



The *Sobriety Treatment and Recovery Teams* (START) Model

- Is a child welfare led intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders;¹
- Is specifically designed to transform the system-of-care within and between child welfare agencies and substance use disorder (SUD) treatment providers;
- Engages the judicial system and other family serving agencies.
- The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children.

“No one system has everything necessary to help families with co-occurring substance use and child maltreatment. It takes all of us working together to keep children safe.”

- Tina Willauer, Director of START Implementation Consultation and Technical Assistance

Research studies found that mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START (66 percent and 37 percent, respectively). Children in families served by START were half as likely to be placed in state custody as compared with children in a matched control group (21 percent and 42 percent, respectively). This outcome also results in cost-effectiveness—for every \$1.00 spent on START, Kentucky potentially avoided spending \$2.22 on foster care.²

The START model aims to mitigate systems issues that result in barriers to families being able to access services in a timely manner. It requires an approach to service delivery that involves cross-system collaboration and flexibility to meet the unique needs of this population. The practices of the START Model align with strategies considered to be effective for families affected by parental substance use disorders and child maltreatment:

*“At first I was very skeptical of START. Now I wish that all maltreating families would have START. I get no personal enjoyment in being punitive.”
(Family Court Judge)*

1. *Identifying families affected by substance use disorders.*
2. *Providing timely access to assessment and treatment services.*
3. *Increasing parent recovery services and engagement in treatment.*
4. *Focusing on family-centered services and parent-child relationships.*
5. *Increasing oversight for parents and children.*
6. *Sharing responsibility for parent accountability and program outcomes across systems.*
7. *Collaborating across service systems and with court.*

¹ California Evidence-Based Clearinghouse for Child Welfare (2016). *Sobriety Treatment and Recovery Teams (START)*. Retrieved from: <http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>

² Huebner, R. A., Willauer, T., & Posze, L. (2012). The impact of sobriety treatment and recovery teams (START) on family outcomes. *Families in Society: The Journal of Contemporary Social Services*, 93 (3), 196-203.

The START Model has been evolving and maturing since its inception in 1989, then known as the Alcohol and Drug Addiction Protection Team (ADAPT) in Toledo, Ohio. The development and testing of the START model began in 1997 in Cleveland, Ohio, with the help of the Annie E. Casey Foundation. Kentucky began implementing START in 2007 and continues with six sites. The model has been adapted to fit the varying needs and policies of rural and urban jurisdictions in several states (i.e., Kentucky, Indiana, New York, North Carolina, Ohio, and Maryland) to date.

The START Model includes these key components:

- Cross-system collaboration with community partners, SUD treatment providers, the courts, and the child welfare system dedicated to building community capacity and making START work;
- Family centered approach that fosters integrated systems-of-care between Child Welfare (CW), SUD treatment providers and the courts by addressing differences in professional perspectives;
- Basic tenets outline the program philosophy and collaborative values;
- Shared decision-making among all team players, including the family;
- Early family identification, engagement and intervention upon receipt of the referral to CW;
- Quick access to quality SUD treatment and frequent, intense and coordinated service delivery;
- A holistic assessment for all parents, addressing substance use, mental health, and trauma;
- A specialized CW worker and Family Mentor dyad serve families with co-occurring substance use, child maltreatment and at least one child age 5 or younger;
- The Family Mentor brings real-life experience to the team and is a person in long term recovery with at least three years sobriety and previous CW involvement. Family Mentors are rigorously screened, trained and supervised to provide START families with both recovery coaching and help navigating the CW system;
- Capped caseloads for the START team to allow the worker/mentor dyads to support more intensive intervention;
- Sober parenting supports that include flexible funding for meeting basic needs such as housing, transportation, child care and in-home services;
- Child-focused services to promote attachment, reduce the effects of trauma, and provide developmental supports; and
- Extensive evaluation to create a learning culture and identify opportunities to improve fidelity and family-centered outcomes.

“They (START) weren’t discriminating against us as drug abusers. They were trying to keep us together. I knew that for once I needed to finish what I started”. (Father in START)

Specific objectives of START are to reduce recurrence of child abuse/neglect; provide comprehensive support services to children and families; provide quick and timely access to substance use disorder treatment; improve treatment completion rates; build protective parenting capacities; and increase the county, region, and state’s capacity to address co-occurring substance use and child maltreatment.

Implementation requires a commitment of an agency or jurisdiction to a multi-year effort to achieve fidelity to the START Model. Consultation and technical assistance are necessary to support implementation and are available through Children and Family Futures (CFF), which can be found at <https://www.cffutures.org>. For more information, please email the purveyor, Tina Willauer, at START@cffutures.org.