



FAMILY  
CENTERED  
TREATMENT®



2020

Keeping Families Together Since 1992

# Family Centered Treatment® White Paper



Family  
Centered  
Treatment  
Foundation®

*"Words cannot express how thankful I am for you and all you've done for us. Your patience guidance and caring have helped pull [us] through this nightmare in a way I truly never thought possible."*

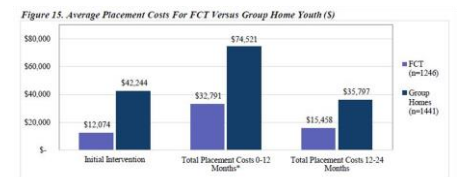
*-FCT Family, Indiana*



Family  
Centered  
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# FAMILY CENTERED TREATMENT®



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## I. Executive Summary

In the three decades since its humble beginnings, Family Centered Treatment (FCT) and its practitioners have had the privilege of working with families across the United States with the inherent understanding that families are better when they remain together.

FCT is an evidence-based family preservation model of home-based treatment owned by a private non-profit incorporated organization known as the Family Centered Treatment Foundation (FCTF). The FCTF mission is to enhance the capability of agencies, communities and state systems of care in the implementation of proven evidence-based programs to better address the needs of families in crisis.

Since the late 1980's FCT has had a positive impact on over 30,000 families. Solutions for today's social challenges are complex. Through continuous innovation while remaining true to its emphasis on finding practical solutions, the FCT model remains a national leader in helping families make meaningful changes.

Historically and through present day, more than 8 out of 10 families that participate in FCT complete treatment with a successful outcome. Likewise, more than 9 out of ten families that complete all phases of treatment achieve successful outcomes. In addition, more than 9 out of 10 families referred for services are engaged into treatment and nearly 9 out of 10 families that receive FCT report that the FCT model has made a positive impact in their lives.

In the last decade, empirical research has demonstrated statistically significant positive results for individuals and families post treatment as well. Peer reviewed studies have also demonstrated that the FCT model has saved state taxpayers millions of dollars by utilizing the service over a relatively short period of time.

Critical to the FCT model success has been a well vetted Implementation Process for replicating outcomes and insuring model fidelity across sites and states. FCTF has incorporated a unique best practice implementation process that allows prospective and current licensed FCT providers to identify and plan for how they can go from initial to sustainable implementation. It is noteworthy that SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP) cited the FCT model as having a 4.0 out of 4.0 Implementation process in their independent review.

The FCT model has a growing body of recognition in the field. FCT is recognized as an EBP by the California Evidence-based Clearinghouse as well as NREPP. In 2018, the FCT model received federal SAMSHA funding to expand its trauma treatment practices to therapists and is recognized as a member of the National Child Trauma Stress Network. The FCT model has been published in multiple peer-review publications and government reports and has been presented at a multitude of national and International conferences.

On behalf of the FCT Foundation and its Board of Directors we are proud to present this 2020 White Paper. The future of the FCT model is bright and is poised to make a continued impact on societal challenges and to aid in positive family functioning that is sustainable.



Timothy J. Wood MS, LPC  
Executive Director, Family Centered Treatment Foundation, Inc.



## II. What is Family Centered Treatment

Family Centered Treatment is a well-supported in-home family therapy model designed to find simple, practical and holistic solutions for families faced with disruption or dissolution of their family. This can be due to external and/or internal stressors, circumstances, or forced removal of their children from the home due to the youth's delinquent behavior or parent's harmful behaviors.

Unlike many theoretical based treatments, FCT has been developed by practitioners over a 30-year period. It has been refined based on research, experience, and evidence of effectiveness derived from practice. Client response and feedback has been integral for defining what components of treatment have been effective.

A foundational belief influencing the development of FCT is that the recipients of service are great people with tremendous internal strengths and resources. This core value is demonstrated via the use of individual family goals that are developed from strengths as opposed to deficits. Obtaining high engagement rates is a primary goal of FCT. The program is provided with families of specialty populations of all ages involved with agencies that specialize in child welfare, mental health, substance abuse, developmental disabilities, juvenile justice and crossover youth.

The goals of Family Centered Treatment (FCT) are:

- Enable family stability via preservation of or development of a family placement.
- Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution.
- Bring a reduction in hurtful and harmful behaviors affecting family functioning.
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual member's intrinsic or unresolvable challenges.
- Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the therapist.
- Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability.
- Address systemic dynamics of trauma on the family system not just the individual.

## III. History of FCT

Family Centered Treatment origins derive from practitioners' efforts to find simple, practical and common-sense solutions for families faced with:

- 1) removal of the children from the home, or
- 2) dissolution of the family due to external and internal stressors and circumstances.

A distinguished practice grew out of a desire and mission to create opportunity for change for families that were seemingly stuck in a downward spiral. The approach used is both distinct yet grounded, in the use of treatment components that were sound, and research based. FCT did not begin in a University with theories but rather grew daily as therapists in the field had to devise options for difficult situations in the life space of their client families.



From its beginnings in the late 1980's, and the formation of the FCT Foundation, the early practice of what would become FCT proved highly effective. One of the main reasons that FCT has become so applicable to so many populations is that only the most challenging cases were referred at its onset. During that time there was only funding for youth who had been determined to be in need of out of home and community placement. These children and youth were to be placed in institutional settings such as juvenile jails, psychiatric hospitals and residential treatment facilities. The FCT model founders including co-founder John Sullivan PhD and his colleagues sought to bring concepts and tenets of practice that were successful in working with youth in residential facilities and apply them to the home and community.

These tenets emphasized expecting and demanding greatness while living and modeling dignity and respect. Practical skills and useful guidance were essential to forming a partnership with these families. The model evolved and was continually adapted for maximum impact in a family's home environment. This family centered belief led to the founding of a non-traditional service agency whose foundation was based on this approach.

