Impacts on Children of Caregiver Substance Use: Recommendations for Policy & Practice
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Introduction & History

Nationally, the opioid epidemic has been declared a public health emergency and communities and families across Colorado are feeling the effects of this crisis, as well as the effects of other substances being used and misused across our state. As attention and resources are devoted to responding to this epidemic, it is critical that the impact on children remains high priority. Children of caregivers with problematic substance use are at higher risk for developing physical and mental health problems and substance use disorders and experiencing child abuse and neglect. Research suggests that children whose parents abuse substances are three times more likely to experience verbal, physical, or sexual abuse, and four times more likely to experience neglect. Though the total number of new child welfare cases in Colorado has declined over the last few years, the number of cases involving drug use by a parent has increased.

In the fall of 2017, the ZOMA Foundation provided funding to Illuminate Colorado to lead the development of statewide recommendations and strategies to prevent child maltreatment and improve outcomes for children affected by caregiver substance use. Spanning the spectrum of prevention, intervention, treatment, and recovery, this report addresses the negative impacts on children from birth through adolescence, related to caregiver substance use, substance misuse, and substance use disorders.

Illuminate Colorado engaged statewide leaders with subject matter expertise to advise and provide guidance on broader stakeholder engagement and the development of the recommendations. A logic model and work plan are included as Appendix A and a list of these steering committee members appears as Appendix B. The Steering Committee also considered recommendations developed by the Colorado Substance Exposed Newborns Steering Committee of the State Substance Abuse Trend and Response Task Force.

The recommendations are intended to serve as a research-based framework for substantial, actionable change to better meet the needs of children impacted by caregiver substance use. They provide a starting point for multi-sector partners as they develop goals, objectives, and activities to prevent harm and improve outcomes for children.
Scope of The Issue

Definitions

This project explores the impact of all substance use that negatively impacts children, including but not limited to substance use, substance misuse, and substance use disorders.

For the purpose of this report, key terms are defined as follows:

- **Substance use** is the use of substances without physical or psychological dependence or significant impacts on health, functioning, or relationships.

- **Substance misuse** is substance use with a negative impact on health, functioning, and/or relationships and may take the form of drug dependence, or be part of a wider spectrum of problematic or harmful behavior. The term “substance misuse” refers to both legal and illegal substances, such as alcohol, prescription medications, caffeine, nicotine, marijuana, volatile substances (e.g. petrol, glue, paint), cocaine, methamphetamine, and heroin.

- **Substance Abuse** is dependence on an addictive substance, most commonly in reference to dependence on alcohol or drugs. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders. The term is used in this report for accuracy when referring to data sources and citations use of the term.

- **Substance Use Disorder** is mild, moderate, or severe substance use resulting in impaired control, social impairment, risky use, and pharmacological criteria. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

- **Addiction** is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Many of these terms may be overlapping or used interchangeably in practice. However, for this project terms are intentionally applied to address the continuum of substance use behaviors.

The impacts on children of caregiver substance use vary significantly based on the specific circumstances of their childhood and the type, timing, and pattern of exposure to substances and substance use. Beginning prenatally and continuing throughout childhood and adolescence, this effort considered impacts such as:
− *Prenatal Substance Exposure* involves exposure of a fetus to alcohol or other substances and may result in low birth weight, preterm delivery, withdrawal, and longer term cognitive, behavioral, and developmental delays.⁷

− *Adverse Childhood Experiences (ACEs)* are stressful or traumatic events experienced by children, and substance abuse within a household represents one example of an ACE. As the number of ACEs increases, so does the risk for alcoholism and alcohol abuse, chronic obstructive pulmonary disease, depression, fetal death, health-related quality of life, illicit drug use, ischemic heart disease, liver disease, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases, smoking, suicide attempts, unintended pregnancies, early initiation of smoking, early initiation of sexual activity, and adolescent pregnancy.⁸

− *Toxic Stress* occurs when a child is exposed to frequent, prolonged adversity, such as a caregiver substance use disorder. Toxic stress disrupts brain development and can cause impairments in learning, behavior, and both physical and mental well-being. Supportive relationships can serve as a buffer against a toxic stress response and increase resilience.⁹

− *Child Maltreatment* includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher). There are four common types of maltreatment: Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect. Child maltreatment is toxic stress and an ACE. Child maltreatment has long lasting effects on brain development and health outcomes.

− *Child Fatality*, as defined by the National Child Abuse and Neglect Data System (NCANDS), is the death of a child caused by an injury resulting from abuse or neglect or where abuse or neglect was a contributing factor.

### Key Data Findings

To guide the development of recommendations, the Steering Committee on the Impact on Children of Caregiver Substance Use reviewed Colorado data on substance use, with a specific focus on substance use among caregivers. Key data findings are presented below and are organized by available data on caregiver substance use; impacts on children (e.g. prenatal substance exposure, fatality, child maltreatment); and multi-generational influences and impacts.

Multiple sources of data were reviewed, including both data sources that had information specific to adults who could be identified as caregivers of children and others containing more general information about adult substance use. All of the data sources have limitations, and in order to gain a full understanding of this issue, further research must take place to address the emerging
gaps in the data available specific to caregiver substance use and the impact this has on children in Colorado.

Linking datasets, improving data collection, and improving reporting processes would help in filling in information gaps regarding the scope of the issue and the optimal approaches to prevention and intervention for families at risk. Despite these limitations, the past and current data provide valuable insight into the prevalence of caregiver substance use, the severity of this substance use among caregivers, and some of the impacts on children.

**Caregiver Substance Use**

While no data set gives the full scope of caregiver substance use in Colorado, separate data sources spanning substance use, substance misuse, substance use disorder treatment, and maternal mortality provide important insights, especially when considered collectively.

To understand the prevalence of substance use among caregivers, data was gathered from the 2016 Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a telephone survey of adults that collects data on health behaviors; the most recent data available was collected in 2016. To focus on caregivers specifically, data was reviewed from a subset of BRFSS respondents who indicated they had a child under the age of 14 in their home in Colorado. Of these respondents, over 30 percent reported binge drinking, defined as the consumption of five drinks for men and four drinks for women of alcohol on one occasion, at least once in the past 30 days. In addition, nearly 30 percent of respondents reported having on average three or more alcoholic drinks per day in the past thirty days.

Treatment admission rates in Colorado (for facilities licensed by the Colorado Department of Human Services Office of Behavioral Health) provide a different view of the picture of substance use - albeit not specific to caregivers - and reveal the trends and patterns related to treatment needs. Treatment admission rates for 2016 indicated that alcohol continued to be the most common substance leading to treatment, accounting for 56.7 percent of all treatment admissions. However, treatment admissions for alcohol have decreased 21 percent between 2009 and 2016.

In terms of marijuana, eight percent of BRFSS respondents with a child under the age of 14 reported having marijuana in their home. Nearly 16 percent of those with marijuana in the home reported not keeping their marijuana in childproof containers or packaging. The 2016 *Monitoring Health Concerns Related to Marijuana in Colorado* report estimates that at least 14,000 children in Colorado are at risk of accidentally ingesting marijuana products that are not stored safely, indicating that there may be a need to educate caregivers who are using marijuana. Treatment admission rates for marijuana have remained relatively stable since 2009, and make up 13.9 percent of admissions. In addition, nearly five percent of the 2015 *Colorado Pregnancy Risk Assessment Monitoring System* respondents used marijuana during their pregnancy and over five percent reported using marijuana after the birth of the child.
Misuse of prescription opioids and use of illicit opioids are increasing in Colorado. Nearly one percent of respondents to the BRFSS with a child under the age of 14 reported using pain relievers for a different reason other than their prescribed pain, while two percent of caregivers reported they received prescription drugs from another person. The rate of treatment admissions for non-medical use of prescription opioids has been steady since 2009, making up 3.2 percent of treatment admissions in 2016.

As states work to counter the opioid epidemic by addressing the overprescribing, safe storage and safe disposal of opioid pain medications, there is concern that people are turning to heroin in place of prescription opioid medications that are now harder to access. Data show that nearly 80 percent of Americans using heroin (including those in treatment) reported misusing prescription opioids first. However, less than 4 percent of people who had misused prescription pain medicines started using heroin within 5 years, suggesting that opioid misuse is just one factor leading to heroin use.

Between 2009 and 2016, there has been an alarming increase in treatment admission rates for heroin (9.7 percent of all admissions in 2016) – an increase of 262 percent. During the same time period, there has also been a significant increase – 72 percent – in treatment admission rates for methamphetamine (12.9% of all admissions in 2016). While the increase in heroin use has been more drastic over the last several years, it is important to note that in 2016 there were more treatment admissions for methamphetamine than for heroin.

Considering postpartum women specifically, postpartum depressive symptoms were prevalent (19.7%–46%) among postpartum women who currently used substances or who had a substance use history. Data from the Maternal Mortality Review program at the Colorado Department of Public Health and Environment provides information specific to the role of substances in the death of women during pregnancy and up to one year postpartum. Between 2004 and 2012, accidental drug overdose was the leading cause of death among postpartum women in Colorado, resulting in 36 cases of maternal death for this time-period. For the cases where the results of toxicology testing were available; pharmaceutical opioids were the most common drugs identified. Between 2004 and 2012, 21 cases were positive for pharmaceutical opioids, ten cases were positive for cocaine or cocaine metabolites, and four were positive for heroin or heroin metabolites. Between 2008 and 2013, toxic amounts of prescription and recreational drugs were identified in more than 25 percent of all 120 non-pregnancy-related cases.

