



Ohio START PROGRAM

SOBRIETY, TREATMENT, AND REDUCING TRAUMA

Strategic Plan

2025–2028

**A Roadmap for Empowering Families
and Strengthening Recovery**

Letter from Leadership

Ohio START is proud to present our 2025 Strategic Plan, which will guide PCSAO and Ohio START leadership over the next three years as we work to serve more Ohio families and strengthen the system of care for families involved with children services due to parental substance use.

Over the past seven years, Ohio START has expanded from 17 counties to 57, with local START teams serving more than 1,575 families and 2,800 children. During this period, eight Ohio counties and the state itself have achieved certification in the national START model, demonstrating fidelity to evidence-based practices and measurable success with the families we serve.

Through collaborations with national, state, and local partners, Ohio START has worked tirelessly to reduce stigma, improve systems of care, and strengthen families. This strategic plan will enable us to continue this vital, life-saving work by establishing a roadmap to achieve three critical goals: attaining program sustainability, strengthening implementation, and expanding the model's reach throughout Ohio.

By accomplishing these objectives, we aim to reach as many families and communities as possible, fulfilling our mission to "empower families affected by substance use disorder (SUD) to recover safely and together" while ensuring children can lead safe and healthy lives with their families.



Acknowledgments	2
Our Mission & Goals	3
Background	4
Implementation	5
Who We Serve	6
Model Key Components	7
The Impact	8
Strategic Planning Process	9
Strategic Priorities	10
Glossary	16

Acknowledgments

Development of the 2025 START Strategic Plan was a collaborative process, and we would like to extend gratitude to everyone who contributed to it. Ohio START is grateful to the Ohio START Leadership Council for continuous guidance with the direction of the initiative, and to the Ohio START Certified County Advisory Group for continued work in building and maintaining strong standards for county implementation. The Ohio START Alumni Group has played an essential role in sharing their lived experiences and ensuring the strategic plan remains family centered. Thank you to Randi Burlew, Founder of the Burlew Group, for her thoughtful guidance and contributions to the development of the 2025 Ohio START Strategic Plan. We appreciate our technical assistance (TA) consultants, whose expertise and hands-on support have been critical to successful implementation across the state. We also recognize the dedication of PCSAO and Ohio START staff, whose support to counties and commitment to excellence have been foundational to the initiative's success.

The growth and impact of Ohio START would not be possible without the vision and dedication of our initial funders and partners. We are deeply grateful to the Ohio Attorney General's Office and Casey Family Programs for their early investment, which laid the foundation for launching and expanding the program. Their belief in Ohio START made it possible to build a model rooted in hope, healing, and recovery.

A key partner throughout this journey has been Children and Family Futures (CFF), home of the national START training and technical assistance program. CFF's guidance has helped ensure the program remains grounded in best practices and aligned with national efforts to improve outcomes for families affected by substance use.

We also recognize the invaluable contributions of The Office of the Governor of the State of Ohio, The Ohio State University College of Social Work, Ohio University's Voinovich School of Leadership and Public Service, the Ohio Department of Children and Youth, the Ohio Department of Job and Family Services, the Ohio Department of Behavioral Health, Kaye Implementation and Evaluation, and the Ohio Association of County Behavioral Health Authorities. Each of these organizations has played a critical role in shaping, supporting, and sustaining Ohio START through their expertise, collaboration, and commitment to improving outcomes for families affected by substance use and child welfare involvement.



Our Mission & Goals



During the strategic planning process, the Ohio START team worked in collaboration with interested parties to develop the mission statement, goals, and logic model.

Mission

Ohio START believes in family and the power of recovery. Our children services teams empower families affected by SUD to recover safely and together by collaborating with community partners and providing evidence-informed care.



