

SPOTLIGHT: Sobriety Treatment and Recovery Teams (START)



Sobriety Treatment and Recovery Teams (START) is a Child Protective Services program for families with parental substance abuse and child abuse/neglect that helps parents achieve sobriety and keeps children with their parents when it is possible and safe. START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with a small number of families, providing peer support, intensive treatment and child welfare services. The program's goal is to keep children safe and reduce placement of these children in state custody, keeping children with their families when appropriate.

How START Works

Each START team is made up of a dedicated supervisor and up to four "dyads," each of which is composed of a specially trained caseworker from Child Protective Services (CPS) and a family mentor. Family mentors have at least three years of sustained recovery and personal experiences that sensitize them to child welfare issues. START engages eligible families at the investigation phase in a CPS case. Each dyad is assigned a small caseload of 12 to 15 families with whom they work closely, connecting parents with quick assessment for substance use disorders and to the appropriate treatment facilities while engaging them in recovery supports. The dyad also engages the family through a non-judgmental, strengths-based approach, using Motivational Interviewing and shared decision making. Because of the small caseload, each dyad conducts multiple visits to their assigned families each month, and together, they customize services based on the family's needs. For instance, in addition to treatment for substance use and co-occurring mental health disorders, parents may also be referred to domestic violence, legal, (repeated) transportation, parenting, and medical services, as needed. Each dyad works closely with START program partners in order to provide comprehensive services to families.

Building START

An earlier version of the program, called ADAPT, was launched in 1989 in Toledo, Ohio. In 1997, policymakers

"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, START Director

"START is one of the best collaboration 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/drug free home."

– Diane Hague, LCSW, CADC

in Cleveland, Ohio, developed their own iteration with support from the Annie E. Casey Foundation, and called the program START. START then expanded to Kentucky in 2007 through a Regional Partnership Grant and TANF funding. The program was first developed to address the needs of families with infants affected by prenatal exposure during the crack cocaine epidemic, and has since broadened its target population to focus on families with young children including infants exposed prenatally to drugs or alcohol.

The START program has been implemented in several different regions throughout Kentucky with a variety of population sizes. Program administrators intentionally placed these programs in different districts with the hope that the efforts of START would transform the system of care within that region and improve collaboration among agencies.

Eligibility Criteria

Families participating in START are required to meet the following criteria.

- (1) The family was referred to the state's CPS regional intake or child abuse hotline because of suspicion of child abuse or neglect.
- (2) A finding of child abuse or neglect was substantiated by a CPS investigative worker.
- (3) Substance use was the primary child safety risk factor.
- (4) At least one child in the family was 5 years of age or younger.
- (5) Prior CPS cases, if applicable, were closed at the time the new case was referred.
- (6) Referrals to START from the CPS investigative worker had to occur within 10 days of the initial hotline report.

Spotlight Series: highlighting innovative programs across the nation enacting a comprehensive strategy to address substance use disorders and addiction.

Demonstrating Success

START has worked closely with researchers to investigate the program's effectiveness, and several peer-reviewed articles have been published cataloging these findings.

The program has proven to be very effective at improving outcomes for mothers. "Sobriety" in the START context is defined as abstinence from alcohol and other drugs as indicated by staff observation and drug test results. Also considered as indicators of progress are advancement in substance use treatment; engaging in community-based recovery supports; and improving parental capacity care for children. Mothers who participated in START achieved sobriety at nearly twice the rate of mothers treated without START (66 percent and 37 percent, respectively).

The program has also proven to be effective at keeping children at home. 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 avoided spending \$2.22 on foster care.

START is listed as a program with promising scientific evidence in the California Evidence-Based Clearinghouse for Child Welfare.

Stakeholders & Partners

START is a highly collaborative program, and in order to be successful, it requires the participation of a variety of partners and stakeholders. Each START team has developed strong partnerships in three key areas outside of CPS: behavior health and recovery supports, the judiciary, and community partners. Examples of behavioral health partners include, but are not limited to: substance use and mental health treatment providers who provide services

"Because it is a complex intervention with multiple integrated strategies that transforms the system of care, it requires jurisdictions and their leadership to make a sustained commitment to implementing the program with fidelity over several years."

– Tina M. Willauer, Director,
Sobriety Treatment and Recovery Teams
(START), Kentucky Department for
Community Based Services

for parents, family members, and/or children; Medication-Assisted Treatment (MAT) providers; and the recovery community, such as 12-step and faith-based programs. Within the judiciary, START coordinates with the parents' attorneys, guardians ad litem, and judges, as appropriate.

START also collaborates with a myriad of other community-based organizations, such as sober living and other housing providers, organizations focused on trauma and violence prevention, public health entities, and fatherhood initiatives, in order to provide comprehensive services.

Because START has adopted a person-centered approach, dyads also engage with the community supports specific to a particular family, such as a religious institution or extended family members.

The Future of START

START has been implemented in other jurisdictions across the country, including two sites in Indiana and pilot sites in New York City and Georgia, and it continues to grow within Kentucky.

Resources & References

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