

## SSA and BHA Interagency Partnership



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## Parental Substance Use Disorders (SUD) and Child Welfare

Parental SUD are among the most prevalent issues affecting child welfare-involved families

- Estimated 50-79% of children in foster care have a parent(s) with a SUD (Testa & Smith, 2009)
- MD 2017, 46% of children in care under the age of 1 were removed due to alcohol and/or substance use factors
- MD 2017, 28% of all children removed were removed due to alcohol and/or substance use factors
- MD Readiness Assessment data showed that 100% of LDSS identified it as a top three area of need driving entries or reentries into care
- From 2015-2018 SEN referrals to LDSS increased by 35%

## SSA's Strategic Approach to Addressing Parental SUD

- Creating workforce development opportunities
  - Addiction and recovery
  - Impact on children and families
- Increasing access to existing service systems
  - Enhancing cross-system collaboration
  - Multi-disciplinary teams
- Enhancing the current service array
  - Creating a continuum of services
  - Priority on parents with children ages 0-5



**START**  
SOBRIETY TREATMENT AND RECOVERY TEAMS

## Sobriety Treatment and Recovery Teams (START)





## Implementation Partners

- START implementation is funded by Maryland's Social Services Administration (SSA) in partnership with the Behavioral Health Administration (BHA) and local Addiction Authority (LAA)
- The model is locally administered by the 13 Local Social Service Departments (LDSS) and their LAA
- Technical Assistance and Evaluation is led by Children and Family Futures (CFF) and University of Maryland, School of Social Work, The Institute for Innovation and Implementation

## What is START?

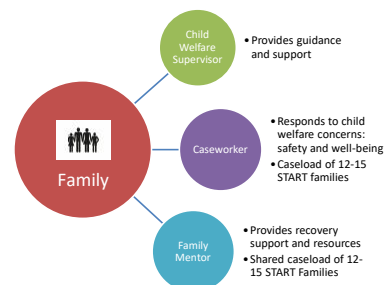
- Child Protective Services (CPS) intervention that serves families with CPS involvement and a young child 0-5 - including infants with prenatal substance exposure
- Intense and coordinated service delivery between CPS and SUD/mental health treatment providers for quick access to quality treatment services
- Helps parents achieve recovery and keeps children in home with family when safe and possible
- Designed to transform system of care within and between CPS, SUD treatment providers and other family serving systems and agencies

## Components of the START Model

- Identification and engagement of families within 10 days of initial CPS report
- Initial Family Team Meeting upon referral to START- includes BH partners
- Quick access to SUD assessment and treatment -within 48 hours of referral
- Weekly home visits by START worker and family mentor
- Family mentor with "lived" CPS and recovery experience helps parents navigate system
- Shared decision making with partners and the family at critical decision points
- Family centered services and approach
- Rigorous program evaluation and use of data for program improvement

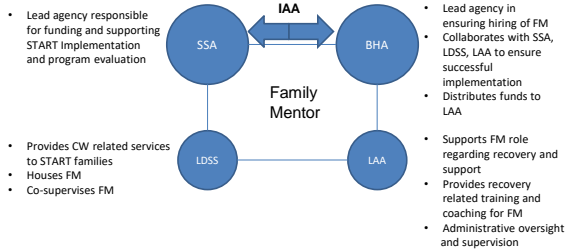


## START in Maryland





## START in Maryland



## START Model Staffing

- CPS worker and family mentor co-located under CPS supervisor
- Shared caseload of 12-15 families per CPS worker/family mentor dyad
- Treatment providers are integral part of the START team
- **A family mentor is a person in long-term recovery:**
  - Three years sobriety
  - Personal history with CPS
  - Provides peer support in CPS setting
  - Offers accountability and recovery support to parents
  - Helps change office culture and educates community about recovery

## Implementing START: Family Mentors

### Family Mentor Role and Activities:

- Helps parents “navigate” the system
- Engages families early- during the CPS investigation
- Transports parents to first 4 treatment appointments
- Introduces parents to recovery support meetings
- Makes face to face visits with the child and the parent
- Supports relatives caring for the child when appropriate
- Provides an average of 30 sessions per case to ‘coach parent on sober parenting’
- Provides an average of over 21 sessions per case to ‘reinforce the child safety plan’

Hudson et al. (2017) Peer mentoring services, opportunities, and outcomes for child welfare families with substance use disorders. Children and Youth Services Review.

## Implementing START: Family Mentors

### Requires supportive and coordinated supervision and planning for potential risks

- Programmatic day to day supervision/guidance from CPS supervisor
- Administrative supervision and HR needs from hiring entity
- Joint recruitment, screening and hiring process
- Need onboarding, training and joint supervision plans in place
- Communication protocols should be developed
- Preparation for CPS, treatment providers, courts, other partners and the community
- Family mentor meetings for peer to peer support
- Be prepared to address challenges together

## START Outcomes

- Women in START have **nearly double sobriety rate** of non-START counterparts (66% vs 37%)
- Children in START are about **half as likely to enter foster care** (21% vs 42%)
- At case closure, over **75%** of START kids **remained with or were reunified** with their parent(s)
- Parents show **improved parental capacity**
- For every dollar spent on KY START, \$2.22 is **saved in off set of foster care costs**



## Implementing START: SUD and MH Treatment Providers

- Strong collaboration between substance use and mental health disorder treatment providers and CPS at state and local levels
- Build on and improve array and quality of treatment services in the community
- Providers attend first shared decision making meeting and subsequent FTMs
- Quick access to assessment and treatment services-within 48 hours of referral
- Treatment services to match the parent's needs
- Improved and frequent coordination and communication with CPS
- Cross training with CPS partners and improved partnership
- Willingness to change practice
- Cross system data collection and sharing

## How can Behavioral Health Offices support START?

- Support local departments to participate in the START model. Model information sharing and collaboration from the state level
- Learn the START timelines, which ensure early identification and engagement of families with substance use disorder. Provide timely access to assess and substance use disorder treatment services
- Share lessons learned from START with counties who are not participating. Ensure those counties understand the importance of collaborative work with child welfare