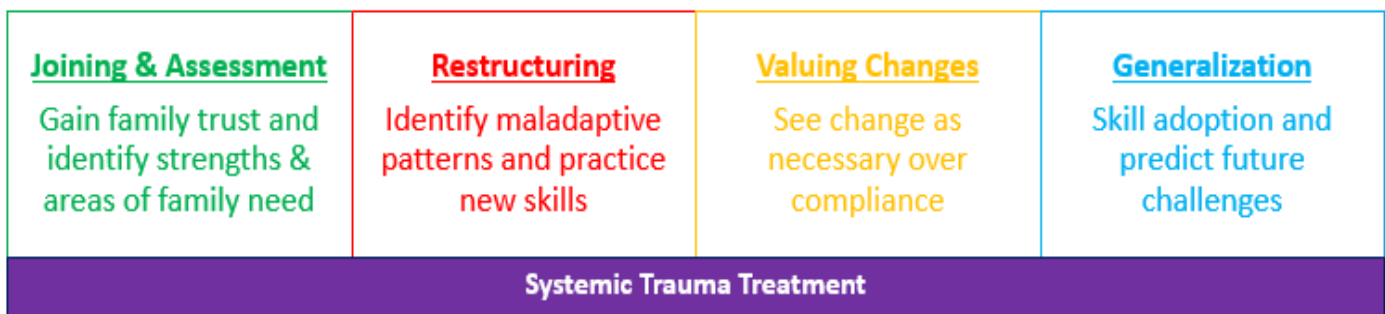
The first referrals were from the juvenile justice system. These were soon followed by social services and mental health agencies. By the early 90's, word of mouth spread our services to multiple states. After a featured spot on the CBS news program "Eye on America" with Dan Rather, which brought national attention to the treatment approach, more agencies and locations became eager to try it. Reports and studies about success with families historically defined as "resistant to services," resulted in continued growth.

Emphasis on mission—not on profit—meant that resources were directed toward improving internal operations of the model and thus improving the practice. By the early 2000's, Family Centered Treatment had spread to seven states, and today we continue to grow.

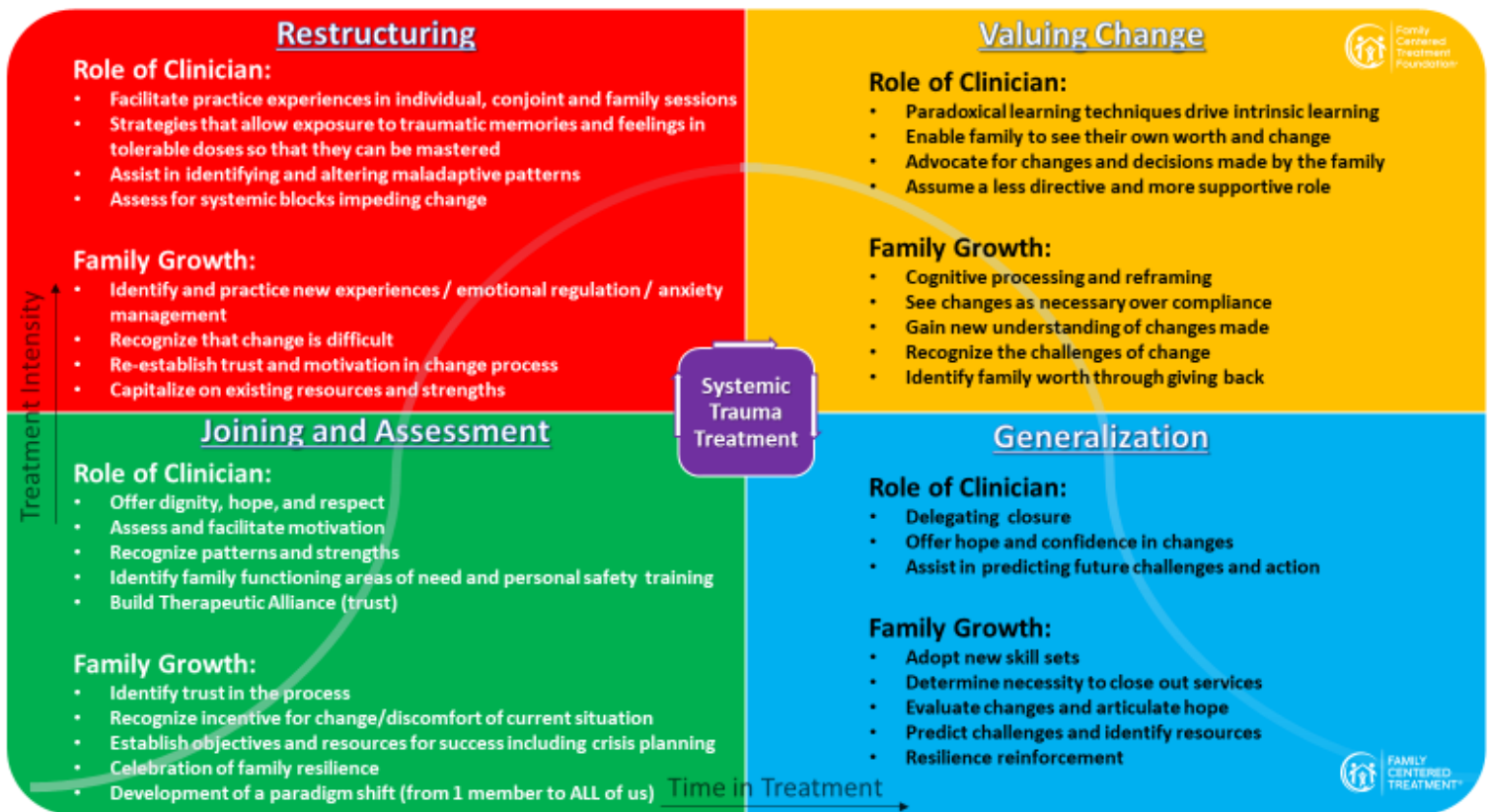
#### IV. Components of the FCT Model

The core practice components required by practitioners of Family Centered Treatment have evolved dramatically since the inception of the model in 1980's. This has occurred because the key components of the model have been developed or integrated as front line practitioners' experiences precipitated changes or additions.

##### The 4 Phases of FCT



Unique to FCT are the elements of *transitional indicators* into the **Four Phases of Treatment**. Unlike many treatment processes that strictly rely on time frames to determine when a family "should" move to another stage of treatment, FCT utilizes its clinical supervision process to determine specific indicators demonstrating that a family has successfully completed a phase of treatment. This process is documented as part of the fidelity to the FCT model and indicated by the families' progress while guided by the clinician, *NOT* strictly relying on number of days or sessions.



