



Responding to the Need for Better Data to Inform Smart State Investments in Prenatal Substance Use Prevention and Support

Colorado leaders need access to routine and rigorous Colorado-specific data that can inform further advancements in policy and practice. In 2019, Senate Bill 228 authorized an innovative project to link data across administrative systems to identify opportunities to strengthen families affected by prenatal substance use and track progress on state investments. The linkage project was co-designed by policymakers, state agencies, hospitals, nonprofits, families, and researchers to promote cross-system solutions.

Since SB19-228, additional legislation (SB20-028, SB21-137) has strengthened the data linkage project and findings have informed actionable opportunities at the systems level.

The time is right to accelerate progress on the data linkage project and ensure sustainable funding to drive at data-informed results for Colorado families.

What are the Goals of the Data Linkage Project?

1. Comprehensively understand prenatal substance use and effects on family health & well-being
2. Generate population estimates of prenatal substance use that can be used to guide investments and track progress

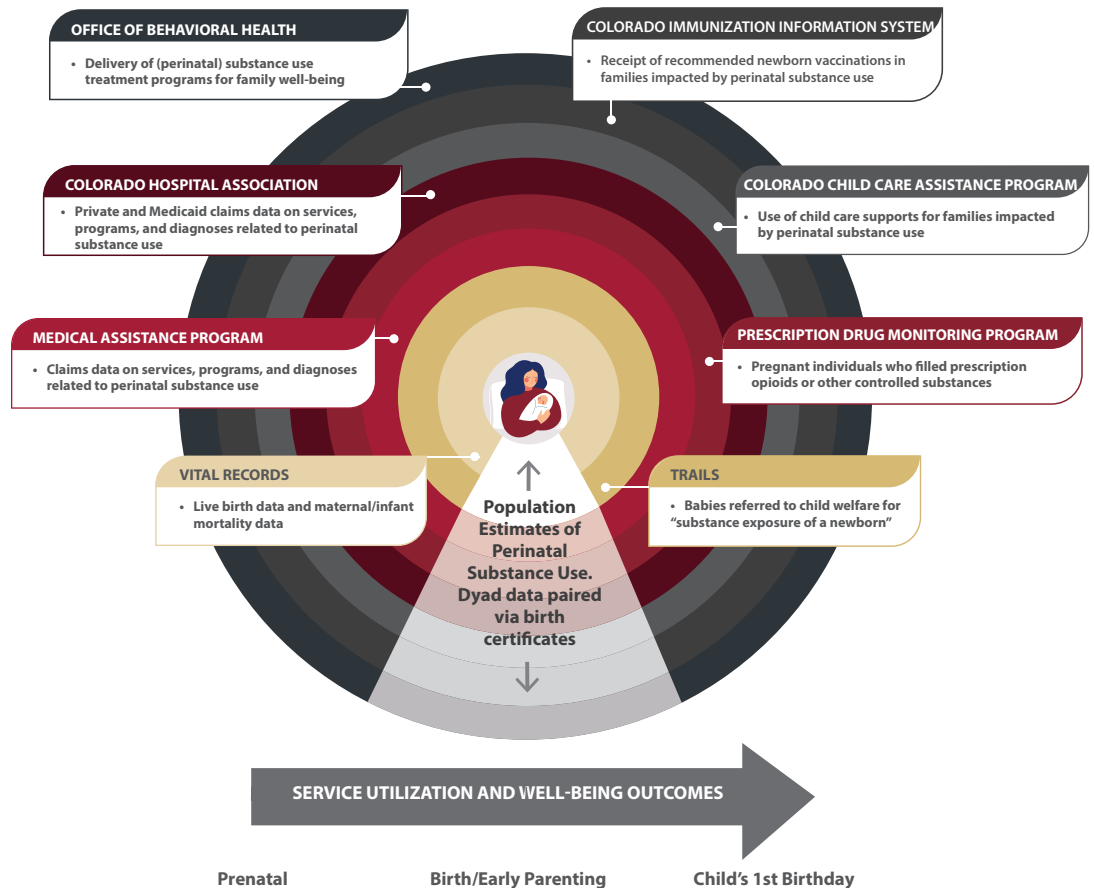
What Data Sources Help Us Meet these Goals?

