

# The ♥ Strong Start ♥ Study

*Strengthening Young Families affected by substance use  
through High Fidelity Wraparound*

## Implementation Manual

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A Research and Demonstration Project

Quality Improvement Center on Early Childhood  
Center for the Study of Social Policy

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**Strong Start Wraparound Implementation Manual**  
*A Research & Demonstration Project of the QIC-EC*

**1. Purpose of QIC-EC**

The National Quality Improvement Center on Early Childhood (QIC-EC) was established in 2008 as a 5-year cooperative agreement between the Children’s Bureau and three partner organizations: Center for the Study of Social Policy (lead agency); National Alliance of Children’s Trust and Prevention Funds; and ZERO TO THREE: National Center for Infants, Toddlers, and Families. The work of the QIC-EC is also supported by matching funds from the Doris Duke Charitable Foundation.

The QIC-EC was established to test evidence-based and evidence-informed approaches that build protective factors and reduce risk factors in order to promote optimal child development, increase family strengths, and decrease the likelihood of abuse and neglect among infants and young children. To this end, the QIC-EC funded four research and demonstration projects that included the Strong Start Study through JFK Partners of the University of Colorado. This implementation manual focuses on the high fidelity wraparound intervention with women in early recovery from substance use who were parenting infants that was tested through the study.

**2. Purpose, goals, objectives of Strong Start Wraparound**

The purpose of Strong Start Wraparound is to support young families affected by substance use in building protective factors known to prevent maltreatment. The Strong Start Study utilized High Fidelity Wraparound, a promising intervention practice, to deliver a collaborative intervention that included gender-specific substance use treatment through

Special Connections and early intervention services through Part C. The goals of Strong Start Wraparound are to provide facilitated collaboration and integrated planning between/among all supports and service systems to support a women's early recovery process and preventing maltreatment of infants. The fundamental aim of Strong Start Wraparound is to strengthen families by drawing upon family, friends, and community to establish effective systems of professional and natural supports. Measureable objectives are 1) child health, development, and safety, 2) parent health, mental health and sustained recovery, and 3) family strengths through increased protective factors.

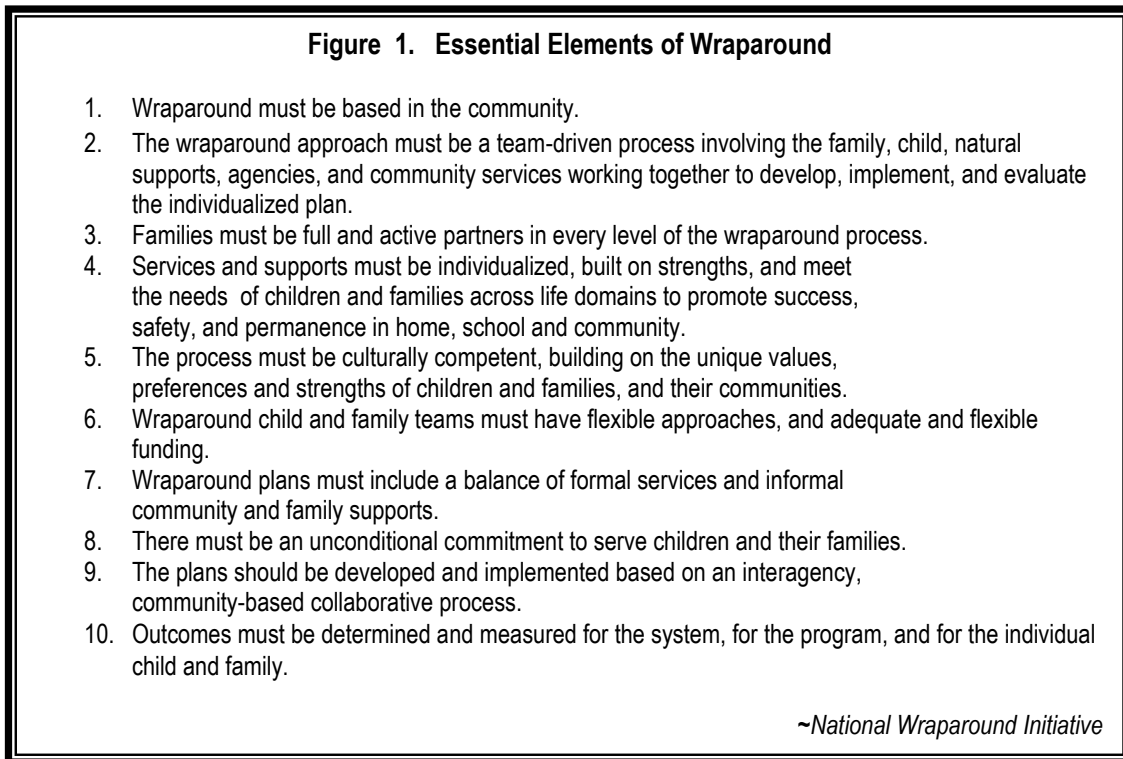
### **3. Theoretical base and guiding principles of project**

A. Theoretical Base for the Strong Start Study. The theoretical base is informed by the Standards for practice developed through the National Wraparound Initiative (NWI) for this team-based approach to facilitate collaboration between and among systems that help families in early recovery from substance use. The community-based Strong Start Wraparound approach is grounded in the NWI set of principles, theory of change, and standards for implementation that have been effectively used in many states for over twenty years to prevent out of home placement of youth with mental health and behavioral problems.

B. Wraparound Philosophy. The philosophy of Wraparound has been captured in a set of ten "essential elements" developed by the National Wraparound Initiative that reflect the values inherent to this approach that guide every phase of the intervention, and reflect respect for family voice and choice, and belief in family's strengths and resourcefulness in meeting needs. These principles are the 'culture' that inform Strong Start Wraparound in facilitating the

collaboration needed for comprehensive support services and intensive care coordination (See Figure 1).

C. Theory of Change. Adherence to the High Fidelity Wraparound model for Strong Start should ensure positive improvement in the lives of families based on the theory of change that informs the approach. The components of the Wraparound theory of change contribute to the



necessary conditions for need satisfaction and improved family functioning. The family team provides the consistent, reliable support during the change process that encourages the parent to take doable steps in accessing resources while gaining a sense of competence in their role.

