Family Centered Treatment Foundation®

Family Centered Treatment: Empowering Families and Promoting Resilience

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Part 1: Understanding Family Centered Treatment

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 trauma treatment owned by the private non-profit organization 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.

This past year our communities experienced the unprecedented impact of a worldwide pandemic and surges of social and racial inequities. FCT, a home-based model, was forced to make immediate pivots. The FCT Foundation promptly initiatied modifications to service delivery. Through multipe efforts of trial and error, and with the consistent feedback of frontline practitioners, the model adapted to the social climate and delivered. The unique and creative methods adopted kept families engaged, provided an opportunity to reach families in more remote locations and our outcomes remain strong. The FCT model was created through family and practitioner feedback. This philosophy still holds true today and was critical in making a home-based model successful on a virtual platform.

Since the late 1980's FCT has had a positive impact on over 30,000 families. 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 10 families that complete all four 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 the FCT model has made a positive impact in their lives. The Results and Outcomes section will define these further.

Empirical research has demonstrated statistically significant positive results for families post treatment. Peer reviewed studies have demonstrated that the FCT model has saved taxpayers millions of dollars due to its intense yet short treatment duration.

Critical to the FCT model's 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. The FCT model is 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 2021 White Paper. The future of the FCT model is bright and poised to make a continued influence on societal challenges and broaden its outreach to impact more families across the country instilling long-lasting sustainable change.

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

Part 1: Understanding Family Centered Treatment

What is Family Centered Treatment?

Family Centered Treatment (FCT) is a well-supported in-home trauma-focused family therapy model designed to find simple, practical and holistic solutions for families faced with disruption or dissolution of their family. This may 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.The focus is to either stabilize children within their home or bridge successful reunification back into the home.

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 and to meet the needs of the current social circumstances.

A foundational belief influencing the development of FCT is that the recipients of service have tremendous internal strengths and resources. This core value is demonstrated via the use of personalized 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 such as child welfare, mental health, substance abuse, developmental disabilities, juvenile justice and crossover youth.

The goals of Family Centered Treatment are:

- Enable family stability via stabilization of placement within the home or reunification back into the home.
- Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution.
- Reduce hurtful and harmful behaviors affecting family functioning by experientially practicing new behavioral interactions and learning the underlying function of the behaviors.
- Develop an emotional and functional balance in the family so 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 families gain ownership of the changes are not dependent upon the FCT practitioner.
- Enable discovery and effective use of the intrinsic strengths necessary for sustaining change and upholding stability.
- Incorporate generational and systemic influences of trauma on the family and address them from a systemic lens opposed to an individual focus.

Part 1: Understanding Family Centered Treatment

History of Family Centered Treatment

Family Centered Treatment's 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 or internal stressors and circumstances.

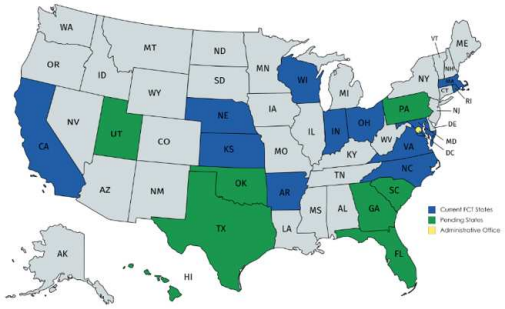
A distinguished practice grew out of a desire and mission to create opportunity for change for families that were seemingly stuck in a downward spiral. The approach used is both distinct yet grounded in the use of treatment components that were sound, and research based. FCT did not begin in a university with a theoretical hypothesis but rather grew daily as practitioners 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 FCT has become applicable to so many populations is that only the most challenging cases were referred at its onset. At that time, funding was only available for youth facing imminent out-of-home placement. These youth were to be placed in institutional settings such as juvenile detention centers, psychiatric hospitals and residential treatment facilities. The FCT model founders, including co-founder John Sullivan, PhD, 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 modeling dignity and respect. Practical skills and useful guidance were essential to forming a partnership with the 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 1990's, word of mouth spread FCT to multiple states. After a featured spot on the CBS news program "Eye on America" with Dan Rather, 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.