**Impact on Children**

Understanding the prevalence of substance use among caregivers only begins to illustrate the potential impacts on children. Current data on the impacts on children of caregiver substance use indicates that the nature and extent of effects vary greatly based on a broad spectrum of factors and circumstances. Data as to the full impact on children of caregiver substance use is limited, however there is extensive research on the effects of prenatal substance exposure.
Data from the 2015 Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of maternal attitudes and experiences before, during, and after birth, showed that 12 percent of respondents reported drinking alcohol during the last three months of pregnancy. Prenatal alcohol exposure is a leading preventable cause of birth defects and neurodevelopmental abnormalities, which may lead to a range of developmental, cognitive, and behavioral problems.

Another potential effect of prenatal substance exposure, Neonatal Abstinence Syndrome (NAS) occurs when a newborn experiences withdrawal symptoms as a result of being exposed to a substance in utero. Data analysis indicates that NAS increased by 83 percent in Colorado between 2010 and 2015, and in a review of Colorado Medicaid claims data, there was a 91 percent increase in NAS births with 371 NAS births reported in 2016 (up from 194 births in 2012). In addition, nearly five percent of PRAMS respondents used marijuana during their pregnancy and over five percent reported using marijuana after the birth of the child.

Research suggests that children whose parents abuse substances are three times more likely to experience verbal, physical, or sexual abuse, and four times more likely to experience neglect. According to a recent review of substance abuse-related child welfare data from state fiscal years (SFY) 2012-2016 by the Colorado Department of Human Services, Colorado experienced a significant increase in both the number of children referred to child welfare and the types of referrals related to substances in SFY 15. In addition, the majority of referrals related to substance abuse issues involved an infant less than one month old.

The most egregious impact on a child of caregiver substance use is the death of a child. The Child Fatality Prevention System (CFPS) housed at the Colorado Department of Public Health and Environment reviews child deaths due to all preventable manners and causes for children 0-17 years of age. CFPS data from 2011-2015 indicates that of the 198 deaths due to child maltreatment, more than 10 percent of the 217 responsible individuals whose action or inaction directly caused or contributed to the child’s death were impaired by alcohol at the time of the incident, and just over 12 percent were impaired by drugs. Of the 193 individuals whose actions caused or contributed to 224 sudden and unexpected deaths of infants, more than 9 percent were impaired by alcohol and nearly 12 percent were impaired by drugs at the time of the incident. Of the 159 individuals whose action or inaction directly caused or contributed to 136 passenger vehicle child deaths, nearly 14.0 percent involved a responsible individual impaired by drugs and 7.0 percent impaired by alcohol.

Additionally, the Child Fatality Review Team (CFRT) housed at the Colorado Department of Human Services reviews fatalities and near fatalities due to child maltreatment. In 2016, nearly 48 percent of families involved in a fatal incident of child maltreatment reviewed by the CFRT had some history of identified substance abuse.
**Generational Data**

Research reveals significant long-term impacts on children of their caregiver’s substance abuse following children into adulthood. The Adverse Childhood Experiences (ACE) Study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente is a large-scale study on the connection between childhood abuse and neglect and health and well-being later in life. The ACE score, a total sum of the different categories of Adverse Childhood Experiences reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly show a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. As the number of ACEs increases, so does the risk for alcoholism, chronic obstructive pulmonary disease, depression, fetal death, health-related quality of life, illicit drug use, ischemic heart disease, liver disease, risk for intimate partner violence, and more.33

Many states, including Colorado, collect information about ACEs through BRFSS. Colorado BRFSS data indicates that nearly 30 percent of adults who reported experiencing an ACE came from households with substance abuse. Additionally, parents who experienced four or more ACEs were over 10 times more likely to also report marijuana presence and use in their current household. Finally, children of parents with 4 or more ACEs were over 27 times more likely to be labeled with a behavior or conduct disorder.34

**Missing Data**

It is important to note that many of the data sources reviewed have limitations that make it difficult to draw conclusions regarding the extent of the impact on children of caregiver substance use. One such limitation is the varying use and definitions of substance use related terminology across data sources. Many data sources explore substance use in general without capturing data on specific substances. Conversely, other data sources focus on the use of legal substances (alcohol, marijuana, prescription medications), but not illicit substances. In addition, many data sources do not indicate if the respondent is a caregiver of children.

Overall, there is a lack of data available on the impacts on children, with most available data addressing prenatal substance exposure or child fatalities. Fatality data also has its limitations, as some cases did not have an assigned cause of death, while in others the death was due to more than one specific cause. Some of the fatalities were looked at by review teams, which used available information and professional judgments when attributing deaths to certain causes (i.e. drug overdose, abuse or neglect). Additionally, psychiatric records and toxicology testing are not available for all cases, possibly resulting in an underestimation of contributing factors, such as substance use.
Overview of Effective Approaches

Over the last twenty years, research has led to a refined understanding of how to support caregivers and children and how to mitigate the risks of child maltreatment resulting from caregiver substance use. One example of this is the social-ecological model created by the CDC based on Bronfenbrenner’s Ecological Framework for Human Development. The social-ecological model reflects the interplay between individual, relationship, community and societal factors that influence risk. Protecting children from the negative impacts of caregiver substance use requires an understanding of these factors, and the development of prevention and intervention strategies that consider the child in the context of the larger social ecology.35 Understanding the issue of caregiver substance use and its impact on children within the social ecological model also allows for an examination of the relationship between substance use and mental health disorders, as well as substance use and social determinants of health.

Regarding the impact of caregiver substance use on children, examining the relationship level of the social ecological model is important, especially familial relationships. Research has strengthened our understanding of the family as a complex system. Dr. Murray Bowen developed the family systems theory, which describes the functioning of each member of the family unit as interdependent. When the functioning of one family member is affected, there is always a reciprocal impact on the functioning of other family members to greater or lesser degrees.36

In addition to the development of the social-ecological model and an increase in research on family systems, a growing emphasis on program evaluation continues to increase understanding of intervention efficacy. These factors have contributed to the development of more effective approaches to supporting children and caregivers. Effective approaches are presented below according to their position along the levels of prevention spectrum, including primary prevention, secondary prevention, and tertiary prevention.

- **Primary prevention** focuses on preventing something before it ever occurs. In the context of this report, primary prevention is protecting children when caregivers use substances (e.g., safe storage of substances) and preventing problematic substance use.

- **Secondary prevention** focuses on detecting a problem early and intervening to prevent negative outcomes, such as early identification of problematic substance use and prevention of substance use disorders, minimizing impacts on children of caregiver substance use (e.g., safe caregivers for parents while using substances) and early identification of family stressors and child maltreatment. Effective approaches in secondary prevention are outlined below under early intervention/intervention.
Tertiary prevention focuses on mitigating the negative effects once the child maltreatment or a substance use disorder has already occurred. Tertiary prevention for this report focuses on whole family treatment and support to facilitate healing and recovery.

The summary below is not a comprehensive assessment of evidence-based or promising practices; rather, it is a compilation of elements of effective approaches that may be applied to address the impact of caregiver substance use on children.

Prevention

Preventing negative impacts of caregiver substance use on children involves reducing risk factors and enhancing protective factors. All people have biological and psychosocial characteristics that make them vulnerable, or resilient, to substance use disorders and the potential negative impacts. These characteristics exist in, and must be addressed in multiple contexts. Components of effective prevention programs include comprehensiveness of the program in addressing multiple domains of influence, the use of varied teaching methods, sufficient dosage, and being theory driven, appropriately timed, socially/culturally relevant, and implemented by well-trained staff.

Specifically, primary prevention of the impacts of caregiver substance use on children aligns with the research supporting the creation of safe, stable, nurturing relationships and environments for children and families. Several initiatives focus on strategies to achieve this goal, such as the Two-Generation Approach that focuses on equally and intentionally creating opportunities for and addressing needs of the whole family, including both children and the adults in their lives, together. Two-generation approaches emphasize the mutually reinforcing link between the health and development of children and their caregivers, and address important linkages between education and workforce supports, child care and healthy child development, and access to physical, mental, and behavioral health care. Examples of effective two-generation approaches in Colorado that are being braided for families to accomplish this approach include the Colorado Parent Employment Project, Colorado Child Care Assistance Program, Supplemental Nutrition Assistance Program, and Home Visiting.

The Strengthening Families Protective Factors Framework is another approach that emphasizes strategies to increase family strengths, enhance child development, and reduce the likelihood of child maltreatment by building Protective Factors in families. The Protective Factors include 1) parental resilience, 2) social connections, 3) knowledge of parenting and child development, 4) concrete support in times of need and 5) social and emotional competence of children.

Safe, stable, nurturing relationships and environments are also promoted by the CDC through the Essentials for Childhood initiative and Technical Package on Preventing Child Abuse And Neglect. Strategies outlined in the technical package and supported by the available evidence include strengthening economic supports to families; changing social norms to support parents and positive parenting; providing quality care and education early in life; enhancing parenting
skills to promote healthy child development; and intervening to lessen harms and prevent future risk to children.\textsuperscript{40} Specific approaches include:

- Strengthening household financial security
- Family friendly work policies
- Public engagement and education campaigns
- Preschool enrichment with family engagement
- Improved quality and access to child care
- Early childhood home visitation
- Parenting skill and family relationship approaches.\textsuperscript{41}

As the risk and protective factors for problematic substance use by caregivers and the risk and protective factors for child maltreatment are highly similar, the strategies and approaches identified by the CDC are likely to be effective in also addressing caregiver substance use concerns. However, strategies to prevent substance use disorders must also include consideration of the neurobiological aspects of addiction and comorbidity with mental health and trauma.

