado's Perinatal Substance Use Data Linkage Project, which links administrative data sources to inform policy and practice efforts aimed at strengthening families impacted by SUD.
- The goal is to implement Plans of Safe Care so they function as a lever for improving crosssystem care coordination and health outcomes for maternal-infant dyads impacted by perinatal SUD.

AUTHORS:

Courtney L. Everson, PhD Sr. Researcher/Project Director, Colorado Evaluation and Action Lab

Elysia V. Clemens, PhD

Deputy Director/COO, Colorado Evaluation and Action Lab

For inquiries contact: Courtney L. Everson | courtney@coloradolab.org | www.ColoradoLab.org Report Number: 19-08C Date: December 31, 2021

We Welcome Your Partnership!

What can the Colorado Lab do to advance datainformed solutions for SATF priorities?

Project Page: https://coloradolab.org/prenatal-substance-exposure/

Elysia@ColoradoLab.org

Courtney@ColoradoLab.org

