

# IAFT® Logic Model

Target Population: Children with serious emotional disturbances or who are demonstrating safety-related behaviors that make them unable to be treated effectively in their own homes or on an out-patient basis.

Goal 1: Reduce admissions to restrictive levels of care (PRTFs).

Goal 2: Improve quality of life of participants.

INPUTS/RESOURCES		STRATEGIES/ACTIVITIES	SHORT-TERM OUTCOMES (During IAFT®)	LONG-TERM OUTCOMES
<p><b>People</b></p> <ul style="list-style-type: none"> <li>RRFF staff (management, auditing, data collection and analysis, marketing, training)</li> <li>Families with children in need of the service</li> <li>IAFT® parents</li> </ul> <p><b>Tools</b></p> <ul style="list-style-type: none"> <li>Database</li> <li>Client Care Web (CCW): Website for incoming referrals and for IAFT® staff to enter treatment data</li> <li>Outcome measures (e.g., daily behavior checklist)</li> <li>Training materials</li> </ul> <p><b>System Infrastructure</b></p> <ul style="list-style-type: none"> <li>Provider agencies</li> <li>Referrals from providers</li> <li>Psychiatrists and other therapeutic specialists</li> <li>NC-approved TFC models (i.e., Teaching-Family Model, Together Facing the Challenge, Multidimensional theoretical foster care [MTFC], Presley Ridge Model, and Collaborative Problem Solving)</li> <li>Provider meetings</li> </ul>	<b>Individual Level</b>	<p><b>Focused attention on IAFT® child</b></p> <ul style="list-style-type: none"> <li>1 child per family</li> <li>Caseload of 8-10 children per family coordinator</li> <li>Follow-up surveys about the children completed by RRFF staff at designated intervals post-discharge</li> <li>IAFT® Parent Satisfaction surveys</li> <li>Development of a transition plan</li> </ul> <p><b>Specialized clinical intervention that is behavior-focused</b></p> <ul style="list-style-type: none"> <li>Daily completion of behavior checklist</li> <li>Psychiatric oversight ≥ 1 x per month</li> <li>Access to specialized therapeutic services</li> <li>Therapy once per week (individual and/or family)</li> </ul>	<p>Decreased PRTF admissions</p> <p>Monitoring and therapeutically addressing problem behaviors</p> <p>Increased coping skills</p>	<p>Decreased PRTF admissions</p> <p>Decreased acute hospital stays</p> <p>Decrease in problematic behaviors</p> <p>Increase in child well-being</p> <p>Increased sense of worth</p> <p>Family reunification/permanency</p> <p>Stronger family ties/natural supports</p>
	<b>Family Level</b>	<p><b>Support to IAFT® parents</b></p> <ul style="list-style-type: none"> <li>Daily phone/personal contact between IAFT® parents and IAFT® staff</li> <li>Weekly face-to-face supervision between IAFT® parents and IAFT® staff</li> <li>Respite available 2 days per month</li> <li>24/7 crisis support</li> </ul> <p><b>Family/Caregiver Involvement</b></p> <ul style="list-style-type: none"> <li>Ongoing efforts for family engagement</li> <li>Shared parenting is encouraged between IAFT® parents and family of permanence</li> <li>Development of natural supports</li> </ul>	<p>Improved family functioning and parental ability to cope with behaviors</p> <p>Increased sense of support of IAFT® parents (compared to other TFC parents)</p> <p>Decreased burnout of IAFT® parents (compared to other TFC parents)</p>	<p>Increased satisfaction of IAFT® parents (compared to other TFC parents)</p> <p>Less turnover of IAFT® parents (compared to other TFC parents)</p>
	<b>Organizational Level</b>	<p><b>Recruitment/Marketing</b></p> <ul style="list-style-type: none"> <li>Recruitment events for IAFT® parents</li> <li>Provider events, including Annual Event</li> </ul> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>Pre-service trainings/licenses for providers</li> <li>Ongoing provider training</li> <li>Regular IAFT® agency network meetings to promote collaboration and network cohesion</li> <li>Weekly supervision between IAFT® staff and their supervisors</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>Quarterly compliance reviews</li> <li>Assurance of model fidelity through QA efforts</li> <li>Monthly reports to providers and MCOs/LMEs</li> </ul>	<p>Increased provider knowledge of IAFT® model, expectations, and quality measures</p> <p>Increased sense of support among IAFT® provider agencies</p> <p>Increase in attention to documentation (including accuracy and thoroughness)</p> <p>Increase in implementation fidelity of chosen TFC model</p>	<p>Cost savings due to more appropriate placements in lower levels of care</p> <p>Increased provider satisfaction</p> <p>Cost savings due to decreased turnover of IAFT® parents (compared to other TFC parents)</p>