

## What Do Staff Think of OhioSTART? Preliminary Findings

During spring and summer 2018, the evaluation team conducted 16 interviews with staff (child welfare administrators (6), peer mentors (5), child welfare caseworkers (4), and a behavioral health provider (1)) representing six of the participating OhioSTART counties.

### OhioSTART is good for the child welfare system

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The interviews reveal staff have positive perceptions of the OhioSTART model. Specifically, the model is influencing the child welfare system via an intensive, positive, and supportive approach to working with families experiencing substance use disorders and child welfare involvement.

*"I think that it's motivating for caseworkers to see that parents, some of which were involved with our agency, do recover. They're able to get their children back. And it gives them the opportunity to learn more about recovery and what that looks like and what it entails."  
~ Child Welfare Administrator*

*"We have been so down trodden by the lack of success with the families with severe drug abuse issues that seeing the family peer mentor who did it and continues to do it in her life, as well as the affect it is having on these families I think it is a real boost to our moral. Because I think we are getting oh another drug case, they will never get their kids back, they will never go to treatment, I think we were getting to that point, because we were just getting so down about it." ~ Child Welfare Administrator*

Ohio START has resulted in increased and rapid communication and coordination of families' services between child welfare staff and behavioral health providers.

*"We had a hard time sometimes getting reports from treatment providers so we did not know exactly all the things that they were offering or what they can commensurate with or where families were with their mental health treatment now it is a constant dialogue we can get daily updates any time we want so we know when people are being tested or people coming here and us testing them and being tested within the same day. It just seems like it is a right hand knows what the left hand is doing." ~ Child Welfare Administrator*

*"I think we are having a little more communication with our AOD providers, we met with them specifically in regard to START and we are just having a lot more open communication with them than in the past and it is very helpful." ~ Child Welfare Administrator*

### Peer Mentors are key to the success of the program

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Staff see Family PEER Mentors as key to the success of the program. They are not only providing intensive and supportive services and modeling recovery for parents, but they are also a resource with experience of substance use disorders and a source of hope for child welfare staff.

*"I think that the peer mentors coming in really changed a lot of things and I think they have been super valuable assets and I think that other people always want to steal the peer mentors too they realize that it is a great asset for their cases." ~ Child Welfare Administrator*

*"So, having people who have walked that path (child welfare and substance disorder) for themselves as a model that it is possible to recover. It is possible to get your kids back. It is possible to have a healthy productive family life. It is possible. Recovery is possible and life*

*is possible after. It's not the end. It doesn't have to be. I think that lived experience and Family Peer Mentors being able to share that with clients reduces some of the perceptual barriers that sometimes occurred when somebody is faced with the removal of their children or an allegation of abuse or neglect due to drug use.” ~Behavioral Health Provider*

*“I think our families feel more supported and they feel like people understand. They feel understood in a way that maybe they wouldn't in the past if it was just a children services worker involved in their case.” ~ Behavioral Health Provider*

*“The clients have been so responsive to the peer mentor going out with me; it is maybe sometimes hard for a client to relate with the case worker they feel like they doesn't understand what they are going through, and when you have that peer mentor and they can jump in and say “hey I have been right where you are at”. There has not been one case so far that the clients haven't really engaged with the peer mentor, have been able to relate to them and that has made my job easier in that aspect and the more open with me the peer mentor.” ~ Child Welfare Caseworker*

### **Improvement can be made in services and implementation**

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Interviewees also report additional service needs. For example, there is a reported shortage of inpatient behavioral health care for women, not enough housing in some communities and not enough child trauma services in some communities.

*“Like I said, we don't have in-patient here and that is something I am working on. We don't have transitional housing, we don't have so many things that I don't know that the program took into consideration for some of the rural counties there is no transportation services out here, our peer mentors do a lot of transporting of clients to get them where they need to go because they don't have a drivers' license.” ~ Child Welfare Caseworker*

Some interviewees note more of a planning period, as well as increased clarity on implementation and funding at the outset would have been helpful. Additionally, they would like increased flexibility on when families can be included in OhioSTART.

*“Earlier I would have liked to have had, again, what I spoke to the better clarity on the funding and the family peer mentors and how those two tied together, because I would have liked to have been where we are today much earlier in the process.”  
~ Child Welfare Administrator*

*“I just think that maybe when we implemented the program that things would have been a little bit more clear cut. So there wasn't such confusion and trying to figure out what we were supposed to do to begin with.” ~ Family Peer Mentor*

*“Because that is a huge risk time when they are finished with treatment they are fresh out of treatment and coming back where they are used with their friends and where they lived and that is a huge trigger time. I think it would be better to be able to just engage them at any point they are ready, rather than having to do with the first 30 days of the case. That is my biggest want right there.” ~ Child Welfare Caseworker*

*“I would say if it was not necessarily to be involved only for 30 days because sometimes intakes even run longer than 30 days the referral may not come in primarily as a substance abuse issue but physical abuse but then through the investigation we realize the substance abuse is at the basis of family's issues and you don't know that necessarily within the 30 days. So I wish we had more leeway of moving families into the START path even later than the 30 days.” ~ Child Welfare Administrator*