Goals

The model is designed to achieve improved outcomes for families and children impacted by parental SUD. This strategic plan prioritizes three core goals:

**Ensure
program
sustainability**

**Strengthen
implementation**

**Expand the
reach of the
model
across Ohio**

Background

National START Model



Our Roots and Growth

START (Sobriety, Treatment, and Recovery Teams) is a national evidence-informed children services-led model 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 (SUD). START is recognized on the Title-IV-E Prevention Services Clearinghouse, and has earned a “Supported” rating. START is currently being implemented in 9 states and 105 local jurisdictions. Ohio START (Sobriety, Treatment, and Reducing Trauma) is a certified affiliate of the national model. To ensure adherence to model fidelity, Ohio works closely with the National START Training and Technical Assistance Program at Children and Family Futures (CFF).

The START model is specifically designed to transform the system of care within and among public children services agencies, substance use treatment providers, and other family-serving systems. Its overarching goal is to stabilize families impacted by parental SUD so that both children and their parents can recover and build healthy, safe lives.

START recognizes that parental SUD affects the entire family, and that recovery is most effective when it includes a parent-child component. Using a family-centered approach, START provides services that support children, parents, and the broader family unit. Public children services agencies (PCSAs) implementing START assemble multidisciplinary teams—including caseworkers, behavioral health providers, and family peer mentors (FPMs)—to support families facing co-occurring challenges of child maltreatment and parental substance use.

Implementation

Turning Our Vision into Practice

Ohio began implementing the START model in April 2017 through a collaboration among the Office of the Attorney General, Casey Family Programs, and the Public Children Services Association of Ohio (PCSAO) in response to the opioid crisis and its impact on families and child welfare systems. The initiative launched in 17 Appalachian counties and has since grown to 57 counties across the state.

Today, Ohio START is led by PCSAO in partnership with the Ohio Department of Children and Youth and the Ohio Department of Behavioral Health. To strengthen sustainability, START was included in Ohio's first prevention services plan in 2021, allowing counties to receive federal Title IV-E reimbursement for providing START services.

In 2023, Ohio became the first state in the nation to achieve certification in the national model, confirming that its state infrastructure meets fidelity standards. Eight Ohio counties have also earned local certification, demonstrating adherence to the model and contributing to stronger outcomes for families.

Who We Serve

Substance use disorder (SUD) is a complex illness affecting many Ohio families. Research consistently shows that parental SUD increases the risk of child maltreatment and children services involvement.



The Statistics

- In 2017, when START began implementation in Ohio, 4,127 children were removed from their homes due to risks related to parental substance use.
- In 2024, that number decreased to 2,879 children.
- Since launch, Ohio START has served 1,630 families and more than 2,920 children.
- Despite progress, START currently reaches only 6% of eligible children statewide.



Our Approach

START teams provide specialized, family-centered interventions that help parents recover safely with their children. Quick engagement and effective treatment create opportunities for sobriety, reduce maltreatment risk, and strengthen family stability.



Eligibility

Referrals are generated through local Public Children Services Agencies (PCSAs) implementing START. Families qualify when a screened-in report of child abuse or neglect identifies parental substance use as a primary risk factor requiring ongoing services.



Expanding Reach

To ensure more families benefit, Ohio START adapted the national model to serve children ages 0–18 (originally 0–5). Looking ahead, we aim to expand services to all eligible families and ensure that participation is always voluntary and welcoming.

Model Key Components

START employs a highly collaborative, family-centered approach to support recovery and family unity. As an evidence-based model, it adheres to several fidelity components to guide service delivery. Key elements include:

Early identification of eligible families

Shared decision making among partners and families

Timely access to SUD assessment and treatment

Integration of Family Peer Mentors (FPMs) with lived experience

Intensive case management through dedicated dyads – Ohio START caseworkers and FPMs paired to serve a joint caseload

Local jurisdictions use validated SUD screening tools to quickly identify eligible families. START teams practice shared decision making to promote coordination among families, PCSAs, SUD treatment providers, and other local service agencies. Community partners are also engaged through START steering committees that address model implementation, local service gaps, and barriers. Treatment providers form formal partnerships with PCSAs to ensure that START families receive expedited access to assessments and ongoing treatment. These partnerships promote efficient information sharing and collaborative safety planning, helping to minimize the need for out-of-home placements.