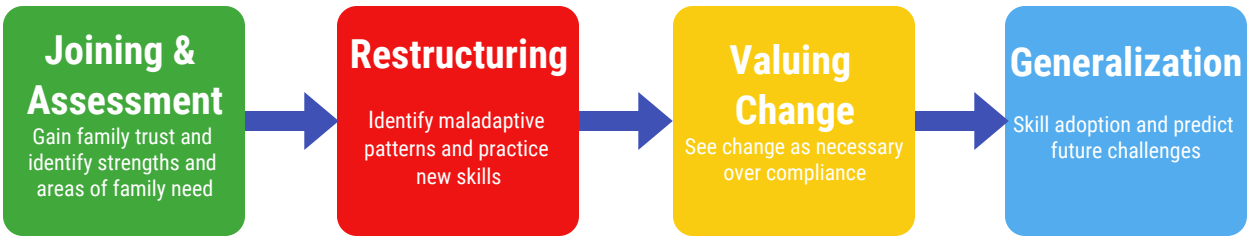
Emphasis on mission—not profit—meant that resources were directed toward improving internal operations of the model and thus improving the practice. To date, Family Centered Treatment had spread to 74 sites across 11 states, and continues to grow.



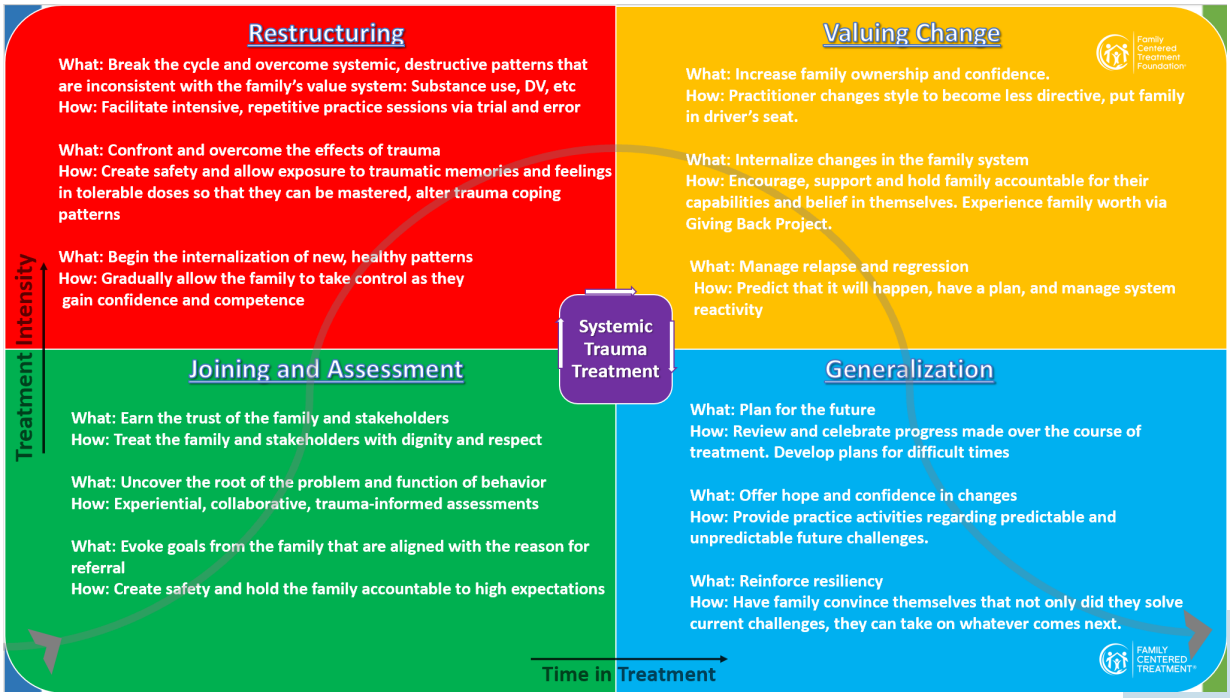
Part 2: The Family Centered Treatment Model

Components of the Model

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



Unique to FCT are the elements of transitional indicators into the four phases of treatment. Unlike many treatment processes that strictly rely on timeframes 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 practitioner, NOT strictly relying on number of days or sessions. An average duration of treatment approximates 6 months yet varies based on each family's unique circumstances.



