# Colorado Perinatal Substance Use Integration Conference

May 3<sup>rd</sup> – May 4<sup>th</sup>, 2023

Avon, Colorado



# What's on the Horizon for Colorado: Policy & Payers Updates

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### **Colorado Methamphetamine Task Force** (2006-2012) and **Colorado Substance Abuse Trend and Response Task Force** (2013-present)

- Drug Endangered Children focus (Colorado DEC) starting in 2006 and staff hired in 2007
- Substance-exposed Newborn Steering Committee (2008-2021: Colorado DEC and Illuminated Colorado)

### In 2010, focus on state implementation of Child Abuse Prevention and Treatment Act (CAPTA) and policy recommendations, including plan of safe care

### 2010-2011: policy recommendation:

 Positive results for substances obtained through medical screening for purposes of prenatal care of a woman who is pregnant, or determining if she is pregnant up until the time of delivery, is not admissible in any criminal proceedings (HB12-1100)

2012: Serving Families Impacted by Prenatal Substance Use: Recommendations for Policy and Practice (2012)

2013: Recommended legislative definition of 'Drug-endangered Children"

2017, SEN Steering Committee expanded structure and revised vision, mission, and priorities:

- Hospital Learning and Quality Improvement Collaborative
- Plans of Safe Care Work Group
- Fetal Alcohol Spectrum Disorder Identification Work Group
- Provider Education Work Group
- Policy Work Group
- Data and Research Work Group

### Legislative Study Committee on Opioids and Other SUDs

### SB19-228:

- Integrating SUD treatment in prenatal and postpartum health care services and four obstetric and gynecological clinics
- Research and reporting on incidence of prenatal substance exposure and related service outcome
- Perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy and report

### SB21-137 Behavioral Health Recovery Act

State Medicaid coverage of screening for perinatal mood and anxiety disorders for the caregiver of each child enrolled in Medicaid in accordance with the health resources and services administration guidelines.

Mandated the screening to be made available to any caregiver, regardless of whether the caregiver is enrolled in Medicaid, so long as the caregiver's child is enrolled in Medicaid.

2022: Supporting Perinatal Substance Use Prevention, Recovery and Treatment in Colorado (SuPPoRT Colorado) Steering Committee

 Committee of the Substance Abuse Trend and Response Task Force



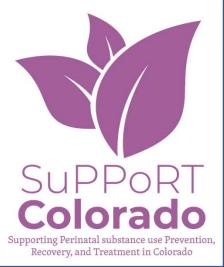
# State-Level Systems Change: SuPPoRT Colorado Priorities

**Stigma Reduction:** Reduce Stigma around accessing substance use disorder treatment and recovery supports for pregnant and parenting people

**Warm Handoffs:** Ensure systems, and the people who work within them, develop policies and practices with families that support warm handoffs and standardize practices to address inequities.

Fetal Alcohol Spectrum Disorders (FASD): Build Colorado's statewide capacity to identify Fetal Alcohol Spectrum Disorders and support impacted families

**Statewide Capacity:** Build Colorado's statewide capacity to align efforts, apply lessons from our data and recognize and respond to emerging needs.



### State-level Perinatal SUD Policy: Five Years of Progress HB19-1193 Behavioral Health Supports For High-risk Families



**SB20-028 SUD Recovery** (Change Children's Code definition to align with CAPTA) **FAMLI** (as passed by ballot in 2020, benefit beginning in 2024)

SB21-101, SB21-193, and SB21-194 Birth Equity Package

- HB22-1289 Health Benefits For Colorado Children And Pregnant Persons
- HB22-1279 Reproductive Health Equity Act
- HB23-1187 Alternatives In Criminal Justice System And Pregnant PersonsSB23-288 Coverage For Doula Services

## State-level Perinatal SUD Policy: State Agency Reforms



Medicaid: Maternity Bundled Payment Program

**Behavioral Health:** Establishment of the Colorado Behavioral Health Administration (via HB21-1097)

**Early Childhood:** Establishment of the Colorado Department of Early Childhood (via HB21-1304)

## State-level Perinatal SUD Policy: Policy-to-Practice In the Works



### **CAPTA Plan of Safe Care Requirement Implementation**

- Changes in child welfare practice based on state child abuse definition change (in progress)
- Recently funded pilot to test approach to create supportive plans prenatally and with a "no wrong door" approach
- CHoSEN Collaborative practice change efforts focused on transitions

**Maternal Health Task Force:** Guiding recommendations and the implementation of evidence-informed interventions to address critical gaps in the state provision of maternity care services

Your Participation!

## State-level Perinatal SUD Policy: Policy-to-Practice In the Works

<u>HB18-1136</u> Substance Use Disorder Treatment: Residential <u>SUD Medicaid expansion</u> (Jan 2021): Required HCPF to add inpatient and residential components, including withdrawal management, to the continuum of outpatient substance use disorder services that are currently available

- 7th Special Connections program just opened, funded through HRFCF
- Tough as a Mother is a statewide campaign and platform used to increase awareness and utilization of SUD treatment and recovery services

<u>SB20-028</u> Substance Use Disorder Recovery (<u>revisions to the children's code</u>): Changed the statutory definition of "child abuse and neglect" as it relates to substance exposed newborns.

• Toxicology Testing Guidelines for Colorado Birthing Facilities

# Policy into practice change

### LEGISLATIVE CHANGE

SuPPoRT Colorado also has a long history of providing subject matter expertise translating best practice recommendations into critical statutory changes to improve the care of families impacted by prenatal substance exposure.

