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Policy Brief: Plans of Safe Care to Support Families Impacted by Perinatal Substance Use Disorders

Data-informed Recommendations for Cross-system Policy and Practice Investments

REPORT HIGHLIGHTS:

- **This policy brief provides concrete, data-informed practice and policy recommendations around how Colorado can expand, leverage, and effectively implement Plans of Safe Care in the prevention and treatment of perinatal substance use disorders (SUD).**
- **Recommendations are informed by SB19-228, Colorado's Perinatal Substance Use Data Linkage Project, which links administrative data sources to inform policy and practice efforts aimed at strengthening families impacted by SUD.**
- **The goal is to implement Plans of Safe Care so they function as a lever for improving cross-system care coordination and health outcomes for maternal-infant dyads impacted by perinatal SUD.**

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Study Partners

The Colorado Perinatal Substance Use Data Linkage Project was designed in partnership with the Center for Prescription Drug Abuse Prevention, Illuminate Colorado, the Substance Exposed Newborns Steering Committee, and experts from state agencies, non-profits, families with lived experience, and the academic community. The project ensures decision-makers across sectors have access to routine and rigorous Colorado-specific data that can inform further advancements in policy and practice.

Center for Prescription Drug Abuse Prevention coordinates Colorado's response to the misuse of medications such as opioids, stimulants, and sedatives. They address this major public health crisis in partnership with many agencies, organizations, and community coalitions, working together to educate, conduct public outreach and research, and improve safe disposal and treatment.

Illuminate Colorado is dedicated to strengthening families, organizations, and communities to prevent child maltreatment in Colorado. Holding five national affiliations and serving as backbone support for four statewide coalitions, including the Substance Exposed Newborns Steering Committee, Illuminate leverages its cross-system connections to push forward multi-level efforts aimed at increasing resources and support for families impacted by or at risk of perinatal substance use.

Substance Exposed Newborns Steering Committee is working to identify and implement strategies to reduce the number of families affected by perinatal substance use in Colorado and improve outcomes for impacted parents/caregivers, children, and families across the lifespan. As a committee of the Substance Abuse Trend and Response Task Force, the Committee is co-chaired by the executive directors of Illuminate Colorado and the Kempe Center for the Prevention & Treatment of Child Abuse and Neglect.

Substance use during pregnancy is a growing issue that demands data-informed, family-centered solutions.

Multiple social determinants of health and structural inequities are at play in experiences of substance use disorders, treatment, and support.

The COVID-19 pandemic has created heightened stressors for childbearing families and intensified behavioral health issues, including risk of perinatal substance use disorders.

Maternal and infant health is a top priority for Colorado and data-informed actions are needed.

Preventing unnecessary deaths in the first year of life for families impacted by perinatal substance use is urgent.

Plans of Safe Care (POSC) act as a strategic lever to achieve coordinated care goals outlined by policymakers, state decision-makers, communities, and families.

A Growing Issue. In Colorado, the state health department reported a 98% increase in newborns exposed to opioids prenatally between 2012 to 2018.[i] Beyond opioids, the Substance Abuse and Mental Health Services Administration estimates that prenatal exposure to alcohol or illicit drugs affects 10-11% of all births.[ii] National research has found that pregnant persons with substance use disorders are more likely to be younger, less educated, unmarried, and not privately insured, often due to multiple social inequities and structural factors.[iii] They are also less likely to receive adequate prenatal care, while simultaneously being more likely to have pregnancy-related health conditions.[iv]

Social Determinants of Health and Structural Inequities. Previous research has documented that those living in neighborhoods with concentrated disadvantage—marked by the prevalence of poverty and low income, low educational attainment, and high unemployment—are exposed to higher levels of chronic stress, which in turn can lead to substance use as a coping mechanism, while also commonly having less

access to prevention and treatment services as well as informal supports.[v, vi, vii] Intimate partner violence, histories of sexual and physical abuse, and mental health co-occurring disorders are also documented as risk factors for perinatal substance use.[viii, ix, x, xi] Racial and ethnic differences in patterns of substance use, as well as disparities in the contextual factors that surround use and equitable access to treatment, are also documented.[xii, xiii, xiv] Additionally, lack of adequate social support is an identified risk factor for perinatal substance use and is a barrier to successful treatment, especially for young women and those living in disadvantaged areas.[xv, xvi, xvii]