The four interrelated concepts necessary for change that are implemented through the Strong Start Wraparound model include: 1) families can best determine their own priority needs and goals; 2) families will take doable steps to meet their needs in ways consistent with

their self-efficacy; 3) natural supports can be available lifelong for families; and 4) integrated planning is essential for families with complex needs who are involved with multiple systems.

An adapted framework of ten universal life domains allowed for a consistent and comprehensive way of identifying family needs: health/mental health, family relations, education, housing, income, transportation, legal, social/recreational, civic, and spiritual. The highest priority needs identified by the family provide the starting point for the team-based collaborative planning. Through brainstorming and identification of resources, these needs are systematically addressed through the ongoing phases of the wraparound process.

D. Phases of Wraparound. Wraparound's intervention model conceptualizes four distinct phases: 1) engagement, 2) planning, 3) implementation, and 4) transition. Each phase has explicit activities that are undertaken by the Wraparound facilitator with the family to assure an understanding of the family, the vision they hold for their lives, and their priority needs to be addressed through the intervention.

#### **4. Logic Model**

A. Logic model for Strong Start Wraparound. In the Logic Model for Strong Start Wraparound, inputs include project funding, the collaborative partnership, and research evidence (See Appendix A). The collaborative with women's treatment, Part C early intervention, and other members of the family Wraparound team is used to leverage resources to meet families' needs through the team-based Wraparound approach. When implemented to fidelity, the Strong Start Wraparound program will result in integrative planning for community-based support services that strengthen families affected by substance use by helping them build protective factors known to prevent maltreatment.

## 5. Project administration/organizational structure

As the lead organization for Strong Start Wraparound, JFK Partners of the University of Colorado, School of Medicine held primary responsibility for the administration, implementation, and evaluation of the Strong Start Wraparound program, and had extensive experience in administering multiple federal grants for research, training, and program development for disability-related conditions across the lifespan. Through the University, JFK Partners had the organizational capacity to administer large, multi-year awards through established infrastructure, fiscal controls, and accounting procedures, and bore the cost of the project through a reimbursement mechanism. Development of the Strong Start Wraparound approach is consistent with the University of Colorado, School of Medicine's dedication to research and program evaluation in health sciences, and the development of evidence-based practices in serving the health needs of the citizens of the State.

Working with JFK Partners in providing comprehensive services through Strong Start Wraparound were members of the collaborative including women's substance use treatment in the Denver Metro area through ARTS Women's Connection, and Arapahoe House; the organizational structure and capacity for all collaborative members are described below.

A. JFK Partners: Dedicated to Healthy Families & Communities. The goal at JFK Partners is to develop, implement, and disseminate a coordinated group of applied research, demonstration and training projects directed at meeting the needs of persons with, or at risk of, disabilities and their families. The Director and faculty of JFK Partners have conducted broad array of research related to developmental disabilities of young children, not all specific to prenatal substance exposure.

The target population of families with infants participating in Strong Start Wraparound fit well with the mission of JFK Partners given the multiple risk factors to development of prenatal substance exposure, including the neurological risk due to prematurity and low birth weight that has been associated with maternal alcohol and other drug use. The social and emotional development of infants and young children can be affected by parental substance use, as well, and is a critical reason for early intervention services to mediate the risk to optimal development.

## **6. Required resources for implementation**

- A. Staff. Qualified and well-suited staffing for Strong Start Wraparound is a key to successful implementation. Minimal staffing for replication of this approach includes the Project Coordinator, Wraparound Facilitator, and Family Support Partner; multiple pairings of Facilitators and Family Support Partners are needed depending on number families are served. The number of families assigned must be low enough to deliver fidelity Wraparound with 15 being the upper range for a full time staff. A certified Wraparound coach who is available on a weekly as well as ‘as needed’ basis is essential to ongoing staff development and fidelity to the intervention model, especially during the initial implementation period. An experienced Project Coordinator with office management experience in organization, technology, and procurement is an important support for the Wraparound staff and is critical to day to day operation of a Strong Start Wraparound program. An evaluator should be involved from the beginning to manage the ongoing data collection and analysis of outcomes.
- B. Administrative. The Strong Start Study was administered through a State University and benefited from a well-established grants management and accounting system. When



implemented for research purposes, a Strong Start Wraparound program would have a Principal Investigator (PI) who would be responsible for assuring all research protocols are established and adhered to during implementation. Fiscal roles and responsibilities should be determined so funding accountability is in place including regular reporting on budget and expenditures including management of any subcontracts.

C. **Advisory group.** A number of women and families who had experienced problem substance use were consulted as the proposal for the Strong Start Study was being developed. These women also participated in pilot testing of the research measures used in the evaluation, including allowing the Family Support Partners to gain experience with the developmental screening questionnaire with their infants. For replication purposes, the convening of a quarterly or semi-annual advisory group including both women in recovery who were parenting, family members, and representatives from the partnering organizations could be beneficial. The perspectives from these stakeholders could support implementation efforts and be helpful in troubleshooting any unanticipated challenges.

D. **Space/materials.** Sufficient office space and computer access for Strong Start Wraparound staff is essential to overall program functioning. The establishment and maintenance of the office for Strong Start Wraparound is especially important given that the majority of the work happens in the community and the staff needs an efficient office environment as a reliable base of operation.

The essential facilitation of the Wraparound team process requires supplies suited to the tasks. Specifically, large writing pads with pages that can be adhered to the wall for display during the team meeting provide an important visual record of the planning process. Colorful

markers are helpful as the Facilitator highlights the specific area of focus with the team. Folders and small note pads were also provided for participants to help them write down action steps during the meeting and to keep their Wraparound planning documents together. The Wraparound Family Guide, Principles of Wraparound, and handouts about Protective Factors, were given to families in pocket folders as they began the team process.

## **7. Collaborative Partners**

The Strong Start Collaborative included JFK Partners a University Center for Excellence in Developmental Disabilities (UCEDD), Women’s Substance Use Disorders Treatment programs for pregnant and postpartum women, and Early Intervention Colorado for Part C services, with each partner bringing commitment to the health and development of infants and their families. Alliance building was facilitated by the existing linkages among the collaborative partners and the shared mission of optimal health outcomes for both parents and children (See Appendix B).