**Early Intervention/Intervention**

Early intervention and identification of a substance use disorder can disrupt the progression of the disorder and mitigate negative impacts. Early intervention can help avoid a “cascade of risk” including the multi-generational impact of adverse experiences. Similarly, early identification of child maltreatment related to caregiver substance use provides an opportunity to link families with supports and resources. Recognizing and reporting signs of child abuse and neglect helps protect children that may be experiencing abuse or neglect, prevent harm to other children, prevent future abuse or neglect, link families to services, and promote positive change. While caregiver substance use does not always equate to child maltreatment, a closer look at the situation may be warranted depending on the circumstances.\textsuperscript{42}

As identified in the CDC’s Technical Package on Preventing Child abuse and Neglect, effective approaches to lessen harms and prevent future risk include:

- Enhanced primary care to identify and address psychosocial problems in the family that serve as risk factors for child abuse and neglect, including training primary care providers to identify and address factors that increase risk for child abuse and neglect
- Behavioral parent training programs to reduce the recurrence of child abuse and neglect while teaching parents specific skills to build a safe, stable, nurturing relationship with their children
− Care coordination and/or case management to aide in the early identification of substance use issues, as well as early entry into treatment and support programs

− Strengthening communication skills and techniques for coping with stress and depression to help with the treatment of mental health issues, with which there is a high level of attributable risk of developing substance dependence.43

Early intervention involves addressing problematic substance use by caregivers who may not yet be diagnosed with a substance use disorder. Screenings to identify substance use disorders at earlier stages before dependence occurs is an effective early intervention. Intervening early with individuals exhibiting risk factors often has greater impact than later intervention, as long-term consequences can be averted by early detection and support.

Research suggests that interventions focused on improving parenting practices and family functioning, as well as targeting substance use disorders, showed the most promise in improving the health of all family members, including children. Intervention strategies that go beyond the family unit to include community partners make for more comprehensive care models and add a layer of support for the family.44 By offering services and resources designed to build Protective Factors in families, it is possible to reduce the likelihood of child maltreatment and strengthen resilience in families identified as being at higher risk.45

**Treatment and Recovery**

For children that have experienced abuse or neglect related to caregiver substance use, the focus shifts to effective treatment interventions. Although there are treatment interventions developed specifically for children who have a caregiver with a substance use disorder, there is a scarcity of rigorous evaluation of these types of interventions. Treatment interventions with the most evidence of effectiveness target the parent and family unit. Research suggests interventions that include a focus on both building skill with parenting practices and addressing substance use show the most promise for improving family functioning, and subsequently, the health and well-being of children.46

Effective approaches include:

− Multi-tiered programs that work with both parent and child to reduce family risk factors, mitigate the health consequences of abuse and neglect exposure, and decrease the risk for recurrence of child maltreatment

− Systemic therapy and/or cognitive behavioral therapy integrated with parenting skills training to enhance effective parenting practices47

− Rehabilitative services, including medical, psychological, vocational, and legal needs to aid in treatment and recovery48
- Interventions that apply Attachment Theory to support caregiver-child relationships, treat caregiver substance use disorders, and support and promote children’s socio-emotional well-being and attachment security\(^49\)

- Peer recovery specialists or peer mentors to support fellow parents through their treatment and recovery journey\(^50\)

- Cross-training of child welfare and SUD treatment providers to develop a deeper understanding of each other’s systems, goals, and legal requirements

- Family treatment drug courts, including a cross-system approach to support SUD treatment, provide services for families, and monitor recovery

- Wraparound and comprehensive community services that address multiple needs of caregivers and children\(^51\)

Extended families play a complex role in substance use disorder treatment, as they can be an important support or they can derail the treatment process. Caregivers and their family members, including children, have their own goals, limitations, or issues that can hinder or prevent successful treatment and recovery for the caregiver.

Providing services to the whole family can improve treatment effectiveness and sustain recovery. Family-centered treatment helps families become aware of their needs, the impact the substance use has had on one another, and may include individualized screening, assessment, and case planning for each member of the family. In addition to offering services to individual family members, family-centered treatment offers services to the whole family that build on all members’ strengths to improve family management and functioning\(^52\).

Programs that include wraparound services to meet the needs of the child, the family and the caregivers have been shown to be effective interventions that increase Protective Factors that help to prevent child maltreatment in families affected by substance use. Wraparound services may include those that address caregiver child care needs (e.g., providing on-site child care for outpatient treatment, accepting children with parents into inpatient treatment programs, etc.). These services may also include supports to address basic needs (e.g., housing, employment, food access, etc.) as part of treatment and recovery. Studies have shown that women in residential programs whose children stayed with them had a longer length of stay than women whose children did not attend with them\(^53\).

Treatment and recovery should be considered together when looking at approaches targeting substance use disorders among parents and caregivers. Long-term recovery involves recognizing the risk of relapse, understanding that treatment may need to be reinstated or adjusted, and addressing impacts to all family members’ well-being.
Recommendations

Process

In order to develop actionable recommendations that address the current needs of Colorado families, Illuminate Colorado convened a Steering Committee of experts on the subject of substance use and child maltreatment. The Steering Committee provided direction on the development of recommendations to shape a research-informed, multi-disciplinary strategy and recommendations to better meet the needs of children impacted by caregiver substance use. This process was facilitated by Health Management Associates, a research and consulting firm. Steering Committee members included representatives of state and local human services, public health, substance use prevention and treatment, education, law enforcement, judicial services, and early childhood services, a complete list is available in Appendix A.

Recommendations were developed through a series of four steering committee meetings. The Steering Committee meetings were two to three hours long, with primarily face-to-face discussion. A facilitated process using roving brainstorms, as well as small group and large group discussions, helped to identify a range of potential recommendations that acknowledged existing opportunities and resources, as well as opportunities for innovation.

The Steering Committee intentionally identified opportunities to impact children from prenatal through adolescence. The recommendations specific to prenatal substance exposure were based upon work of the Colorado Substance Exposed Newborns (SEN) Steering Committee, a subcommittee of the Colorado Substance Abuse Trend and Response Task Force. These recommendations were developed through a similar process utilizing a core group of issue experts and vetting through a summit, prior to being folded into the larger set of recommendations for this project. The Steering Committee members then brought forth the recommendations to a larger full day convening of stakeholders for deliberation and refinement.

Recommendations were first organized using a matrix including four strategies - Policy, Organizational Systems Change, Research and Data, and Knowledge and Awareness – and across the substance use continuum of prevention, early intervention, treatment and recovery. These strategies captured the general categories in which approaches are typically developed and implemented along the prevention spectrum. A set of key questions was developed to guide the deliberation and refinement of each recommendation by stakeholders at the large convening. For each recommendation, stakeholders responded to the following:

1. Is this being done already? If yes, by who and where?

2. If it is being done already, should it/can it be expanded or replicated? How?

3. Is anything needed to strengthen this recommendation? If yes, what is missing?
4. Is there political/community will in Colorado to implement or expand upon this recommendation? Yes or no, please explain.

5. Who are the key implementers for this recommendation?

6. What resources or opportunities exist to support the implementation of this recommendation?

7. Do you feel this recommendation could be in the short term (1 to 3 years), medium term (5 to 7 years) or long term (8 years or longer)?

8. What are the key next steps for this recommendation?

Following the larger convening, the Steering Committee integrated the feedback to further refine the recommendations and identify next steps. The draft recommendations and next steps were the vetted by the Substance Abuse Trend and Response Task Force with the lens of substance abuse and the Colorado Department Human Services Prevention Steering Committee, and the Colorado Children’s Trust Fund Board with the lens of child maltreatment prevention.

Recommendations were ultimately organized into further developed categories of Advancing Policy and Transforming Practice to best support endorsement, implementation, and adoption. Across each category, there is acknowledgment of those recommendations that bring about new innovations versus those that work to enhance existing opportunities.

Each recommendation is supported with rationale, context, and next steps in Appendix C.

**Advancing Policy**

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

**Existing Opportunities**

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

4. Increase Early Childhood Mental Health Services to adequately address issues of trauma in children in early childhood settings (birth to 5) and support similar networks for school settings (children ages 6 to 18).
5. Expand the resources and influence of the Colorado Children’s Trust Fund to coordinate and support state and local efforts to prevent child maltreatment by preventing substance exposure in newborns.

6. Support the work of the Opioid and Other Substance Use Disorders Interim Study Committee to identify and advocate for increasing access to treatment for parents/caregivers and their children.

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 approaches to expanding child care options for parents accessing substance use disorder treatment and recovery services.

Enhancing Existing Efforts


4. Support existing efforts to scale a continuum of home visiting programs across the state.

5. 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).

6. Support the dissemination of a toolkit to improve social connections in communities to reduce parental stress and increase support systems to promote resilience and buffer potential impacts on children of caregiver substance use (i.e. support dissemination of the Essentials for Childhood Community Norms Toolkit).

7. 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.

8. 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.

10. 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.

11. Support existing practice improvement efforts to increase accessibility and availability of substance use disorder treatment and recovery support services that meet the needs of parents/caregivers, including pregnant and postpartum women.

12. 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.

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

14. Advocate for improved data collection, interoperability 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.

Considerations

Across the recommendations there is an underlying need for expanded research on the impact on children of caregiver substance use. Research may include reviewing national best practices and/or case studies of multi-system efforts, research to increase understanding of successful interventions to support long-term recovery, and an increase in program evaluation capacity.