Impacts of COVID-19. The growing issue of perinatal substance use disorders (SUD) is intensified by the ongoing COVID-19 pandemic. National research has documented multiple, heightened stressors for childbearing families, with significant impact on maternal mental health and prenatal substance use risk.[xviii] While behavioral health needs have increased, access to treatment and support are diminished for many pregnant and postpartum people, as physical isolation requirements persist and treatment providers triage the burgeoning need for services.[xix]

Maternal Health: A Priority for Colorado. In September 2021, the Colorado Department of Health Care Policy and Financing released a landmark report examining key maternal and infant health outcomes among Medicaid-covered births in 2019.[xx] The report highlights several racial and ethnic disparities in pregnancy-related care and outcomes. Findings are intended to inform more targeted programmatic interventions and services for Colorado maternal-infant dyads, including value-based perinatal bundled payments with an emphasis on screening and prevention for SUD and behavioral health. Such efforts find intersection with the Governor's Office's wildly important goal of increasing behavioral health services for Colorado citizens.

Preventing Unnecessary Deaths. Previous research by the Colorado Maternal Mortality Review Committee has estimated that over 75% of pregnancy-associated deaths are preventable, with suicide followed by accidental drug overdose as the leading causes of death.[xxi] Similarly, findings from the Part One data linkage study provided baseline data on maternal and infant mortality among child welfare-involved maternal-infant dyads, with results indicating a pressing need for policy and practice levers aimed at preventing unnecessary deaths in the first year of life.

Maternal and infant health equity is an urgent imperative for Colorado. Plans of Safe Care play a critical role in achieving this goal for pregnant persons impacted by perinatal SUD.

Colorado Perinatal Substance Use Data Linkage Project

Comprehensively addressing perinatal substance use in Colorado requires robust, data-informed policy and practice strategies. The Colorado Legislature's Study Committee on Opioid and Other Substance Use Disorders responded to this need with SB19-228, a data linkage project aimed at using administrative records to inform and advance state policies and programs that strengthen families impacted by perinatal substance use (SU) and substance use disorders (SUD). The goal of linking data across state administrative data systems is to advance lawmaker, practitioner, and advocates understanding of trends and outcomes of perinatal SU/SUD for Colorado families.

> **This data linkage project is a first of its kind in Colorado because it considers the health and well-being of pregnant persons and infants as a unit, centering their health outcomes and service navigation prenatally through the first year of life.**
>
> **Findings bring into focus opportunities for prevention, treatment, and support of maternal-infant dyads impacted by SU/SUD during the perinatal period.**

The data linkage project was further expanded through additional authorizing legislation, including recent passage of SB21-137 (the Behavioral Health Recovery Act). Progress to date for this project is described in a December 2020 legislative brief alongside two reports from a Part One study (found here), which focused on risk of infant removal by child welfare due to maternal substance use during pregnancy, as well as documented baseline data on mortality and morbidity outcomes for these maternal-infant dyads.

Plans of Safe Care

What is a Plan of Safe Care?

A written or electronic document intended to ensure the safety and well-being of an infant and caregiver impacted by prenatal substance use following release from a health care

The Plan of Safe Care (POSC) is intended to ensure the safety and well-being of an infant and caregiver impacted by prenatal substance use following release from a health care provider. POSC have been a requirement in child welfare legislation since 2003. The growing opioid epidemic, alongside increases in neonatal abstinence syndrome, has heightened the need for POSC and in 2016, the Child Abuse Prevention and Treatment Act (CAPTA) was amended by Congress with a requirement that states utilize a POSC for an infant born with and identified as being affected by substance use, withdrawal symptoms, or fetal alcohol spectrum disorders. Efforts for cross-system collaboration were further catalyzed nationally in 2018 by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act. CAPTA is to be re-authorized in 2021 and proposed provisions in S.1927 will directly impact child welfare requirements and state opportunities related to POSC.[1] Situated within this national landscape is Colorado's surge in hospital, community, cross-system, and health care efforts aimed at transforming the landscape of service navigation and health outcomes for maternal-infant dyads impacted by perinatal SU/SUD. Taken collectively, these efforts demonstrate that POSC should move beyond a mechanism for child welfare compliance to be leveraged as a mechanism for state innovation around coordinated service delivery.