Through its role as a University Center of Excellence for Developmental Disabilities (UCEDD), JFK Partners had an established working relationship with the State’s Part C agency, Early Intervention Colorado. In this state, Part C Early Intervention services are administered at the local county level and JFK Partners had ongoing alliances with four county agencies for disability services in the Metro area. This history of collaboration provided the foundation for partnering with Part C agencies in the implementation of Strong Start Wraparound. The Early Intervention Colorado administration was approached during the development of the proposal for the Strong Start Study and was very responsive to the focus of the project on identifying infants with developmental delays as well as the opportunity to work in connection with

women's treatment programs. Over the course of the study, this office provided consultation to the Study and troubleshooting with referrals to local Part C Child Find agencies.

The known developmental risks associated with prenatal substance exposure made the alliance with Special Connections treatment programs for pregnant and postpartum women an important connection to the population. Previous research with this population by the Principal Investigator for the Strong Start Study meant established relationships with both treatment providers and the State program manager for Women's Substance Use Disorders Treatment. The State Office of Behavioral Health (OBH) oversees the SAMHSA block grant for the State including services for mental health and substance use treatment. Within the OBH, the Women's Substance Use Disorders Program oversees all gender-specific treatment services, including those for pregnant women known as Special Connections that provide an array of comprehensive services aimed at reducing substance use and associated problems.

With both collaborative partners, JFK through the Strong Start Study introduced the Protective Factors framework for strengthening families. A critical step in the alliance-building was for collaborative partners to identify ways their programs aligned with the framework and the ways in which families were helped to build specific protective factors. As an example, Part C Early Intervention services helped parents understand the developmental needs of their child and ways the parent could support their child's growth and development, as well as having appropriate expectations of the child's abilities. Specialized women's treatment programs also provide parenting education that included information on possible effects of prenatal exposure to alcohol and other drugs on a child's development. The direct collaboration of women's treatment and Part C through the Study promoted interest at the State office level in ways to

better integrate the two systems more routinely at the local program level. These efforts began during the Study and were continuing at its close.

#### **8. Level of volunteerism or in-kind service needed for implementation**

No in-kind or volunteer services were utilized in the implementation of the Strong Start Study. There are, however, two potential ways that in-kind services could be integrated into the model: 1) graduate student interns, and/or 2) peer supports through the Advocates for Recovery group. Educational programs for Masters in Social Work (MSW) degrees require 16-20 hours per week in internship experience in social services. The value of this internship time is estimated at \$16,000 per year and can be considered as program contribution when matching funds are required.

Women in recovery from problem substance use who participate in the Advocates for Recovery group, a grassroots organization, would be good candidates for training as Family Support Partners (FSP) for families in a Strong Start Wraparound program. While 'in-kind' involvement is an option and often considered a form of give-back to the recovery community, payment for this role would also be appropriate.

#### **9. History and evolution of the project**

The Strong Start Study funded through the QIC-EC is the first known project to implement High Fidelity Wraparound with young families affected by substance use. Wraparound with families of young children with special needs, however, had been utilized in two previous projects through JFK Partners as a way of integrating the multiple systems often involved in addressing their complex needs. The lessons learned from the previous Wraparound work helped inform the Strong Start Study in assuring fidelity to the model during

implementation and the need for organizational commitment for successful collaborative efforts.

Nationally, Wraparound has been used successfully with latency-age and adolescent youth with significant behavioral and mental health problems to coordinate the comprehensive services and supports needed for them to remain with their families in the community. The Strong Start Study utilizing a High Fidelity Wraparound intervention was initially proposed to address the complex needs of families with substance use problems who were parenting infants and young children, and were often involved with multiple systems such as probation and child welfare. The potential developmental risks to infants in these families from prenatal exposure to alcohol and other drugs, or the effects of premature birth and low birth weight, was another dimension of critical monitoring and referral for early intervention services afforded through this approach.

The Wraparound philosophy of respect for families and belief in their inherent strengths proved to be a good fit for supporting the building of protective factors through the Strengthening Families framework of the QIC-EC. The essential Wraparound team of both formal and informal supports, the systematic identification of needs and resources to meet those needs, and the ongoing recognition of small steps toward goal attainment, all contributed to an effective intervention that supported the family during early recovery from problems with substance use and assured optimal develop for young children who experienced prenatal exposure. Over the course of the study, the framing of outcomes as increasing specific protective factors became more evident and proved to be a relevant intervention for families in this population.

## **10. Required staff training, coaching, supervision**

Wraparound requires fidelity to a philosophy of working with families that is needs-driven, strengths-based, and culturally-embedded, therefore it is critical that project staff have demonstrated their ability to intervene from this perspective.

A. Staff Training & Certification. Each family in the program will work with a Wraparound Facilitator and a Family Support Partner (FSP) to develop the family team of natural and formal supports, and to convene and document the team's planning and implementation activities. Fidelity to the Wraparound model is assured through an initial four-day Wraparound 101 training of facilitators and Family Support Partners, followed by a skill-based certification process that is overseen by a Wraparound coach. Wraparound facilitation requires both relational skills demonstrated in the engagement with the family, and writing skills evidenced through Wraparound documents prepared with the family, both requiring strong communication skills.

B. Staff Certification. As the Wraparound approach has been refined in recent years, explicit skill sets have been developed that inform each staff member - facilitator, FSP, and coach - on the practice standards for their respective; each must demonstrate skill development related to each phase of working with the family to receive certification in their respective role. High fidelity to the Wraparound model also involves ongoing professional development for staff through individual and team coaching beyond certification.

## **11. Description of target population and eligibility requirements**

A. Target Population. The target population for Strong Start Wraparound is women who are pregnant and receiving treatment for substance use, and their infants and other young

children. These families are known to have multiple and complex needs that must be addressed for their recovery from problem substance use to be sustained. All women participating in the Strong Start Study were in a specialized women's treatment program in the Denver metro area.