Part 2: The Family Centered Treatment Model

Components of the Model

Joining and Assessment Phase

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

The Family Centered Evaluation© (FCE), comprised of specific instruments and trauma assessments, is completed with the family to identify needed additions, changes or improvements in family functioning skills. Additionally, these FCE instruments are experiential, explore family resiliency, incorporate cultural and systemic influences, and evaluate generational patterns. The Family Assessment Device* and the UCLA PTSD-RI** are assessments tools incorporated into the model at initial, mid treatment and completion intervals. The FCE tools are designed to elicit family and individual feedback, whereby practitioners are trained to determine if individual or family traumas are creating emotional blocks for the family thereby preventing them from functioning optimally. FCT practitioners are trained to screen for trauma in all families whom they work with.

Restructuring Phase

Goals derived during the Joining & Assessment Phase provide the structure for guiding the family to negotiate tasks associated with daily living. Repetitive transactional patterns, which develop over time into 'rules' of interacting drive how the family handles the tasks associated with daily living. FCT interventions target shifting the repetitive interaction patterns that make up the structure of the family. FCT Practitioners continue to assess for trauma influences and incorporate trauma processing into interventions. Throughout this phase, the family engages in experiential activities where they are practicing the new skills with the FCT Practitioner present. Between session homework is assigned at the end of each session for families to practice their skills then share the experiences in their next session. The ongoing emphasis on trying something new and practicing it repeatedly creates new patterns of interaction that better align with the family's target treatment goals.

Valuing Change Phase

The Valuing Change Phase is a critical and distinct component of FCT where the family learns to recognize and value their new patterns of interacting. They discover that their changed behaviors have value well beyond specific situations and can be applied to future circumstances. FCT posits that all families have inherent value. All families reach out for assistance and support at challenging times in their lives. FCT Practitioners partner with families to recognize their core strengths and values and to acknowledge the underlying intent of previous interactions was based on their values but not always conveyed as intended.

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 Change Phase, FCT Practitioners aid the family in identifying and honoring their intrinsic beliefs and values. Sustainable change occurs when behavioral changes align with core values and are seen as necessary by the family.

*Family Assessment Device, based on the McMaster Model of Family Functioning (MMFF). Epstein, N.B. et al (1983). The McMaster family assessment device. Journal of marital and Family Therapy. 9, (2), 171-180.
** The University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index for DSM-5 (UCLA PTSD-RI)

Part 2: The Family Centered Treatment Model

Components of the Model

Generalization Phase

A family that enters the Generalization Phase of treatment is no longer overwhelmed by the crises or the circumstances that lead to crises. They are handling them with their new skills and reporting the outcomes to their practitioner. The practitioner's approach becomes less central in the process and shifts to a supportive and validating stance. The families prepare for predictable and unpredictable upcoming life events. 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 autonomously.

What Makes Family Centered Treatment Unique?

Distinctive to Family Centered Treatment is that it was largely developed by practitioners for inclusion in the behavioral and mental health array of services. Family and practitioners' feedback, along with research findings, allow for innovation and up-to-date practices that adjust to meet families' needs in the current world. FCT is a systemic process of looking beyond an identified family member, learning the family's unique dynamics, incorporating all collaterals and stakeholders involved in the family's life and integrates cultural themes and influences into the process. For over 30 years, FCT has been advanced by these insights to bring a collective knowledge of 'what works and what does not work' to deliver family driven positive outcomes.

Traditionally evidenced-based 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 grassroots accomplishment.

The Valuing Change Phase of treatment is perhaps the most significant distinctive feature. Instead of closing services once aclient demonstrates basic compliance to new behaviors, FCT sees this as a crucial turning point and involves broadening treatment beyond conformity and compliance. This phase, while at times challenging for families, is the critical link of bridging newly learned skills to match the family's culture and value system to a point where the family develops pride in their family unit, embraces how their dynamics were shaped, and gain confidence in applying the new skills across a variety of situations.

FCT additionally stands out as a unique model in its parallel process requiring certification and supervisory components requiring FCT Practitioners and FCT Supervisors to obtain certification for their positions.

Similar to how FCT's focus is on treating the family opposed to one individual, the implementation of FCT focuses on partnering with the licensed organizations to align the FCT mission and values with those of the organization.

Then, smiling at the man, he said..."it made a difference to this one."

