

Sobriety Treatment and Recovery Teams (START) Boone, Boyd, Campbell, Daviess, Fayette, Jefferson, and Kenton counties	EBP Selection Document		Revised: 9.30.19
EBP Intervention	Brief Description & Target Pop.	Currently On Title IV-E Clearinghouse	Intended Outcomes
Motivational Interviewing (MI)	Caregivers of children referred to the child welfare system, has been used with adolescents. MI is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities.	N	<ul style="list-style-type: none"> • Enhance internal motivation to change • Reinforce this motivation • Develop a plan to achieve change

<p>Sobriety Treatment & Recovery Team (START)</p>	<p>Families with at least one child under 6 years of age who are in the child welfare system and have a parent whose substance use is determined to be a primary child safety risk factor. START is an intensive child welfare program for families with co-occurring substance use and child maltreatment delivered in an integrated manner with local addiction treatment services. START pairs child protective services (CPS) workers trained in family engagement with family mentors (peer support employees in long-term recovery) using a system-of-care and team decision-making approach with families, treatment providers, and the courts. Essential elements of the model include quick entry into START services to safely maintain child placement in the home when possible and rapid access to intensive addiction/mental health assessment and treatment. Each START CPS worker-mentor dyad has a capped caseload, allowing the team to work intensively with families, engage them in individualized wrap-around services, and identify natural supports with goals of child safety, permanency, and parental sobriety and capacity.</p>	<p>N</p>	<ul style="list-style-type: none"> • Ensure child safety • Reduce entry into out-of-home care, keeping children in the home with the parent when safe and possible • Achieve child permanency within the Adoptions and Safe Families Act (ASFA) timeframes, preferably with one or both parents or, if that is not possible, with a relative • Achieve parental sobriety in time to meet ASFA permanency timeframes • Improve parental capacity to care for children and to engage in essential life tasks • Reduce repeat maltreatment and re-entry into out-of-home care • Expand behavioral health system quality of care and service capacity as needed to effectively serve families with parental substance use and child maltreatment issues • Improve collaboration and the system of service delivery between child welfare and mental health treatment providers
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