B. Vulnerable infants and young children. A known risk associated with substance use during pregnancy is premature delivery and associated low birth weight of infants. Since all women participating in the Strong Start Study were pregnant or postpartum and receiving substance use treatment, there was an assumption of health and developmental risks from both prenatal exposure to alcohol and other drug, and the health and mental health of the mother. Early prenatal care is a goal of the Special Connections treatment programs, as is nutrition and overall health of the mother to mediate the known risks. Evidence of positive birth outcomes are full term pregnancy and birth weight of over five pounds.

C. Addressing Complex Needs. Families affected by substance use have complex needs and are often involved with multiple service systems. While national guidelines for women's specialized treatment services fully recognize the complexity in addressing families' needs, and treatment programs are charged with identifying and coordinating services, other systems involved with these families often have restrictions on staff time and other cultural aspects of each systems' ways of delivering services as mandated by funders or by existing agency policy. Through the Strong Start Study, Wraparound provided the facilitation for representatives from different systems such as child welfare and probation to meet together for joint planning combine efforts in meeting the identified needs of the family by accessing available resources. This approach can be especially critical during the early recovery period for women with infants

and young children since these are vulnerable families during a phase when the motivation and hope for positive life change are high.

D. Reaching Priority Families. The Strong Start Study worked with three licensed substance abuse treatment program for pregnant and postpartum women. These Special Connections programs routinely provide gender-specific treatment services that include the elimination of barriers to participation such as child care and transportation, and facilitate access to prenatal care, parenting education, and relationship counseling provided through trauma-informed service delivery, all components of best practice guidelines. Women participating in these programs live in any of the four counties in the Denver metro area, and therefore other social services and formal community programs varied depending on their particular county of residence. This was significant for the Study since Wraparound facilitation involved providers from four different counties and agencies, each with its own priorities and preferred ways of working with families.

## **12. Project Implementation**

A. Outreach, identifying, recruiting target population. Potential Strong Start Study participants initially learned about the opportunity from their substance use treatment counselors when they were admitted to the program. Special Connections treatment staff was trained in program eligibility and recruitment. The treatment staff gave information about the study to potentially eligible women and, if interested, asked them to sign a HIPAA A form so that identifying information could be given to the Strong Start Study coordinator who contacted the woman and invited her to participate. The Study Coordinator worked closely with each



treatment program to assure an efficient recruitment and enrollment process that was the same for both the intervention and comparison groups.

1) Sample. The Strong Start Study enrolled 84 pregnant women at least 18 years of age who were recruited from three Special Connections substance abuse treatment programs. Participants in the Study were randomly assigned to participate in the Wraparound intervention group or in the standard care comparison group using Minim Randomization software.

2) Inclusion criteria. 1) Chronological age at least 18 years; 2) Confirmed pregnancy; 3) Enrollment in Special Connections treatment for substance use, 4) Ability to consent to participate in the program.

3) Exclusion criteria. 1) Non English speaking. (Spanish only treatment programs in the area tend to see recent immigrants and substance use among women in this group, especially during pregnancy is not common, in fact rare.)

#### **B. Initial intake and assessment tools**

1) Initial Assessment: Collection of Baseline Data. Once the Program Coordinator meets with a Strong Start participant to describe what participation would involve and completed necessary informed consent, an interview was scheduled to complete a battery of both common and local evaluation measures. Common measures focused on parenting attitudes, parenting-related stress, and the family's social network. Local measures focused on the mental health and substance use status of the mothers who were pregnant and were often parenting other young children.

2) Strengths, Needs, & Culture Discovery. The initial document prepared with the family during the engagement phase of Wraparound is known as the Strengths, Needs, & Culture

Discovery (SNCD). Based on multiple in-depth conversations with the family, the purpose of the discovery process is to understand their unique strengths, priority needs, and ways of relating within the family and with others. The SNCD provides the basis for discussing with families their experiences in universal life domains such as family relationships, health, income, education, legal, and recreation. The family is also asked to identify potential team members of trusted family and friends, as well as any professionals involved with them.

### **C. Method of determining Protective Factors of focus for individual participants**

Participation in the Strong Start Study Wraparound intervention helped families in this population develop three specific protective factors: Social Connections, Concrete Supports, and Parental Resilience. Establishment and convening of the Wraparound team brings together both the professional and natural supports that provide critical ‘social connections’ in both the short and long term for the family. Next, through the Wraparound team process, the families priority needs and related goals are systematically addressed, resources identified, and strategic plans for accessing the resources are developed thereby building the protective factor of ‘concrete supports.’ The Wraparound team also supports each parent in early recovery from substance use in developing ‘resilience’ while they learn healthy coping skills and ways to problem-solve day to day life situations.

The Strong Start Study also focused on helping family’s build the protective factor of ‘social-emotional competence of the child’ through close attention to development and referral for early intervention services when indicated; the Family Support Partner discussed developmental milestones with parents and offered suggestions on ways to facilitate children’s

growth through daily routines thereby contributing to building the protective factor of 'knowledge of parenting and child development.'

#### **D. Project strategies implemented**

1) During the initial Wraparound Phase 1 of Engagement, the SNCD process described above allows specific inquiry into a family's way of doing things, their beliefs and their values. From this perspective, a family's culture is broadly defined, not limited to race and ethnicity. Rather, family culture is reflected in the rules, roles, and rituals that are inherent patterns or ideals internalized by family members. This view of 'culture' recognizes the uniqueness of each family to inform the work with them through that context. Parenting is a fundamental aspect of family culture that must be understood to provide effective Wraparound intervention through a context that is both respectful and relevant. Additionally, the expertise of collaborative members includes knowledge and experience with the 'culture' of early recovery so helped anticipate issues likely to arise in this regard.

2) The Wraparound Team. An important part of the SNCD is the identification of possible members for the family's Wraparound team who will participate with them in planning and implementing ways of meeting their needs and achieving their goals. Through the SNCD, families are asked about people in their lives that they can turn to in times of need; people they trust. Not surprisingly it is sometimes difficult for high risk families to identify trusted others who are available to them for support. Through persistence, however, the goal is for a Wraparound team to be formed that is comprised of family, friends, and formal supports. With most families participating in Wraparound, the Family Support Partner becomes a member of

the Wraparound team and is often a transitional support until natural supports can be developed.

