



TESTIMONY OF THE VILLAGE FOR FAMILIES & CHILDREN

Family-Based Recovery

Committee on Ways and Means
Subcommittee on Human Resources
“The Heroin Epidemic and Parental Substance Abuse:
Using Evidence and Data to Protect Kids from Harm”

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Two hundred years ago, The Village was one of the first agencies in the country to provide homes for neglected children. Today, we continue to achieve our mission, “To build a community of strong, healthy families who protect and nurture children,” by providing a full range of behavioral health treatment for children and youth, foster care and adoption, and community support services for children and their families in the Greater Hartford region. As part of SAMHSA National Traumatic Stress Network we have expanded our expertise and use of evidence based treatment models. Recognizing that no one treatment is right for everyone The Village offers a variety of treatment models, including:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Child-Parent Psychotherapy (CPP)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)
- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)

But today I am here to offer testimony on our experience with a truly unique and promising treatment model called Family-Based Recovery (FBR). In Connecticut, parental substance abuse is reported as a factor in half of foster care placements of children under the age of 3 (National Data Archive on Child Abuse and Neglect, 2015). To address this, in 2006, Connecticut’s Department for Children and Families (DCF) brought together the Yale Child Study Center (YCSC) and Johns Hopkins University (JHU) to develop an innovative approach to address the needs of parents with substance use disorders and have young children. They created Family-Based Recovery (FBR) for families with

children under the age of 3 using a treatment model based on the hypothesis that (1) children have the best chance of thriving in a substance-free, safe and stable home with their biological family; and (2) parenting a child is a primary positive reinforcement in substance abuse recovery.

FBR is an intensive, in-home, long-term clinical treatment program that provides substance abuse treatment, individual psychotherapy, attachment based parent-child treatment and developmental guidance, and comprehensive case management. FBR integrates and expands a JHU evidence-based substance abuse treatment model, Reinforcement-Based Treatment, and a YCSC home-based parent-child program for parents with substance use disorders. By providing dual treatment foci, FBR offers the opportunity to effect change in both areas and enhance treatment access and efficiency. FBR clinicians are trained to provide all aspects of the model, which allows for the seamless integration of treatment components. Team members conduct observed urine toxicology screens and breathalyzer tests of clients at each home visit. (Hanson et al, 2015)

In 2007, CT DCF funded teams at six agencies to implement the model, and in 2013 it increased the number of teams to 10, including two at The Village. This network has treated 1,098 families, representing 2,315 mothers, fathers and children (January 2007-Dec 2015). Families enrolled frequently experience multiple risk factors including but not limited to lower socioeconomic status, limited educational attainment, trauma exposure, comorbid psychiatric disorders and multi-generational involvement with the child welfare system. The average duration of service is 6.4 months; only 8.2% of all families are discharged in less than one month. (Hanson et al, 2015)

Outcome data suggest that in many cases FBR engages, stabilizes and effectively treats parents and promotes healthy parent-child attachment. FBR Services analyzes toxicology screen data for all clients (41,988 tox screens) but in order to highlight change overtime results are examined for all clients who were in the program at least 20 weeks.

Since 2007, a total of 564 caregivers have been in the program at least 20 weeks. Fifty-one percent of these clients had a positive tox screen in Week 1 of the program; by week 5 this rate is 25% and by week 20 the rate decreases to 14%. In addition to decreases in substance use, parents report statistically significant changes in depression scores and parenting stress. This suggests that FBR is meeting its goal of improving parental well-being, which we believe benefits the parent-child relationship. As of December 2015, 80% of index children were living with a biological parent at discharge. (Hanson et al, 2015) FBR Services has found that many parents benefit from accessibility of treatment that includes a focus on parenting and mental health as well as substance use. A strong working relationship between DCF and FBR clinical teams that focuses on collaborative risk management has been found to increase safety for children in their homes.

Since beginning to implement this model at the end of 2013, The Village has provided FBR services to 82 families. We currently have two FBR teams. For this current fiscal year, we have discharged 21 families. Of those:

- 62% abstained from alcohol and other drugs during the last 30 days of treatment.
- 88% of the index children lived with a biological family member at discharge.

While we are far from the experts in this model, our results mirror those of the rest of the network. This can be attributed to the team from Yale that provides ongoing training, oversight and regular consultation provided by Yale's FBR Services team which includes:

- Initial training
- Weekly telephone consultation
- Parent/child consultant joint home visits
- Booster trainings
- Quarterly meetings
- Web based data management system
- Quality assurance
- Quarterly reports
- Annual credentialing to sites

FBR Services and the Yale Child Study Center will be happy to provide further information about the model. Please contact Karen Hanson at karen.hanson@yale.edu if you are interested in learning more.

We are encouraged by the progress we've seen in the clients in the FBR program and believe that it has the potential to reduce child abuse and neglect and out of home placements of children and to build safe and stable homes that can foster the healthy growth and development of children.

Hanson, K. E., Saul, D. H., Vanderploeg, J. J., Painter, M., & Adnopoz, J. (2015). Family-Based Recovery: An Innovative In-Home Substance Abuse Treatment Model for Families with Young Children. *Child Welfare*, 94(3).

National Data Archive on Child Abuse and Neglect (2015). Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2013. Cornell University, NY: Family Life Development Center.