[1] One such provision in the proposed CAPTA reauthorization is to change the language of "Plan of Safe Care" to "Family Care Plan." Because this legislation has not yet passed at the time this policy brief was written, we use current legislative and practice language herein.

Why Plans of Safe Care?

Risk and protective factors from the national literature and Part One of the Colorado perinatal substance use data linkage project demonstrate the need for cross-system care coordination in wrapping services around families impacted by perinatal SU/SUD, beginning prenatally and extending through the first year of life. Plans of Safe Care were identified by policy, practitioner, community, and family stakeholders as a lever for improving cross-system care coordination and health outcomes for families impacted by perinatal SU/SUD.

A Vision for Colorado – Cross-system Practice and Policy Considerations

Lessons learned to date from these growing policy and practice efforts, alongside findings from the perinatal substance use data linkage project, indicate several considerations for strengthening existing efforts across Colorado and effectively expanding POSC in the prevention and treatment of perinatal SUD.

A vision begins with establishing a State Intermediary for POSC that shall:

- **Initiate POSC prenatally or as soon as prenatal SU/SUD is recognized.**
- **Create multiple entry points for developing POSC.**
- **Incentivize cross-system collaboration and ownership.**
- **Develop a comprehensive data collection system.**

Creating a Strategic Roadmap for Colorado

A state intermediary for POSC is essential to creating a data-informed strategic roadmap for coordinated POSC service delivery and tracking across Colorado.

Establish a State Intermediary for Plans of Safe Care

State intermediaries are a leading approach to ensure prevention and treatment services are coordinated, efficient, evidence-informed, and delivered with fidelity to drive outcomes. Use of a state intermediary also allows for implementation of POSC for maternal-infant dyads who are not child welfare involved.

State intermediaries are a leading approach to ensure prevention and treatment services are coordinated, efficient, evidence-informed, and delivered with fidelity to drive outcomes. Use of a state intermediary also allows for implementation of POSC for maternal-infant infant dyads who are not child welfare involved. The data linkage project has demonstrated that families may touch none, one, or more systems during their childbearing journey. For those who touch no formal health or human service system, community-facing organizations become vital in connecting pregnant persons with services and supports. This diverse base of entry points is critical to meeting families where they are but comes with challenges such as a lack of shared expertise in the specialized, expansive topic of perinatal substance use. A state intermediary can support providers and decision-makers of these cross-system entry points in initiating and implementing the essential elements of quality POSC, including supporting training and coaching around family-centered

approaches to POSC delivery, monitoring fidelity of POSC activities, promoting continuous quality improvement, and helping providers triage emergent needs and challenges they may encounter.

Additionally, a state intermediary can help to align existing POSC approaches and related perinatal SUD prevention and treatment efforts across the state, thus reducing duplication, strengthening promising opportunities, and disseminating data and learnings for actionable use. A state intermediary can also promote enhanced cross-system investments in child maltreatment prevention, behavioral health, maternal health, and family strengthening, where several initiatives—including the Family First Prevention Services Act, the Social Health Information Exchange, the new Department of Early Childhood, the Behavioral Health Administration, and the Maternity Care Sub-group of Colorado's Alternative Payment Model Alignment Initiative—will have serious impact on the prevention and treatment of perinatal SUD for Colorado families. Ensuring this impact is intentional and strategically aligned will be pivotal for smart governmental investments that improve outcomes for families.