In addition, a robust conversation emerged surrounding the accessibility of services for families in all corners of the state. It has long been acknowledged that no single agency or program can provide all the supports that families and children need when substance use is a problem, nor does any one agency have all the knowledge or authority upon which to make informed decisions for the services and needs of a family. To address the whole family, collaboration among these efforts needs to occur. As such an emerging consideration was identified:

- 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.
While many agencies exist across Colorado with a mission towards strengthening families, differing approaches and philosophies exist as a result of many drivers, including defined service delivery models, information gaps, geography, and/or funding sources. In order to ensure all families have access to the services they need to address their substance use issues and ensure the health, safety, and well-being of their children, additional alignment of services is needed. Possible objectives for this recommendation include researching models from other states, mapping current service offerings, completing a comprehensive cost analysis, and exploring alternate funding mechanisms and structures. The implications of this recommendation are significant, and require investment from multiple state and local organizations and leaders. As other entities in the state are exploring service mapping and delivery processes, there may be an opportunity to consider children and families impacted by substance use.
Conclusion

Caregiver substance use, both legal and illegal, can have consequences for children. For many caregivers, substance use remains within socially acceptable levels, and does not affect the health, safety, or well-being of their children. However, defining acceptable use levels and proper protocol for parenting while using substances is complex. Research shows that when caregiver substance use elevates to the level of a disorder, children in the home are at a high risk for Adverse Childhood Experiences (ACEs) and toxic stress, subsequently increasing the likelihood of lifelong health issues such as smoking, alcoholism, and illicit drug use, chronic obstructive pulmonary disease, depression, fetal death, health-related quality of life, ischemic heart disease, liver disease, risk for intimate partner violence, sexually transmitted diseases, suicide attempts, and unintended pregnancies. Additionally, ACEs often exist as part of intergenerational cycles of trauma in families, and substance use disorders can continually occur and span generations. This contributes to broad health inequities for low-income, underrepresented populations, which are especially at-risk of child maltreatment due to lack of support and resources.

There is no single solution to reducing the impact on children of caregiver substance use. Substance use disorders are a medical issue, and criminalization often only contributes further to ACEs and toxic stress in families. Ultimately, research-based and effective strategies are focused on primary prevention of ACEs and lessening the impact when maltreatment or trauma has occurred. As organizations identify recommendations for implementation, it is also important to consider the social stigma at play in addressing controversial issues such as substance use disorders. It is essential to continually ensure public understanding of research-based approaches, and build trust in caregivers regarding accessing appropriate treatment for substance use disorders and family support services.

There are many efforts currently being implemented to address substance use disorders, and these recommendations can serve as a guide in designing optimal practice and policies that are most likely to be effective in lessening the impact on children and families. Though there are a number of key implementers for these recommendations, collaborative multi-sector endorsement and adoption is necessary to effectuate meaningful change. The Substance Abuse Trend and Response Task Force, the Colorado Department of Human Services Prevention Steering Committee, and the Colorado Children’s Trust Fund Board have vetted all recommendations. Future efforts will focus on securing endorsement of these recommendations by other boards and commissions, such as the Early Childhood Leadership Commission, to best support adoption by multiple state and local partners across Colorado.
Appendix A – Project Work Plan

**Logic Model**

**Goals:** Increased understanding of the child maltreatment prevention strategies and support services needed to protect children endangered by parental substance use, specifically related to opioid use by:
1) Developing a formal strategy outline that provides research-based, effective ideas
2) Creating buy-in from stakeholders in the process

**Inputs:**
- Existing relationships with partners
- Existing SEN work
- Illuminate staff time
- HMA staff time
- Zona Foundation support

**Activities:**
- 4 Steering Committee meetings
- 1 Convening on impacts of prenatal exposure (SEN Summit)
- 1 Convening on impacts during childhood
- 1 Convening on impacts during adolescence
- SATF presentation

**Outputs:**
- SEN Summit agenda and resulting recommendations
- Childhood Convening agenda and resulting recommendations
- Adolescence Convening agenda and resulting recommendations
- A strategy outline that provides research-based, effective ideas for preventing child maltreatment and supporting children in Colorado affected by the opioid epidemic

**Outcomes:**
- Increased understanding of the child maltreatment prevention strategies and support services needed to protect children endangered by parental substance use, specifically related to opioid use (demonstrated by a final report including a data summary, program and policy recommendations and strategies, and convening evaluations)

**Evaluation:**
- Existing data, programs, and policies documented in a summary report
- Data on members of the Steering Committee and Convening Participants to demonstrate range of perspectives and expertise
- Convening evaluations to assess increased understanding of the needs of children
- Convening findings collected, assembled, and organized into clear, actionable recommendations or strategies
Activities

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

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 on brainstormed recommendations

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

Research of refined recommendations

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

Prevention Steering Committee and Colorado Children’s Trust Fund (February 1)
- Presentations

Substance Abuse Trend and Response Task Force (February 2)
- Presentation
Appendix B – List of Steering Committee Members

Sophie Berman, Boulder County Sheriffs Office
Dr. Lucinda Wayland Connelly, CDHS Office of Children, Youth, & Families
Amy Cooper, CDHS Office of Behavioral Health
Kendra Dunn, CDHS Office of Early Childhood
Paulina Erices, Jefferson County Public Health
Jose Esquibel, Colorado Attorney General’s Office
Kristen Myers, Colorado Department of Education
Lindsey Myers, Colorado Department of Public Health & Environment
Jenna Quigley, Colorado Judicial Department
Jocelyn Rhymer, Douglas County Sheriff’s Office
Julia Roguski, Savio House
Lisa Jansen Thompson, Early Childhood Partnership of Adams County
Dr. Robert Valuck, Colorado Prescription Drug Abuse Consortium
Jessica Williamsen, Arapahoe County DHS
Dr. Kathryn Wells, The Kempe Center for the Prevention and Treatment of Child Abuse
Illuminate Staff – Jillian Adams, Anne Auld, Anna Neal, Jason Read, & Jade Woodard
Appendix C – Detailed Recommendations

Advancing Policy

New Initiatives

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.

Rationale

Several studies have shown that drug use during pregnancy leads to poor pregnancy outcomes, such as low birth weight, preterm delivery, and neonatal morbidity and mortality. Longer-term risks to a fetus of prenatal substance exposure include developmental delays, intellectual disabilities, and attention disorders, as well as birth defects impacting the central nervous, cardiovascular, and gastrointestinal systems. However, the exact impacts on the fetus can be difficult to isolate due to frequency, amount, and timing of the alcohol or drug exposure, as well as complicating factors such as poly-substance use, lack of prenatal care, and overall poor health or nutrition of the pregnant mother. A 2009 National Survey on Drug Use & Health (NSDUH) report suggests that there is a “resumption of [alcohol] use among mothers in the three months after childbirth” and that rates of problem behavior such as binge drinking increase over the first two years of a child’s life. The NSDUH data also reports that women increased their illicit substance use during the year after giving birth. Taken together, this data suggests the magnitude of the impacts of prenatal exposure may be followed by ongoing caregiver substance use, demonstrating the importance of ensuring that newborns, possibly with complex medical needs, have a caregiver that is capable of providing for their needs. The National Center on Substance Abuse and Child Welfare reports that 75 to 90 percent of substance exposed newborns go home undetected and without services in place.

Context

The Colorado Children’s Code (19-1-103(1)(a)(VII)) currently defines child abuse to include “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.” As currently written, this section of the Colorado Children’s Code is wrought with complexities. Current language does not address fetal alcohol exposure, though research suggests that prenatal exposure to alcohol is the leading preventable cause of birth defects and neurodevelopmental abnormalities in the United States. In addition, there are unique complications with marijuana as it has been legalized in Colorado.
for medical and recreational use, yet it remains a schedule I controlled substance both in Colorado and Nationally. Finally, it can be difficult to determine lawful vs. unlawful use of schedule II controlled substances, specifically prescription medications.

On a larger scale, the current language speaks only to drug test results of infants at birth and does not address the complete picture of the family system. There is no consistent standard in Colorado for verbal screening or chemical testing for substance use during pregnancy as a part of prenatal care and Colorado hospitals have varying practices in place for identification at time of birth. Without a consistent standard to guide toxicology testing and the child welfare response, there is room for discrimination in who is tested, and therefore reported, while leaving other vulnerable infants sent home with no support. In addition, toxicology testing has limitations and depending on collection, storage, and testing methods may not provide enough information to make a determination of child abuse. Determinations of child abuse are based on a thorough assessment of threats to the health or welfare of a child, which stretches beyond just the results of a toxicology test. Revising 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 is intended to increase consistency in holistic assessments of family’s needs & strengths.

In 2012, legislation was passed to address the complexity of privacy and legal issues related to substance use during pregnancy. The intent of this legislation was to increase access to prenatal care among women using substances and improve health outcomes for these mothers and their infants. Colorado Revised Statutes (CRS) 13-25-136 states that “a court shall not admit in a criminal proceeding information relating to substance use not otherwise required to be reported pursuant to Section 19-1-304, CRS, obtained as part of a screening or test performed to determine pregnancy or to provide prenatal care for a pregnant woman. This section shall not be interpreted to prohibit prosecution of any claim or action related to such substance use based on evidence obtained through methods other than the screening or testing described in this section.” In essence, this legislation provides a layer of protection from criminal prosecution for substance use during pregnancy, however stigma and fear remains for many.