1. Administrative Data

Sources: Administrative data sources in the visual are the sources prioritized in the legislation. Additional data sources will continue to be added to identify outcomes and service navigation patterns.

2. Family Voice and Provider Perspectives:

Qualitative data elevate family, community, and provider experiences to better understand findings and inform meaningful solutions.



What Makes this Project Unique?



Centers the health and well-being of pregnant persons and infants as a unit, recognizing their health is intimately linked



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



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

Why Does This Project Matter?

- Separating an infant from their family can disrupt early bonding, heighten behavioral health disorders, and decrease opportunities for family thriving over time
- Drug overdose and suicide are the leading causes of maternal death in Colorado
- Early supports and services for infants provide the best possible chance of healthy child development, including school readiness
- Early supports and services for caregivers provide the best possible chance of recovery and preventing future substance use
- State government can save money by reducing ongoing systems involvement of infants and caregivers through upstream investments in prevention



Using Data to Drive Outcomes and Fiscal Responsibility

Data from across systems helps to promote better outcomes for families with efficient and effective use of state resources.



Spotlight on *Perinatal Substance Use Coordinated Care and Support Pilot*

Findings from the data linkage project have informed real action in Colorado.

Resourced by the CDHS Division of Child Welfare, a four year-pilot is underway to develop a comprehensive [Plan of Safe Care \(POSC\)](#) Framework for Colorado. The Framework acts as a strategic container to align and coordinate POSC approaches across different models, programs, and practices serving families affected by prenatal substance use. In doing so, the Framework will help to: a) guide cross-system policy and practice investments that improve outcomes for family; b) support state agencies in meeting state and federal responsibilities around caring for infants affected by prenatal substance use; and c) cultivate a culture of collaborative responsibility for ensuring these Colorado families have every opportunity to thrive.

Ask 1: Annual Appropriation

Initial funding for this project focused on capacity-building and infrastructure. To maximize investments to date, the project needs a sustainable funding package of \$250,000 annual appropriation.

Dedicated resourcing will allow this project to:

- Link data more efficiently, bring in more data partners, and get **actionable insights out the door faster** to those positioned to drive change
- Track progress on **state investments** over time, providing a longitudinal look at outcomes and service use
- Support Colorado in **leveraging federal and non-governmental (philanthropic) funding** to lift, scale, and sustain needed services
- Remain **responsive to decision-maker needs** and changes in state and federal requirements around caring for families affected by prenatal substance use
- Integrate **family voice with system measures** to better answer pressing questions around the *what* and *how* of prevention, treatment, and recovery during pregnancy and through the first year of life
- Through population-level estimates and understanding of what services drive outcomes, build the capacity to establish **return on investment** of upstream resourcing



Currently there are \$0 allocated for this data linkage project. In prior years, research leveraging administrative data has been resourced at \$50-100K per year through legislation. OSPB has also invested \$100K in a [pilot study](#) to incorporate lived experience. Considerable in-kind contributions have been made by the University of Denver (Colorado Evaluation and Action Lab), the University of Colorado School of Medicine, the Colorado Consortium for Prescription Drug Abuse Prevention, Illuminate Colorado, the CHoSEN Collaborative, and [SuPPoRT Colorado](#).

Ask 2: Enabling Legislation: SB21-137 (the Behavioral Health Recovery Act) includes the authorizing language necessary to ensure feasibility of linking administrative data sources.

Currently, the enabling legislation lists the data sources needed to generate population estimates of prenatal substance use (e.g., Medicaid, Prescription Drug Monitoring Program, Birth Records, Child Welfare records). There are also some system utilization data sources named, but a more comprehensive list is needed.

Enabling language revisions include:

- Adds language on “compared to the general population” for each outcome measure named
- Identifies data from the Colorado Early Intervention Program as a source that shall be used
- Identifies data from the Colorado Supplemental Nutrition Assistance Program as a source that shall be used
- Identifies school readiness data from the Colorado Department of Education as a source that shall be used
- Identifies data from the Colorado Women, Infant, and Children’s program as a source of data that shall be used

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