SUMMIT COUNTY STARS - SUMMIT COUNTY COLLABORATIVE ON TRAUMA, ALCOHOL & OTHER DRUG, & RESILIENCY BUILDING SERVICES FOR CHILDREN & FAMILIES (STARS)

LEAD AGENCY: Summit County Children Services

LOCATION: Akron, OH

PROGRAM FUNDING: $588,235 Total; $500,000 Federal; $88,235 Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: Summit County; OH-017

NUMBER SERVED: STARS will provide enhanced services to 420 families over the course of the grant.

PROJECT ABSTRACT

The Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency building Services for Children & Families (STARS) builds upon a well-established collaboration dating back to 1984, among 14 child-serving agencies in Summit County. The program expands the reach of this collaboration to include a much broader range of children and families to assure that child welfare-involved families with alcohol or drug (AOD) issues receive needed services. Summit County Children’s Services (SCCS) data for 2011 indicate that child welfare involved parents with AOD service needs has engaged in services at a much lower rate than in other areas of service. The STARS program provides rapid in-home AOD assessments for all court involved caregivers (and youth as appropriate) reported for abuse or neglect. This has increased the number of caregivers identified as having substance abuse service needs (substance abuse is believed to be under identified in this population at the current time). A STARS service coordinator partners with the child welfare caseworker and a Recovery Coach to offer a coordinated system of care for the entire family including: entry into AOD treatment for parents and youth with identified needs; trauma assessment and evidence-based trauma services for children provided by Northeast Ohio Behavioral Health and evidence-based family-strengthening services for the family. In addition, a service package including public health outreach professionals and the Nurturing Parenting Program.

Evaluation of the project includes examination of changes occurring at three levels: system-level enhancements, service-level expansion of needed services and intervention-level impact of the STARS program. A mixed-method, quasi-experimental design is used to compare outcomes for families enrolled in STARS with similar families who are receiving ‘business as usual.’
Propensity scores are used for matching purposes. Pre- and post- tests are used to test the effectiveness of the collaborative structure.

**TARGET POPULATION**

**General:** The STARS program serves child-welfare-involved families with children birth to age 17 who also have identified substance abuse service needs; are involved with SCCS and the child welfare case is court involved (i.e. a protective supervision order or a child is placed in the custody of the agency).

**Adult Inclusion/Exclusion Criteria:** The child abuse and/or neglect allegations do not involve sexual abuse allegations and the abuse and/or neglect do not indicate any serious injury to a child (serious injury being defined as immediate medical attention and hospitalization required for a child); sexual abuse and serious injury cases is excluded from this population due to the extreme complexity of the cases at the time of intake.

**In-home/Out-of-home Focus:** Both families in-home and out-of-home.

**MAJOR PROGRAM SERVICES**

- **Case Management/Case Conferencing**
  - Family Group Decision Making/Family Case Conferencing
- **Wrap around services**
  - Children’s Screening/Assessment
  - Trauma Services for Youth/Children Youth Mentoring and Tutoring
  - In Home Adult Substance Abuse Assessment
  - Substance Abuse Treatment
  - Recovery Coaches
- **Cross-Systems/Interagency Collaboration – Clinical-Related Activities**
  - Training
  - Policy and Procedure Development
- **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
- **Evidence-Based Practices:**
  - Nurturing Parenting Program
  - Trauma Focused Cognitive Behavioral Therapy for Children

**MAJOR PROGRAM GOAL**

Positively influence child well-being, permanency and safety, parental substance use, family functioning and the county's ability to collaboratively address the needs of a population of high-risk, high need families, in a way that provides a long-lasting impact to the community.
The Regional Partnership Grants encourages service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court and other service systems.

The following partners are included:

- **Child Welfare**
  - Summit County Children’s Services

- **Substance Abuse and Mental Health**
  - Summit County Alcohol, Drug Addiction & Mental Health Services Board
  - Northeast Ohio Behavioral Health
  - Summit County Public Health District
  - Community based treatment agencies

- **Courts**
  - Summit County Juvenile Court and the Family Reunification Through Recovery Court
  - Summit County Adult Drug Court

- **Other Partners**
  - Summit County Health District/Summit County Public Health
  - Community Health Center
  - Ohio Guidestone
  - Akron Urban Minority Alcoholism Drug Abuse Outreach Program (UMADAOP)
  - Human Services Research Institute (HSRI)

**DISSEMINATION ACTIVITIES**

STARS and HSRI uses a variety of mechanisms for local and national dissemination. Summit County Children Services participates in many collaborative activities, events and conferences throughout the year and takes advantage of these opportunities to disseminate information about STARS. On a regional level, the Public Children Services Association of Ohio (PCSAO) holds an annual conference attended by children's services representatives from across the state. STARS uses this conference as a venue for dissemination of project findings.

