

2015 Program Report Card: Family Based Recovery (FBR)

Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

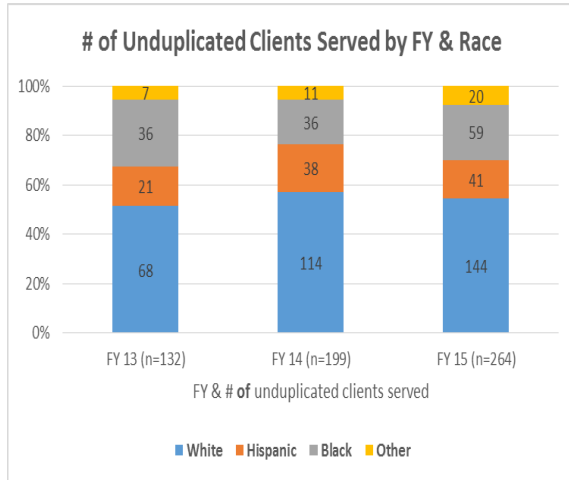
Contribution to the Result: FBR is preferred practice, in-home substance abuse treatment program for parents who are at risk of having their child (aged birth to 36 months) removed from their home due to parental substance use.

Program Expenditures	State Funding	1 Yale team + QA Funding	FBR Evaluation Study	Total Funding
Actual SFY 13	\$1,228,307	\$578,689	\$50,000	\$1,856,996
Actual SFY 14	\$2,494,072	\$581,568	\$50,000	\$3,125,640
Estimated SFY 15	\$2,894,460	\$660,750	\$50,000	\$3,605,210

DRAFT 7/30/15

Partners: families, 8 providers, Yale Child Study Center for 1 team + QA + as model developer, JP Behavioral Health Consulting for external evaluation.

How Much Did We Do?

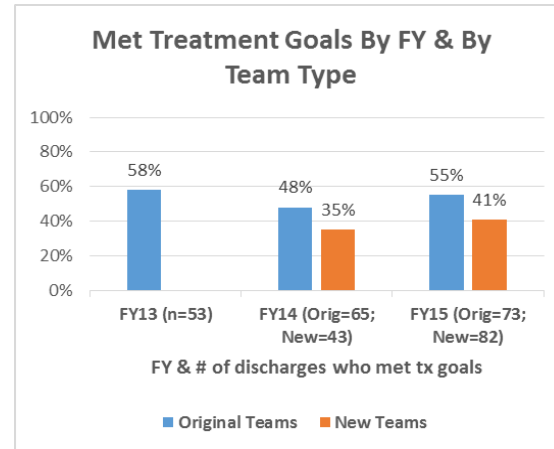


Story behind the baseline:

FY 13 met 92% of the contracted census of 144. FY 14 & 15 met 83% & 100%+ of the contracted census of 240. FY 14 was a start up year, which is why the census was so low. A little under half (48%, 43% & 45%) of the families served each FY self-identify their race as non-white.

Trend: ▲ for census;

How Well Did We Do It?



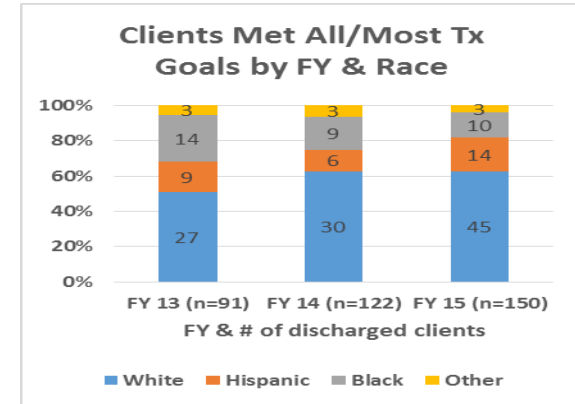
Story behind the baseline:

In FY 13, (FBR began in 2007), 6 programs in 7 DCF had 58% of their clients meet all or most (3 out of 5) of their treatment (tx) goals (child is safe, parent is abstinent, + 1 or more other goals). In FY 14, 10 teams in 14 DCF AO's had clients meet 39% of their tx goals. This decrease is a result of new teams & new DCF AO's learning the model, how to collaborate & how to share the risks in these families (see the # of child removals on page 2). One FBR team was defunded for poor performance in FY 14 & a new team started in FY 15. In FY 15, the tx goals for all clients were met for 48% of the clients.

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Trend: ▲ for # discharged; ▼ for % of clients who met tx goals.

How Well Did We Do It?