## The Joining and Assessment Phase

The Joining and Assessment Phase of FCT contains distinctive considerations. FCT clinicians respond quickly to referrals; the very nature of a referral indicates that a family is in acute crisis and the family needs support quickly. Timely response provides opportunity for engaging the family when they are more likely to be highly motivated to examine and change behaviors.

Three unique Family Centered Evaluation© (FCE) instruments are used by the family to identify needed additions, changes or improvements in family functioning skills. Additionally, these Family Centered Evaluation instruments are experiential and explore family resiliency, the family life cycle and generational patterns.

## The Restructuring Phase

Goals determined during the Joining & Assessment Phase provide the structure for guiding the family to negotiate tasks associated with daily living that are congruent with the goals set by the family.

Repetitive transactional patterns, which develop over time into “rules” of interacting, drive how the family handles the tasks associated with daily living. FCT interventions are targeted at shifting the repetitive interaction patterns that make up the structure of the family.

## The Valuing Changes Phase

The Valuing Changes phase is a critical and distinct component of FCT in which the family learns to recognize and value their new behaviors. They learn that the changes they've been making have value well beyond the situations that their clinician has been helping them with: they learn that their changed behaviors go well beyond getting through a crisis.

In this phase, they also learn about the “power of giving”. Families learn to give to others as a method for discovering their inherent worth and dignity." In the valuing changes phase, FCT clinicians help the family to examine the value of their changed behaviors. Sustainable change occurs when behavioral changes are valued and seen as necessary by the family."

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## The Generalization Phase

Typically, a family that enters the Generalization Phase of treatment is no longer overwhelmed by the crises or the circumstances that tend to lead to crises.

Instead, they are handling them with their new skills and reporting the outcomes to their clinician. FCT's definition of a successful and appropriate closure is not determined by sources that are external to the family. FCT works with the family to determine the timing of closure, using an analytical process that evaluates the changes that have occurred and the family's ability to use the strategies independent of external agencies.

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Since elements of past traumas including generational patterns of trauma can be discovered at varying points of treatment, FCT clinicians are trained to identify potential signs and symptoms of trauma at any point in the treatment process. **Trauma Treatment** is not a prescribed phase of treatment within the FCT model, however trauma informed protocols are incorporated if and when trauma is discovered. The Family Centered Evaluation tools, completed in the Joining and Assessment phase, are designed to elicit family and individual feedback, whereby clinicians are trained to determine if individual or family traumas are creating emotional blocks for the family, preventing them from functioning optimally. FCT clinicians are trained to screen for trauma in all families whom they work with.

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## V. What makes FCT unique

Distinctive to Family Centered Treatment is the fact that it was largely developed by practitioners for inclusion in the behavioral and mental health array of services. Family and clinicians' feedback, along with research findings, allow for innovation and up-to-date practices that adjust to meet families' needs in the current world. For over 30 years, FCT has been advanced by these insights to bring a collective knowledge of “what works and what doesn't work” to deliver family driven positive outcomes.

Simply put, this means that while most models were designed in a controlled setting, and then field tested. Family Centered Treatment was designed from experience then refined into a researched evidence-based model. A truly remarkable accomplishment!

While there are many unique aspects to the FCT model, the Valuing Changes phase of treatment is perhaps the most significant. Most home-based models are ready to close services once the client demonstrates the changes in behaviors that prompted the referral. Conversely, FCT sees this as a crucial turning point and involves broadening treatment beyond conformity and compliance. This phase, while challenging for families and therapists alike, is idiosyncratic for FCT because it examines the following question: does the family “value” the changes they are making?



FCT recognizes that this Valuing Change phase is critical if the changes made during treatment are to be sustained after treatment has ended. Also integral to this phase is a process identified as the “power of giving” in which FCT works to position families to give to others as a method for discovery of their inherent worth and dignity.

There are so many more ways that FCT stands out as a unique model, including but not limited to its generational and systemic trauma treatment focus, the structured implementation process and its constant focus on seeing the family as a whole as the client. We encourage you to contact the FCT Foundation for detailed descriptions of how these unique elements incorporate into the model.

- FCT is a family system NOT a client centric model
- FCT addresses functions of behavior not just symptoms of behavior
- FCT is a recognized family Trauma Treatment Model
- FCT approach addresses secondary trauma or crisis fatigue elements of practitioners
- FCT utilizes Emotionally Focused Therapy components
- Areas of Family Functioning are the driving theme of treatment
- FCT includes a Management & Supervision model
- FCT has a uniquely structured Implementation Process
- Transitional Indicators trigger movement in treatment
- FCT’s inclusion of a Valuing Change Phase is distinctive
- FCT incorporates a Family Give Back component

## VI. Complex Trauma Treatment

### Taking Trauma Treatment out of the office and into the home for multi-generational usage; FCT trauma components for the whole family

FCT is effective in working with families with experiences of multiple primary trauma types: exposure to and/or victims of violence, neglect, emotional, physical and sexual abuse, abandonment, losses, and complex trauma. Included are families with the effects of multiple placements including adoption disruption. Families with secondary trauma from medical complexities are included.



The FCT initial evaluation components are designed to enable the family member to experience being understood as their story is shared in a visual, participative and often pleasurable process. During these assessment activities opportunities are constantly provided for sharing of how past experiences have and are impacting current functioning which lead to sharing about the past events. Recognizing the behavioral evidences of trauma, developing the safety for the sharing of these experiences and providing experiential and sensory based focused trauma treatment activities for individual members of the family occurs within FCT during this process.

## Components of FCT Trauma Treatment

In 2018, FCTF was awarded a 5-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to become a National Child Trauma Stress Network Member. This award identifies FCT as a recognized trauma treatment practice and provides funding to increase the distribution of Certified FCT trained therapists and outreach of the FCT model to additional sites and geographical locations across the US.