**Next Steps**

- Research other states’ approaches to defining child abuse and neglect as it pertains to prenatal substance exposure.
- Convene stakeholders through the Substance Exposed Newborns Steering Committee Policy Work Group to review other states approaches and draft language.
- Draft language to replace 19-1-103(1)(a)(VII) and 19-3-308(1)(a)(I).
- Secure stakeholder support and legislative sponsorship to implement policy change.
**Advancing Policy**

**New Initiatives**

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

**Rationale**

Children prenatally exposed to substances are at risk for neurobehavioral disorders, developmental delays, language deficits, and poor academic achievement later in life. Providing early intervention holds the potential to reduce the impact of prenatal substance exposure on children and result in significant benefits for the child and family.

**Context**

Early Intervention Colorado, Part C, is designed to identify and facilitate early intervention to infants and toddlers who have developmental delays, including a physical or medical condition diagnosis typically associated with developmental delays or if the child is evaluated and found to be significantly developmentally delayed in one or more of six developmental areas:

1. Babbling/talking (communication);
2. Moving (physical or motor);
3. Hearing/seeing (sensory);
4. Learning (cognition);
5. Playing and interacting (social-emotional); and/or

An Individualized Family Services Plan (IFSP) is developed for children who qualify for Part C outlining services that may be provided, including but are not limited to: occupational, speech/language and physical therapies, special education teachers, and psychologists.

Prenatally exposed children may qualify for Early Intervention (EI) services through Part C of the Individuals with Disabilities Education Act (IDEA). Currently, a medical diagnosis of Fetal Alcohol Syndrome makes a child automatically eligible for EI Services. Fetal Alcohol Syndrome is a narrow diagnosis within the umbrella of Fetal Alcohol Spectrum Disorders (FASD) and there is limited diagnostic capacity for FASD in Colorado. A diagnosis of Neonatal Abstinence Syndrome does not automatically qualify a child for EI Services, and other prenatal exposures are not currently addressed. Ongoing evaluation of the accessibility and availability of Early Intervention Services for children that were prenatally exposed to substances is crucial to ensure that these children receive necessary support and interventions.
Intervention services may identify alternative options to support children affected by prenatal exposure to substances.

**Next Steps**

- Partner with Early Intervention Colorado to understand the process and ability to modify eligibility requirements, including federal restrictions, to add prenatal substance exposures as automatically eligible for EI services.
- Determine what screening and evaluation tools exist to identify and document prenatal substance exposure.
- Research approaches in other states to increasing access to Early Intervention Services for substance exposed newborns.
- Support the Colorado Substance Exposed Newborns Steering Committee’s needs assessment of current capacity to identify and/or diagnose children with FASD.
- Encourage additional research on the developmental effects of prenatal exposure to different substances to advance the understanding of services children may need based on their exposures and exposure patterns.
- 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.
Advancing Policy

Existing Opportunities

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

Rationale

Treatment of substance use disorders is effective in decreasing substance use and when savings related to health care are added to savings to other systems, total savings can exceed costs by a ratio of 12:1. In addition, research shows that the connection with support services is correlated with increased levels of treatment engagement and retention.

For pregnant and postpartum women in specific, studies have shown that infants have healthier birth weights and better birth outcomes for women and infants when the woman has engaged in both substance abuse treatment and prenatal care during her pregnancy. Pregnancy and motherhood can be an increased time of motivation for substance use disorder treatment. Motivation has been identified as an important driver of behavior change and is associated with treatment enrollment, positive therapeutic engagement, and treatment completion.

Additionally, national survey data suggest that new mothers have high prevalence of alcohol and illicit drug use that may stem from postpartum depression. These factors make the importance of recognizing and treating substance use issues among mothers of newborns even more crucial.

Access to treatment for fathers and other caregivers also requires consideration. Fathers’ substance use interferes with support for mothers, as well as with role modeling, participation in child rearing, and safety. When expectant fathers use substances it is shown to compromise emotional and physical support for the pregnant woman and cause stress, which in turn can be “an indirect but potentially significant mode of fetal harm.” Studies further indicate that fathers’ substance use is “a predictor of ongoing and/or future substance use problems for both his partner and children.” The adverse effects and psychosocial risks of substance use disorders are well documented. Consequently, the American Society on Addiction Medicine recommends that “high-quality, affordable, and culturally competent SUD treatment services should be made readily available to pregnant and parenting women and their families.”

Context

Overall, there is a shortage of substance use disorder treatment in Colorado. Only 15.7 percent of Coloradans in need of substance use treatment services receive them and ten counties have no treatment locations and high drug overdose death rates. In addition, the supportive services that parents or caregivers need to enable their participation in substance use disorder treatment
or recovery are very limited. For example, just 3.3 percent of outpatient substance use disorder treatment facilities in Colorado offer child care services.\textsuperscript{74}

**Next Steps**

- Scan programs in place in other states to increase access to substance use treatment for parents and caregivers, including pregnant and postpartum women.

- Partner with State Innovation Model (SIM) practices and ACC 2.0 RA Es to encourage behavioral health and primary care integration efforts specific to caregiver substance use.

- Design a pilot 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, and prioritizing two generation approaches and gender-specific considerations.

- Develop a strategy for educating potential funders on specialized treatment and recovery needs of parents and caregivers.

- Replicate to ensure geographic distribution across Colorado.
Advancing Policy

Existing Opportunities

Increase Early Childhood Mental Health Services to adequately address issues of trauma in children in early childhood settings (birth to 5) and support similar networks for school settings (children ages 6 to 18).

Rationale

Toxic stress occurs when children experience prolonged and significant adversity such as poverty, abuse, neglect or caregiver substance abuse without adequate adult support to buffer their experiences. Toxic stress can lead to health and learning problems because it hinders brain development, preventing children from realizing their potential.75 The first five years of life are the foundation for sound mental health. Interpersonal relationships and experiences shape a developing brain. Disruptions during this developmental phase can impair a child’s social-emotional well-being with lifelong negative implications.76 According to the National Child Traumatic Stress Network, trauma can negatively impact school performance, impair learning, and cause physical and emotional distress,77 and 75 to 80 percent of children in need of mental health services do not receive them.78

Context

The Colorado Office of Early Childhood promotes Infant and Early Childhood Mental Health (ECMH) consultation to provide support for parents and child care professionals who work with children experiencing persistent or puzzling challenges. Consultants are experts in early child development and mental health. ECMH Consultation is a universal mental health promotion strategy to build the capacity of providers and families to promote child well-being and healthy development. It ensures strong relationships and attachment to adults and increases children’s social emotional competence. Together, these strategies work to prevent or reduce mental health concerns as well as buffer existing toxic stress.

Opportunity exists to increase the capacity of ECMH services across Colorado, including but not limited to ECMH consultation, to address issues of trauma resulting from caregiver substance use and associated toxic stress. Such networks are not consistently available in school settings, further underscoring the need to enhance responses to mental health and trauma throughout childhood and adolescence.
Next Steps

− Identify and advocate for opportunities to increase funding to build capacity of early childhood mental health services to address issues of early childhood trauma, including but not limited to Infant & Early Childhood Mental Health Consultation.

− Explore restrictions to billing based on Behavioral Health provider type, settings, and incidents to build sustainability for Early Childhood Mental Health services.

− Research approaches (such as Trauma Smart) to support Early Childhood Mental Health Services and Early Childhood Professionals in building knowledge and skills to identify and address trauma.

− Incorporate two generational approaches that support needs of children and caregivers in a coordinated and concurrent manner such as dyadic interventions.

− Partner with the Colorado Department Human Services Division of Child Welfare Youth Services Unit, Colorado Department of Human Services Office of Behavioral Health, and Colorado Department of Education to increase understanding of school based mental health specialist programs, trauma informed school project, and child mental health treatment programs and identify opportunities to expand the initiatives and engage additional partners.
Advancing Policy

Existing Opportunities

Expand the resources and influence of the Colorado Children’s Trust Fund to coordinate and support state and local efforts to prevent child maltreatment by preventing substance exposure in newborns.

Rationale

Children’s Trust Funds across the nation are structured in a myriad of ways with varying levels of influence and funding. According to the National Alliance of Children’s Trust and Prevention Funds, “Children’s Trust and Prevention Funds hold vital and unique roles as combined funders, collaborators, catalysts, implementers and overseers of the largest collective body of child abuse prevention work in the country.”

Context

The Colorado Children's Trust Fund (CCTF), established in statute in 1989, exists to prevent the abuse and neglect of Colorado’s children. The CCTF is governed by a nine-person advisory board of directors with unique backgrounds to support and guide child maltreatment prevention efforts in our state. One of the primary focus areas in CCTF organizing statute is the prevention of substance exposure in newborns. Expanding the focus of the CCTF to include all substance exposures and drug endangered children issues, as well as increasing resources and influence of the CCTF, will provide a platform to effectively collaborate and drive prevention efforts forward by supporting local communities with the necessary resources to implement programs that prevent impacts 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.
- Support efforts to strengthen the Colorado Children’s Trust Fund.
- Explore and advocate for opportunities to increase resources to the Colorado Children’s Trust Fund to prevent impacts on children of caregiver substance use.
Advancing Policy

Existing Opportunities

Support the work of the Opioid and Other Substance Use Disorders Interim Study Committee to identify and advocate for increasing access to treatment for parents/caregivers and their children.

Rationale

Nationally, the opioid epidemic has been declared a public health emergency and communities across Colorado are feeling the effects of this crisis, as well as of the myriad of other substances being used and misused across our state.

