



# 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<sup>nd</sup> or 3<sup>rd</sup> 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**