Family peer mentors (FPM) are a vital component of the START model. Their lived experience enables them to build trust, offer support, and guide parents through early recovery and complex systems such as children services, behavioral health, and the courts. Many parents report that their relationship with their FPM was instrumental to their recovery.

Each START family is served by a dedicated dyad—a caseworker and FPM—who provide intensive case management and carry a reduced caseload (no more than 12 families) to allow for frequent home visits, especially during the critical early stages of recovery.

The Impact

As of October 2025, Ohio START has served more than 2,920 children across 57 counties.



Expansion Goals

Recognizing the widespread and indiscriminate impact of parental SUD, Ohio START aims to expand to all 88 counties in the state and to increase capacity within current counties by adding additional dyads to serve more families.



Evaluation Partnerships

- The Ohio State University
- Ohio University
- Kaye Implementation & Evaluation



Ongoing Research

The Ohio State University continues to evaluate outcomes in:

- Incidence of out-of-home placements
- Duration of out-of-home care
- Reunification rates
- Time without additional maltreatment reports



Parent Perspectives

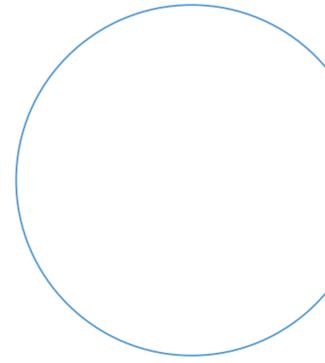
Ohio State University (Yoon et al., 2024)

- Greater presence with children (physically and emotionally)
- Increased enjoyment in caregiving
- Improved stress management and parental pride
- Stronger understanding of family roles and child development

Ohio University (2024 Parent Interviews)

- More positive outlook on life and parenting
- Stronger emotional bonds with children
- Deep appreciation for FPM support
- Better experiences compared to past child welfare involvement
- 1 in 5 parents reported Ohio START saved or prolonged their lives

Strategic Planning Process



Ohio START launched its strategic planning initiative in January 2025, conducting monthly meetings over seven months. The process was designed to outline key priorities by addressing five guiding questions developed by the Bridgespan Group. The planning team consisted of Ohio START PCSAO staff and the PCSAO Executive Director, with input from interested parties gathered throughout the process.



Guiding Questions

Five key questions shaped our strategic planning work:

- 1) For what impact, and for whom, do we want to hold ourselves accountable?
- 2) How will we achieve that impact, based on what we as an organization are best positioned to do?
- 3) On what specific priorities and work will we focus?
- 4) What resources—financial, human, and organizational—will we need to pursue this work?
- 5) How will we know we are making progress?



Meeting Structure

To ensure completion within our timeline, each meeting followed a structured approach:

- Meeting 1:** Review and Planning
- Meeting 2:** Visioning and Logic Modeling
- Meeting 3:** Preparing for Interested Party Input
- Meeting 4:** Review of Interested Party Input
- Meeting 5:** Establishing a Template for the Strategic Plan
- Meeting 6:** Review and Validation
- Meeting 7:** Finalizing the Strategic Plan



Process Overview

The team prioritized two foundational elements early in the process: 1) revising the Ohio START logic model, and 2) creating a mission statement. These activities were essential for guiding all subsequent work. With these foundations in place, the team developed strategic priorities to direct daily operations over the next three years.

After drafting the logic model, mission statement, and strategic priorities, the Ohio START PCSAO team sought feedback from key partners, including the Ohio START Leadership Council, Ohio START Certified Advisory Committee, Ohio START Alumni Group, and technical assistance consultants.



Community Engagement

Key partners provided valuable input, encouraging the team to:

- Incorporate ample lived experience throughout each of the priorities
- Ensure the plan and mission statement resonate with the families we serve
- Address professional development needs for both caseworkers and family peer mentors as part of the workforce development strategy

Strategic Priorities

Through collaboration with key partners and guidance from the Ohio START values and mission, the team has developed three strategic priorities. These priorities benefit families, staff, community partners, and the Ohio START initiative by focusing on sustainability, longevity, quality, fidelity, and increased reach and impact. Included in each strategic priority are objectives, strategies, and metrics.