### Components of FCT Trauma Treatment

- **Systemic assessments**
  - **Determination of primary area of Family Functioning that led to trauma or impedes healing**
- **Family Life Cycle**
  - **Connection of caregiver's past to their present parenting**
- **Treatment of the functions or needs rather than behaviors alone**
  - **Incidents as functions of behaviors and an area of family functioning need**
- **Parenting techniques to step out of the trauma bond and/or triangle**
- **Apology from caregiver or relevant person frame work – 4-part process**
  - **Permission for all feelings**
  - **Expression of feelings that work**
- **Sensory-based creative work**
  - **Re-authored narrative**

## Distinguishing points for FCT Trauma Treatment

The FCT Trauma Treatment training and curriculum was co-designed by FCTF and Dr. Richard Kagan, NCTSN consultant and creator of the complex trauma treatment Real Life Heroes® certificate training program.

FCT trauma focuses on addressing the systemic dynamics of trauma on the family system as a whole not just the individual. In identifying how individual traumas or emotional blocks are impacting the family system, FCT looks to address underlying feelings, attachment needs, and interactional patterns of the family system. The Family Centered Evaluation fidelity component of FCT provide tools to identify individual, family and generational patterns of trauma. This identification allows FCT clinicians to specifically create solutions for managing trauma that has impacted individual and family functioning.

## National Child Trauma Stress Network (NCTSN)

In 2018, the Family Centered Treatment Foundation was awarded a 5-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to disseminate FCT as a trauma treatment model. FCT is identified as a recognized trauma treatment practice and receives federal funding to increase the distribution of Certified FCT trained therapists and outreach of the FCT model to additional sites and geographical locations across the US. Additionally, as a Category II Network Member, FCTF will engage in national outreach and awareness campaigns that explore the capacity to train therapists around FCT Trauma components and assist in developing best practices in the field of individual and family trauma with leading experts across the country.



The National Child Traumatic Stress Network was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners

is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).

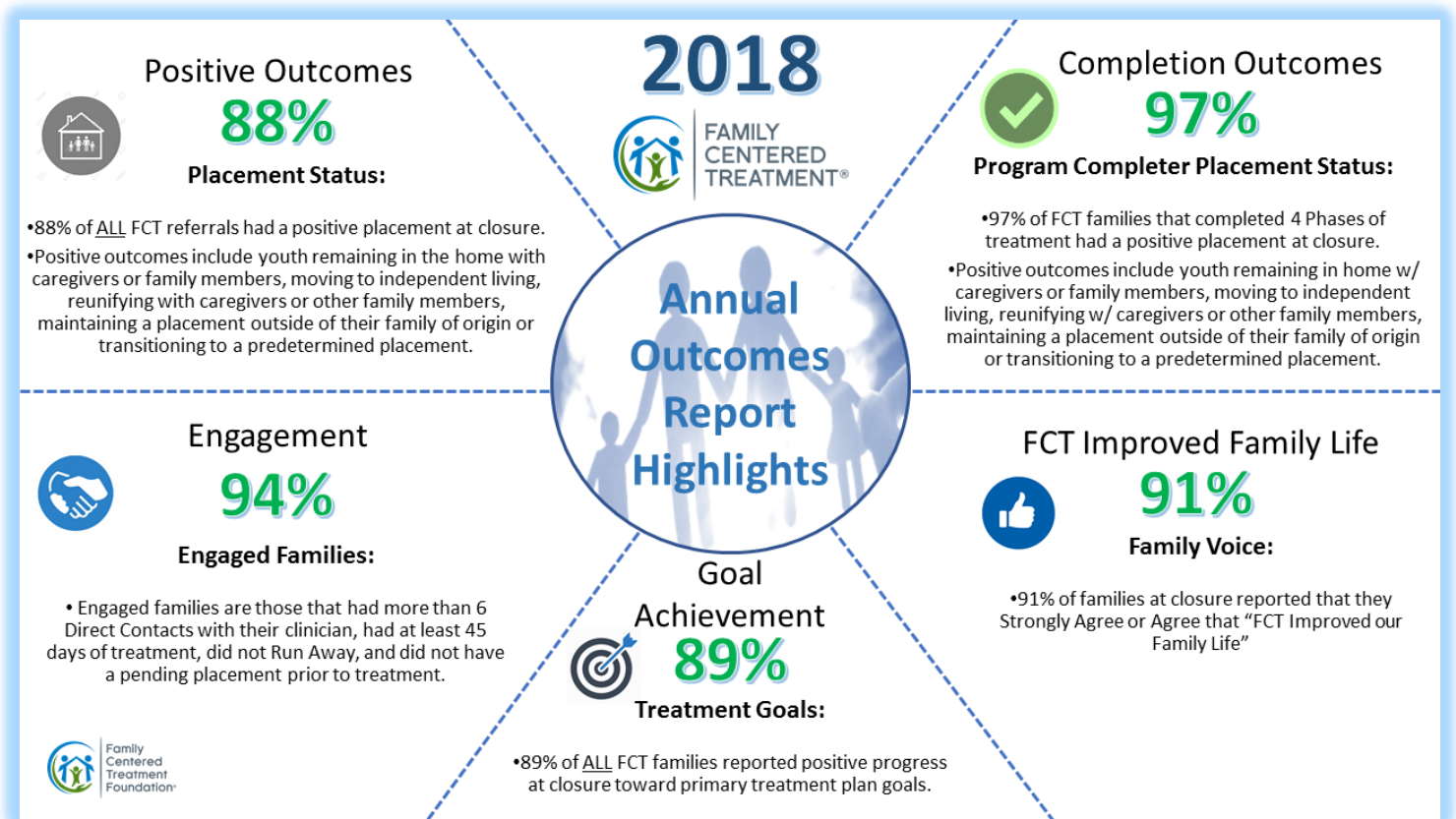
Additional information can be found at [www.nctsn.org](http://www.nctsn.org)

## VII. Results and Outcomes

Data collection analysis and results are what drive FCT's advancement. When agencies are licensed as a provider of FCT, Family Centered Treatment Foundation provides research and program evaluation related to the model for the licensed agency and in conjunction with numerous managed care organizations and state systems of care.

Outcomes are tracked monthly for each site and include fidelity to components, adherence to treatment intensity, demographic information, and clinical outcome measures as well as implementation science measures. The FCT Foundation has compiled FCT data at the national level for nearly 20 years.

### Annual Outcome Highlights Demonstrate:



### Proven FCT Outcomes

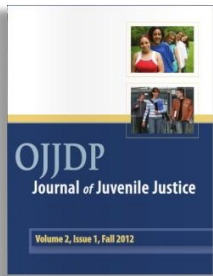
Family Centered Treatment has and is participating in numerous major national studies designed to meet the criteria necessary for designation of FCT as an evidence-based practice.

