

Early Childhood Initiatives
*Addressing Multiple Psychosocial Risk Factors
in Early Childhood Programs*

Colorado's Strong Start Study:
*Helping young families affected by substance use
build protective factors to prevent maltreatment*

UCEDD TA Institute

Bethesda, Maryland

March 12, 2013

Objectives

- Highlight previous JFK projects focused on families who have multiple risk factors
- Overview Strong Start Study work with young families affected by substance use
- Demonstrate how Wraparound helps families build protective factors (national Strengthen Families approach)
- Offer thoughts on how EC programs can support vulnerable children & their families

JFK Partners UCEDD

University of Colorado School of Medicine

1999-2003 Early Identification Project

Developmental status of young children in CW

Systems-level collaboration between Part C & child welfare

2003 & 2004 CAPTA & IDEA Amendments

Required developmental screening by CW & referral to Part C

Regional cross-training of Part C & child welfare personnel

2008 Statewide Part C Survey of (20) CCBs

Status of CAPTA implementation at county level

Development of MOUs between child welfare & Part C agencies

Other JFK Partners Research Utilizing Wraparound approaches

- 2001-2006 Project BLOOM (Robinson & Zundel)
SAMHSA Systems of Care
Early Childhood Mental Health (birth through age 5)
- 2004-2008 Family Support 360 (Robinson)
Families receiving TANF who have child/ren with special needs
Family Support 360 Navigation in accessing multiple supports
- 2005-2009 Part C Wraparound (Rosenberg & Robinson)

Denver Metro Area:

Denver, Adams, Arapahoe, & Jefferson Counties



Strong Start Study
Collaborative Partnership
QIC-EC Research & Demonstration Project

Colorado Department of Human Services

1) Division of Early Childhood

Early Intervention Colorado (Part C -IDEA)

2) Division of Behavioral Health

Women's Substance Use Disorders Treatment
(Special Connections Programs)

U.S. Child Welfare, Maternal Substance Use, & Prenatal Exposure

- Since mid-1980s – Increase in substance use by women
 - Cocaine/Methamphetamine/Heroin/Pot/Rx/Alcohol
 - Positive toxicology screen at birth – Neglect
- Child Maltreatment
 - ~ 80% - Neglect (Omission)
 - ~ 20% - Abuse (Commission)
- Typical child welfare system response
 - Removal of newborn, TPR within 12 months, adoption
 - Limited use of residential treatment for mother & infant

Target Populations



Pregnant women in
substance use treatment

Infants who experience prenatal exposure
to Alcohol, Tobacco, & Other Drugs (AToD)



High Fidelity Wraparound

- Team-based Support Network
- Informal & Formal Supports
- Collaborative Planning

'One family. One plan.'

National Wraparound Initiative (NWI) Standards

- Adherence to (10) Guiding Principles
- (4) Phases with essential activities
- Training, Coaching, & Certification of Staff
- Wraparound Fidelity Index (WFI)

What is the Quality Improvement Center on Early Childhood (QIC-EC)?

Five-year cooperative agreement from 2008 through 2013

- *Children's Bureau (ACF/USDHHS)*
- *Center for the Study of Social Policy*
- *ZERO TO THREE*
- *National Alliance of Children's Trust and Prevention Funds*
- *Doris Duke Charitable Foundation (matching funds)*



Center
for the
Study
of
Social
Policy



Purpose of QIC-EC: Advancing a Promotion-Prevention Approach to Child Maltreatment

- ❑ *Child maltreatment prevention must be placed within the larger context of optimal child development and increased family strengths.*
- ❑ *Child maltreatment prevention efforts must include a focus on increasing protective factors as well as decreasing risk factors.*

What are the (6) Identified Protective Factors In the Strengthening Families Approach Associated with preventing maltreatment?

- 1) Parental Resilience***
- 2) Social Connections***
- 3) Concrete Help in times of Need***
- 4) Knowledge of parenting & child development***
- 5) Social & Emotional Competency of Child***
- 6) Nurturing & Attachment (outcome of #4?)***

NOTE: (5) PFs – Parent/Caregiver (1) PF - Child

PF 1 - Parental Resilience

Recovery – Healthy ways of coping, problem-solving,
& developing positive relationships with others
(especially children)

“Today, I feel good...I used to get high to feel this way.”