HSRI puts great emphasis on dissemination and frequently presents its work through several venues, as well as through publications in journals and the distribution of brochures and briefs. As the project evaluator, they develop and disseminate the following materials that serve in replication of the program elsewhere: (1) a program model that contributes to a standard for understanding EBP implementation in programs for similar populations and (2) lessons learned in the implementation of the STARS program. Proposed dissemination methods include state and local advocacy groups, conferences, webinars and the HSRI website.
SUSTAINABILITY STRATEGIES AND ACTIVITIES

Involvement of Partners: The partnership engages and involves all partners and contracted agencies to assist in program development. This partnership allows staff, families and collaborating partners to embrace this new approach, its positive outcomes and to recognize their role in its success, making them strong advocates for continuation funding.

Sustainability Approach: Ongoing discussions occur among community partners to discuss continued funding strategies for STARS services; these discussions include, but is not limited to the use of Medicaid funds and other local dollars. In addition to funding, the allocation of human resources (staff) at key agencies (Summit County Children Services and Summit County Public Health), as well as partnerships with key community providers, is assessed and is implemented so that a cohesive network of coordinated services is maintained.

Integrating Activities: The collaborative continues to expand the use of Recovery Coaches as supports to those with substance issues. If this approach is successful, the dollars saved will allow the ADM Board to increase the amount it contributes to the pooled fund. In addition, Summit County Children Services and partner agencies advocates for legislative changes to allow Recovery Coaching to be a Medicaid billable service. The project also uses existing funding streams to fund services through existing eligibility.

Additional Funding: The Project Team continues to explore and seek additional funding through Ohio community foundations. This includes agencies such as the local United Way and Akron Community Foundation, among others.

EVALUATION

In an effort to expand the knowledge base on approaches to improving the well-being and functioning of families affected by parental substance abuse and with children at risk of maltreatment, the Children’s Bureau requires all grantees to evaluate their programs. Summit County Children Services (SCCS) uses a mixed-method, quasi-experimental design to examine the effects of its Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families (STARS) program. Propensity scores is constructed using information from the Family Assessment to match intervention families with similar comparison families. In addition to conventional child welfare services and referrals, both program and control group families receive a trauma assessment for children and has access to trauma treatment for children as needed. Program group families are also assigned to a STARS coordinator who coordinates child welfare and substance abuse treatment services, a Recovery Coach, and a public health outreach worker who provides ongoing phone contact and helps with service coordination. In addition, program group families participate in a parenting and family-strengthening program and receive transportation assistance as needed. Intervention group families receive referrals to community-based substance abuse treatment and other services as appropriate. As part of a separate grant initiative funded by the U.S. Department of Justice, SCCS examines impacts on a second treatment group that receives services from a STARS coordinator, a Recovery Coach and a family drug court. The STARS local evaluation also includes a process study and an analysis of collaboration between SCCS and its partners.
**Outcome Study Design:** Adults (and, if relevant, youth) in families with open child welfare cases and court involvement receive in-home alcohol or drug assessments. Once SCCS has verified eligibility for STARS, a staff member enters the family’s information into the web-based data system. If the child trauma assessment indicates the need for child trauma services, the child receives a referral for these services, regardless of his or her group assignment.

SCCS is collecting outcomes in the areas of child well-being, child permanency, child safety, family functioning and stability and adult recovery. It collects primary follow-up data 12 months after enrollment for the program and comparison groups. In addition, SCCS collects administrative child welfare and substance abuse treatment records for both groups for three years. Data sources include the Statewide Automated Child Welfare Information System (SACWIS), the Treatment Episode Data Set (TEDS), an administrative database on substance abuse treatment, and data collected by program staff. SCCS is negotiating agreements with the relevant state agencies to obtain substance abuse treatment data that can be linked with SACWIS.

**Additional Evaluation Components:** As part of its evaluation, SCCS analyzes its systems-level enhancements by conducting a process study and a network analysis of its collaborative efforts, and by developing a measure of the program’s sustainability.

**RPG National Cross-Site Evaluation Participation:** In addition to the STARS local evaluation, SCCS is participating in the RPG national cross-site evaluation studies, which analyzes family outcomes and investigates program implementation and collaboration among RPG grantees and their partners. SCCS is also one of a subset of grantees contributing to an impact evaluation of the national RPG program.

**ADMINISTRATIVE STRUCTURE**

Summit County Children Services (SCCS) serves as the lead/coordinating agency for this project. As the public child welfare agency for Summit County, Ohio, SCCS provides an array of quality services designed to build families and futures. The staffing plan for the STARS Project builds on the unique strengths of each organization involved in this collaboration. The partner agencies has designated lead staff to manage the project activities of each agency – these staff participate in the Project Team meetings and collaboration activities.

HSRI has three key evaluation staff: The team works with the SCCS research office on the evaluation design, creation of the randomization process, data collection and analysis and reporting and dissemination activities.

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