Context

The Colorado Opioid and Other Substance Use Disorders Interim Study Committee is responsible for examining six core areas of interest, including: 1) review data on the scope of the substance use disorder problem in Colorado; 2) compile an overview of the current resources available to Coloradans; 3) review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; 4) examine what other states and countries are doing to address substance use disorders; 5) identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and 6) identify possible legislative options to address these gaps. Six bills have been introduced out to the committee, addressing prevention of opioid misuse, clinical practices for safe opioid prescribing, harm reduction and criminal penalty, access to behavioral health care providers, and inpatient and residential substance use and lastly, payment and coverage for substance use disorder treatment. These bills seek to address many of the barriers that parents/caregivers experience when seeking treatment and sustaining their recovery, and present an opportunity to shed light on the unique needs of parents and caregivers.

Next Steps

− Engage with the Opioid and Other Substance Use Disorders Study Committee and Committee Members to provide education on the impact of children of caregiver substance use and opportunities to prevent maltreatment and improve outcomes.

− Advocate for inclusion of support services for parents and caregivers, such as child care.
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.

Rationale

Diversifying frontline intervention teams leads to a more culturally competent approach to intervening with individuals with substance use disorders. Community policing strategies “support the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues”. Strategies that integrate multidisciplinary perspectives and responses help to overcome challenges of cross-sector information sharing, increase access to services and support, and ensure that children experiencing abuse and neglect are identified as early as possible.

The majority of child maltreatment victims, particularly child maltreatment fatalities, are children under four years old, many of whom are not yet in school. It is critical that when their families have contact with law enforcement, the health and safety needs of these vulnerable young children are also identified. Early identification of substance use disorders and child maltreatment presents an opportunity to change the trajectory for a family. For some families, involvement with law enforcement or child welfare is the event that triggers a parent to enter substance use treatment and begin to address harmful patterns and behaviors. Research indicates that the longer children are exposed to parental substance use, the more serious the negative consequences will be for their overall development and well-being.

Context

Colorado is home to many examples of this kind of collaboration, particularly in law enforcement and health. For example, Colorado’s Longmont Police Department partnered with the nationwide initiative Police Assisted Addiction and Recovery Initiative (PAARI). PAARI, as well as Law Enforcement Assisted Diversion (LEAD) and Co-Responder Programs, are currently being piloted in communities across with Colorado with funding from the Colorado Office of Behavioral Health. At the core of these programs is the integration of a cross-sector professional (recovery coach, medical provider, and behavioral health provider, respectively) into their response to individuals with substance use disorders in order to divert the individual to appropriate care and resources. A similar co-responder program pilot is being implemented in the City and County of Denver as a partnership of the Mental Health Center of Denver, the
Denver Police Department and Denver Human Services. Social workers and clinicians from the Mental Health Center of Denver are co-located at Denver Police headquarters to respond to mental and behavioral health calls with the police department.

Drawing from these efforts, among others, Colorado is suited to expand these efforts with other sectors where teams of people interface with families, including drug task forces, to provide training to officers, support services to families, and access to outside resources.

Next Steps

− Research similar models with documented success of integrating behavioral health professionals, child/victim advocates, or recovery coaches to inform the design of a pilot program and/or opportunities to expand current models to include addressing children and family issues including child maltreatment and human trafficking.

− Partner with State and Local Law Enforcement, Public Health, Child Welfare, Community Providers, and Behavioral Health Organizations to further develop recommendation and identify opportunities to either integrate children and family issues into current program models or pilot as a new innovation.

− Design and implement pilot program, which includes identification of funding sources, training elements, and data/evaluation indicators such as recidivism & child welfare involvement.

− If successful, advocate for large-scale implementation.
Promote community-based approaches to expanding child care options for parents accessing substance use disorder treatment and recovery services.

Rationale
Research has shown that “treatment programs that offered inclusive counseling for women’s multi-various treatment needs demonstrated positive reductions in alcohol and drug use severity concerns and a decrease in mental health and posttraumatic stress symptoms”. For many parents and caregivers, lack of access to child care is a barrier to accessing substance use disorder treatment programs. In addition to child care allowing access to treatment, child care can be a key component in maximizing safety when caregivers use substances by ensuring children have appropriate caregivers in both low risk and high risk scenarios.

Multiple strategies to address this barrier could be explored, including crisis respite services, sometimes called “respite” services, which provide temporary emergency care for children. Crisis nurseries in the United States evolved from a grassroots movement to develop immediate interventions for stressed caregivers of young children to prevent abuse and neglect and the need for out-of-home placements. Crisis nurseries provide initial crisis assessment and intervention services (e.g., respite child care, caregiver counseling), after-crisis interventions such as follow-up care, and/or referral to other community services. The services are usually provided with no waiting period and often without charge to the client families. Research on crisis nurseries reveal positive outcomes for caregivers/parents and children, including decreasing the potential for child abuse and neglect, decreasing parental stress, and improving parenting skills.

Context
Using data from the 2016 National Survey of Substance Abuse Treatment Services, just 3.3 percent of outpatient substance abuse treatment facilities in Colorado provide child care (compared to 6.4% of these types of facilities nationally). Given this shortage, community-based responses to providing child care support are crucial. Approaches may include those that expand pathways to providing child care such as facilitating community partnerships, exploring new licensing types, or supporting treatment facilities in providing child care. An additional consideration relates to educating parents/caregivers on creating plans for their children when they anticipate they may not be able to care for their child. Colorado is ripe for expansion of these services to support families, particularly those with substance use issues.
Next Steps

- Weigh in on the child care development fund state plan on the needs of families impacted by caregiver substance use.

- Review child care & child welfare licensing rules & requirements that may present barriers to respite care programs.

- Identify opportunities to expand existing infrastructures or program models to increase access to child care across a continuum of care options (drop-in, regular/recurring, short term, long term).

- Include training for kinship, child care providers, and other community support people, on substance use disorders to decrease stigma and increase child safety.
Transforming Practice

Enhancing Existing Efforts

Endorse the Child Maltreatment Prevention Framework for Action and encourage inclusion of considerations related to the impact on children of caregiver substance use in child maltreatment prevention community planning efforts.

Rationale

Colorado already has a state plan to prevent child maltreatment and promote family well-being. The Colorado Child Maltreatment Prevention Framework for Action was launched in April 2017. It serves as a road map so that state and local efforts can work collectively to maximize positive outcomes for children and parents. Fifteen communities are currently involved in child maltreatment prevention planning, using this Framework, supported by resources from the Office of Early Childhood and Zoma Foundation.

Context

The Child Maltreatment Prevention Framework for Action is a tool designed to guide strategic thinking, at the state and local level, about resource investments to prevent child maltreatment and promote child well-being. The framework was developed a collaboration led by the Colorado Department of Human Services Office of Early Childhood in partnership with Chapin Hall at the University of Chicago. To inform the framework, there was a literature review, parent survey and focus groups, and a survey and key stakeholder interviews with professionals to identify principles, strategies and data-driven outcomes for the prevention of child maltreatment. The resulting framework, community planning toolkit, and final report are housed on co4kids.org/prevention. There is also an evaluation underway of the first cohort selected for community planning.

Leveraging this framework, and encompassing considerations related to the impact of children on caregiver substance use, provides an opportunity for strategy alignment and cross-agency impact to ensure all children are valued, healthy and thriving.

Next Steps

- Share the Impact on Children of Caregiver Substance Use Final Report with the Child Maltreatment Prevention Framework for Action Planning Communities; Local Public Health Agencies and Child Fatality Prevention System Teams; the Early Childhood
Council Leadership Alliance; the Family Resource Center Association; and County Departments of Human Services.

- Offer support to communities in assessing the continuum of prevention programs available in their community that address parental substance use and help apply the lens of caregiver substance use (and the impact on children) to their planning efforts.

- Provide technical assistance to state and community partners and funders that offer child abuse prevention programs on the impact on children of caregiver substance use and related issues.
4 Support existing efforts to scale a continuum of home visiting programs across the state.

Rationale

Research shows that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of life improve maternal and child health, prevent child abuse and neglect, increase positive parenting, and enhance child development and school readiness.92

Context

The Colorado Department of Human Services Office of Early Childhood funds voluntary, evidence-based home visiting services to qualifying at-risk expectant and new mothers through the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, tobacco master settlement cash funds, and state general fund. These programs include Nurse-Family Partnership, Healthy Steps for Young Children, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters, and SafeCare Colorado. Bringing these programs to scale in communities across Colorado will serve to mitigate risk factors for child maltreatment.

Next Steps

− Support efforts of the Colorado Home Visiting Coalition and the Colorado Department of Human Services to increase capacity of home visiting programs across the state.
− Research private models and models in other states for funding home visitation, including Kaiser Permanente model, Medicaid, and other payors.
− Build public and community will to provide a continuum of home visitation programs in order to meet the needs of all families.
Transforming Practice
Enhancing Existing Efforts

Disseminate tools that build skills among professionals interfacing with families to have educational conversations with caregivers about substance use, safe storage, and child safety.

Rationale
Discussing the potential impacts and implications of substance use with parents who use substances can be a difficult and daunting task. Topics such as safety planning when parents use substance and the safe storage of drugs and alcohol can be difficult to broach; even substance use providers and child welfare professionals struggle to find the right words sometimes. Studies indicate a need for educational efforts to effectively communicate protective behaviors such as the importance of safe storage to avoid Accidental Unsupervised Exposure (AUE) and Accidental Unsupervised Ingestion (AUI). Disseminating briefs, guides, and other resources can empower concerned individuals and professionals to openly discuss substance use and potential impacts of that substance use on children. Building topical conversation skills among professionals who interface with families will provide opportunities for families to seek help in non-stigmatizing, non-judgmental, and bias-free environments.