Three national studies have concluded with results receiving publication in nationally recognized peer-reviewed publications. These publications include RANDS findings to the US Department of Health and Human Services in the publication *Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases*, *OJJDP Journal of Juvenile Justice*, and the *Research on Social Work Practice*.

Additionally, FCT has been published in the government report *Indiana Department of Child Services Child Welfare Title IV-E Waiver Demonstration Project. Final Report* and through the University of Maryland School of Social Work in *Youth Outcomes Following Family Centered Treatment® in Maryland*.

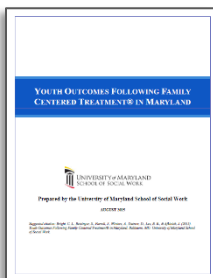
Currently, the Family Centered Treatment model is part of a large scale Randomized Controlled Trial research study in North Carolina. This study is being conducted by the Duke University Center for Child and Family Policy (sponsored and funded by The Duke Endowment) and is methodologically designed at the highest levels of scientific rigor to determine FCT efficacy.

## Independent Study Findings



In its first major published study, researchers examined the outcomes and cost savings from a program which diverted over 2,000 adjudicated youth from out of home services to FCT services. The youth examined were followed for at least one-year post-treatment and actual treatment costs of FCT was determined.

The results of this study were reported in the Journal of Juvenile Justice in 2012 which concluded: In the first year following treatment, youth receiving FCT significantly reduced the frequency of their offenses and adjudications, and that the proportion of youth with offenses and adjudications was also significantly reduced. These findings were sustained 2 years post-treatment. The results were consistent across groups in the first year following treatment. In the second year following treatment, however, FCT youth exhibited a much greater decline than the comparison group in both the average frequency of adjudications and the proportion of youth with adjudicated offenses. Moreover, in the first year following treatment, FCT reduced the average frequency of residential placements, days in pending placements, and days in community detentions relative to those of the comparison group. Had these youth been placed in Group Homes or Therapeutic Group Homes instead; treatment costs would have been significantly higher. The FCT model saved the state \$12.3 million from 2003-2007. In other words: Every dollar spent on FCT saved the state \$2.29 in residential placement costs. In this study, results showed cost of treatment per youth served through FCT saved the state **\$27,916 per youth** in Group Homes and **\$25,433 per youth** for Therapeutic Group Homes.



In 2015, a second major study was completed by the University of Maryland School of Social Work. Their report titled "Summary of Youth Outcome Following Family Centered Treatment® In Maryland" established that initial intervention costs and total placement costs were significantly less for FCT than for Group Home Youth. The FCT Model saved the state of Maryland \$36.4 million from 2008-2013.

The report concluded that the initial intervention cost for FCT as compared with group home placement was less costly by \$30,170 per youth, on average. This was attributed to a combination of youth having longer lengths of stay in group homes (201 days vs. 151 days for FCT) and the lower daily cost of Family Centered Treatment. In addition, post-admission placement costs were \$41,730 less per youth, on average, for the FCT group compared to the Group Home group for the 12 months after the start of each intervention.

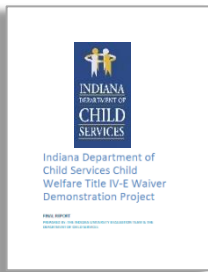
Relative to a statistically equivalent comparison group of youth who received group care, youth participating in FCT were significantly less likely to experience arrest resulting in conviction or sentences of incarceration in the criminal justice system. Re-adjudication rates were relatively low and juvenile justice commitment rates were very low in both groups. Among a matched subsample of youth ages 16 and over at initiation of treatment, FCT participants were significantly less likely to experience adult arrest leading to conviction or a sentence of incarceration than youth served in group care. These findings were later published in Journal of Social Work Practice.



In 2017, a second major peer review published study was completed by the University of Maryland School of Social Work.

Responding to social work's grand challenge of smart decarceration, this study investigated whether FCT, is more effective than group care (GC) in reducing recidivism. Outcomes are juvenile readjudication and commitment to placement, and adult conviction and sentence of incarceration.

Data were drawn from service provider and state administrative databases. Propensity score matching was used to create a sample of 1,246 FCT youth and 693 GC youth. FCT participants had a significantly lower risk of adult conviction and adult incarceration relative to youth who received GC. FCT shows more favorable adult criminal justice outcomes than GC, making it a potentially effective community-based service to support smart decarceration for juvenile court-involved youth. The results of this study suggest that FCT is effective at reducing adult criminal justice involvement. These findings support the use of FCT as an alternative to GC for high-risk and/or high-need offenders. This study is one piece of a comprehensive research agenda on social work's grand challenge of promoting smart decarceration.



As part of the original Terms and Conditions of the Indiana 2012 IV-e Waiver, the Indiana University (IU) *project team* developed a sub-study which focused on the implementation and effectiveness of a specific treatment program. After considering options, IU developed a research design that evaluated the impact and effectiveness of FCT which was implemented with Waiver funds.

The effectiveness of the Family Centered Treatment (FCT) intervention was studied from January 1, 2015-December 31, 2015. All children referred for FCT received services as indicated via the model. Overall, of the 20,779 children within DCS between January 1, 2015 and December 31, 2015, 230 of those children not involved with the justice system received FCT. Using Propensity Score Matching, 187 children who received FCT were matched with 187 children who received services as usual.

Overall, children, and families, who participated in FCT appear to fare better than children who do not participate in FCT. Children who participate in FCT than those that do not, children who participated in FCT have better outcomes associated with their safety, permanency goals, and well-being. Children who participated in FCT were more likely to remain in-home during their involvement with DCS, as well as be reunited with their family in shorter timeframe and more likely to be ranked as conditionally safe and safe. FCT youths' family functioning climbed at a statistically significantly higher rate than Non-FCT youth over time, whereas Non-FCT youths' scores climbed at a slower rate. FCT appears to be more effective in increasing the overall family functioning over time for youth.

Of the 14 Safety, Permanency, Well-being & Family Functioning findings, 12 of 14 (86%) demonstrated favorable results for children receiving FCT. Additionally, 6 of 14 (43%) Safety, Permanency, Well-being & Family Functioning findings were statistically significant in favor of children who participated in Family Centered Treatment.

