

SETTING UP A FRAMEWORK FOR DEDICATING OPIOID SETTLEMENT FUNDS TO CHILDREN AND FAMILIES IMPACTED BY PERINATAL SUBSTANCE USE

In the coming months and years, Colorado will begin to receive funds from settlements and court rulings resulting from numerous lawsuits against drug companies, distributors and pharmacies over their role in the opioid crisis. It's money that can — and should — be channeled to programs and services that equitably serve all families through prevention and reduction of substance use during the perinatal period and provide multi-generational support for families to thrive.

Investing in tailored substance use disorder treatment and recovery services for families leads to better outcomes, cost savings and stronger communities. While pregnancy and parenthood can be a time of increased motivation for substance use disorder treatment and recovery, an absence of tailored services creates a gap between need and access.

Substance use disorder treatment that supports the family as a unit has **proven to be effective for maintaining maternal recovery and child well-being**. Residential treatment programs serving women and children produced **nearly \$4 in savings for every \$1 invested** through reductions in child welfare costs, crime, foster care and low birth weight babies.

The **SuPPoRT Colorado Steering Committee** was established in 2008 and is a committee of the **Colorado Substance Abuse Trend and Response Task Force**.

In 2019, a **Family Advisory Board** to this steering committee formed in order to **elevate the voices of families who have experienced, directly or indirectly, the impacts of substance use during pregnancy**.

Below are **jointly developed recommendations** for how opioid settlement funds can equitably serve all families through prevention and reduction of substance use during pregnancy and provide multi-generational support for families to thrive, with a focus on:

- Building Colorado's statewide capacity to align efforts,
- Applying lessons from data, and
- Recognizing and responding to emerging needs.

RECOMMENDATIONS ACROSS ALL INVESTMENTS

- » Address racial and cultural disparities through language access and culturally relevant services
- » Prioritize accelerating existing programs, resources, and networks
- » Address barriers and offer incentives to program participation for both families and systems partners
- » Infuse decision making with Family Voice experiences and leadership
- » Address rural needs with a cultural lens, especially through leveraging needs assessments and gap analyses related to rural services and treatment resources
- » Ensure data-informed strategic planning, activity engagement and impact
- » Leverage and strengthen systems for longitudinal data regarding impact and opportunities related to perinatal substance use

JOINT RECOMMENDATIONS FOR STATE AND LOCAL INVESTMENTS TO BEST SUPPORT THE NEEDS OF CHILDREN, PREGNANT, AND PARENTING PEOPLE

Family-Based Treatment, Recovery, and Housing Support

Specific investments include:

- Family-centered treatment programs
- Recovery residences accepting children
- Family-based recovery housing
- Sober stable housing programs
- Dyad/family-based foster care

Timely, Coordinated Access to Support Services

Specific investments include:

- Plans of Safe Care coordination infrastructure
- Dyad-focused services accessed through hospitals and/or healthcare systems

Capacity Building for Integrated Maternal and Behavioral Health Care

Specific investments include:

- Perinatal quality improvement efforts
- MAT & perinatal provider fellowship
- Perinatal MAT prescriber education & technical assistance

Peer-Led Support Services, Especially Tailored for Pregnant and Parenting People

Specific investments include:

- Peer navigators
- Peer recovery support networks
- Doula peer supports

Child Care Assistance for Recovery Services

Specific investments include:

- Co-located child care services
- Child care navigation support