Family Vision: ‘Tina will be clean and sober and able to manage her emotions, and her mood will be stable. She will think before she acts and speaks so she will be a positive influence on the family.’

PF 2 - Social Connections

Team Mission Statement: The team will be a consistent support for Angel's ongoing growth and help her be in the present and cope with reality so she can stay clean. The team will share their life experiences, understanding, and knowledge with Angel...to support her in making changes in her life...

Action Step: Practice asking for help - will call Aunt 1x week to discuss treatment homework

PF 3 - Concrete Help in times of Need

Wraparound Strengths, Needs, Culture Discovery

(10) Universal Life Domains

Common Need = Affordable Housing

Scenario: Participant in residential treatment

- Planning 2-year transitional housing program
- Family/friend helped in vacating Section 8
- Team coached conversation with landlord

PF 4 - Knowledge of parenting & child development

- Gender-specific treatment program
- Routine developmental screenings – FSP
- Suggested developmental activities – ASQ
- Referral to Part C Early Intervention
- Special Needs of Child = ^Risk of maltx

PF 5 - Social & Emotional Competency of Child

- **Developmental effects of prenatal exposure?**
 - Debunked myths of 'crack' and 'meth' babies
 - Known effects of alcohol & cigarettes
- **ASQ & ASQ S-E screenings**
 - Most infants within typical developmental range
 - Alcohol exposure – early delays, most resolved
 - Other risks to development, i.e. LBW
- **Community Infant Mental Health specialists**

PF 6 - Nurturing & Attachment

- Prenatal bonding (evidenced in prenatal care)
- Dyad focus – Mother's capacity to 'tune in'; modeling from team members
- Impaired maternal psychological availability due to ongoing mental health symptoms
- Guilt for potential harm = motivation
- Known grief response if loss of previous child OR anticipated loss of custody of infant

Life Course Theory of Health Development

Risk and/or Protective Factors

- **Social Determinants of Health**
 - Mother's preconception health/mental health
 - Mother's interconception health/mental health
 - Grandmothers' health/mental health history
- **Health Equity**
 - Access to system of care for substance use treatment
 - Access to appropriate & affordable Mental Health care
 - Access to early intervention supports & services

What other Systems are involved with Strong Start families?

- 50% - Open child welfare case
 - Automatic D&N filing on newborn
 - Colorado EPP = 12 months to TPR
- 30% - Referred from probation
 - UAs positive for drug use
 - Good allies; probation 'gets addiction'
- AoD Tx + MH
 - Dual Diagnosis Common
 - Not routinely collaborative

What Early Intervention services can bring to vulnerable families



- Expertise in the healthy development of young children & families (PF 4)
- Supports for the social-emotional wellbeing of young children (PF 5)
- Family-centered approach that supports parents of young children (PF 1)

What are we learning about women in early recovery who are pregnant or parenting very young children?

- Active substance use – *The hijacked brain*
- AoD treatment – *Limited help-seeking behavior*
- Early Recovery – *Coming out of the fog*
- Untreated Mental Illness – *Impaired functioning*
- Co-Dependency – *Boyfriend, father of baby*
- Histories of Trauma – *ACEs /hx maltx; IPV*
- Family Drug Culture – *Active use in support system*
- Lapse/Relapse – *Highly likely before/after birth*

Safety Planning for Infant

Case Study: Jack Henry

- AoD use through 4th month of pregnancy
- SAFETY PLAN & Fear of FASD; Would "love anyway"
- Full term; uncomplicated
- Hep C Positive @ 6 months
- Gross motor delays; 'commando crawl'
- No significant delays found by Child Find @ 8 months
- FSP follow up & Part C eligibility by 15 mos



What are we learning about Strong Start Wraparound with young families in early recovery?



- Allows for integration of systems
- Addresses complex needs
- Logistically challenging
- Family - friendly
- Do-able

Strong Start Wraparound may improve maternal mental health

Group	High BSI Score	Not High BSI Score
Wraparound	28.6%	71.4%
Standard Care	66.7%	33.3%

Implications for Part C EI Policy & Practice

- Establish routine linkages with women's substance use treatment providers and programs
- For children in out of home care, include birth parents at the table when IFSP is developed & reviewed, and when reunification occurs
- In service training for Early Intervention providers in the challenges faced by families affected by substance use
- Develop protocols for Child Find teams for monitoring when substance exposure is disclosed