### Additional Research and Reports

Schultz, D., Jaycox, L. H., Hickman, L. J., Chandra, A., Barnes-Proby, D., Acosta, J., Honess-Morreale, L. (2010). *National evaluation of Safe Start Promising Approaches Assessing Program Implementation*

Final Summary Report for “*Building the Evidence Base: Family Centered Treatment for Crossover Youth*”; Project period: 1/1/16-12/31/16. Funded by the Annie E. Casey Foundation, with matching funds supplied by the University of Maryland School of Social Work and MENTOR (The Mentor Network).

Bright, C. L. (2017, July). Adapting juvenile justice interventions to serve youth with trauma histories. Presented at the International Academy of Law and Mental Health's 35th International Congress on Law and Mental Health, Prague, Czech Republic.

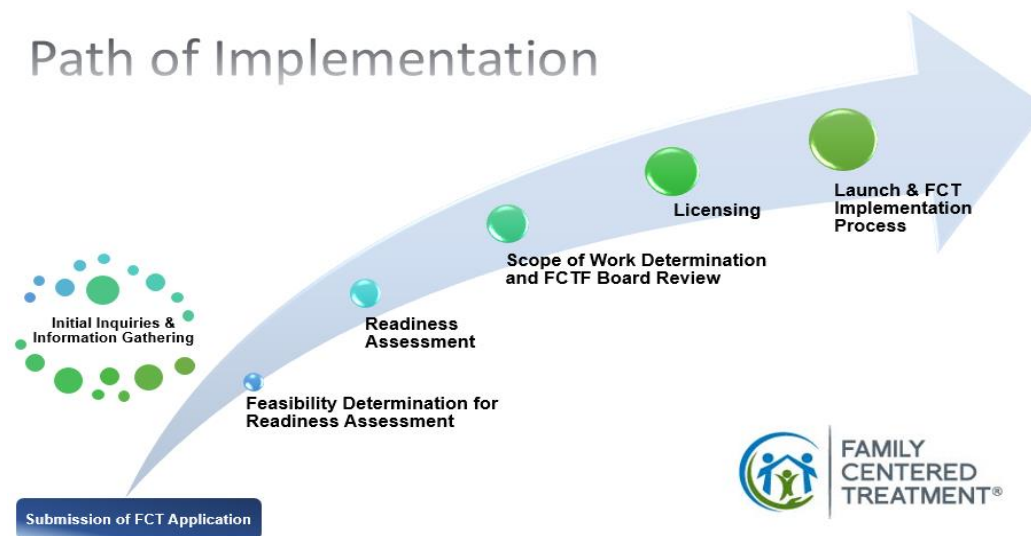
With numerous published articles and reports, there is a wealth of information available to learn about FCT outcomes. Reports and publications can be made available upon request.

## VIII. FCT Implementation

There are factors for providers to consider when deciding to select FCT as a service for their agency. Above all else, a shared mission and philosophy towards working with others as well as ensuring adherence to the model is of the utmost importance when a provider is considering putting FCT into practice for their agency.

Effective delivery of FCT is contingent upon a multilateral approach of management. All levels of management must support effective treatment over business pragmatism. Successful implementation requires that measures are in place and management is committed to the implementation process.

Implementation of the FCT model is most appropriate in those communities in which stakeholders (i.e., mental health, juvenile justice, family services, school systems, social welfare/services) and funders are interested in family preservation and reducing rates of out-of-home placement or improving the likelihood that ‘return-to-home’ placements are successful. In-home family-based services are considered highly effective as well as cost saving when compared to out of home or residential placement alternatives.



Upon request to implement FCT services, assurance of funding to maintain effective services is warranted.

Funding for FCT services can be diverse and will vary from state to state or community to community. Common methods of funding for FCT come from federal or state systems of insurance or funding such as Medicaid. Other sources include grant funding or child community funding allocations/service coverage.

FCT has proven cost saving results for states and funding sources. Additionally, FCT as an evidence-based model, has demonstrated significant cost saving for providers as well. Compared with other major models FCT can have significantly lower rates for start-up and implementation.

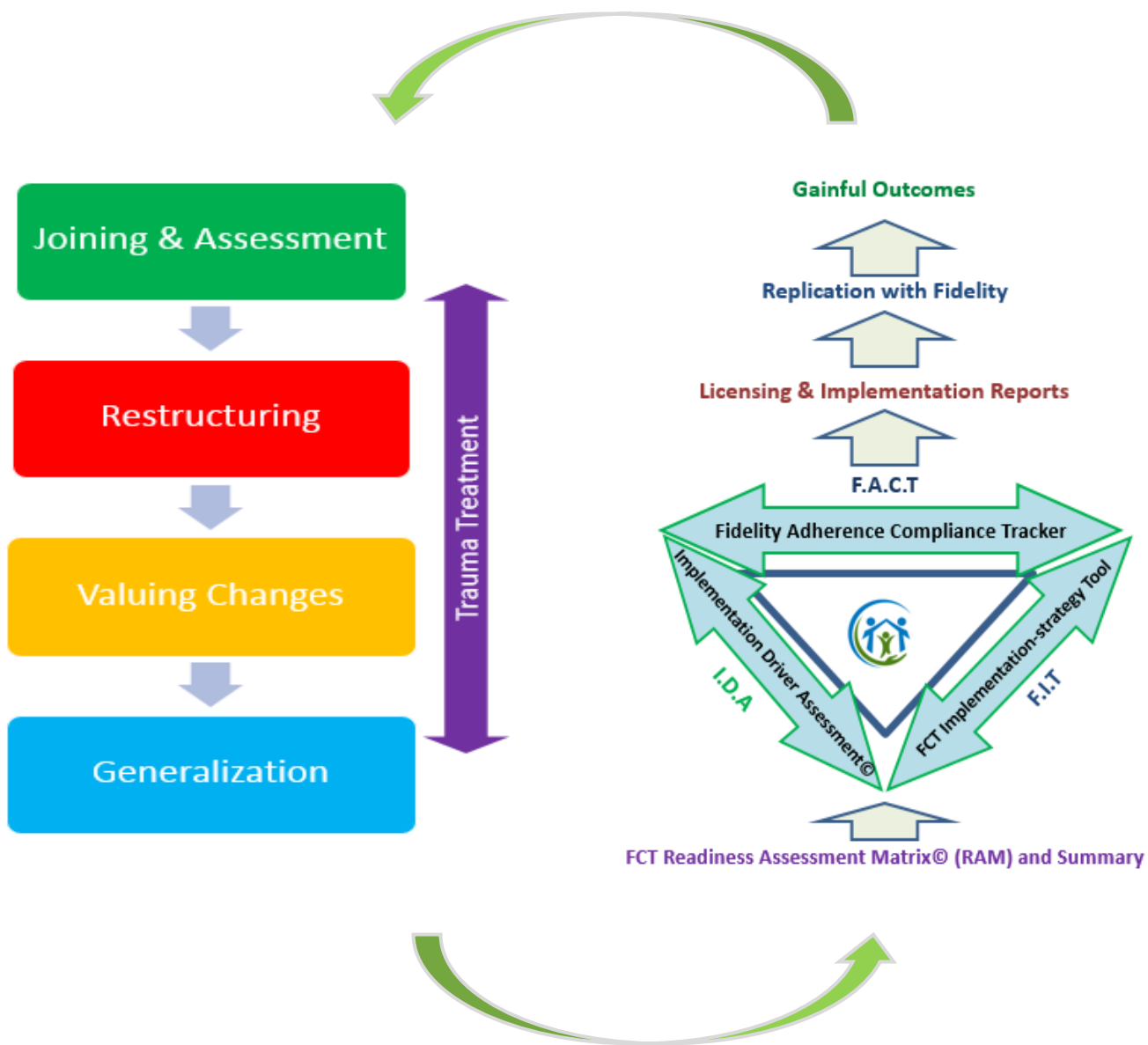
Upon request to become an FCT licensed organization, the Family Centered Treatment Foundation will guide exploring and/or applicant agencies through an implementation process. This process encompasses the general timelines, stages of implementation, tools for use and other considerations. Achieving full implementation or sustainability often takes time/years to attain, although the timeline is different for each organization.