Initiate Plans of Safe Care Prenatally or As Soon as Prenatal SU/SUD Is Recognized

> **Planning for the safety and well-being of maternal-infant dyads impacted by prenatal substance use should begin as soon as the potential need is identified.**

Wrapping services around families prenatally holds high promise for making substantial progress on key maternal-infant health and social outcomes, as early initiation of support and resources is necessary if any differences are to be seen. For example, infants in the Part One data linkage study experienced a low birth weight (LBW) rate 2.8 times higher than the general population of Colorado newborns (25.15% compared to 9.07%), and LBW can contribute to higher neonatal intensive care unit admission rates and ongoing health and developmental issues. Birth weight is influenced by factors in the pregnancy and, as such, initiating POSC prenatally may directly influence this upstream outcome to prevent other deleterious downstream effects. A state intermediary is necessary to ensure families can be reached prenatally with support of the POSC. This prenatal initiation may also help child welfare meet current and future CAPTA requirements, as child welfare cannot become involved with the family due to prenatal substance exposure until after the birth event. A state intermediary provides Colorado a mechanism to initiate POSC prenatally through designated entities outside of child welfare. This current opportunity may evolve into a mandate if CAPTA reauthorization passes, as one provision is the requirement for policies and procedures that support the development of POSC prior to the expected delivery of the infant.

Create Multiple Entry Points for Developing a Plan of Safe Care

> **There must be multiple entry points for developing a POSC to achieve the goal of prenatal/early initiation and to meet families at the systems and supports they uniquely touch.**

Given the complex origins and impacts of perinatal SU/SUD, there is a pressing need for diverse, family-centered wraparound services (e.g., behavioral health therapies, new parent social support, peer recovery support, SUD treatment, obstetric care, and concrete supports). Further, as noted above, families may touch none, one, or more systems and community supports during their childbearing journey. This necessitates that initiation of POSC be accessible to families wherever their prenatal entry point may be *and* that there is a well-resourced infrastructure in place to support ongoing implementation, tailoring, and coordination of the Plan throughout the first year of life. While prenatal health care providers offer one opportunity to create a POSC prenatally, they cannot be the sole approach.

Part One data linkage study findings showed higher rates of no and inadequate prenatal care among maternal-infant dyads in the sample, compared to the general population, meaning not every pregnant person will engage in prenatal health care in a way that facilitates prenatal POSC initiation by the clinical provider. Also, previous research has found that intense stigma and fear of child welfare involvement experienced by pregnant persons with SUD is a serious barrier to seeking and sustaining prenatal care and other treatment services. As such, health care providers, caseworkers, community-facing supports, SUD treatment providers, and family strengthening programs must all be available options for pregnant people in initiating the POSC prenatally; introducing services that can promote the health and well-being of the maternal-infant dyad over the long term (e.g., home visiting programs, Maternal Opioid Misuse model, co-located services); updating the POSC to reflect the medical and behavioral health needs of the dyad after the birth; and coordinating ongoing support, education, and resources for the family throughout the first year of life. A state intermediary is vital to achieving this consideration of a multiple entry point process.

Incentivize Cross-system Collaborative Ownership

> **Cross-system collaborative ownership of the POSC is necessary to ensure care coordination is held as a shared responsibility across sectors and supports.**

Comprehensively addressing perinatal SU/SUD and leveraging POSC for care coordination is a responsibility held across sectors and support networks. Promoting best practices in wraparound service delivery will require processes and policies that incentivize collaborative ownership of the POSC effort across systems and sectors. For instance, including POSC as an allowable Medicaid expense and creating a service billing code for POSC activities is a strategy to incentive participation in the POSC by providers.

Collaborative ownership will also promote use of POSC as a voluntary support available to impacted or at-risk maternal-infant dyads, rather than being viewed by families as a punitive tool stemming from child welfare compliance needs. This shift in thinking and practice will, in turn, position Colorado to better meet the spirit and provisions of current and future CAPTA legislation. POSC are a current requirement within child welfare and the burden of federal reporting requirements fall to the state's child welfare agency. Additionally, proposed CAPTA re-authorization language mandates that the POSC include coordinated service delivery of health and SUD needs for the infant and affected caregiver, using a family assessment approach and family-driven outcomes.

A state intermediary can be leveraged to promote this vision of cross-system responsibility and POSC as a voluntary family support tool.