3) Informal Social Supports. From its beginnings, Wraparound has recognized the fundamental need to strengthen families by drawing upon natural supports. This emphasis is based on the belief that natural or informal supports, such as extended family and friends, will have ongoing relationships in the lives of these children and families long beyond the period of formal or professional support and intervention. Although the Wraparound model has been further developed and refined over the years, the identification and leveraging of the family's natural supports has remained an integral part of this intervention.

4) The planning phase begins when the Wraparound team has been gathered and has had an initial meeting. The facilitator helps the team define their mission in working together, and establish ground rules for team meetings; these are documented by the facilitator and referred to as needed when team meetings are held. The Wraparound team begins work with a review of the family's SNCD and the priority needs identified by the family. The family vision from the SNCD serves as the focus for the team who helps with ideas and resources to enable the family attain their goals. A written Wraparound plan is developed that includes the priority needs and the action steps identified by the team to address their goal. The plan documents who-will-do-what-when, and what the evidence will be that the related goals have been met. Each subsequent team meeting continues from the previous one with a review of completed action steps or identification of barriers that delayed/prevented the planned action step, and an alternative plan.

5) Evidence that action steps are being taken with the desired results indicates the Wraparound process has moved into the implementation phase. The formal facilitation and documentation of the plan and follow-up keeps the family and team focused and accountable for progress in meeting the family's goals. The participation of formal professional supports on the Wraparound team also assured that appropriate services were being accessed and being coordinated or supplemented with other resources. During implementation, the Family Support Partner maintained ongoing contact with the family between team meetings to help with planned action steps. This contact is suited to the preferences of the parent and can include phone calls, home visiting, accompaniment to appointments, and/or communication via texting and/or internet email.

#### **E. How project provided support in the building of PFs**

The Strong Start Study utilized the team-based Wraparound approach to support families in building protective factors recognized as preventing maltreatment. Identified as specific outcomes, the (5) protective factors are as follows: 1) parental resilience, 2) social connections, 3) concrete supports in times of need, 4) knowledge of parenting and child development, including nurturing and attachment, and 5) supporting the social-emotional competence of children.

As described in Section XI. C. above, the Wraparound intervention through the Strong Start Study helped families build the protective factor of 'social connections' beginning with the establishment of the family's Wraparound team, and continuing through the ongoing team process of brainstorming ways to address identified needs and attain related goals. A primary protective factor needed within Strong Start families was to support the parents' early recovery

from substance use thereby building the protective factor of ‘parental resilience.’ Other basic needs of Strong Start families addressed through both the Wraparound team and the role of the Family Support Partner included accessing resources, such as income and housing, that helped build the protective factor of ‘concrete supports.’ For the infants and young children in Strong Start families, all of whom had experienced prenatal exposure to alcohol and other drugs, routine developmental screenings were conducted with the parent using the Ages and Stages Questionnaires (ASQ). Based on the screenings, suggestions were made to the parent on ways to facilitate development during everyday activities thereby contributing to the protective factor of ‘knowledge of parenting and child development.’ These developmental screenings were also the basis for identifying significant delays that warranted a referral for assessment of eligibility for Part C Early Intervention services and contributed to the protective factor of ‘social-emotional competence of the child.’

#### **F. How project related to various domains of the social ecology**

The Ecological Framework required by QIC in the implementation of the Strong Start Study allowed for an examination of the intervention at multiple systems levels. This perspective acknowledged multiple factors impacting the families, some that facilitated the intervention and others that impeded it at times.

1) Individual Level – Child/Parent. For the infants and young children in the Strong Start Study who had experienced prenatal exposure, the project assured close developmental monitoring thereby building the protective factor of support for ‘social-emotional competence’ of the child. The ongoing developmental screening provided through the Wraparound Family Support Partner helped the mothers, who were in early recovery, notice their children’s

developmental progress and allowed for a facilitated referral to Early Intervention Colorado for further assessment and Part C services when indicated.

The team based approach of Wraparound provided additional supports for the parent during the early recovery period that helped in developing healthy coping and problem-solving skills that contributed to ‘parental resilience.’ The team process assisted families in accessing needed resources and providing ‘concrete supports.’ The inclusion of extended family and friends as Wraparound team members served to strengthen positive ‘social connections’ for the parent that would continue in their lives beyond the formal intervention process.

2) Social Level – Family/Friends. The inclusion of extended family and friends as Wraparound team members served to strengthen positive ‘social connections’ for the parent that would continue in their lives beyond the formal intervention process. The establishment of peer relations with other women with young children in recovery through the Special Connections treatment programs was a source of positive support, with these peers becoming Wraparound team members for some families.

3) Community Level – Neighborhood/Resources. The collaborative partnership established through the Strong Start Study brought together the Women’s Treatment programs for pregnant women and Part C Early Intervention to address any identified developmental risks due to prenatal substance exposure. Despite the official collaboration with state-level systems, both women’s treatment and early intervention services were delivered at the local level and involved multiple providers that resulted in significant variation. For the Denver Metro area in particular, four counties administered Part C services with multiple Child Find teams from local school districts. Over the course of the Study, there was evidence that many Child Find teams

did not have expertise with infants, nor in specific knowledge of assessment of developmental risk when prenatal substance exposure was disclosed; by State definition, a diagnosis of Fetal Alcohol Syndrome (FAS) is the only qualifying condition for 'categorical' eligible for Part C.

An area of community development that was considered late in the implementation of the Strong Start Study was outreach to the Advocates for Recovery organization. This group represents a grassroots community of people in recovery and has potential for providing specific supports for women in early recovery, who are parenting, by other women who have sustained their recoveries and can share their experience and encouragement. As with participation in twelve-step programs, specific engagement in ongoing recovery activities with others is recognized as a critical component of sustaining recovery.

Many participants in the Strong Start Study had identified mental health conditions yet were unable to access community mental health services due to systemic barriers. Efforts were made through different Wraparound teams to facilitate access to professional mental health treatment but were generally unsuccessful. The availability of publicly-funded mental health services for this population with a high incidence of co-occurring conditions should be a priority consideration for replication.

