

FY 2016 Program Report Card: Family Based Recovery (FBR)

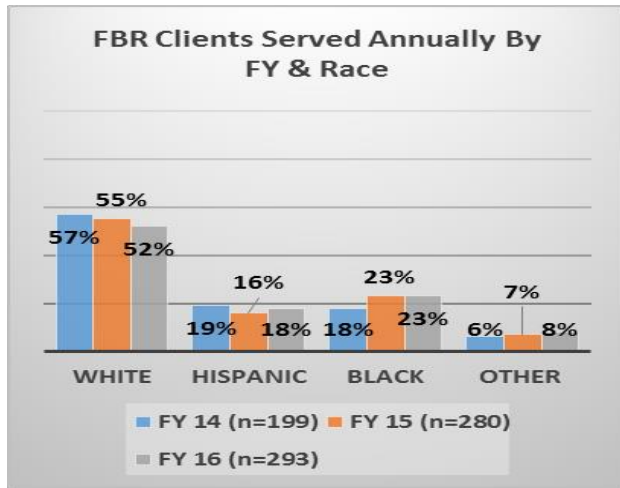
Quality of Life Result: Connecticut children grow up stable, safe, healthy, and ready to lead successful lives.

Contribution to the Result: FBR is preferred practice, in-home substance use 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	DCF State Funding	1 Yale team + QA Funding	FBR Evaluation Study	Total Funding
SFY 16	\$2,894,460	\$758,863	\$50,000	\$3,703,323

Partners: families, 8 providers, 14 DCF Area Offices, Yale Child Study Center for 1 team + QA + as model developer, JP BH Consulting for external evaluation.

How Much Did We Do?



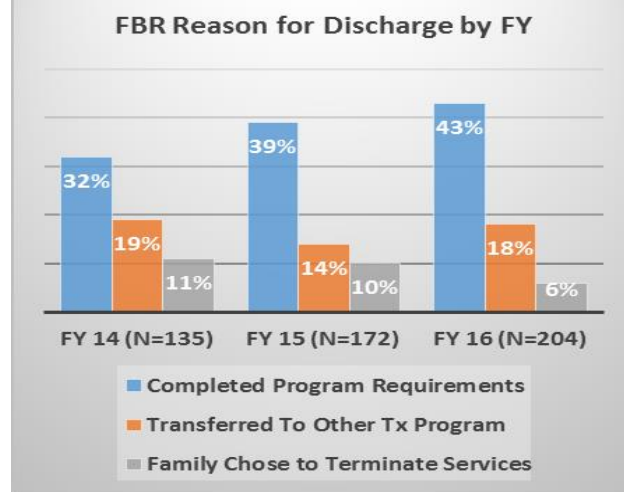
Story behind the baseline:

PIE Data: Since almost all referrals are made by the DCF AOs, this graph represents the race of clients served in each FY by the 10 FBR teams. The % of White clients has decreased somewhat in FY 16.

The number of clients served annually has increased as sites have been at greater capacity this year due to increased utilization of slots. The duration of service averaged 5.9 months FY16; 6.4 FY 15; 6.0 FY14. Decreased length of stay increases number of clients served.

Trend: ▲

How Well Did We Do It?

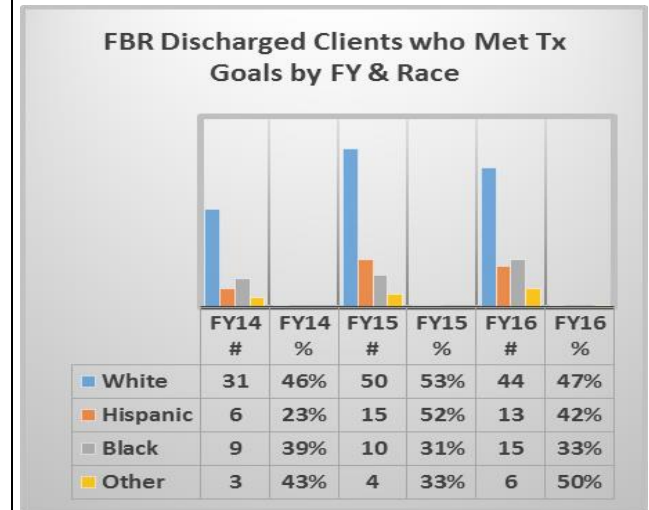


Story behind the baseline:

BMS Data: The % of clients who completed program requirements has been increasing over the past 3 FYs for a variety of reasons. Since the large expansion of FBR in FY14, the teams & DCF Area Offices now have more experience with this model. The % of families who chose to prematurely terminate with FBR continues to decrease, indicating that teams are getting better at engagement. Also there were fewer child removals in FY16 (see Child Outcomes table below for more details). The service intensity of FBR is sometimes too great for some families & service intensity needs to be matched with the parent's severity of substance use

Trend: ▲

How Well Did We Do It?