Part 2: The Family Centered Treatment Model

Complex Trauma Treatment Inclusion

FCT: A Trauma Treatment

Since elements of past traumas including generational patterns of trauma can be discovered at varying points of treatment, FCT Practitioners 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 because trauma is not a stand-alone experience. Therefore, trauma informed protocols are incorporated if and when trauma is discovered at any point in 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. The Family Centered Evaluation fidelity component along with the routine administration of the UCLA PTSD RI trauma assessment tool provide means of identifying individual, family and generational patterns of trauma. Through years of collective research, FCT has determined that some form of systemic trauma to one or more individuals has been identified in >70% of referred FCT cases.

The FCT initial evaluation components are designed to enable the family to experience their story in a visual, participative and often pleasurable process. During these assessment activities, opportunities are provided for sharing of how past experiences have and are impacting current functioning which lead to reframing and rewriting trauma narratives. FCT trauma treatment 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. Family members learn how trauma experiences shaped their way of interacting with each other and when trauma is not addressed, dysfunctional patterns of interaction are likely to develop. FCT Practitioners are able to specifically create solutions for managing trauma that has impacted individual and family functioning. When family members identify their traumas, learn the function of underlying behaviors, attempt new ways of interacting, and share new positive experiences with each other, the family is working in unison to accomplish a shared goal.

FCT trauma-specific interventions are designed to address the consequences of trauma in individual family members, acknowledge their impact on each other, and facilitate healing as a familial unit.

Part 2: The Family Centered Treatment Model

Results and Outcomes

Data collection analysis and outcomes are what drive FCT's advancement. When agencies are licensed as a provider of FCT, the Family Centered Treatment Foundation provides research and program evaluation related to the model 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. 2021 will launch an innovative electronic data management system to allow for the analysis of real-time data and reporting.

FCT Outcomes

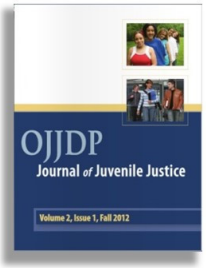
Family Centered Treatment has and is participating in numerous major national studies designed to meet the criteria necessary for designation of FCT as an evidence-based practice. Three national studies have concluded with results receiving publication in nationally recognized peer-reviewed publications. These publications include RAND's 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 as well as the Final Reportthrough 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, conducted by the Duke University Center for Child and Family Policy (sponsored and funded by The Duke Endowment), is methodologically designed at the highest levels of scientific rigor to determine FCT efficacy.

Part 2: The Family Centered Treatment Model

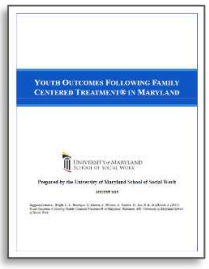
Results and Outcomes

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. Every dollar spent on FCT saved the state $2.29 in residential placement costs. In this study, results showed the 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.

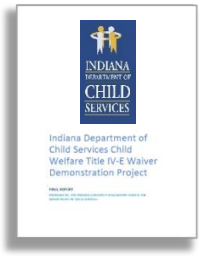
The report concluded that the initial intervention cost for FCT as compared with group home placement was less costly by $30,170 per youth, on average. This was attributed to a combination of youth having longer lengths of stay in group homes (201 days vs. 151 days for FCT) and the lower daily cost of 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.

Part 2: The Family Centered Treatment Model

Results and Outcomes

Independent Study Findings



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 participate in FCT fare better than children and families who do not participate in FCT. 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 social services, 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.

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.

CEBC THE CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE

FCT is categorized as a 'Family Stabilization Program' with 'High' Child Welfare Relevance. The mission of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

Children's Bureau
An Office of the Administration for Children & Families

In 2019, FCT was approved as a Well-Supported model for use by states as part of the Family First Act Independent Systematic Review to claim for Transitional Payments.

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 Health¹s 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 or by visiting www.FamilyCenteredTreatment.org