Priority 1: Ensure Program Sustainability- Ensure that Ohio START remains available to families well into the future

Objective 1.1

Ensure continued state-level investment and support

- A.** Maintain continued support from the current Governor
- B.** Create visibility for Ohio START with the new Governor and administration
- C.** Increase the use of Medicaid billing to support FPM services
- D.** Expand Ohio's use of Family First Prevention Services eligibility to include families with children of all ages
- E.** Support counties to maximize the use of existing reimbursement and billing structures

Metrics

- A.** State funding secured for Ohio START
- B.** The number of high-visibility events and advocacy activities that include Ohio START increased
- C.** The percentage of total FPM roles that are partially supported by Medicaid tracked and increased
- D.** Increase the percentage of START families eligible for Family First Prevention services
- E.** Report to help track Ohio START expenses at the county level to measure use of existing reimbursement and billing structures developed

Objective 1.2

Preserve and document institutional knowledge

- A.** Develop a transition plan for managing when key staff leave employment
- B.** Manualize key activities and information known by Ohio START PCSAO staff
- C.** Develop technical assistance protocols and standards

- A.** Transition plan developed
- B.** Key activities manualized
- C.** TA protocols and standards drafted

Priority 1: Ensure Program Sustainability– Ensure that Ohio START remains available to families well into the future

Objective 1.3

Make a strong business case to key partners to show the value of the program

Metrics

A. Publish and disseminate outcome and implementation data to demonstrate success

B. Publish and disseminate Ohio University's social return on investment (SROI) study

C. Strengthen local data collection and data entry through increased support and resources

D. Help key partners increase their awareness of SUD and stigma in their community and the value of START to support families

E. Develop a communications plan to share our impact with key partners

A. The number of products demonstrating impact disseminated increased

B. Dissemination of OU's SROI study completed

C. Increase the number of counties that received one-on-one data support to improve local data support and data entry

D. Tracking system created to document the number of conferences/local events/training where SUD and stigma awareness, outcomes, and/or program information was shared

E. Communications plan developed

Objective 1.4

Engage those with lived experience and incorporate their knowledge in improvement and planning processes

A. Consistently seek and incorporate feedback from former START parents to improve model delivery

B. Provide opportunities for those with lived START experience to participate in the Ohio START Leadership Council and local steering committees

C. Engage those with lived START experience to review publications and other communications to ensure they align with Ohio START values and principles

A. Means for gathering START parent feedback created and implemented

B. The number of persons with lived experience on the START leadership council and local steering committees increased

C. The number of persons with lived START experience who are providing feedback on publications and communications increased



Priority 2: Strengthen Implementation – Ensure that Ohio START is delivered with model fidelity and quality

Objective 2.1

Develop a plan for supporting counties to achieve model fidelity and certification

Metrics

- A.** Use the Certification Readiness Dashboard to review existing fidelity data and determine where support is needed
- B.** Implement a case review structure to monitor model fidelity
- C.** Expand county-to-county TA and leverage expertise from certified counties to assist others
- D.** Examine the impacts of pre-implementation activities on the timeline to achieve model fidelity

- A.** Guidance for TAs regarding how to use the Certification Readiness Dashboard to monitor county fidelity and inform delivery of TA developed
- B.** Case review structure to monitor program fidelity developed
- C.** The number of counties delivering county-to-county TA increased
- D.** Plan to examine the extent to which pre-implementation activities reduce the length of time to achieve fidelity created

Objective 2.2

Create a protocol for adding supportive services for families

- A.** Review existing Ohio START data to determine how we can better support families' needs
- B.** Inventory supplemental services counties are currently utilizing to identify a landscape of supports that could be offered to all START families
- C.** Collaborate with local Ohio START teams and partners to implement the services identified and deemed feasible in the above inventory
- D.** Collaborate with the evaluation team to evaluate the impact of new services on family outcomes

- A.** Inventory of Ohio START families' additional needs developed
- B.** Inventory of evidence-based programs currently in use in the counties developed
- C.** Assessment of barriers to implementing additional evidence-based programming conducted
- D.** Plan to evaluate the impact of new services on family outcomes developed

