REGIONAL PARTNERSHIP GRANTS ROUND 4
DELAWARE HEALTHY OUTCOMES WITH PARENT ENGAGEMENT (DE HOPE)

LEAD AGENCY: Children & Families First Delaware
LOCATION: Wilmington, DE
TOTAL PROGRAM FUNDING: $2,930,850

GEOGRAPHIC AREA: Delaware
ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: Region 2
CONGRESSIONAL DISTRICT SERVED: DE-01

BRIEF PROGRAM DESCRIPTION

The proposed Delaware Healthy Outcomes with Parent Engagement (DE HOPE) initiative offers a multidisciplinary team approach for pregnant women who seek Medication Assisted Treatment (MAT) for opioid dependency. Services will be provided throughout pregnancy and for up to three years after delivery to caregivers and their identified infants (with a contemporaneous control group of pregnant women receiving services as usual). A peer recovery coach and nurse home visitor (PRC/NHV) will work as a team to assure engagement and maximize learning. Participating families will also receive parenting skills training to further reinforce positive parenting behaviors while offering families group support to improve family well-being. The DE HOPE initiative uses three evidence-supported models – Healthy Families America home visiting, Peer Recovery Coaching, and Nurturing Parenting family skills – integrated to maximize the strengths of each model.

TARGET POPULATION AND PROJECTED NUMBERS SERVED

DE HOPE will serve pregnant women who seek Medication Assisted Treatment during their pregnancy and for up to three years after delivery of their infant.

The program proposes serving a total of 40 pregnant women and their infants with prenatal substance exposure over the 5-year grant period.

MAJOR PROGRAM GOALS

GOAL 1: Improve Child Well-Being
GOAL 2: Improve Permanency
GOAL 3: Enhance Safety
GOAL 4: Improve Adult/Family Recovery
GOAL 5: Improve Family Functioning & Stability
GOAL 6: Improve Adult Well-Being
GOAL 7: Increase Regional Partnership Capacity
**KEY MAJOR PROGRAM SERVICES**

The major program services that DE HOPE will provide:

- **Case Management and Case Conferencing**
  - Traditional Case Management

- **Wraparound and In-Home Services**
  - Healthy Families America

- **Parenting/Family Strengthening**
  - Nurturing Parenting Program

- **Substance Use Disorder Treatment for Adults**
  - Peer Recovery Coaching

- **Children’s Screening/Assessment**
  - Ages and Stages Questionnaire ASQ

- **Adult Screening/Assessment**
  - Patient Health Questionnaire 9 PHQ-9

- **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
  - Bi-monthly meetings of the Substance Exposed Infant Committee which will serve as an advisory committee, as well as Plan of Safe Care/RPG Work Group monthly meetings/calls
  - Collaborative Capacity Instrument
  - Collaborative Values Inventory

- **Evidence-Based Practices**
  - Healthy Families America
  - Nurturing Parenting Program
  - Peer Recovery Coaching

**PARTNER AGENCIES AND ORGANIZATIONS**

- Children & Families First Delaware
- Department of Services to Children, Youth & Their Families/Division of Family Services
- Department of Health and Social Services/Division of Public Health
- Department of Health and Social Services/Division of Substance Abuse & Mental Health
- Connections Community Support Programs, Inc.
- Brandywine Counseling and Community Services
• Office of the Child Advocate
• Casey Family Programs
• Child Trends

EVALUATION DESIGN

OUTCOME STUDY DESIGN: QUASI-EXPERIMENTAL DESIGN (QED) AND RANDOMIZED CONTROLLED TRIAL (RCT)

EVALUABILITY ASSESSMENT

The evaluation of Delaware Healthy Outcomes with Parent Engagement (HOPE) has an impact study, an implementation study, and a collaboration study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

Impact study design

The grantee will use a randomized controlled trial to examine the impact of its RPG services. Members of the program group will receive home visits from a nurse via the Healthy Families of America model. Members of this group will also be assigned a peer recovery coach who will work in tandem with the nurse conducting home visits as a coordinated team. The peer recovery coach will help with case management and facilitating substance use disorder treatment. Women in the program group will also receive the Nurturing Parenting Program, a group-based parenting skills model. They will have access to services for up to three years after the birth of their baby.

The target population is pregnant women seeking or already receiving medication-assisted treatment (MAT) for opioid use disorder. All women enrolled in the study will receive MAT and mental health counseling services. Members of the comparison group will receive business-as-usual services through one of two MAT providers. These services include access to either a peer recovery coach or care coordinator, as well as potential referrals to other community-based services. The duration of services for the comparison group is unknown. The impact study will include 80 families, with 40 in the program group and 40 in the comparison group. The grantee will examine impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Data sources include administrative data and information collected using standardized instruments. A research coordinator from Children and Families First will use the standardized instruments to collect data from both the program and comparison groups. Data will be collected five times for each family: (1) when families begin services (baseline); (2) 6 months following baseline; (3) 12 months following baseline; (4) 24 months following baseline; and (5) at the end of services for the program group (36 months following baseline).

Implementation study design

In the implementation study, the grantee will examine fidelity to the practice models, uptake of services, retention rates of parents in services, and successes and challenges of implementation. Data sources include administrative data, focus groups with key implementation staff and parents, service utilization data, care plans and other case records, and program documentation.
**Collaboration study design**

In the collaboration study, the grantee will examine changes in referral patterns among collaborating agencies, successes and challenges of collaboration, and costs associated with the Delaware HOPE partnership implementation. Data sources include partner surveys, the Collaborative Values Inventory, and the Collaborative Capacity Instrument.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

Delaware has increased collaborative work to address the rise in the number of infants with prenatal substance exposure in the state through a Substance Exposed Infant Committee and an In-Depth Technical Assistance Team to provide a state structure to assure that the joint work, focus & collaboration will continue during the grant period and beyond. These joint efforts will provide an avenue for new recommendations of systems change to flow back to the various Commissions who will make recommendations and reports to the Governor.

With documentation that the model is effective at improving outcomes for children and their families, the project anticipates having opportunities to realign available funding and be more competitive to attract new partners. Casey Family Programs has expressed interest in the project as demonstrated by participation in the grant writing process as well as commitment to participate in the planning process and consider funding for the project beginning in 2018.