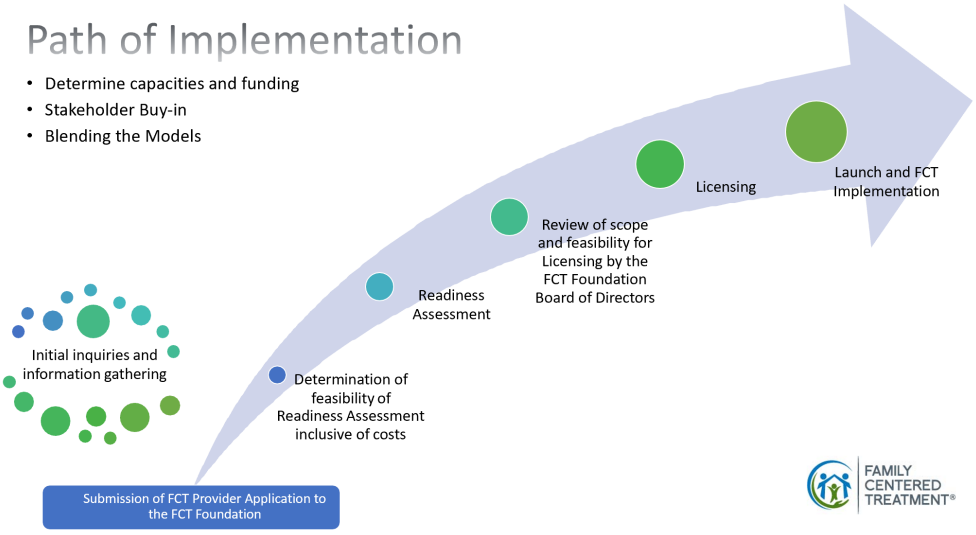
Part 2: The Family Centered Treatment Model

Model 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 specific measures to be in place and management is committed to the implementation process.

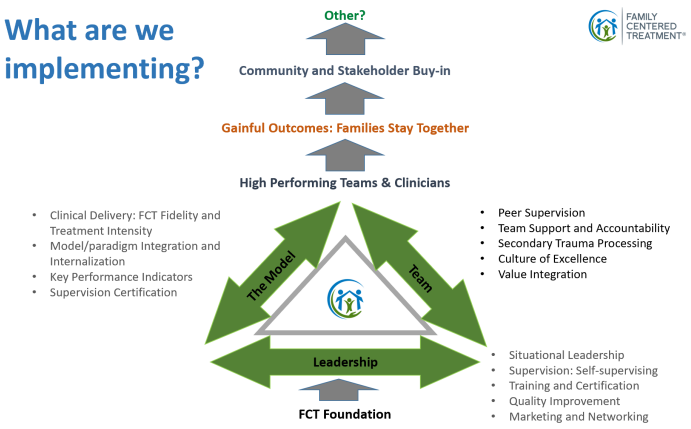
Implementation of the FCT model is most appropriate in those communities in which stakeholders (i.e., mental health, juvenile justice, family services, school systems, social welfare/services) and funders are invested in family preservation, reunification and reducing rates of out-of-home placements. 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 varies across programs, communities and states. 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. 2021 initiatives include increasing our partnerships with private insurance companies.

FCT has proven cost saving results for states and funding sources. Additionally, FCT as an evidence-based trauma-treatment model, has demonstrated significant cost saving for providers when compared with other major models. FCT has cost-effective rates for start-up and implementation.



Part 2: The Family Centered Treatment Model

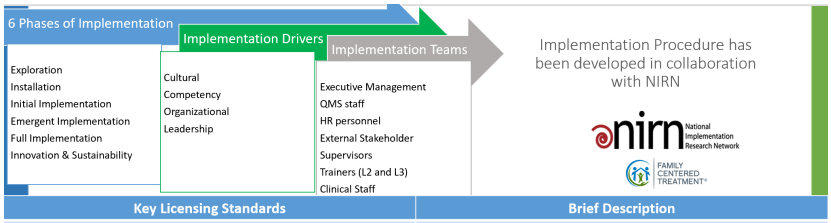
Model Implementation

Family Centered Treatment can have a positive impact on critical business elements such as: strengthening the organization's position in the state and community, marketing and collateral relations, clinical goal planning and documentation, team effectiveness and staff retention, utilization review of necessity for services, hiring and retaining talented practitioners, improving data collection, research, and distribution of data for an agency. These factors make FCT a progressive, encompassing model for agencies ready to implement an evidence-based model that has positive impacts for both the organization and families served.