## FCT Program Development Process

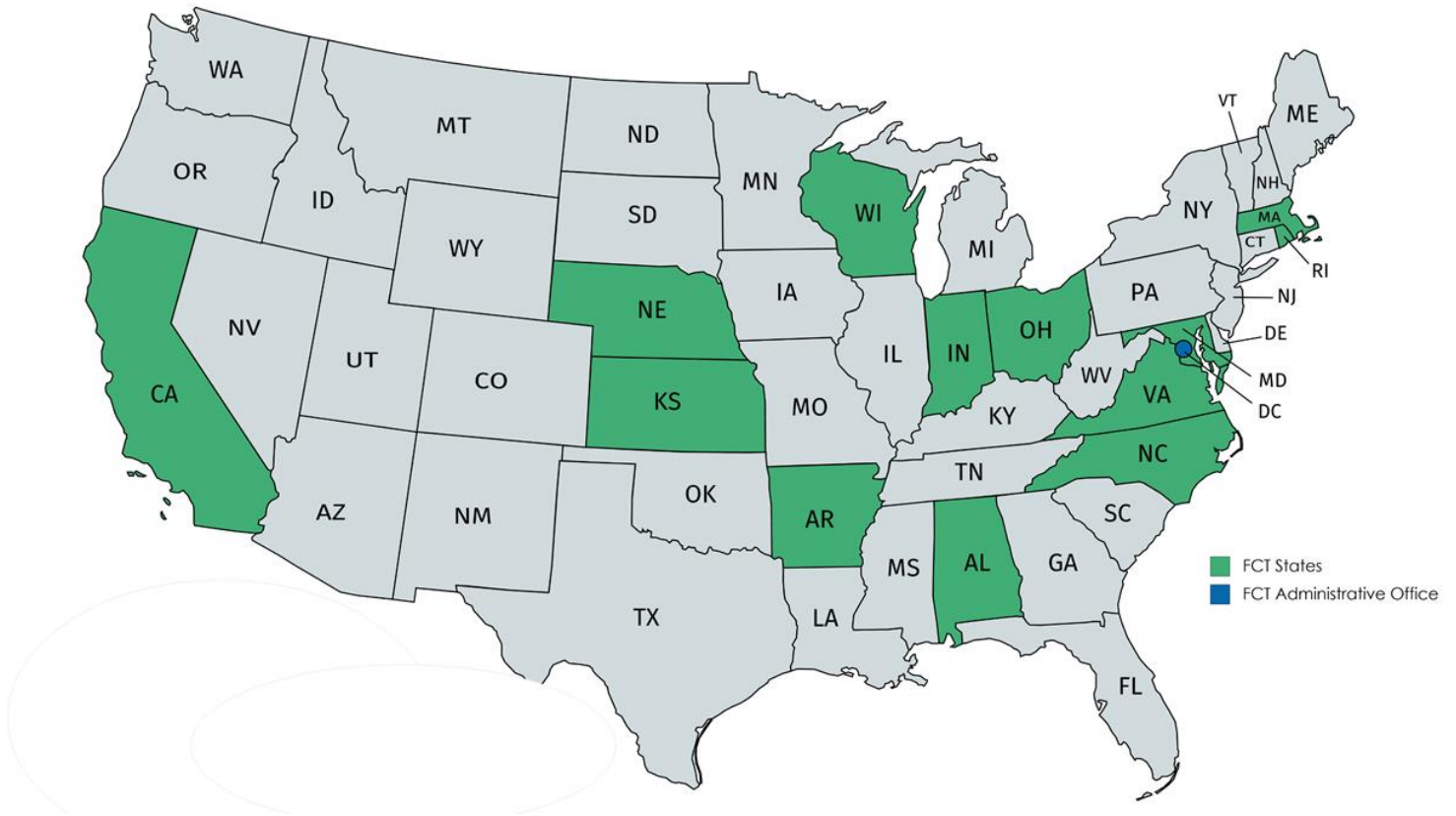
FCT Foundation is dedicated to licensing family preservation agencies that meet the stringent criteria necessary to provide FCT. Through a joint venture that focuses on the process of training, supervision, adherence, research, and competence to the model, the development method has shown great success in replication of FCT. Successful elements of replication include:

1. Training to ensure that clinicians demonstrates theoretical knowledge and field skills competency.
2. Highly responsive and collaborative supervision process.
3. Fidelity measures built into the clinical process and the ensuing monitoring systems.
4. Rigorous research and data collection systems.

