EBP/Promising Practice CEBC Rating[i] Target Audience	Model Type	Duration	Program Overview/Essential Components	Developer Requirements for Staff	Implementation Information	Contact Information	Program Costs	Child Welfare Outcomes:
Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) ▪ Not in CEBC Target Audience: Families who come in contact with the child welfare system and have a parent with SUD	Assessment/Cross-system collaboration	n/a	SAFERR is a collaborative model to help child welfare, substance abuse treatment, and family court professionals make better informed decisions when determining outcomes for children and families affected by substance use disorders. A guidebook provides strategies to help improve the connections, communications, and collaborative capacities across systems; it also includes a variety of tools for screening and assessing children and families impacted by substance abuse.	n/a	Guideline is publicly available online. **Technical assistance:** provided by National Center on Substance Abuse and Child Welfare.	**National Center on Substance Abuse and Child Welfare** https://www.ncsacw.samhsa.gov/resources/SAFERR.aspx Technical Assistance Services: 1-866-493-2758	Materials are available for download free of charge or can be ordered at the SAMHSA publication store or via the Child Welfare Information Gateway.	Goals are to establish and monitor cross-system outcomes such as: increased identification of SUD; reduced risk of maltreatment; increased family stability, reunification, and well being. No evidence base at this time.
Sobriety Treatment and Recovery Coaches (START) ▪ **CEBC Rating: 3; High CW Relevance** **Target Audience: 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**	Peer support	Minimum of weekly home visits by the CPS worker and family mentor. Cases are worked by CPS an average of 14 months.	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 and rapid access to intensive addiction/mental health assessment and treatment.	**CPS Supervisor**: Minimum of five years of CPS casework experience, meets agency requirements for promotion **CPS Worker**: May be new to CPS or an experienced worker, must complete agency CPS training prior to doing field work **START Family Mentor**: High school diploma or GED, two years of general work experience, at least three years of recovery from addiction, active participation in recovery supports, no current criminal justice or CPS involvement	Training manual under development. **Training:** 2-4 hours/month of consultation, usually by phone; 1-2 days of on-site training for START 101. Staff should get training in SUDs through local providers/behavioral health. Staff should also be trained in motivational interviewing (through locals).	**Tina Willauer** Kentucky Department for Community Based Services tinam.willauer@ky.gov phone: (502) 526-1323	Consultation fee: $100/hour • 2-day Training: about $2,800 • 6 months TA: $2,400 **Average cost: $9,644-11,746**/year per family. Includes: • Peer mentors salary • Behavioral health (SUDS and MH treatment, flex funds, drug testing, etc.); potentially Medicaid billable	Child/Family Well-Being; Reduced Parental SUD; Permanency
Adult Focused Family Behavior Therapy (Adult-Focused FBT) ▪ **CEBC Rating: 2; High CW Relevance** ▪ **Target Audience: Adults with drug abuse and dependence, as well as other co-existing problems such as depression, family dysfunction, trauma, child maltreatment, noncompliance, employment, HIV/STIs risk behavior, and poor communication skills**	Treatment	6 months-1 year (1-2 hour outpatient or home-based sessions)	Consumer driven and culturally sensitive treatment. Components: includes more than a dozen treatments including management of emergencies, treatment planning, home safety tours, behavioral goals and rewards, contingency management skills training, communication skills training, child management skills training, job-getting skills training, financial management, self-control, environmental control, home safety and aesthetics tours, and tele-therapy to improve session attendance.	***Supervisors:*** State licensed mental health professional w/exp conducting EBT's *Therapist*: State licensed mental health professional w/ exp. serving population	Manual and implementation information available ***Initial conference calls req.*** ***Training:*** 4 full FBT modules (4-day initial workshop) ***2- and 5-month Follow up:*** 3.5 day booster workshops ***Ongoing:*** 1.5 hours ongoing training with agency supervisor for 1 year	*Developer:* **Brad Donohue, PhD** University of Nevada, Las Vegas Email: Bradley.Donohue@unlv.edu Phone: (702) 557-5111 *Regional trainer:* **Kimberly Lee, LCSW** Hermitage, PA kmccaskeylee@gmail.com Phone: (412) 818-3864	On/off site training: **Negotiated w/trainers (usually $175-200/hr.)** Manual: **$33** **Estimated annual per therapist training costs:** • Initial 4-day workshop: $1,067 • 2-month 3.5-day booster: $933 • 5-month 3.5-day booster: $933 **~$163 per family served** **Treatment sessions Medicaid billable**	Child/Family Well-Being; Reduced Parental SUD
Multisystemic Therapy – Building Stronger Families ▪ **CEBC Rating: NR** ▪ **Target Audience: Families experiencing co-occurring physical abuse/neglect and parental SUD**	Treatment	In home services	A treatment model for families experiencing co-occurring physical abuse and/or neglect and parental substance abuse. As a specialty substance abuse program, 100% of cases involve parental substance abuse. MST-BSF is the first application of Reinforcement Based Therapy (RBT) implemented in-home and with families who come under the guidance of Child Protective Services.	***Clinical team:*** *a supervisor, 3 masters-level therapists, a family case manager, and a part-time psychiatrist (or psychiatric nurse)* - 24/7 therapist on call - 6 months is average length of treatment (5-9 month range) - Standard 5-day MST training plus 4 additional days of MST-CAN training	- Team approach in treating family - 24 families served per team per year - Most services in-home, wkly recovery group provider office - Extensive outreach to and engagement of family support networks - Weekly review of MST-BSF cases with CPS worker and inclusion of workers in interventions as warranted - Extensive quality assurance activities	**Cindy Schaeffer, PhD** University of Maryland, School of Medicine Email: cschaeff@som.umaryland.edu **Joey Penman, M.Ed., LMSW** MST Services Email: joanne.penman@mstservices.com Phone: (843) 856-8226	$25-27,000 per family (avg 4.5 individuals treated per family) Estimated provider costs: $600,000 per MST team Y1 $3,580,500 Y2 $4,115,340 Y3 $4,075,340 Y4 $4,074,340 Note: Annual projections include provider contracts, Team-Months operating in Year (60 Y1; 72 Y2-4, MST Services contract)	Child/Family Well-Being; Reduced Parental SUD; Improved Mental Health functioning; Reduced Child maltreatment

Sources: *California Evidence Based Clearinghouse for Child Welfare: www.cebc4cw.org;*
The National Child Traumatic Stress Network: www.nctsnet.org
National Registry of Evidence-based Programs and Practices (NREPP): www.nrepp.samhsa.gov

[i] California Evidence-Based Clearinghouse for Child Welfare (CEBC) uses a scientific rating scale as part of the review process to evaluation each program. The scale consists of ratings on a scale from 1-5, including NR. This resource only includes scale ratings 1-3 and some NR's. Ratings definitions are as follows: 1= Well Supported by Research Evidence (Practice has book/manual, no evidence suggesting risk of harm, multiple site replications, outcome measures reliable and valid, multiple outcome studies published); 2= Supported by Research Evidence (No evidence suggesting risk of harm, randomized trial and follow-up, book/manual, outcome measures reliable and valid, overall weight of evidence supports benefit of practice) ; 3= Promising Research Evidence (No evidence suggesting risk of harm, one study utilizing some form of control, book/manual/other available info that specify components, outcome measures reliable and valid, overall weight of evidence supports benefit of practice); NR= Not able to be Rated (practice does not have any publications, peer-reviewed study utilizing some form of control, but practice is accepted in clinical practice as appropriate for us with children receiving services from child welfare or related systems and their parents/caregivers).