Context
The Substance Use Conversation Guide, developed by Illuminate Colorado with the support of the Colorado Office of Early Childhood in June 2017, is designed to help professionals feel more confident in having difficult discussions around substance use. The guide includes key talking points and sample conversation scripts focused on increasing safe storage of potentially hazardous substances and ensuring children always have safe, and un-impaired, caregivers. Additional topics such as safe sleep, abusive head trauma/shaken baby syndrome, smoke-free zones, prenatal substance exposures, and breastfeeding are all discussed in the context of substance use. Resources on identifying substance use disorders, referring to services, and reporting child abuse and neglect are also included. The guide includes a corresponding family handout that provides straightforward information that parents can use to keep children safe, a locking safe storage bag, and links to Illuminate Colorado’s Smart Choices Safe Kids Campaign. The Conversation Guide, as well as the family handout and locking safe storage bags, are distributed to professionals through a three hour in person training that addresses utilization of the guide, as well as bias, boundaries, screening tools, and resources/referrals. The Colorado Office of Early Childhood is supporting expanded dissemination of the Substance Use Conversation Guide.
Next Steps

- Promote Substance Use Conversation Guide training opportunities to professionals that work with families primarily in a prevention and early intervention capacity.

- Translate Family Handout to Spanish and ensure cultural relevance.

- Develop Evaluation Plan to assess effectiveness of the Substance Use Conversation Guide and associated materials, include family voice in evaluation plan.

- Explore additional efforts that are underway to educate professionals on talking to families about substance use, including integration with educational institutions.

- Seek resources to expand Conversation Guide training and implementation to additional professionals, such as professionals that serve families with adolescents.

- Assess the need for a coordinated public education campaign to reach more parents and professionals with safe storage and safe caregiving messaging.
Transforming Practice

Enhancing Existing Efforts

Support the dissemination of a toolkit to improve social connections in communities to reduce parental stress and increase support systems to promote resilience and buffer potential impacts on children of caregiver substance use.

Rationale

According to the Center for the Study of Social Policy, “Social Connections” is one of five Protective Factors that have been shown to make positive outcomes more likely for young children and their families and reduce the likelihood of child abuse and neglect.94 Constructive and supportive social connections build parental resilience, buffering parents from stressors and fostering nurturing parenting behavior that promotes secure attachments in young children. Parents’ high quality social connections are essential to both caregivers and their children.

Context

As part of the Center for Disease Control’s Essentials for Childhood Project, partners from across Colorado are developing a toolkit for community organizations like libraries, family resource centers, and recreation centers to create, facilitate, and strengthen social connections within their networks. This toolkit aims to strengthen families, prevent ACEs and toxic stress, and shift community norms to support healthier families and communities in Colorado.

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 sample evaluation processes
− Explore a mass media campaign (radio and out of home, such as indoor play areas) to accompany toolkit
Transforming Practice

Enhancing Existing Efforts

Conduct a review of the educational and awareness needs, review best practices, and develop a plan to address these needs related to the impact on children of caregiver substance use.

Rationale

Continuing education for professionals serving children and families is necessary to ensure that their knowledge remains relevant and reflective of new evidence-based approaches to serving families and is among the six levels of intervention identified in the Spectrum of Prevention.95 Ongoing assessment of needs is essential to identifying areas where education and outreach can best be applied in order to ensure that professionals have the best tools at their disposal. As research around family functioning evolves, practice must also evolve to incorporate adverse childhood experiences, trauma-informed practice, resilience, and two generational approaches.

Context

For each profession that interfaces with a caregiver or their children, there needs to be a review of the competencies needed to meet the needs of the families they serve. Efforts to expand the availability of training on ACES, trauma, resilience, and two-generational approaches among professionals will increase the likelihood that children and their caregivers will receive appropriate and early attention and resources, as well as trauma-informed care. This kind of care ensures not only appropriate care responses for the whole family but also helps to reduce judgmental attitudes and potential re-victimization of those who have lived through the caregiver/parent’s problematic 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, such as the Colorado Child Welfare Training System or the creation of a speaker’s bureau
− Consider integration with public awareness needs and opportunities
Transforming Practice

Enhancing Existing Efforts

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.

Rationale

The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. The top level, Influencing Policy and Legislation, refers to developing strategies to change laws and policies to influence outcomes. Preventing child maltreatment and promoting safe, stable, nurturing relationships and environments requires commitment, collaboration, and partnerships on a state and community level.

Context

Multiple organizations and coalitions exist in Colorado to influence policy and support decision-makers in making informed decisions around conditions that support safe, stable, nurturing relationships and environments. Opportunities exist to partner with existing efforts to bring a lens of child maltreatment prevention and caregiver substance use to help create safer and more supportive neighborhoods for children.

Next Steps

- Develop talking points, research, and coordinated strategy to support integration of the impact on children of caregiver substance use lens into existing policy efforts

Transforming Practice

Enhancing Existing Efforts

9

Promote community-based strategies to implement plans of safe care for substance exposed newborns and their caregivers as required by the federal Child Abuse Prevention and Treatment Act (CAPTA).

Rationale

The Comprehensive Addiction and Recovery Act of 2016 amended the Child Abuse Prevention and Treatment Act in regards to the effects of substance use disorders on infants, children, and families. In specific, requirements around plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder were modified. The National Center on Substance Abuse and Child Welfare has identified best practices to addressing this issue, which include:

- Early identification, screening and engagement of pregnant women who are using substances;
- Appropriate treatment for pregnant women, including timely access, comprehensive medication and guidelines and standards for treatment;
- Consistent hospital screening pregnant women, postpartum women and their infants;
- Consistent hospital notifications to CPS, including questions and responses that will help CPS hotline workers assess risk and protective factors and safety concerns;
- Memoranda of Agreement for information sharing and monitoring infants and families across systems; and
- Ongoing care plans for mothers and their infants that include home visitation, early intervention services and recovery supports; and plans of safe care that are of sufficient duration.

Context

There is significant variability in verbal drug screening and drug testing policies and procedures among Colorado prenatal care providers and hospitals. Colorado lacks a standardized method for screening or testing for prenatal substance exposure to any substance, as well as a mechanism for tracking or reporting instances of prenatal substance exposure. In the absence of a standardized protocol, the decision to perform a verbal screen or a drug test on a pregnant woman or infant for substance exposure is often based on the discretion of the provider. All of
this is complicated by fear of criminal prosecution and child welfare action based on substance abuse during pregnancy. The lack of standardized practices may result in high-risk pregnant women who are actively using substances and their infants not being supported or receiving a plan of safe care. The Colorado SEN Steering Committee identified this area as one of their 2018-2020 priorities and has formed a multi-sector work group to focus on this issue.

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.

− Look at plans of safe care from other states and identify any processes that can be replicated in Colorado.

− 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.

− Monitor Federal Reauthorization of the Child Abuse Prevention and Treatment Act and identify opportunities to provide education.

− Explore increased inclusion of home visitation as a community-based strategy for these families.

− Pilot implementation of new or revised community-based strategies as needed.
Transforming Practice
Enhancing Existing Efforts

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.

Rationale
Substance use during pregnancy is a widespread issue in Colorado. According to the 2015 Pregnancy Risk Assessment Monitoring System data, 12% of pregnant women drank alcohol during the last three months of pregnancy, 5.9% used tobacco during the last three months of pregnancy, and 4.5% reported marijuana use during pregnancy. Cases of Neonatal Abstinence Syndrome (NAS) in Colorado have increased by 83% from 2010 to 2015 based on hospital discharge coding data, and by 91% from 2012 to 2016 for cases identified via Colorado Medicaid claims data. The impact of prenatal exposure to alcohol or other drugs can include poor birth outcomes such as low birth weight, preterm delivery, drug withdrawal, and longer term cognitive, behavioral, and developmental delays. Combined with the fact that toxic amounts of prescription or recreational drugs were identified in 28.3% of all non-pregnancy-related maternal deaths from 2008 to 2013, the stakes are high for families.

While the potential impact on families can be distressing and even fatal, the body of evidence around medical practice with this population offers providers opportunities to develop, implement, and change health care-related systems, tools, and processes to lead to better outcomes. Studies demonstrate that birth outcomes for mothers and infants are much better when the pregnant woman has engaged in both substance use treatment and prenatal care during pregnancy. Additionally, the benefits of rooming in have been well established with this population, and quality improvement efforts are demonstrating the value a novel approach to assessment, utilizing non-pharmacological treatment as first line treatment, changing weaning protocols, and engaging parents as caregivers during the hospital stay. This patient population stands to benefit from provider education, practice change, and systems-level change not only in terms of medical outcomes but also in terms of social, emotional, and developmental outcomes.

Context
The Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative addresses the challenges and opportunities around providing care to Colorado families impacted by a prenatal substance exposure though provider education and formal quality improvement efforts.
The Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative aims to increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances at the time of birth across Colorado. The Collaborative does this by implementing recommendations that improve maternal and/or child outcomes, including but not limited to engaging birth hospitals across the state in education related to SEN and using structured quality improvement methods and data sharing.