## Co-occurring Clinical and Implementation Processes for sustainable replication of the model.



## IX. The FCT Provider Network



**The Family Centered Treatment model is provided at over 70 sites across 13 states comprising 24 public and private agencies.**

**Additionally, the FCT Foundation partners with numerous state systems of care, managed care organizations and child welfare partners to fund implementation of the FCT model.**

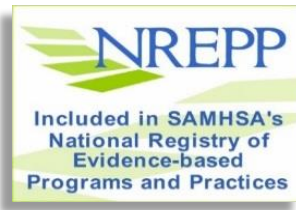
**The FCT Foundation is based in Charlotte, NC with its Administrative Office in Great Falls, VA.**



## X. Recognition and Affiliations

### Listing and Clearinghouses

FCT is proud to have received recognition through numerous national registries and clearinghouses.



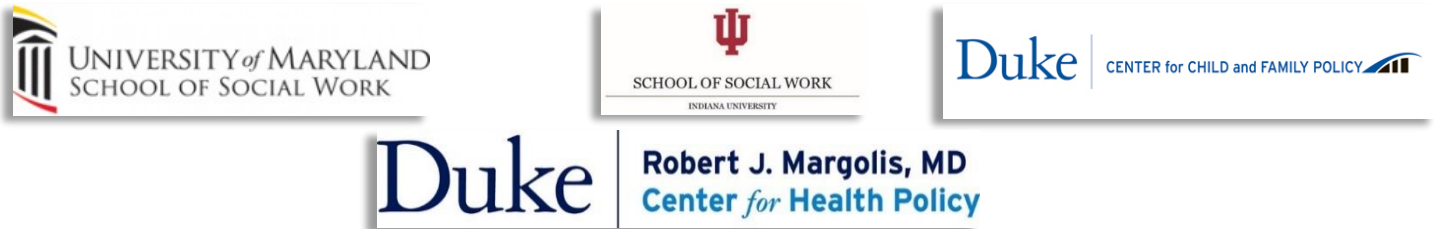
### Grant & Research Funding

The FCT Foundation is grateful to receive funding to advance research, services and model innovation from federal, state and public partners.



## University Partners

The FCT Foundation has been privileged to work with numerous Universities in the advancement of research around the FCT model. Quality research with rigorous design has been instrumental in the advancement of understanding what works with families. Currently, the Duke University Center for Child and Family Policy as well as the Duke Center for Health Policy are working to conduct the first randomized control trial study with FCT.



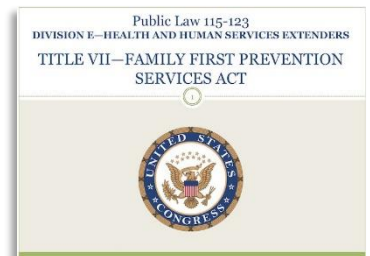
## Affiliates & Partners

FCT Foundation has been a proud partner with numerous entities working towards the advancement of family-based services.



## XI. Family First Act

Signed into law on February 9, 2018, as a part of the Bipartisan Budget Act (HR. 1892), Family First (FFA) includes long-overdue historic reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care. In passing the law, Congress recognized that too many children are unnecessarily separated from parents who could provide safe and loving care if given access to needed mental health services, substance abuse treatment or improved parenting skills.



In 2019, the U.S Children’s Bureau (CB) issued notice to the state of Arkansas that FCT is classified as “Well-Supported”. This classification is the highest of three evidence-based standards for Family First-related services. In doing so, FCT became the first model approved directly by the CB in the country utilizing *transitional payments*.

Overall, FCT becomes the eleventh service approved for use under the FFA. With the approval by the CB for transitional payment, FCT can be used by any state and receive title IV-e funding.

In 2019, ‘early adopter states’ Arkansas, Kansas, Nebraska and Maryland included FCT in their state FFA state plan.

## XII. Becoming an FCT Provider

Since 2010 and the integration of a best-practice implementation process, the FCT Foundation has been working with human services entities across the country to replicate the FCT model into their own respective organizations.

### Benefits of Becoming an FCT Provider

- Ability to offer a **unique Evidence-based Service** option to better serve clients and families.
- Each organization receives a **specific implementation and sustainability plan** for use of the model to ensure sustainability of the model for the organization.
- FCT is a proven way to **maximize** the efficient use of resources.
- Implementing FCT **expands funding options** through public/private grants, special federal, state, or local service funding categories, and partnerships.
- FCT providers become part of a **national support team** that allows consistency across borders with clinical skills, program development and political networking.
- Implementing FCT **strengthens the comprehensive model** that is uniquely developed by practitioners, is not for profit (501 C3), and reinvests its resources in innovative developments. Meaning, licensing and service costs to implement FCT go back into the model to further research, innovate, and enhance the delivery to families.

*“Enhancing the capability of agencies, communities and state systems of care in the implementation of well-supported evidence-based programs to better address the needs of families in crisis.”*

-FCT Foundation Mission Statement

### Application Process

FCT Foundation will provide a Readiness Assessment (RA) for an applicant agency upon written request to become a provider of the FCT model. The RA is designed to evaluate the applicant agency's capacity to implement the components necessary for the provision of FCT.

### Procedures for Applicant Agency

In that FCT is a clinical, supervision and management model the RA will include:

1. A review of submitted materials including agency philosophy, organizational design of management, the agency mission statement as well as requested documentation that demonstrate the support necessary to fulfill the FCT licensing requirements.
2. Interview of the top agency management personnel.
3. Willingness to commit to the FCT Certification and training processes including Supervisor Certification and training.
4. Willingness to commit to the model adherence (fidelity), data collection and implementation processes required for sustainable replication.
5. Interview with key clinical staff and directors/owners/presidents regarding applicant agency's rationale for the selection of FCT as the model of choice for the agency.
6. Review of applicant agency's accreditations, endorsements, certifications or other commendations.



**Learn more about becoming a FCT provider by contacting us at:**

**[info@familycenteredtreatment.org](mailto:info@familycenteredtreatment.org)**



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