Objective

To create a research-based, viable multidisciplinary strategy for substantial, actionable change to prevent child maltreatment and improve outcomes for children in Colorado impacted by caregiver substance use.

Thank you to our sponsor:
Steering Committee

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Focus & Boundaries

Impact on Children of Caregiver Substance Use
Scope of the Issue

Caregiver Substance Use

Of 2016 Behavioral Risk Factor Surveillance System (BRFSS) respondents who indicated they had a child under age 14 in their home in the State of Colorado…

• 27.4% of caregivers reported having on average three or more alcoholic drinks per day in the past 30 days
• .97% of caregivers reported using pain relievers for a different reason than the specific pain for which it was prescribed
• 8.3% of caregivers reported having marijuana or a marijuana product in or around their home right now
• 15.8% of caregivers with marijuana in their home reported not keeping marijuana in childproof containers or packaging
Scope of the Issue

Child Fatality Prevention System, 2011 - 2015

- 37.4% of perpetrators whose action or inaction directly caused a death were indicated to be impaired at the time of the incident.
- 50.0% of perpetrators whose action or inaction contributed to a death were indicated to be impaired at the time of the incident.
- 31.3% of caregivers linked to child maltreatment deaths were identified as having a history of problematic substance use.
- 71.5% of 193 individuals identified as having caused or contributed to the sudden and unexpected death of an infant were impaired at the time of the incident.

Child Fatality Review Team, 2016

- 47.6% of the families involved in a fatal incident of child maltreatment had some history of identified substance use.
Scope of the Issue

Parental ACES & Potential Impact on Children

Of 2016 BRFSS respondents who indicated they had a child under age 14 in their home in the State of Colorado…

- 15% of adult respondents reported high ACE exposure (4 or more ACEs), with more women reporting high ACE exposure (17.4%) than men (12.1%)
- Among those reporting an ACE associated with household dysfunction, 27.6% reported parental substance abuse
- Parents who reported 4 or more ACEs were over 10 times more likely to report marijuana exposure in their homes
Scope of the Issue

**Pregnancy Risk Assessment Monitoring System (PRAMS), 2015**
- Use of marijuana or hashish at any time during pregnancy - 4.5%
- Use of marijuana or hashish since baby was born - 5.4%
- 12.0% of individuals reported drinking alcohol during the last 3 months of pregnancy, and 2.9% reported having 1 to 3 drinks per week during this time period

**Heroin Response Work Group, 2010-2015**
- From 2010 to 2015, NAS rates in newborns in withdrawal from opiate drugs have increased by 83% (2.0 per 1,000 births in 2010 to 3.6 per 1,000 births in 2015) in Colorado

**Colorado Department of Health Care Policy and Financing, 2015-2016**
- The number of annual Neonatal Abstinence Syndrome (NAS) births identified via Colorado Medicaid claims data has increased by 91% from 194 births in 2012 to 371 births in 2016
Scope of the Issue


• Accidental Drug Overdose was the leading cause of maternal deaths both during pregnancy up to the first six weeks and up to one year post delivery

• 17% of the total maternal deaths had a known substance use disorder

CDPHE Maternal Mortality Review, 2008-2013

• Toxic amounts of prescription and recreational drugs were identified in 28.3% of all 120 not pregnancy-related cases
Recommendation Development Process

Steering Committee Meeting (October 25)
- Overview of project, goals, and expectations
- Overview of research
- Roles of SC members
- Invitations to convenings
- Generation of brainstormed recommendation ideas

Substance Exposed Newborns Summit (November 2)
- Harvest feedback on recommendations
- Create buy in from attendees

Research on brainstormed recommendations

Steering Committee Meeting (December 6)
- SEN summit debrief
- Convening planning
- Presentation of updated research
- Refine list of recs for the convenings based on new round of research

Research of refined recommendations

Steering Committee Meeting (January 10)
- Convening planning
- Prioritization of recommendations for convenings

Childhood Convening (January 19)
- Harvest feedback on recommendations
- Create buy in from attendees

Adolescence Convening (January 19)
- Harvest feedback on recommendations
- Create buy in from attendees

Steering Committee Meeting (January 29)
- Convenings debrief
- Report preparation

Substance Abuse Trend and Response Task Force (February 2)
- Presentation
Recommendations

Policy Recommendations
- New Initiatives
- Existing Opportunities

Transforming Practice
- New Innovations
- Enhancing Existing Efforts

Emerging Considerations
Recommendations

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.

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

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).

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

Policy Recommendations – 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

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
Recommendations

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.

2. Promote community based responses to providing child care to prevent the impact on children of caregiver substance use.
Recommendations

Transforming Practice – 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

2. Support existing efforts to expand a continuum of child maltreatment prevention programs addressing 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)

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)
Recommendations

Transforming Practice – Enhancing Existing Efforts

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

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

7. Promote community-based strategies to implement plans of safe care for substance exposed newborns and their caregivers

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
Recommendations

Transforming Practice – Enhancing Existing Efforts

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.

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.

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

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.
Recommendations

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

• Final Recommendations Vetting

• Final Report released in late February

• Presentation to the Colorado Children’s Caucus at the State Legislature on April 9, 2018