FCT Program Development Process

To ensure successful implementation and replication of a quality model of treatment, a high level of support and resources are needed. FCT Foundation is dedicated to licensing family preservation agencies that meet the stringent criteria and FCTF incorporates the tenants of Implementation Science in our program development process. Through a joint venture that focuses on the process of training, supervision, fidelity adherence, research, and competence to the model, the development method has shown great success in replication of FCT. Successful elements of implementation and replication include:

1. Certifications: FCT Practitioners and FCT Supervisors engage in didactic training via an online platform, in-person skills labs for skill practice and field-based coaching to ensure that each FCT Practitioner and Supervisor demonstrates theoretical knowledge and skill competencies for their respective position. Level 2, Level 3 and Master Trainer Certification levels to transfer FCT skills and competencies from FCTF to the FCT provider promoting sustainable implementation.
2. Consultation with the FCT Foundation: Agency leadership attend goal driven weekly consultation meetings to review implementation progress along with leadership development via Situational Leadership training and implementation.
3. Team Development: Performance readiness based leadership is utilized to establish high performing teams capable of providing peer supervision resulting in quality service provision, practitioner growth, accountability and support.
4. Performance Measures: Rigorous and routine performance assessments, training, research and outcome data collection systems occur.
5. Commitment: FCT requires a commitment of management to provide the time and resources for training, peer supervision, individual supervision, monthly staffing of each FCT family, fidelity and dosage adherence measurement, and access to an information management system/electronic health record to permit FCTF and pertinent agency personal to conduct fidelity, performance and outcome reviews.

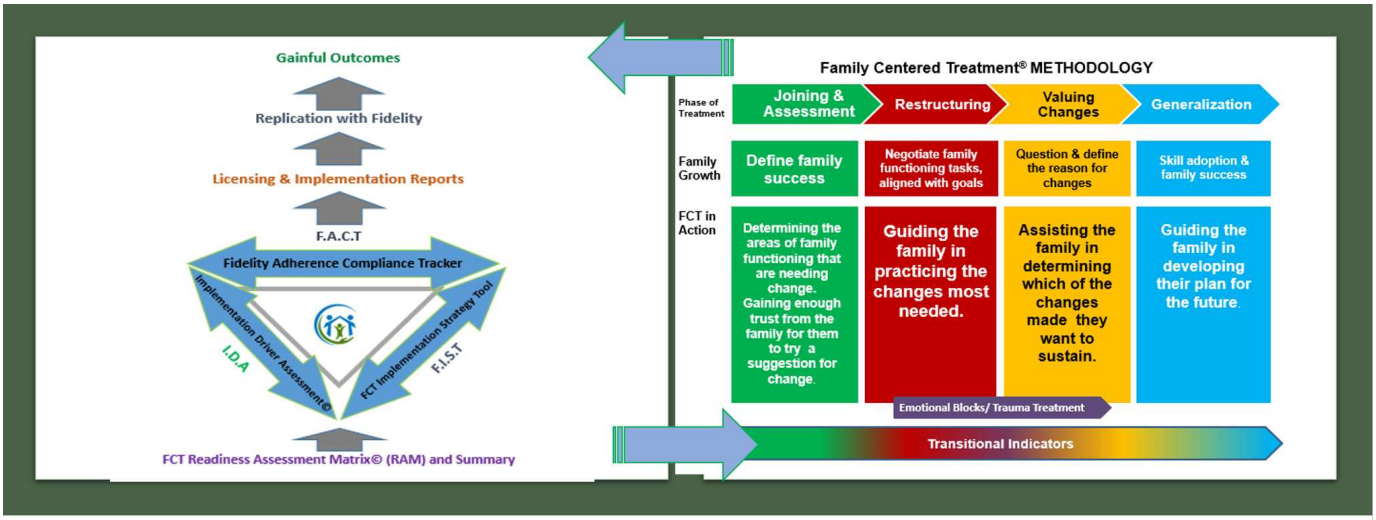


Key Licensing Standards	Brief Description
Clinical Certification and Training	Organizations are expected to achieve key licensing benchmarks related to training and certification including passing rates via the online and field-based training program, Wheels of Change©
Supervisor Certification and Training	FCT Supervisors are expected to achieve licensing benchmarks and undergo the FCT Supervision Curriculum training via the Wheels of Change online and field-based training program.
Fidelity and Adherence	FCT organizations are expected to achieve and maintain benchmarks for clinical document production as well as abide by measured quantity and quality of direct time with families.
Clinical outcomes collection and sustainment of measurable benchmarks	FCT organizations are expected to have the capacity to perform data collection for analysis and to maintain discharge outcome benchmarks.
Implementation Process	FCT organizations re expected to follow a catered and specific implementation plan for their organization following the process to ensure site replication with reliability.