4) Societal Level - Policy/Systems. The existing 'norms' in the geopolitical area where the Strong Start Study was conducted for responding to women with substance use problems who give birth and are parenting infants typically involved the courts through Dependency and Neglect (D&N) findings recommended by child welfare. As a result, many participating families had a child welfare case opened on another child before the study child was born; a third had subsequent child welfare involvement with their Strong Start infant. A child welfare case meant



inclusion of caseworkers as unexpected collaborators on the family Wraparound team with significant variation at the county level and variation due to caseworker discretion influencing outcomes for families.

The social ecological framework allowed for an examination of federal and state policies impacting these families. Specifically, child welfare policy related to Expedited Permanency Planning (EPP) when young children are in out of home placement, and the related mandate for Termination of Parental Rights (TPR) at twelve months often effected outcomes for these families. The child welfare practice of removing newborns when maternal substance use is indicated, rather than admission to residential treatment for both, disrupts a critical opportunity for bonding and attachment for an already vulnerable mother and child. This fairly standard procedure is grounded, in part, due to a lack of trust by child welfare caseworkers that treatment providers can/will assess risk associated a woman's early recovery; the cost of residential treatment is understood to be another prohibiting factor in this practice despite Medicaid coverage if enrolled in Special Connections while pregnant.

#### **G. Incentive**

Program participants were compensated for their time with a \$50.00 gift card when they completed the initial baseline data collection, the three-month postpartum data collection, and again when they completed two visits for final data collection; an additional \$25 gift card was given for completion of the Social Network Map at pre and post. The total compensation was \$250 if participant completed all data collection. Providing payment for participation is standard methodology in doing this type of outcomes research. Because the amount is small it should not be considered coercive; neither does providing compensation as

gift cards that can be redeemed for prosocial items undermine recovery. Additionally, following interview participation for data collection, participants were given the choice of small gift items for infants such as sleepers, bibs, tippy cups and other developmentally appropriate toys with a total value of \$50.

The Wraparound theory of change posits the potential for intrinsic reward as incentive for participation. This begins with the approach being based on priority needs as identified by the family themselves. Addressing needs successfully through the Wraparound team process, gives a sense of satisfaction to the family that serves as both reinforcement of their efforts and motivation to continue. Through the experience with the Strong Start Study, parents benefit in both skill development and the resulting self-efficacy that are critical areas of personal growth.

#### **H. Retention plan**

1) Participant retention. Attrition rates of about 20 percent are common in studies involving women in treatment for substance use therefore several methods were in place to minimize attrition especially with participants in the standard care comparison group. The Study Coordinator maintained contact with participants between interviews to assure contact information was updated. Contact was also maintained through birthday and seasonal cards being mailed to participants. The success of these efforts was shown with the overall retention rate of 75-80% at the end of the Study, with slightly better retention with participants in the Wraparound intervention group.

#### **I. Termination plan**

Strong Start Wraparound facilitation remained available for families until priority needs and goals were adequately met, or one year postpartum. In the final phase of Wraparound

known as transition, the family's ongoing needs and resources are systematically reviewed with them by the facilitator and FSP. Transition planning provides a 'debriefing' with the parent about their participation in Wraparound and the 'lessons learned.' With effective intervention, the family will have made significant gains towards their goals and will have developed skills in communication, recognizing needs, utilizing supports, and problem-solving that can transfer to their everyday life. Ongoing goals, needs, and supports are documented in a written transition plan prepared by the facilitator and reviewed during the final Wraparound team meeting.

Families are invited to consider their transition from Wraparound as a reason for celebration of success with their team and recognition of their efforts. In Strong Start Wraparound, women have reduced risks associated with their substance use and increased protective factors for their child and the family. A reliable support network is evidence of their success and can serve as a protective factor for their future.

### **13. Challenges in implementing project & how addressed**

A challenge to the Wraparound intervention through the Strong Start Study is support at the systems-level for participation on the family team for agencies that are not included in the collaborative partnership. For example, one-third to one-half of the families may be involved with child welfare. In the current Study there has been a great deal of variation by county and by case in the responsiveness and willingness of management to support caseworker's participation. The facilitated collaboration through Strong Start Wraparound assumes a need for assistance in various systems working together effectively in the interest of the family. Certain systems, such as child welfare and probation, have legal mandates for their work and are typically understaffed and not readily available for additional meetings. This barrier can be

addressed at the management level of the agency initially, with the goal of demonstrating that such collaboration benefits the assigned caseworker and the family by combining efforts to assist families in meeting requirements, especially in relation to improving their parenting capacities to protect and nurture their children. When caseworkers cannot attend, the Wraparound team has been able to access and integrate the formal Family Service Plan to apprise the team of the child welfare and court requirements of the family.

Another challenge is full integration of the substance use treatment plan into the Wraparound plan so there is no sense of duplication of effort by treatment providers. The strategy to address this issue was to invite treatment providers from each of the respective programs to meet on a monthly basis with the Strong Start staff for participatory evaluation purposes. This strategy showed promise in further defining roles and ways to mutually benefit the family, and would be critical to replication.

#### **14. Project products developed**

The JFK Partners website through the University of Colorado will be the repository for Strong Start Study products, including this Implementation Manual and templates for Wraparound documents. The Strong Start Study webpage can be accessed at:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/programs/JFKPartners/projects/Pages/Strong-Start-Study.aspx>

#### **15. Evaluation of implementation**

Early during implementation of the Strong Start Study, it became evident that the participating women's treatment providers needed to have input into the process, especially as Wraparound was impacting their role. This recognition resulted in periodic participatory evaluation meetings with staff and management from each Special Connections program to

review and critique implementation. Based on this experience, a Continuous Quality Improvement (CQI) process would be recommended for any replication effort.

The implementation of Wraparound intervention was evaluated utilizing the Wraparound Fidelity Index (WFI). The WFI is organized by the four phases of the wraparound model and assesses adherence to the 10 principles and key activities. The measure is based on interviews with participants and facilitators to determine if requisite activities took place in the respective phases of the Wraparound intervention. Both women who participated in Strong Start Wraparound (caregivers) and facilitators were interviewed for completion of the WFI. Results showed good Wraparound fidelity in the Study with Caregivers Total WFI score of 1.63 out of a possible 2, and Facilitators Total WFI score of 1.65 out of 2. The similarity of ratings by mothers and facilitators also suggests close agreement between the two groups regarding how Strong Start Wraparound was implemented.