Develop a Comprehensive Data Collection System

> **State intermediaries can serve as a central hub for collecting actionable data from POSC efforts to guide state investments and achieve positive family outcomes.**

Actionable data are critical to smart state investments and to creating a data-informed strategic roadmap for coordinated POSC service delivery and tracking across Colorado. A state intermediary can facilitate unified data collection and data obtained can be leveraged to assess the quality and impact of POSC on key outcomes for Colorado maternal-infant dyads. This will be vital in researching the essential elements of POSC approaches that drive positive outcomes and determining what evidence-based and community-based practices lead to high returns on investments, and for whom. An intentional focus on a comprehensive data collection system for actionable data can also help the state get ahead of any proposed CAPTA

reauthorization provisions. Specifically, proposed CAPTA reauthorization language mandates the development and implementation of state monitoring systems for POSC to determine whether, and in what manner, local entities are providing referrals to and delivery of appropriate services for the infant and affected family member or caregiver. Moreover, the notification system for referrals to child welfare of substance exposure of a newborn will be required to exist as a separate system from the child abuse and neglect reporting system. Such mandates create additional opportunities to prevent initial child welfare involvement, deeper involvement in the system, and re-entry, while also posing a significant new burden on the state. A state intermediary can help Colorado reduce this potential burden while promoting the state's commitment to evidence-informed policy and practice strategies.

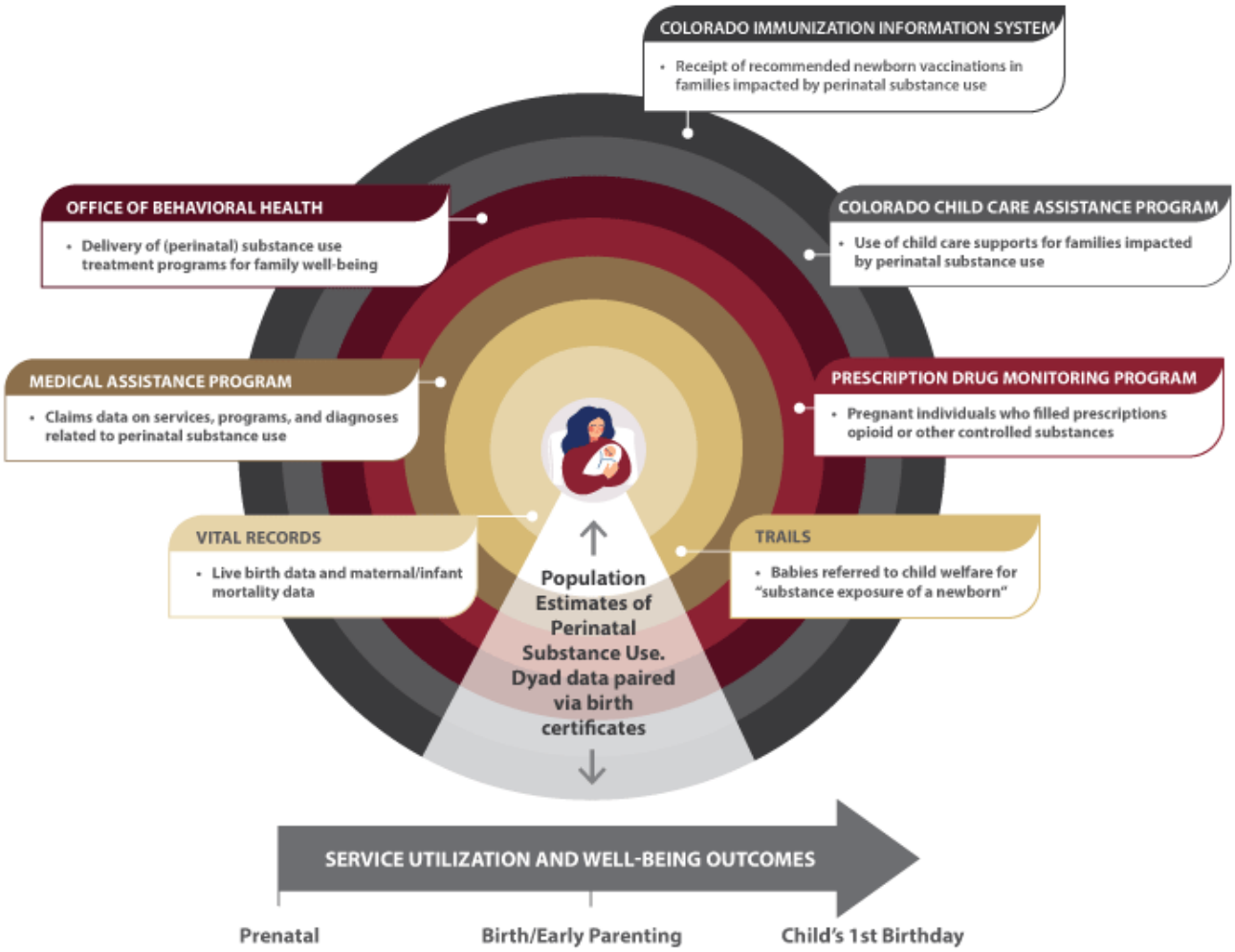
Activating Policy and Practice Recommendations

