S.T.A.R.T.
Sobriety Treatment and Recovery Teams

Cuyahoga County Division of Children and Family Services
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MISSION

To protect children born exposed to drugs from abuse and neglect by empowering families to utilize intensive case management services with the support of the community, while achieving permanency for children.
The Problem...

- START began in Cuyahoga County in 1997 as a response to 75% of intake case involving drug use
- 1997 – 6,000 children in custody
- 2016 – 1,729 children in custody
- In 1996, 11 infants born with a positive toxicology died while living at home
- In 1996, no infants born with a positive toxicology died in foster care
GOALS

- To Keep Children Safe
- To Develop a Safe, Nurturing, Stable and Timely Living Situation for Children Born Exposed to Drugs
- To Help Drug Addicted Parents Overcome Their Drug Problems
Roles of S.T.A.R.T. Team Members

- **Child Protection Specialist**
  - Assessments
  - Safety Planning
  - Case Planning
  - Court
  - Participate in TDM’s
  - Removal of child(ren)
  - Home Visits
  - Joint Decision Making with Family Advocate

- **Family Advocate**
  - Assist with escorting parent to Alcohol and Other Drug (AOD) Assessment & treatment
  - Verify 12 step meeting attendance, sponsor and home group
  - Conduct home visits
  - Weekly contact with treatment providers
  - Schedule and attend initial Treatment Team Meeting
  - Request weekly urine screens
  - Participate in Team Decision Making (TDM’s) meeting
  - Joint Decision Making with Child Protection Specialist
  - Consults
S.T.A.R.T. ADVOCATES

- Employees of DCFS
- Criminal background checks required
- Serves as a role model
- Each START worker was partnered with a Family Advocate in 1997 / Today 4 Advocates
- Likely a person in recovery
- Possibly a former DCFS client
- Vital success of START
- Bring “real life experiences”
- Firsthand knowledge
- Parent tend to trust
Case Identification

- Cases are Received through the child abuse Hotline
- Mother must have used drugs or alcohol, during her 2\textsuperscript{nd} or 3\textsuperscript{rd} trimester of pregnancy as evidenced by her admission or positive test result
- Case must not already be active with DCFS
Participant Requirements

- Parent must complete an Alcohol and Other Drug (AOD) Assessment
- Parent is required to attend and substantially comply with any and all treatment recommendations
- Maintain 6 months of un-interrupted sobriety
- Follow all Case Plan requirements and demonstrate a change
Internal Resources

- On-Site AOD Assessment unit, Defending Childhood Screener and Supportive Service
- Family Advocate – most often in recovery and with a history of DCFS involvement
- Team Decision Meetings – all custody/placement decisions are made in a TDM
- Skilled and trained staff with an in-depth understanding of chemical dependency
External Resources

- Family Drug Court
- Women’s & Children’s programming that allows the mom to go to treatment with her child
- Community Collaboratives work as partners with DCFS to ensure family stability and child safety
- Maternal Opiates Medical Support (MOMS).
Developing Provider Relationships

- Know who the AOD providers are in your community
- Involve the local Drug Board
- Invite hospitals, local law enforcement, MH, clinics and other community partners to the table
- Meet on a regular and consistent basis
- Communicate expectations for both the providers and yourself
- Develop written guidelines together and sign off
Service Agreements

- Mutually agreed upon standards by which both the provider and DCFS follow
- Develop WITH the providers
- Clarify basic values and assumptions about the work
- Have both parties sign yearly (or as needed)
- Include the basics
- Follow them, or they are meaningless
Tenets

- Develop them with your partners
- Be clear about the meaning of each tenet
- Be flexible, but true to the work
- Find a common value – i.e. Child Safety
- Clarify basic values and assumptions about the work

Once agreed upon, Tenets become “non-negotiables”
Case Closure

- New Policies were developed to outline the closing protocol for Substance Abusing Families
  - Parent must have maintained a minimum of 6 months un-interrupted sobriety
  - Child is safe as assessed by our assessment tools
  - Closing Family Team Meeting is held to ensure the family is linked to community resources
S.T.A.R.T. Data

- 2015 – 408 intake investigations received
- 2014 – 418 intake investigations received
- 2015 – Family Advocates scheduled 326 AOD assessments and 236 (72%) were completed
- 158 – assessments on-site
- 78 were completed outside of agency
- 23% opiate exposed infants (includes medication assisted treatment at the time of delivery)
Program Evaluation

- Know what you want to measure before starting
- Develop a tracking system that all staff can use and identify data sources
- Monitor data closely to ensure it is being entered timely and accurately
- Review your outcomes and make changes as needed, celebrate your successes
Lessons Learned…

- Training is key – don’t rush to hire staff and have them begin the work without the proper training & support.

- Expanding the work – we had a mass hiring of staff in 2000, we went from 2 units to 7 units. This quick expansion didn’t allow time for the proper training, supports or staff to be in place.

- Stay true to the model – don’t let anyone compromise the program’s integrity. START is more than just a “drug program”.
Lessons Learned......continued

- **Case Load Caps** – be mindful of what is a realistic case load size, make the work manageable.

- The program was **de-centralized** for a few years which watered down the program. Consistency in practice is essential for the program and evaluation.
Lessons Learned…………….continued

- **Teams/Partnerships** have to be continuously nurtured.

- **Write Everything Down** – when starting any new program, document everything. Keep notes of meetings and refer back to them when necessary.

- **Be Flexible** – it’s not going to go exactly as planned, be prepared to make changes along the way.
Lessons Learned............continued

- **Develop Policies and Procedures** to guide the work.

- **Value the Strengths** that we all bring to the table. Family Advocates have a wealth of life experience that we can all learn from. Community partners’ viewpoints are valid and important.
Lessons Learned......continued

- Review Personal/Professional Boundary issues and ethics with all staff from day one and on a continuous basis. Boundaries sometimes become blurred.

- Self Evaluation is an important component, share the numbers, make changes when necessary and celebrate your successes.
THANK YOU FOR LISTENING

QUESTIONS