The most direct evaluation of the Strong Start Wraparound came from the findings of significant difference between the families participating in the intervention group compared to families in the standard care group. Perhaps most significant, at 12-months postpartum, Wraparound families reported significantly lower levels of family conflict ( $p=.004$ ). Wraparound mothers reported substantially fewer mental health and trauma-related symptoms at 12 months ( $p=.03$ ), and Wraparound families were moderately higher on supports in two areas: Financial Help ( $p = .03$ ) and Help/Encouragement with Recovery ( $p = .03$ ).

## **16. Lessons Learned**

The primary ‘lesson learned’ through the Strong Start Study is that High Fidelity Wraparound is a promising intervention for helping young families in early recovery from problem substance use build protective factors known to prevent maltreatment. This lesson about Strong Start Wraparound with these families seems even more critical since such facilitated collaboration is not otherwise available to provide the needed coordination among multiple service systems.

Another aspect to the effectiveness of the Wraparound intervention tested through the Strong Start Study is its utility in building protective factors within families in early recovery. Fidelity to the model translates well into the specific protective factors of Social Connections, Concrete Supports, and Parental Resilience; further, the role of the Family Support Partner in focusing on the development of infants with known prenatal exposure contributed to helping the parent build the protective factors of Knowledge of Child Development and Parenting, and support for the Social Emotional Competence of the Child.

Another important lesson learned concerns assumptions made about partnering between/among programs with apparently similar missions. For collaboration to be effective, Wraparound facilitation needs to help programs with similar missions, i.e. protecting young children and supporting families, realize a ‘shared mission’ as the basis for cooperation without perceived competition or duplication. While the findings of the Strong Start Study provide evidence of the effectiveness of Wraparound with families in early recovery, the potential ‘value-added’ must be made evident through the ‘added value’ experienced by professional team members in achieving outcomes consistent with their system’s goals. The Study

underscores the need for better systems collaboration in strengthening families to prevent maltreatment of infants, especially with community mental health services.

Lessons learned specific to Wraparound are 1) intervention with families in early recovery takes more time for engagement, and 2) parents with intellectual or learning disabilities present special challenges to engagement. The length of time required for engagement is due to the instability typical of co-occurring disorders as well as the ambivalence and limited trust of women in this population. This has implications for the timeframes in Wraparound implementation standards as well as the number of new families assigned to Facilitators and Family Support Partners. Engagement difficulties for parents with disabilities were exacerbated by the lack of acknowledgement or accommodations by other systems involved with the family that could not be ameliorated through the Study.

#### **17. Dissemination/communication about project with broader community**

Communication with collaborative partners is especially important to share findings and provide updates. A written Executive Summary of the Strong Start Study is being provided to State collaborative partners, as well as management and staff of the Special Connections treatment programs that referred women to the study and participated as Wraparound team members. It is anticipated that the findings will both inform their ongoing work with these families as well as provide reinforcement for their willingness to engage in the intervention in the future. The Executive Summary and findings from the Strong Start Wraparound approach with this population will be disseminated at statewide meetings of Special Connections providers that is a forum for ongoing communication with the women's treatment community.

Dissemination activities involve targeted conference exhibits and presentations. Specifically, it is planned to present the findings from the Strong Start Study at the National Center on Child Abuse and Neglect as part of the QIC-EC panel. An exhibit table enabled dissemination of the Strong Start Wraparound approach at the bi-annual International Drug Policy Reform conference where PI Teel participated on a Roundtable presentation regarding the impact of the War on Drugs on parenting women.

Representatives from the Strong Start Study will be presenting findings at the National Wraparound Conference in early 2014 that is the first known use of the intervention with young families in early recovery from problem substance use. An article prepared for the Zero to Three journal scheduled for publication in late 2014 will also describe how Strong Start Wraparound represents an innovative approach to preventing maltreatment.

### **18. Sustaining the project**

Ongoing efforts to identify sustainable funding for Strong Start Wraparound have identified two existing funding streams with potential to support the intervention. First, State rules currently allows Medicaid funding for Wraparound as care coordination through a mental health program. This policy was instituted following a SAMHSA system of care grant to address the mental health needs of young children age five and under. To date, ways of extending this Medicaid funding for Strong Start Wraparound are still being sought. Second, county child welfare agencies use over half of 'core services' funds to pay for substance use and mental health services; if any individual county would identify Strong Start Wraparound as a specific 'core service', then this source of funding would be available for families involved with child welfare. Identifying a county more likely to consider this intervention is the current challenge.



Two other health-related policies may support the Strong Start Wraparound intervention. Colorado is participating in the expansion of Medicaid coverage through the Affordable Care Act (ACA), and Wraparound is considered ‘intensive care coordination’ that may be funded through this reform. Another possible policy change being considered by the State would allow for categorical eligibility for any child under age 3 referred from child welfare to Part C Early Intervention through the CAPTA Amendment. Since many of these children will have experienced prenatal exposure, their families could potentially benefit from the Strong Start Wraparound intervention model.

## Strong Start Study Logic Model

**Program Vision:** To strengthen young families affected by maternal substance use through Strong Start Wraparound by building protective factors so that infants and young children can be safe, healthy, and thriving.



**Population Served:** Women receiving substance use treatment who are pregnant and their infants and young children who are at heightened risk of maltreatment.



**Population Needs to be Addressed by Services:** Women often become pregnant during a period of their lives when they are using alcohol and other drugs. Many of these women seek out substance use treatment despite stigma and fear. Most all women involved with problem substance use have personal histories of trauma and related mental health conditions that are co-occurring and must be considered when help is offered them. Due to the multiple needs of these women during the critical prenatal and postnatal period, a comprehensive and well-informed approach is needed. Nurturing children can be a motivating factor for women in reducing or stopping their substance use, yet continued substance use can pose a significant risk to the safety and well-being of infants and young children. Building on parent and child strengths, and developing a team of both informal and formal supports through High Fidelity Wraparound can help these families have a strong start.



