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COLORADO EVALUATION
AND ACTION LAB

Colorado Lab Newsletter

August 2021

Featured in this newsletter:

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Cost Analysis: Colorado Community Response Program



Connecting families with concrete resources that meet basic needs and support economic well-being can lower stress and help parents to create long-term stability for their family. The [Colorado Community Response](#) (CCR) program is using this approach to reduce incidents of child neglect and abuse.

Administered by the Office of Early Childhood (OEC) in the Colorado Department of Human Services, the voluntary program is now available in 21 sites, serving 29 counties. The Colorado Lab partnered with OEC to conduct a randomized control trial of the CCR program's efficacy in reducing child maltreatment. An initial phase of the ongoing randomized control trial explored approaches to strengthen the program both in terms of engaging more families and in keeping program costs low.

At about \$2,000, the per-family cost of providing CCR is typically on par with or lower than other prevention programs. However, this number depends substantially on CCR family advocates' success in engaging families in the program. The latest available data suggests that only 23% of all referrals result in a family enrolling in the program. This low uptake rate is a challenge shared by many prevention programs, especially those that rely solely on referrals from child welfare, as does CCR. Contact information is often incomplete or outdated, and families may be hesitant to engage for a variety of reasons, from the perceived stigma of being a "bad parent" to mistrust of state systems or an incomplete understanding of why the referral is taking place.

"Children don't grow up in programs... They grow up in families and in communities."

-Dr. Urie Bronfenbrenner,
Cornell University

The [cost analysis](#) recommends expanding referral sources, including allowing self-referrals and additional known and trusted referral sources—such as child care centers and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—to overcome the enrollment challenge. OEC has already begun implementing this recommendation by allowing CCR provider agencies to identify families that may benefit by participating in the program.

Another cost driver for CCR is variation in how the program is implemented across sites. To address this, the study recommends providing ongoing, foundational support for all CCR sites. State intermediaries—such as Invest in Kids supporting Nurse-Family Partnership, Incredible Years, and Child First; and Parent Possible supporting Parents as Teachers and Home Instruction for Parents of Preschool Youngsters—effectively train and coach staff, monitor program fidelity, support quality improvement, and help sites address unexpected needs like transitioning to telehealth during the COVID-19 pandemic.

By expanding eligible referral sources and addressing program outreach and implementation challenges, the benefit-to-cost potential of the CCR program can be fully realized, growing a proven model for enhancing family strengths and reducing child maltreatment.

To learn more, read the study, [A Cost Analysis of Colorado Community Response](#), or contact [Dr. Kristin Klopfenstein](#).

Establishing a Baseline: Substance Use & Infant and Maternal Mortality

Substance use during pregnancy impacts people of all races, incomes, education and employment levels, across geographic regions, with young women and those living in poverty most deeply impacted. In Colorado, the state health department reported a 98% increase in newborns exposed to opioids prenatally between 2012-2018, and the Substance Abuse and Mental Health Services Administration estimates that prenatal exposure to alcohol or illicit drugs affects 10-11% of all births.

State health department data show that more than 75% of pregnancy-associated deaths in Colorado are preventable.

The perinatal substance use data linkage study (SB19-228 and SB21-137) aims to establish a comprehensive understanding of who is impacted by perinatal substance use disorders in Colorado, and why, and identify ways that family health and well-being can be safeguarded and improved through health care, prevention, and public benefit policies and practices.

A new study, [Phase One Supplemental: Maternal & Infant Mortality in the First Year of Life](#), builds on last spring's [initial study](#) focused on the risk of infant removal by child welfare shortly after a birth event due to a referral of substance exposure. The supplemental study establishes a baseline understanding of infant and maternal mortality outcomes for families in Colorado involved in child welfare and impacted by perinatal substance use.

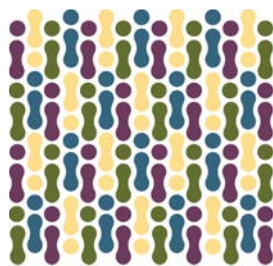
Study findings show drug overdose as the leading cause of pregnancy-associated death for these mothers. The maternal death rate for this sample—mothers who were involved in child welfare and impacted by perinatal substance use between

2013-2019—was about 4% lower than the state average. As well, the infant mortality rate has continued to decline and is now below the state average for the most recent study years. These findings may indicate that families involved in child welfare receive more services and supports that meet their needs and contribute to these lower rates.

At the same time, state health department data show that more than 75% of pregnancy-associated deaths in Colorado are preventable. Obtaining baseline data on mother-infant dyads impacted by perinatal substance use through this study and advancing the next phases of this project are critical to growing understanding and improving policies, systems, and services to prevent unnecessary deaths and strengthen the health and life path of Colorado mothers, infants, and families.

For more information on this and upcoming phases of the perinatal substance use data linkage study, visit [ColoradoLab.org](https://coloradolab.org) or contact [Dr. Elysia Clemens](#).

New LINC Projects



Solutions to complex societal problems require an understanding of the needs of people being addressed through multiple systems. The [Linked Information Network of Colorado](#) (LINC) securely connects data from across multiple systems to inform and drive policy and program decisions.

Three new projects are underway at LINC:

Strengthening Families and Child Well-being

- Colorado Community Response

The goal of this study is to enhance family strengths and reduce child maltreatment by growing the ability of the Office of Early Childhood in the Colorado Department of Human Services to identify when a caregiver is in financial distress before they come to the attention of child welfare.

- Crossover Youth

This study will connect child welfare data and court system records to inform policies and practices that most effectively serve young people who have both a dependency and neglect court case, as well as a juvenile justice case.

Decreasing Youth and Young Adult Homelessness

- Youth at Risk for Homelessness

This first of several phases of work for the U.S. Department of Health and Human Services-supported study explores the intersection of child welfare and homeless experiences with the goal of preventing homelessness among youth exiting foster care.

LINC is a collaborative effort of the Colorado Evaluation and Action Lab and the Colorado Governor's Office of Information Technology. To learn more, visit LINCColorado.org or contact LINC Director, [Dr. Whitney LeBoeuf](#).

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