



# NATIONAL START MODEL OVERVIEW

# NATIONAL START MODEL OVERVIEW

Sobriety Treatment and Recovery Teams (START) is a specialized child welfare service delivery model that has been shown, when implemented with fidelity, to improve outcomes for children and families affected by parental substance use and child maltreatment. The model uses a variety of strategies to promote collaboration and system-level change within and between child welfare agencies, substance use and mental health treatment providers, the judicial system, and other family-serving entities.

## GOALS OF START

- Ensure child safety and well-being
- Prevent and/or decrease out-of-home placements
- Increase parental recovery
- Increase parenting capacity and family stability
- Reduce repeat maltreatment
- Improve system capacity for addressing parental substance use and child maltreatment



“ [START] turned me around for the better, for the long haul; it wasn't just temporary, it was life-changing, for the rest of my life. ”

- START MOTHER

# NATIONAL START MODEL ESSENTIAL COMPONENTS

## THE STRUCTURAL COMPONENTS

### CHILD WELFARE BASED

START is initiated by and based in child welfare for families with both parental substance use and child maltreatment.



### COLLABORATION WITH PARTNERS

A strong collaborative partnership with treatment providers for substance use disorder (SUD), co-occurring mental health (MH), and other family serving entities is required to develop a coordinated system-of-care.



### FAMILY MENTOR

Family mentors are people in long-term recovery from a SUD with experiences that sensitize them to child welfare.



### THE START DYAD

One family mentor is paired with one child welfare worker to form a dyad.



### PROGRAM EVALUATION

Local and state START jurisdictions must be engaged in continuous quality improvement guided by program evaluation data.



**“** *START is one of the best collaborative efforts I have ever been involved in during my 35 years in the addiction treatment field. We have Child Protective Services, hospital social work departments, many different addiction treatment programs with different approaches all working together for the purpose of keeping families together and children safe in an alcohol and drug free home.* **”**

— START Treatment Provider

# THE PRACTICE COMPONENTS

## THE START TIMELINE

START adheres to a rapid timeline that ensures early identification of eligible families after the initial child welfare report and quick access and early retention in SUD/MH treatment services.



## MINIMUM WORK GUIDELINES

Child welfare staff must meet the START Minimum Work Guidelines (MWGs) that represent a more intensive approach to service delivery than traditional child welfare practice.



## SUBSTANCE USE AND MENTAL HEALTH DISORDER TREATMENT

Treatment providers use current best practices and evidence-supported interventions in SUD and co-occurring MH and trauma treatment.



## SHARED DECISION-MAKING

START must use shared decision-making with families, child welfare staff, and service providers.



## UNIFYING FAMILIES

START keeps children safely with their parents or family whenever possible or reunifies the family when parental recovery is stable and safety factors have been remediated.



## FAMILY-CENTERED INTERVENTION

START views the family as the client and focus of the entire team and aims to promote a nurturing parent-child relationship and improved parenting capacity.



*“ They [START] weren’t discriminating against us...They were trying to keep us together. I knew that for once I needed to finish what I started. ”*

- START Father



# PROVEN RESULTS



## PREVENTION

Children in START are 50% less likely to enter out-of-home placement than children from a matched comparison group.<sup>1</sup>



## PERMANENCY

At case closure, more than 75% of children in START remained with or were reunified with their parent.<sup>2</sup>



## PARENTAL RECOVERY & CAPACITY

Mothers in START have higher rates of sobriety and early recovery than non-START child welfare-involved counterparts (66% vs. 36%).<sup>3</sup>



## IMPROVED SYSTEMS

START leads to cross-system transformation toward a family-centered service delivery model.



## SUSTAINED EFFECT

At 12-months post intervention, START-served children had higher rates of remaining free from recurrence of maltreatment and/or out-of-home placement as compared to non-START treatment as usual-served children (68.5% vs. 56%).<sup>4</sup>



## RETURN ON INVESTMENT

For every \$1.00 spent on START, jurisdictions potentially saved \$2.22 on costs associated with out-of-home placement.<sup>5</sup>

## HISTORY AND EXPANSION OF START

START has a long history of effectiveness. Originating in 1989 in Toledo, Ohio as the Alcohol and Drug Addiction Protection Team (ADAPT), the program migrated to Cleveland, Ohio and evolved in its development as START in the late 1990s. Beginning in 2007, under the leadership of model purveyor, Tina Willauer, START expanded and underwent rigorous evaluation efforts in Kentucky made possible by federal support through the Regional Partnership Grant program. The model has since been replicated and scaled to meet the diverse needs and policies of both rural and urban jurisdictions within public and privatized child welfare systems (click here to view the map of current operational sites; START has also been piloted in Georgia, Indiana, West Virginia, and New York City).

## CLEARINGHOUSE RATINGS



Title IV-E Prevention Services  
CLEARINGHOUSE

### TITLE IV-E PREVENTION SERVICES CLEARINGHOUSE

START received a “Supported” rating from the Title IV-E Prevention Services Clearinghouse in May 2022. START is rated as an Evidence-Based Program under two service areas, Substance Abuse and In-home Parent Skill-based Programs and Services.

### CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE

START received a “Promising” rating from the California Evidenced Based Clearinghouse in February 2016. START is rated as an evidence-based practice under the topic area, Family Stabilization Programs with a “High” child welfare relevance.



- <sup>1</sup> Huebner, R.A., Willauer, T., and Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society*, 93(3), 196-203.
- <sup>2</sup> Huebner, R.A., Willauer, T., Posze, L., Hall, M.T., & Oliver, J. (2015). Application of the evaluation framework for program improvement of START, *Journal of Public Child Welfare*, 9(1), 42-64.
- <sup>3</sup> Huebner, et al., The impact of START, 196-203.
- <sup>4</sup> Huebner, R.A., Hall, M.T., Walton, M., Willauer, T., & Posze, L. (2021) *The Sobriety Treatment and Recovery Teams Program for Families with Parental Substance Use: Comparison of Child Welfare Outcomes through 12-months Post-Intervention*. In review.
- <sup>5</sup> Huebner, et al., The impact of START, 196-203.

## NATIONAL START MODEL INQUIRIES

As START is a complex, collaborative model, implementation requires a commitment to a multi-year, cross-system, dedicated effort. These efforts will begin with readiness and feasibility planning followed by standardized training and individualized technical assistance packages necessary for START implementation and certification. For more information, please visit the National START Webpage at <https://www.cffutures.org/start/> or email the National START Training and Technical Assistance Program at [START@cffutures.org](mailto:START@cffutures.org).