**Assumptions:** Facilitation of a team-based approach to develop and implement an integrated plan involving evidenced-based formal supports while effectively utilizing informal supports has been shown to reduce out of home placement for youth with complex mental health conditions by strengthening their family's capacity for meeting their needs within the community through High fidelity Wraparound. This approach has also been found beneficial for families who have young children with complex developmental and health care needs involved with multiple systems and providers. Young families affected by substance use have similar complex social and emotional needs that can be addressed through the High Fidelity Wraparound model to strengthen protective factors and reduce risk factors known to be associated with child maltreatment.



**Services:** 60 Young families involved with substance use treatment will participate in High Fidelity Wraparound and access early intervention services through Part C when indicated.



**Resources:** High Fidelity Wraparound Model utilizing certified Facilitator, Family Support Partner (FSP), and Coach; ongoing skill-based training and team coaching.

**Child Maltreatment in Young Families Affected by Maternal Substance use Occurs...** when multiple factors at the individual, family, community and cultural/societal levels combine in an amount and intensity that potentially harmful risk factors outweigh the amount and intensity of protective factors.

	<b>WRAPAROUND</b>	<b>PROTECTIVE FACTORS (6)</b>	<b>PFS INDICATORS</b>	<b>OUTCOMES</b>
<b>INDIVIDUAL</b>	<p><b>Phase 1. Engagement</b></p> <ul style="list-style-type: none"> <li>▪ SNCD Discovery - Priority Needs</li> </ul> <p><b>Phase 2. Planning</b></p> <ul style="list-style-type: none"> <li>▪ Integrated Wraparound Plan</li> </ul> <p><b>Phase 3. Implementation</b></p> <ul style="list-style-type: none"> <li>▪ Measureable Action Steps</li> </ul> <p><b>Phase 4. Transition</b></p> <ul style="list-style-type: none"> <li>▪ Plan for Ongoing Supports</li> </ul>	<p><b>1. Parental Resilience</b> Participants have adequate rest, exercise and nutrition &amp; find time for healthy activities they enjoy.</p> <p><b>2. Nurturing and Attachment</b> Participants respond immediately when their infants express distress &amp; soothe their infants</p> <p><b>3. Children’s Social &amp; Emotional Competence</b> Child interacts positively with others and communicates his/her emotions effectively</p>	<p><b>1.1</b> Participants take care of their personal needs for health &amp; well-being</p> <p><b>1.2</b> Participants manage family life to promote self-sufficiency and stability.</p> <hr/> <p><b>2.1</b> Participants demonstrate empathy and responsiveness to infants’ physical and emotional needs.</p> <p><b>2.2</b> Participants provide appropriate supervision according to the developmental need/stage of the child</p> <hr/> <p><b>3.1</b> Children demonstrate bonding &amp; secure attachment with their parent</p> <p><b>3.2</b> Children show responsiveness to parental soothing</p>	<p><b>OUTCOME 1</b></p> <p><b>Optimal Child Development</b></p>
<b>RELATIONSHIP</b>	<p><b>Phase 2. Planning</b></p> <ul style="list-style-type: none"> <li>▪ Wraparound Team Planning</li> </ul> <p><b>Phase 3. Implementation</b></p> <ul style="list-style-type: none"> <li>▪ Participate in Action Steps</li> </ul> <p><b>Phase 4. Transition</b></p> <ul style="list-style-type: none"> <li>▪ Role as Ongoing Supports</li> </ul>	<p><b>4. Social Connections</b> Participants ask reliable, safe and appropriate friends, family members and neighbors for support and assistance when they need it.</p>	<p><b>4.1</b> Participants have a mutual support network of friends, family and neighbors they use for support and assistance as needed.</p> <p><b>4.2</b> Participants receive help and support from safe, appropriate, and reliable friends and family members when they are experiencing stress.</p>	<p><b>OUTCOME 2</b></p> <p><b>Increased Family Strengths</b></p>
<b>COMMUNITY</b>	<p><b>Phase 2. Planning</b></p> <ul style="list-style-type: none"> <li>▪ Wraparound Team Planning</li> </ul> <p><b>Phase 3. Implementation</b></p> <ul style="list-style-type: none"> <li>▪ Formal Services &amp; Programs</li> </ul> <p><b>Phase 4. Transition</b></p> <ul style="list-style-type: none"> <li>▪ Determine need for formal supports</li> </ul>	<p><b>5. Concrete Supports for Parents</b> Participants contact the agencies that are most likely to help them meet their family’s needs. Participants who abuse substances enroll in an appropriate treatment program Participants who are pregnant receive prenatal care.</p> <p><b>6. Knowledge of Parenting &amp; Child Development</b> Participants access appropriate services needed to support their child’s optimal health &amp; development.</p>	<p><b>5.1</b> Participants access formal support systems in their communities as needed.</p> <p><b>5.2</b> Participants and/or family members access appropriate treatment when their family is affected by substance abuse or dependency.</p> <p><b>5.3</b> Participants attend routine prenatal visits pregnancy &amp; have the necessary supplies, feeding plans, and support systems in place when they bring their baby home.</p> <hr/> <p><b>6.1</b> Routine well-child appointments</p> <p><b>6.2</b> Participants provide or facilitate treatment that is appropriate to their child’s special needs</p>	<p><b>OUTCOME 3</b></p> <p><b>Decreased Likelihood of Maltreatment</b></p>
<b>SYSTEMS</b>	<p><b>Collaborative Partnership</b></p> <ul style="list-style-type: none"> <li>▪ JFK Partners - School of Medicine</li> <li>▪ DBH - Women’s Treatment Services</li> <li>▪ Part C - Early Intervention Colorado</li> </ul>	<p>Study management Assure service collaboration Policy &amp; Procedural review &amp; revision</p>	<ul style="list-style-type: none"> <li>▪ State-level communication</li> <li>▪ Research advisory meetings</li> <li>▪ Support for study activities</li> </ul>	<p><b>OUTCOME 4</b></p> <p><b>State-level Prevention</b></p>