Part 2: The Family Centered Treatment Model

Model Implementation

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

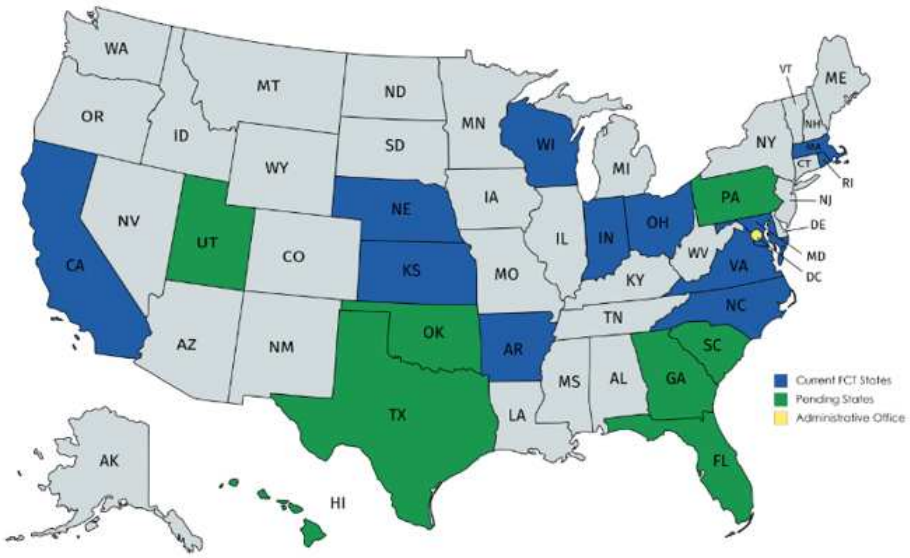


Upon request to become an FCT licensed organization, the Family Centered Treatment Foundation will guide the applicant agency through the implementation process. This encompasses the general timelines, stages of implementation, tools for use and other considerations. Achieving full, sustainable implementation takes time, dedication and perseverance and at times years to attain. Once an organization achieves FCT licensed status, they gain access to ongoing continuing education courses, FCT podcasts, Grand Rounds with the FCT Foundation Clinical Director, and a provider portal housing necessary documentation, supportive tools, materials and resources.

A shared goal amongst the licensed organizations in alignment with the FCT Foundation is to bring FCT to more families. This shared goal allows provider organizations to partner in their efforts. Varying opportunities exist for organizations to come together to share ideas, attend combined trainings, and advocate in their communities. This reduces a competitive mentality and instead promotes working in partnership.

Part 3: The FCT Provider Network and Community Impact

Where is Family Centered Treatment?



The Family Centered Treatment model is provided at 74 sites across 11 states. 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 prominent at local, state, national and international conferences providing consultation and training of Family Centered Treatment. The FCT Foundation is based in Charlotte, NC with its Administrative Office in Great Falls, VA.




Part 3: The FCT Provider Network and Community Impact

Recognitions and Affiliations

Listings and Clearinghouses

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

Grant and Research Funding

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

FCT's partnership with NCTSN tracks how many family members, not just identified clients, participated in treatment. Family system trauma treatment provides the opportunity to impact generations to break dysfunctional cycles and implement sustainable change.

Part 3: The FCT Provider Network and Community Impact

Recognitions and Affiliations

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 conducting the first randomized control trial study with FCT.

Affiliates and Partners

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

Becoming a Family Centered Treatment 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 a Provider

- Ability to offer a unique evidence-based service option to better serve children and families.
- Each organization receives a specific implementation plan for use of the model to ensure sustainability of the model for the organization.
- 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(c)(3), and reinvests its resources in innovative developments. Licensing and service costs to implement FCT go back into the model to further research, innovate, and enhance the delivery to families.

Application Process

The 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 Readiness Assessment 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 with 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

www.FamilyCenteredTreatment.org

Family Centered Treatment Foundation®

About the Family Centered Treatment Foundation

The Family Centered Treatment Foundation is a private non-profit incorporated organization devoted to the preservation of families through research, training, and development. The Foundation owns Family Centered Treatment (FCT), an evidence based and well-supported trauma treatment model of home-based family therapy.

FCT's home-based treatment reduces the need for out-of-home placements. It has been refined based on research, experience and evidence of effectiveness. FCT is a cost effective means of stabilizing and reunifying families through empowerment and the promotion of resilience.