

FAMILY-BASED RECOVERY (FBR)

FBR is an intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse.

Target Population

FBR provides treatment to an index parent(s) (who has an alcohol and/or drug problem) and the index child (who is aged birth – 36 months) whose family meets the following admission criteria:

- The mother and/or father report substance use within the last 30 days (The adult client can either self-report use or the referral source can have lab results showing a positive drug test;
- The parent's drug use should not be a onetime occurrence but substance use that currently meets criteria for substance use disorder (the substance use severity will necessitate the level of intensity of the program.);
- The index child is from birth to 36 months old, resides in the parent's home, or is placed outside the home with a plan for imminent reunification (within 30 days);
- The parent is not involved in another treatment program or is willing to discharge from that program to enter FBR;
- The family is willing to have FBR provide treatment in their home;
- The parent has the cognitive capacity to utilize the FBR tools, but does not need to know how to read.
- A parent with a current diagnosis of Schizophrenia Spectrum and Other Psychotic Disorder needs to be stabilized on medications prior to referral.

Referral and Service Initiation

- The Contractor will accept referrals during normal business hours (i.e., 9:00 a.m. – 5:00 p.m.), Monday through Friday, 52 weeks per year. When a family is accepted for services, it is expected that the initial session will occur in the family's home within three (3) business days.
- Access to FBR will be provided primarily for and with priority to families with DCF child protective services involvement at the time of referral. The DCF Area Office Director or their designee will make all DCF referrals.
- Referrals can be accepted from other referral sources, as long as the families meet the FBR admission criteria. A waitlist is not maintained for FBR, either by the provider or DCF.

Caseload and Length of Service

Caseload = 12 families per FBR team. Most families will remain in FBR from 6 - 12 months, with occasional longer lengths of stay (up to 18 months) determined on a case-by-case basis with the approval of FBR Services.

The Contractor will provide:

- 3 home visits per week for the first six months.
- After six months, a client might step down in service intensity.
- The FBR team includes 2 clinicians and 1 Family Support Specialist (case manager).

- Typically, the substance abuse clinician meets with the client twice a week and the parent-child clinician once a week. The Family Support Specialist meets with each client once a week, either with a clinician or independently when case management issues need to be addressed.

Services and Interventions

- The overarching goal of the intervention is to promote stability, safety and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and responsive to the individual needs of each child and family.
- The clinical team provides intensive psychotherapy and substance abuse treatment for the parent(s) who receive intensive assistance with psychosocial needs, including employment, transportation, relapse prevention, and social and recreational activities. Treatment interventions include positive reinforcement for sobriety (i.e. vouchers, attendance at group), relapse prevention planning, safety planning for the child, drug testing, and social club (weekly group for parents with a clean urine screen).
- The attachment-based parent-child therapy to the parent-child dyad uses the tools and techniques required by the model in real-time parent-child interactions to explore what the parent thinks is going on with the child and how the parent feels in response.
- The FBR team will collaborate, communicate and participate in the ongoing risk assessment process with DCF. The FBR team and DCF area office staff will work in close collaboration from the time of referral until DCF closes the case or the family is discharged from the program.
- The FBR team and the DCF staff will meet once or twice a month to review cases.

Crisis Response

The FBR team will work a flexible schedule in order to accommodate individual family needs, schedules, and in order to respond to crisis situations. Twenty-four (24) hour/seven (7) day phone coverage for crisis intervention must be available, including holidays and weekends. FBR 24-hour/7-day crisis response will be provided by FBR staff (i.e., as opposed to a nonspecific emergency call service).