Priority 2: Strengthen Implementation – Ensure that Ohio START is delivered with model fidelity and quality

Objective 2.3

Support counties to address and manage workforce issues

- A.** Collaborate with The Ohio State University to implement the COSTARS supervision model to support Ohio START teams
- B.** Develop and implement an FPM Learning Series to support peer workforce needs
- C.** Collaborate with state partners in the peer arena to educate local communities on the value of peer work, the need for livable wages, and sustainability of the peer workforce
- D.** Utilize Sarah Parmenter’s research on Ohio START caseworker job satisfaction and retention to create a plan to optimize START caseworker retention
- E.** Increase awareness and reach of the Resilience Network
- F.** Collaborate with START teams to identify their workforce needs and provide assistance to help meet these needs
- G.** Collaborate with partners to create a training and employment pipeline for individuals who want to become family peer mentors

Metrics

- A.** Successful recruitment and implementation of counties utilizing the COSTARS supervision model
- B.** FPM learning series developed and the number of FPMs who participated in learning series and gained increase knowledge on topics presented increased
- C.** Recommendations based on FPM salary survey developed
- D.** Key findings from Sarah Parmenter’s study and work with PCSAs on strategies for caseworker retention shared
- E.** The number of individuals reached by the Resilience Network who demonstrate increased resiliency grew
- F.** Assessment of START teams’ workforce needs conducted
- G.** Pipeline of potential Family Peer Mentors created



Priority 3: Increase The Reach Of The Program – Ensure that Ohio START is available to eligible families

Objective 3.1

Implement new outreach strategies to encourage more counties to join Ohio START (seed planting)

Metrics

A. Revamp strategies to market Ohio START to counties

B. Increase one-on-one contact with non-START counties to discuss the Ohio START model and any barriers to implementation

C. Leverage Ohio University's Social Return on Investment (SROI) study to demonstrate the impact of START on communities and social structures

A. Marketing plan to inform counties about Ohio START developed

B. The number of contacts with non-START counties to discuss the Ohio START model increased

C. Dissemination plan for the OU SROI study developed and implemented

Objective 3.2

Create a plan to increase referrals to the program

A. Use data to identify where there are opportunities to streamline county referral processes to increase the number of families referred to and served by Ohio START

B. Examine and improve county engagement with families when introducing Ohio START

C. Develop a plan to ensure that all eligible families in participating counties are invited to participate in Ohio START

A. Assessment to determine leaks in the pipeline from family eligibility to family enrollment conducted

B. The percentage of START counties provided support around how to invite families into the program increased

C. The percentage of eligible families that participate in START increased

Priority 3: Increase The Reach Of The Program – Ensure that Ohio START is available to eligible families

Objective 3.3

Increase the reach of families served

- A. Identify and address barriers that prevent families from participating in Ohio START
- B. Support counties to ensure eligible families have access to, and can participate in, Ohio START
- C. Provide START teams the tools, skills, and capacity to engage eligible families about participation in START, as well as how to address mistrust of the system
- D. Provide counties with consistent data highlighting their reach among potentially eligible families compared to the families they are serving
- E. Create opportunities locally and statewide to receive input from counties and communities served by Ohio START

Metrics

- A. Assessment of barriers that prevent eligible families from joining START conducted
- B. The percentage of eligible families served by START counties increased
- C. The percentage of START counties provided capacity-building TA to better support eligible families increased
- D. The number of quarters during which reach data is provided to counties increased
- E. The number of meetings conducted with community partners, alumni group, and others with lived experience increased

Objective 3.4

Increase the number of dyads in counties that are already participating in Ohio START

- A. Increase knowledge of PCSA directors regarding funding available to support adding dyads
- B. Leverage reach data to build awareness of the number of potentially eligible families and need for more dyads to serve those eligible families
- C. Continue to educate counties on the benefits of adding dyads, including disseminating information to help counties determine if they should or could add a dyad

