## Logic Model for the Family-Based Recovery (FBR) Program

Situation: Young children are at risk for maltreatment, poor developmental outcomes & out-of-home placement due to parental substance use

## What is being invested?

- Clinical staff
  - o Time
  - Education
  - Experience
- Involvement of community, consumer, & agency partners
- Investment in supervision and training
- Access to weekly consultation and supervision

### What does FBR do?

- Direct In-home Clinical and Case Management Services
  - o Provides individual psychotherapy
  - Provides contingency management substance use treatment
  - Provides parent/child therapy
  - o Provides an opportunity to engage in group therapy
  - Provides psychiatric evaluation and pharmacotherapy as needed
  - o Meets with client 3 times a week for first 6 months
  - Conducts toxicology screens and breathalyzers
  - o Conducts developmental screenings
  - Completes periodic tools and measures to monitor substance use
  - Completes periodic measures to monitor the well-being of the child, parent and parent-child relationship
  - o Links client to community resource as needed:
    - Housing
    - Education
    - Employment
    - Basic needs
- Service Coordination among Providers
  - o Coordinates referrals with DCF liaison
  - Participates in providers meetings
  - o Attends pediatric appointments
  - o Attends Family Court hearings
- Supervision and Clinical Case Conferencing
  - o Monthly meetings with DCF staff to review cases
  - Weekly reflective supervision at agency
  - Weekly consultation calls with FBR Services
  - O Quarterly meetings and trainings

#### What difference does FBR make?

#### **Short-Term Outcomes**

- Parent Outcomes
  - oParents demonstrate abstinence
  - oParents have lower levels of stress
  - oParents have fewer depressive symptoms
  - oParents display/exhibit a positive perception of their child
  - oParents are connected to additional treatment services, as needed
  - oParents are more financially stable
  - oParents have increased job readiness skills, if applicable
  - oParents identify and access a sober support network, as needed
- Child Outcomes
  - oChildren experience fewer incidents of maltreatment
  - oChildren remain with biological family
  - oChildren are placed in appropriate kinship care if needed
  - Children's development is tracked, referrals/interventions provided as needed

# Expected Long-Term Outcomes

- Parent Outcomes
  - oParents retain custody of their children
  - oParents do not put their children at risk because of substance use
  - oParents are better attuned to their child's needs

- Child Outcomes
- Children live in safe and stable home environments
- o Children have enhanced well-being and increased protective factors
- o Children have more secure attachment to parents

#### **Data Sources**

- Measures of Substance
   Use
   oToxicology screen data
   oGAIN-3 (pre-post)
- Parenting Stress Index –
   Short Form
- Edinburgh Depression Scale
- Parental Reflective Functioning Questionnaire
- Postpartum Bonding Questionnaire
- FBR Discharge Information
- PSDCRS data
- FBR Data Set

   Child placement at discharge
   Referrals to DCF during treatment
- DECA-I/T
- ASQ and ASQ-SE