Considerations outlined in this brief require additional thought and attention by cross-system stakeholders. To this end, a first step to launching this statewide vision for POSC is to resource a Colorado pilot to explore feasibility and acceptability of the proposed POSC approach. Findings from this pilot will be used to inform future legislation and state investments that advance the health and well-being of Colorado families impacted by perinatal SU/SUD.

Future Efforts of the Data Linkage Project

The Behavioral Health Recovery Act (SB21-137), passed in the 2021 Colorado Legislative Session, authorized access to additional data sources for use in this data linkage project (see Figure 1). The inclusion of health care records will build the capacity to routinely monitor population-level incident rates of prenatal substance use and health outcomes for maternal-infant dyads throughout the perinatal period. The goal is to better understand the risk and protective factors pregnant people impacted by perinatal SU/SUD experience in accessing adequate prenatal care, identify opportunities for more effective screening and treatment approaches, and inform practice and policy changes that can strengthen the health and life path of Colorado families. These expansions are in progress and can be leveraged to ensure data-informed guidance as a statewide, coordinated approach to POSC is developed. Once launched, the data linkage project can also be used to monitor the impact of these investments in driving measurable and equitable outcomes for maternal-infant dyads impacted by perinatal SU/SUD.

Figure 1: Data linkages required under SB21-137, necessary to generate actionable data for policy and practice decision-making.



Endnotes

[i] Colorado Department of Health Care Policy and Financing. (2019). *Opioid use in Colorado: Colorado Medicaid addresses addiction.* Retrieved from https://www.colorado.gov/pacific/sites/default/files/Opioid%20Use%20In%20Colorado%20October%202019.pdf

[ii] Young, N.K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). *Substance-exposed infants: State responses to the problem.* HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[iii] Hwang, S.S., Diop, H., Liu, C., Yu, Q., Babakhanlou-Chase, H., Cui, X., & Kotelchuck, M. (2017). Maternal substance use disorders and infant outcomes in the first year of life among Massachusetts singletons, 2003-2010. *The Journal of Pediatrics*, *191*, 69–75. https://doi.org/10.1016/j.jpeds.2017.08.045

[iv] Hwang, S.S., Diop, H., Liu, C., Yu, Q., Babakhanlou-Chase, H., Cui, X., & Kotelchuck, M. (2017). Maternal substance use disorders and infant outcomes in the first year of life among Massachusetts singletons, 2003-2010. *The Journal of Pediatrics*, *191*, 69–75. https://doi.org/10.1016/j.jpeds.2017.08.045

[v] Mennis, J., Stahler, G.J., & Mason, M.J. (2016). Risky substance use environments and addiction: A new frontier for environmental justice research. *International Journal of Environmental Research and Public Health, 13*(6), 607. https://doi.org/10.3390/ijerph13060607

[vi] Cash, S.J., & Wilke, D.J. (2003). An ecological model of maternal substance abuse and child neglect: Issues, analyses, and recommendations. *American Journal of Orthopsychiatry, 73*(4), 392-404. doi:10.1037/0002-9432.73.4.392

[vii] Ng, B., Kaur, J., & Kalra-Ramjoo, S. (2018). *Understanding the determinants of substance misuse: A rapid review.* Brampton, ON: Region of Peel.