- A. The number of contacts with agency directors regarding additional funding available for Ohio START increased
- B. The number of meetings held to raise awareness about potentially eligible families increased
- C. Considerations document to help counties determine if they should or could add a dyad developed and disseminated

Glossary

Key Terms and Definitions

A–O

Behavioral health: Referring to the system, agency, organization, or individual providing mental health and/or SUD treatment; also called behavioral health provider, treatment provider, clinician

Casey Family Programs: Foundation focused on safely removing the need for foster care in the United States ([Casey Family Programs, 2025](#))

CFF (Children and Family Futures): Nonprofit organization providing consultation, training and technical assistance, strategic planning, and evaluation services focused on improving practice and policy at the intersections of child welfare, substance use and mental disorder treatment, and court systems; home of the national START training and technical assistance program ([Children and Family Futures, 2025](#))

Child maltreatment: The abuse or neglect of a minor

Children services: Refers to the agency, organization, or system responsible for monitoring and maintaining child safety; may also be referred to as child protection or child welfare

Dyad: The START family peer mentor and caseworker who work as a cohesive team to serve families

Evidence-informed: Using evidence to design and implement a model, program, or intervention

Fidelity: The extent to which an intervention is implemented as it was intended; the START model includes multiple fidelity components which support the timeliness and intensity of engagement with families and key partners, such as treatment providers

FPM (Family Peer Mentor): Person with lived experience with recovery and children services involvement, member of the START dyad

Interested parties: Professionals, community members, families, agencies, or organizations impacted by START implementation, service delivery, or members of the family serving system of care; may also be referred to as key partners, or stakeholders

Key partners: Professionals, community members, families, agencies, or organizations impacted by START implementation, service delivery, or members of the family serving system of care; may also be referred to as interested parties, or stakeholders

Local jurisdiction: The county, or PCSA which is implementing START

Logic model: A visual representation outlining the relationship between Ohio START resources, activities, and intended outcomes

Ohio START (Sobriety, Treatment, and Reducing Trauma): The national START model being implemented in Ohio

Glossary

Key Terms and Definitions

P-Z

Parental SUD: A person with a SUD who is also a parent

PCSA (Public Children Services Agency): The local agency which provides child protection services

PCSAO (Public Children Services Association of Ohio): Ohio's membership organization for all PCSAs; provides state infrastructure, training, and technical assistance to all Ohio START jurisdictions

Reach: The number of families or individuals who are potentially eligible for START compared to the number served

Recovery: A process of change through which individuals improve health and wellness, live a self-directed life, and strive to reach their full potential ([SAMHSA, 2024](#))

Resilience Network: These sessions provide a non-traditional approach to developing resilience skills and strategies that are practical, experiential, empowering, uplifting, and helpful

Screened-in: A report of child maltreatment in which the children services team determines there are substantial risks to child safety, and the family needs ongoing monitoring and support

Shared decision making: A collaborative process where families, children services teams, and behavioral health professionals work together to establish goals and develop plans to support family recovery

SROI (Social Return on Investment): A framework for measuring the social, environmental, and economic value created by implementing START in Ohio, compared to the resources invested; evaluation partners at Ohio University and conducting this analysis

START (Sobriety, Treatment and Recovery Teams): The national START model

Steering committee: A group of interested parties, or key partners, who support START implementation by examining systemic and community barriers to recovery

SUD (Substance Use Disorder): A medical condition characterized by the inability for an individual to control the use of one or more substances despite experiencing harmful consequences; also known as addiction

Title IV-E Prevention Services Clearinghouse: Established by the Administration for Children and Families (ACF) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements; developed in accordance with the Family First Prevention Services Act; rates programs and services as well-supported, supported, promising, and does not currently meet criteria ([Title IV-E Prevention Services Clearinghouse, 2025](#))

TTA (Training and Technical Assistance): A range of services designed to enhance knowledge, skills, and capacity of local jurisdictions which are implementing START; CFF is the home of the national TTA program; by achieving certification of the state infrastructure, PCSAO provides TTA to Ohio START jurisdictions with the support and approval of CFF