**Next Steps**

- Support the Colorado Hospital Substance Exposed Newborns (CHoSEN) 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.
Transforming Practice

Enhancing Existing Efforts

Support existing practice improvement efforts to increase accessibility and availability of substance use disorder treatment and recovery support services that meet the needs of parents/caregivers, including pregnant and postpartum women.

Rationale

Treatment of substance use disorders is effective in decreasing substance use and when savings related to health care are added to savings to other systems, total savings can exceed costs by a ratio of 12:1.\textsuperscript{108} In addition, research shows that the connection with support services is correlated with increased levels of treatment engagement and retention.\textsuperscript{109}

For pregnant and postpartum women in specific, studies have shown that infants have healthier birth weights and birth outcomes for women and infants are much better when the woman has engaged in both substance abuse treatment and prenatal care during her pregnancy. Pregnancy and motherhood can be an increased time of motivation for substance use disorder treatment.\textsuperscript{110} Motivation has been identified as an important driver of behavior change and is associated with treatment enrollment, positive therapeutic engagement, and treatment completion.\textsuperscript{111} Additionally, national survey data suggest that new mothers have high prevalence of alcohol and illicit drug use that may stem from postpartum depression. The combination of depression and substance abuse can lead to an increased rate of neglect and child abuse in these situations. These factors make the importance of recognizing and treating substance use issues among mothers of newborns even more crucial.\textsuperscript{112}

Access to treatment for fathers and other caregivers also requires consideration. Fathers’ substance use interferes with support for mothers, as well as with role modeling, participation in child rearing, and safety. When expectant fathers use substances it is shown to compromise emotional and physical support for the pregnant woman and cause stress, which in turn can be “an indirect but potentially significant mode of fetal harm.” Studies further indicate that fathers’ substance use is “a predictor of ongoing and/or future substance use problems for both his partner and children.”\textsuperscript{113} The adverse effects and psychosocial risks of substance use disorders are well documented. Consequently, the American Society on Addiction Medicine recommends “high-quality, affordable, and culturally competent SUD treatment services should be made readily available to pregnant and parenting women and their families.”\textsuperscript{114}
Context

Overall, there is a shortage of substance use disorder treatment in Colorado. Only 15.7 percent of Coloradans in need of substance use treatment services receive them and ten counties have no treatment locations and high drug overdose death rates. Additionally, very limited resources exist to support the needs of parents/caregivers in accessing treatment. Just 3.3 percent of outpatient substance use treatment facilities in Colorado offer child care services. In addition to policy approaches to address funding and workforce shortages, thus increasing accessibility and availability of substance use disorder treatment, many practice improvement initiatives are being considered as opportunities better support children and families.

Next Steps

- Evaluate Special Connections Program Reimbursement Rates and Process.
- 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.
Transforming Practice

Enhancing Existing Efforts

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.

Rationale

The DANSR Approach to systems reform is based on the extensive research findings that show Family Treatment Drug Court (FTDC) programs yield more positive outcomes for families. The hypothesis is that when unbundled from a FTDC, certain key elements show promise for improving outcomes in non-FTDC cases. The DANSR approach and principles incorporate several key elements of FTDC that have been proven to generate better outcomes in dependency and neglect cases involving substance use disorders. FTDC research shows: (1) parents are more likely to attend and complete drug and alcohol treatment; (2) 90% of children stay with their families; (3) 91% percent of children are reunited with their families and (4) 98% of children were not maltreated within six months of case closure.

Context

In October 2014, Colorado became one of five states to receive an Office of Juvenile Justice and Delinquency Prevention Statewide System Improvement Program (SSIP) award with the purpose of improving outcomes for children and families through the infusion of effective family drug court practices into the larger dependency and neglect system. Now known as Colorado’s Dependency and Neglect System Reform Program (DANSR), this federal initiative had a three-year planning phase and a one-year implementation phase. The goal of DANSR is to support and improve outcomes for children and families affected by substance use and co-occurring mental health disorders through infusing the DANSR approach and principles into the court, child welfare, and treatment systems.

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.
Transforming Practice

Enhancing Existing Efforts

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

Rationale

Families play a complex role in substance use disorder treatment for caregivers. Caregivers recovering from substance use, as well as their families, greatly benefit from the implementation of family-centered support services. Family-centered treatment offers services to the whole family that build on all members’ strengths to improve family management and functioning. Providing services to the whole family can improve treatment effectiveness and sustain recovery. Family-centered substance use disorder treatment helps family members become aware of their own needs, as well as provides an opportunity for the family to help members who are struggling to understand the impact substance use has on one another. Family-centered treatment has shown to reduce generational cycles of substance use disorders, as well as to increase engagement and retention in treatment, reduce overall drug and alcohol use, improve family and social functioning, and discourage relapse. Because a family history of substance abuse is a risk factor for that same behavior in young people, youth substance use prevention efforts—particularly family-oriented programs and community norms work—are a critical piece of meeting children’s needs related to their caregiver’s use.

Family-centered treatment may include individualized screening, assessment, and case planning for each member of the family. SAMHSA defines recovery as “process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations.” Recovery is highly individualized and support services include, but are not limited to: employment or education assistance, child care, transportation, case management and housing support. Offering support services for caregivers in recovery that utilize a two-generation approach and provide support for the whole families is essential sustaining recovery, building protective factors, and breaking the generational cycle of abuse.

Context

Colorado Senate Bill 16-202 directed an analysis of resources available to provide a continuum of SUD services, including prevention, intervention, treatment, and recovery support. An analysis by the Keystone Policy Center revealed a lack of recovery support services, including
peer mentoring, peer support, family support services, transitional support, and supportive housing.\footnote{123} Multiple initiatives are underway in Colorado to increase access to recovery support services including funding initiatives from the Colorado Office of Behavioral Health, a Recovery Workgroup through the Colorado Consortium for Prescription Drug Abuse Prevention, and implementation of Celebrating Families and Circle of Parents in Recovery programs. That said, many of these programs do not address the complex needs of parenting in recovery, and those that do are not scaled to meet the needs of Colorado families. Additionally, while almost a third (32 percent) of Colorado’s total substance use primary prevention funding is directed at families or both youth and families, a clear need has been established for scaling these programs or increasing awareness of existing programs.\footnote{124} Increased family-centered treatment and recovery support services will further expand the scope of benefits to families in maintaining recovery and have a positive effect on the safety and well-being of children.

**Next Steps**

- Support expansion of whole family recovery support programs addressing needs of both children and caregivers through 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, and youth substance use prevention.
- Support efforts to reduce stigma and increase recovery friendly basic needs providers (including employers, housing, educational opportunities).
Transforming Practice

Enhancing Existing Efforts

Advocate for improved data collection, interoperability 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.

Rationale

Multiple agencies, including child welfare, health, public health, and education, seek to improve child and family outcomes. Coordinated services greatly benefit families and reduce duplication of efforts and the accompanying waste of resources. Under Colorado state and federal laws, agencies are often unable to share information about the families they serve without expressed written consent. Typically, when multiple agencies are serving one family, a signed release of information (ROI) document allowing for interagency communication is adopted. Data management systems have traditionally been designed to securely maintain families’ information. Whereas information security is necessary, the consented sharing of information is invaluable to the interagency coordination of services. Linking information across services and systems provides decision-makers with access to the comprehensive information needed to improve the desired outcomes for children and their families. Research indicates the benefits of developing community data sharing agreements to reflect changing community needs.\textsuperscript{125}

Context

Data, on both the family level and aggregate, on the impact on children of caregiver substance use is limited. Advocacy for improved data management, to include the consented sharing of data and system linkages, is vital to the ongoing improvement of these systems and increased understanding of the breadth and depth of the issue. Ultimately families and children will benefit from seamless, coordinated services that address the impact on children of caregiver substance use based on a robust understanding of the community context. As many efforts are underway to increase consistency in data related to substance use, the lens of children and families is critical.

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.
- Coordinate efforts with the Early Childhood Leadership Commission Data Subcommittee, State Epidemiology and Outcomes Workgroups, SubstanceExposed Newborns Steering Committee Research and Data Workgroup, and the Data and Research Workgroup of the Colorado Consortium for Prescription Drug Abuse.

- 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.
Appendix D – Endnotes


13 See note 11 above.


15 See note 10 above.


18 See note 10 above.


21 Ibid.

22 See note 14 above.

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Recommendations for Policy and Practice Page 58
28 See note 24 above.
41 Ibid.
43 See note 40 above.
47 See note 40 above.
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55 See note 8 above.


58 See note 56 above.


61 Colorado Children’s Code Title 19-1-103(1)(a)(VII)

62 See note 25 above.


64 Early Intervention Colorado. (2017) Medical Diagnosis [database]. Retrieved from https://docs.google.com/spreadsheets/d/14ZfUsdIaMiv4ULd9o-PxkUVaPkkQ07KI_vhrPOiFwqA/edit#gid=0


69 Ibid.

70 See note 20 above.


73 See note 65 above.


Reeves, M. [2017]. Six ways to become a trauma-informed school [Web log]. Retrieved from https://nationalresilienceinstitute.org/2017/05/6-ways-become-trauma-informed-school/


Ibid.

Ibid. See note 74 above.


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Ibid.
100 See note 24 above.
101 See note 26 above.
102 See note 27 above.
103 See note 7 above.
104 See note 21 above.
108 See note 65 above.
109 See note 66 above.
110 See note 67 above.
111 Ibid.
112 See note 20 above.
113 See note 71 above.
114 See note 72 above.
115 See note 65 above.
116 See note 74 above.
118 See note 52 above.
121 See note 119 above.
124 See note 120 above.