[viii] Milligan, K., Niccols, A., Sword, W., Thabane, L., Henderson, J., Smith, A., & Liu, J. (2010). Maternal substance use and integrated treatment programs for women with substance abuse issues and their children: A meta-analysis. *Substance Abuse Treatment, Prevention, and Policy, 5*, 21. https://doi.org/10.1186/1747-597X-5-21

[ix] Alexander, K. (2013). Social determinants of methadone in pregnancy: Violence, social capital, and mental health. *Issues in Mental Health Nursing, 34*(10), 747–751. https://doi.org/10.3109/01612840.2013.813996

[x] Cash, S.J., & Wilke, D.J. (2003). An ecological model of maternal substance abuse and child neglect: issues, analyses, and recommendations. *American Journal of Orthopsychiatry, 73*(4), 392–404. https://doi.org/10.1037/0002-9432.73.4.392

[xi] Ng, B., Kaur, J., & Kalra-Ramjoo, S. (2018). *Understanding the determinants of substance misuse: A rapid review*. Brampton, ON: Region of Peel.

[xii] Schiff, D.M., Nielsen, T., Hoeppner, B.B., Terplan, M., Hansen, H., Bernson, D., Diop, H., Bharel, M., Krans, E.E., Selk, S., Kelly, J.F., Wilens, T.E., & Taveras, E.M. (2020). Assessment of racial and ethnic disparities in the use of medication to treat opioid use disorder among pregnant women in Massachusetts. *JAMA Network Open, 3*(5), e205734. https://doi.org/10.1001/jamanetworkopen.2020.5734

[xiii] Alexander, K. (2013). Social determinants of methadone in pregnancy: Violence, social capital, and mental health. *Issues in Mental Health Nursing, 34*(10), 747–751. https://doi.org/10.3109/01612840.2013.813996

[xiv] Matsuzaka, S., & Knapp, M. (2020). Anti-racism and substance use treatment: Addiction does not discriminate, but do we? *Journal of Ethnicity in Substance Abuse*, *19*(4), 567–593. https://doi.org/10.1080/15332640.2018.1548323

[xv] Kelly, S.M., O'Grady, K.E., Schwartz, R.P., Peterson, J.A., Wilson, M.E., & Brown, B.S. (2010). The relationship of social support to treatment entry and engagement: The Community Assessment Inventory. *Substance Abuse*, *31*(1), 43–52. https://doi.org/10.1080/08897070903442640

[xvi] Ecker, J., Abuhamad, A., Hill, W., Bailit, J., Bateman, B.T., Berghella, V., Blake-Lamb, T., Guille, C., Landau, R., Minkoff, H., Prabhu, M., Rosenthal, E., Terplan, M., Wright, T.E., & Yonkers, K.A. (2019). Substance use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: A report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine. *American Journal of Obstetrics and Gynecology*, *221*(1), B5–B28. https://doi.org/10.1016/j.ajog.2019.03.022

[xvii] Cash, S.J., & Wilke, D.J. (2003). An ecological model of maternal substance abuse and child neglect: issues, analyses, and recommendations. *American Journal of Orthopsychiatry, 73*(4), 392–404. https://doi.org/10.1037/0002-9432.73.4.392

[xviii] Kotlar, B., Gerson, E., Petrillo, S. et al. (2021). The impact of the COVID-19 pandemic on maternal and perinatal health: A scoping review. *Reproductive Health, 18*(10). https://doi.org/10.1186/s12978-021-01070-6

[xix] Barbosa-Leiker, C., Smith, C.L., Crespi, E.J. et al. Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women. *BMC Pregnancy Childbirth, 21*(171). https://doi.org/10.1186/s12884-021-03665-0

[xx] Colorado Department of Health Care Policy and Financing. (2021). *Health First Colorado Maternity Report.* Denver, CO: Colorado Department of Health Care Policy and Financing. Retrieved from https://hcpf.colorado.gov/sites/hcpf/files/Maternity%20Report%20-%20Sept2021.pdf

[xxi] Colorado Department of Public Health and Environment. (2020). *Maternal mortality in Colorado, 2014-2016*. Retrieved from https://nursing.cuanschutz.edu/docs/librariesprovider2/newsroom-documents/maternal-mortality-in-colorado-2014-2016.pdf?sfvrsn=209887b9_2