Story behind the baseline:

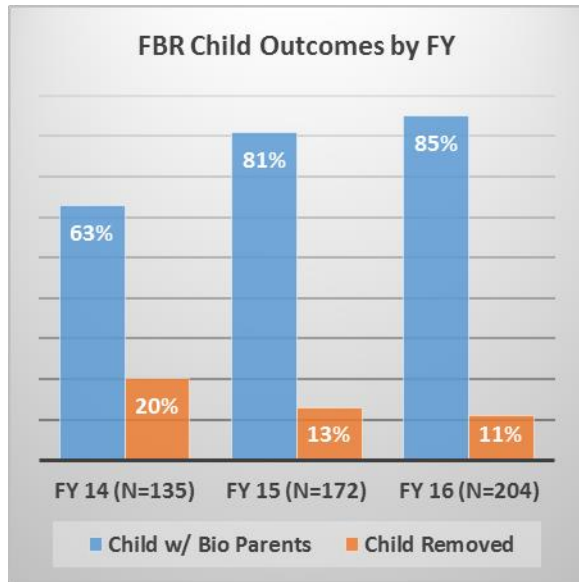
PIE Data: The variance in meeting goals within each racial group is apparent in this graph. Further discussions with providers & the QA system will be needed to tease out why, & try to determine if other factors are relevant here (issues relative to poverty and geographic location).

Trend: ◀▶

Is Anyone Better Off?

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



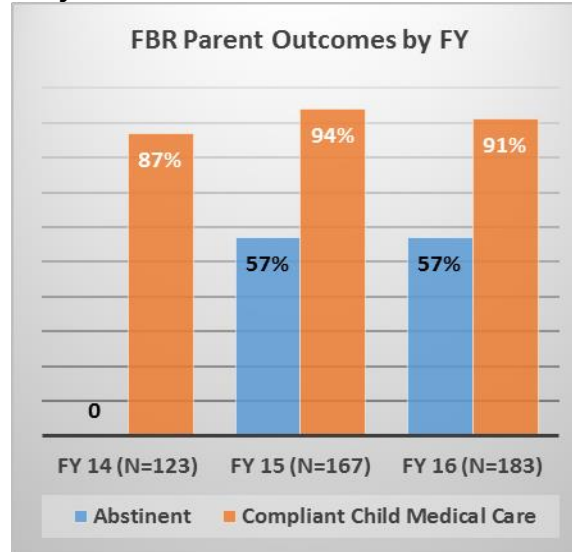
Story behind the baseline:

BMS data: "Child Removal" is a choice in BMS for "reason for discharge" of clients, defined as *any time a child is removed from his biological parents' home due to legal intervention or a family arrangement*. This is based upon the premise that very young children develop better living with their parents, as long as it provides a safe & nurturing environment.

The total # of children removed in FY 16 = 22, which is close to the 23 who were removed in FY 15. The % of child removals has decreased from a high of 20% in FY 14 to 11% in FY 16, which is closer to the 9% in FYs 12 & 13. This may be an indicator that DCF AO staff & FBR teams may be working better together to share the risks involved with these FBR families.

Trend: ▲

Anyone Better Off?



Story behind the baseline:

PIE Data: A major goal of FBR is to have the parent(s) stop using all alcohol & drugs (abstinence). In PIE, since 1/1/15, this is measured for the last 30 days of the treatment episode. In FY 15 & 16, 57% of the discharged clients were abstinent. If both abstinence + a "clear reduction in substance use" were added together, 60% of clients discharged in FY 15, & 68% in FY 16, met either of these criteria. This does not match the BMS data.

FBR works with parents to bring their child for medical care & check-ups, as needed. Although there is a slight decrease in FY 16, all 3 years have exceeded the target of 85%. Providers talk about pediatric visits on their consult calls with FBR Services & this issue continues to be addressed for each family, as needed.

Trend: ◀▶ for abstinence & ▲ for medical care

Proposed Actions to Turn the Curve:

- Annual FBR Check In meetings are continuing to be held with each FBR supervisor & administrator, DCF regional staff, CO, & FBR QA to discuss this relationship & how to improve it.
- In quarterly meetings, on-going discussions will occur with providers about the race data & its implications on implementation of the model.

Data Development Agenda:

- FBR Services & PDOC will continue to work with supervisors to improve data entry: decreasing the amount of missing data in BMS for outcomes; determining why providers have varying # of discharges between PIE & BMS, etc.
- In the Quarterly meeting in September, discussion will occur with the providers & QA staff about the data issues noted above.
- Since the BMS data shows at week 20 a decreased rate of use of substances, this does not match the PIE data. Discussion about this will occur in the September quarterly meeting.