Story behind the baseline:

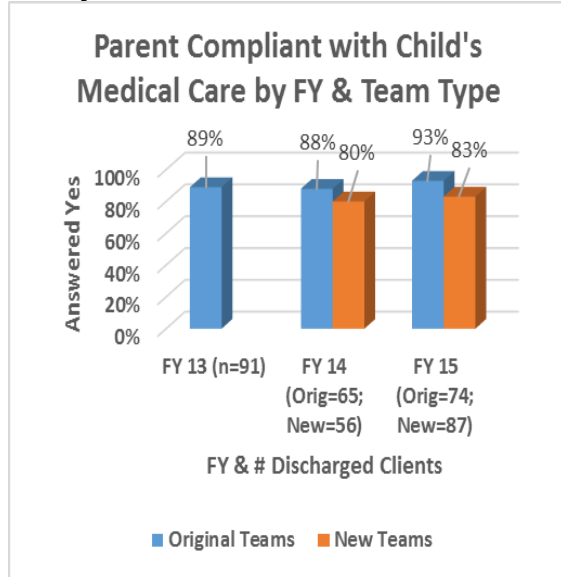
This graph shows the % of clients within each of 4 racial categories who have met all or most of their tx goals at the time of discharge. Discharged clients within each category showed a decrease in percentage for meeting tx goals over the past 3 FYs. The reasons for this need to be explored with providers. The data does not address the prevalence of risk factors (drug of choice, amount of use prior to intake, life stressors, etc.) or management of risk by the team & DCF, which differs by AO.

Trend: ▼ for each racial category

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Is Anyone Better Off?

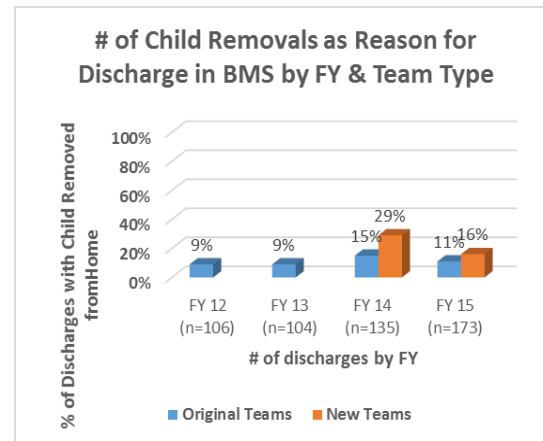


Story behind the baseline:

This graph shows the # & % of discharged parents who brought their infant/toddler to medical appointments (for physical exams, illness, immunizations, etc.) when indicated. Although the original teams have a higher % of parents who complied, the new teams are showing an increase in % since FY 14.

Trend: ▲

Is Anyone Better Off?



Story behind the baseline:

The Yale CSC BMS data system has "Child Removal" as a choice for "reason for discharge" of clients. FBR defines "removal" as any time a child is removed from his biological parents' home due to legal intervention or a family arrangement. This graph indicates that the # & % of child removals has increased significantly over the past 4 FYs. The # are 9 for FYs 12 & 13; 29 for FY 14; & 24 for FY 15. The increase coincides with the FY 14 expansion, which doubled the # of DCF AO's served by FBR & all 10 teams were either new and/or serving 1 or more AO that was not familiar with the collaborative nature of FBR & the concept of shared risk.

Trend: ▲ in child removals

Proposed Actions to Turn the Curve:

- Because of the high degree of collaboration between the DCF AO & the FBR team that is required by model, this data indicates the strength of this relationship, especially the performance measures (child removal, met tx goals, race of clients referred, etc.). Therefore, the data noted in this report represents this relationship of both the FBR team & the DCF AO.
- FBR Check In meetings were held with each FBR supervisor & administrator, DCF regional staff, CO, & FBR QA to discuss this relationship & how to improve it. These annual meetings occurred in FY 15, & will occur each year.
- In quarterly meetings, on-going discussions will occur with providers about the race data & its implications on implementation of the model.

Data Development Agenda:

- In January, 2015, DCF began collecting information in PIE about the discharged client's use of alcohol/drugs at intake & discharge.
- Modified substance use related data elements will be captured in the PIE release scheduled for Jan, 2016, for ex., providers will have the option to indicate "none reported" or "not applicable" if no drugs were used.
- FBR Services (at YCSC) & PDOC will work with providers to get the intake & discharge # in DCF's PIE & Yale's BMS data systems to be more equal.
- In quarterly meetings, on-going discussions with providers will occur about how to define "met tx goals".
- In September, 2015, PIE will revise the "reason for discharge" data element by having the "met tx goals" data as a separate element.