### HB12-1100 Pregnancy & Evidence Of Substance Use

Developed the language for **HB Bill 12-1100** and worked with partners and legislators to ensure its passage to protect drug screen and test results obtained through prenatal care from being used in criminal prosecution of a pregnant person.

#### BHB19-1193 Behavioral Health Supports For High-risk Families

Recommended the expansion of the criminal protection from HB12-1100 to also include conversations with behavioral health providers about substance use during pregnancy through HB 19-1193.

### SB20-028 Substance Use Disorder Recovery

Drafted and convened a stakeholder process for components of SB 20-28 regarding updating child abuse and neglect definitions related to prenatal substance exposure to de-emphasize the focus on positive drug tests for controlled substances at time of birth and to increase consistency in holistic assessments of families.

### Policy Analysis Work Group

Tasked with developing policy guidance in response to emerging needs and best practices

# Policy into Practice Change

Indications for Toxicology Testing

Guidance for CO Birthing Facilities

#### How to use this document:

The following document is intended to serve as best practice guidance for Colorado birthing facilities on clinical best practice principles related to toxicology testing. This template should be used to inform development of a clear and transparent toxicology testing policy at a birthing facility or health system, and can be adopted and/or adapted to meet an individual facility's needs.

#### **Purpose of Best Practice Guidance**

- 1. Through standardization of criteria, this guidance is intended to minimize bias, discrimination, and variability in the use of toxicology testing for pregnant/birthing persons and their infants.
- Describe limitations of and appropriate clinical indications for toxicology testing in the care of birthing people and infants affected by substance use during pregnancy.
- This policy is not intended to be overly prescriptive or replace the clinical judgment of providers or the multidisciplinary care team.

#### **Statement of Policy**

Systemic social, economic and environmental inequities impact experiences and outcomes related to substance use, pregnancy and/or parenting. Substance use is strongly correlated with individual, historical, and intergenerational trauma, as well as mental health conditions, toxic stress, sexual violence and/or intimate partner violence. Thus, substance use during pregnancy and/or parenting must be understood in this broader context. To decrease inequities, the systems, services, and policies that shape perinatal care must be trauma-informed, culturally-responsive, and serve individuals and families with dignity and respect.

Because of generational anti-Black racism and other forms of bias and discrimination, toxicology testing has criminalized people cared for by our healthcare institutions, and regardless of intention, has resulted in structural and social stigma that has influenced toxicology testing policies. Toxicology policies that are punitive, non-transparent, "risk" based, or rely on indications for testing that are conflated with poverty, have caused harm and have been shown to disincentivize pregnant people from seeking prenatal care and/or substance use treatment, even when desired. Concerning examples of risk-based indications for automatic toxicology testing include: Medicaid insurance, late entry to prenatal care, teen pregnancy, previous child welfare involvement, person in recovery from substance use disorder, history of incarceration, medical conditions that are more prevalent among minoritized birthing individuals such as preterm birth or low birthweight, etc.

The medical care team, administrators, and policy makers, must be educated on how such policies, as well

# New offerings

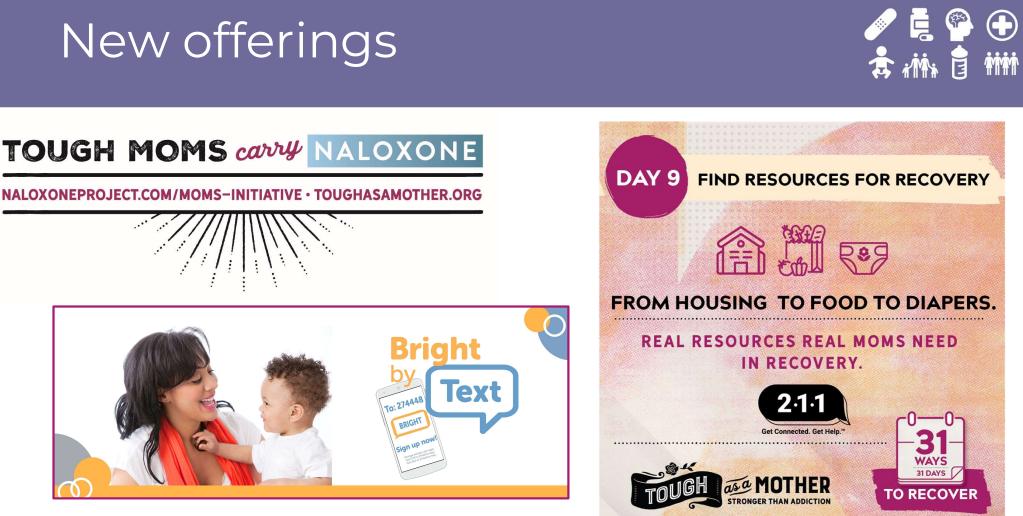




Introducing Tougher Together - a weekly online support group for moms on a recovery journey, led by recovery coaches who are also moms in recovery. Join us to meet other moms like you, share your triumphs and challenges in both motherhood and recovery. Come weekly, or drop in as needed – we are here for you because you are one tough mother.

Mondays at 6:30 pm MT via Zoom https://hardbeauty-life.zoom.us/j/82193848606





**TEXT 274448 "TOUGHMOTHER"** 

# Thank you



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