

## Promising Practices

### Helping Families Impacted by Substance Abuse Stay Together: the START Model



For some families, parental substance use can be a risk factor for child mistreatment, abuse and neglect. Additionally, parental substance use is connected to [higher rates of a child being placed outside the home, called an out-of-home placement](#). Once children are removed from their families and homes due to parental substance use, it becomes much less likely they will be reunified with their parents.

One model, [Sobriety Treatment and Recovery Teams \(START\)](#) strives to remedy parental substance use and keep children safe while keeping the stability of the family unit. START is a specialized child welfare service delivery model that began in 1989 in Toledo, Ohio and eventually evolved into the current START model in the late 1990s. From 2007 onward, the program expanded and began evaluation efforts in Kentucky to determine outcomes and impact. The enduring idea behind the model is placing families at the center of the decision-making process while ensuring all parties are safe.

#### Implementing the Model with Fidelity



The model is designed for families with one or more parents who have a substance use disorder (SUD) and with at least one child under six years old. Each family is served by both a child welfare worker and a family mentor, a pairing that is referred to as a dyad. The family mentor is a person in long-term recovery who has lived experience with or in the child welfare system; this person acts as a champion and role model for families. [The START model uses a variety of key elements](#), such as early identification of eligible families in the child welfare system, intensive recovery services, coaching on parenting and life skills, intensive child protective services, case management, and counseling for parents, kids and other family members. Counseling can include both individual and/or group therapy practices and can take place in outpatient, intensive outpatient or residential settings. In addition to counseling, the

model also encourages providing medication for opioid use disorders as needed. Other important elements of the model include strong collaborative partnerships with treatment providers to develop a system of care and quick access to services. START teams coordinate care across various providers and agencies and monitor each family's progress.

START is a comprehensive and collaborative model, meaning that implementation is usually multi-year and cross-system. Similar to other evidence-informed models, START stresses implementation according to the model. For example, for fidelity to the START model, caseloads for dyad pairs should not exceed 12-15 families and referrals should begin [within 10 days of the initial child welfare report](#). So far, eight states have implemented START in 107 local jurisdictions, and a total of 3,751 families have been served. [Read about a few states implementing START](#), including North Carolina, Ohio and Kentucky.



## Success So Far

Evaluations have demonstrated great success for this model, with children who participate in START 50 percent less likely to enter out-of-home placement when compared to children receiving typical system services.

- » More than 75 percent of children in START either remained with their parent or were reunified with their parent by case closure.
- » Twelve months after the end of the program, 68.5 percent of kids that participated in START remained free of out-of-home placement and avoided another instance of child abuse and/or neglect.
- » Mothers who participated in START had higher rates of sobriety and early recovery compared to those not participating in START (66 percent compared to 37 percent).
- » For every dollar spent on the model, \$2.22 was saved.

In 2021, researchers published an evaluation focused on Black families' participation in START. Black children receiving usual child welfare services are twice as likely as white children to be placed in foster care. By age 18, one in nine Black children will enter the foster care system, compared to one in 20 white children. The evaluation found that 8.6 percent of Black children in START were placed out of the home compared to 37.1 percent of Black children receiving typical service provision. A year after the program ended, 80.6 percent of the children enrolled in START remained free from both child mistreatment and out-of-home placement compared to 56 percent of the children who received regular services.

The START model's comprehensive, collaborative approach to both parental substance misuse and child welfare reduces out-of-home placements and encourages keeping families together while keeping all parties safe and engaged in decision-making. Although the model has many key components and requires pre-planning and collaboration prior to implementation, the model is effective, and could reduce racial disparities, particularly in the child welfare system.

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from your jurisdiction you  
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