



# The Necessity of Collaboration: How Systemic Partnerships Overcome Barriers for FFPSA Service Implementation

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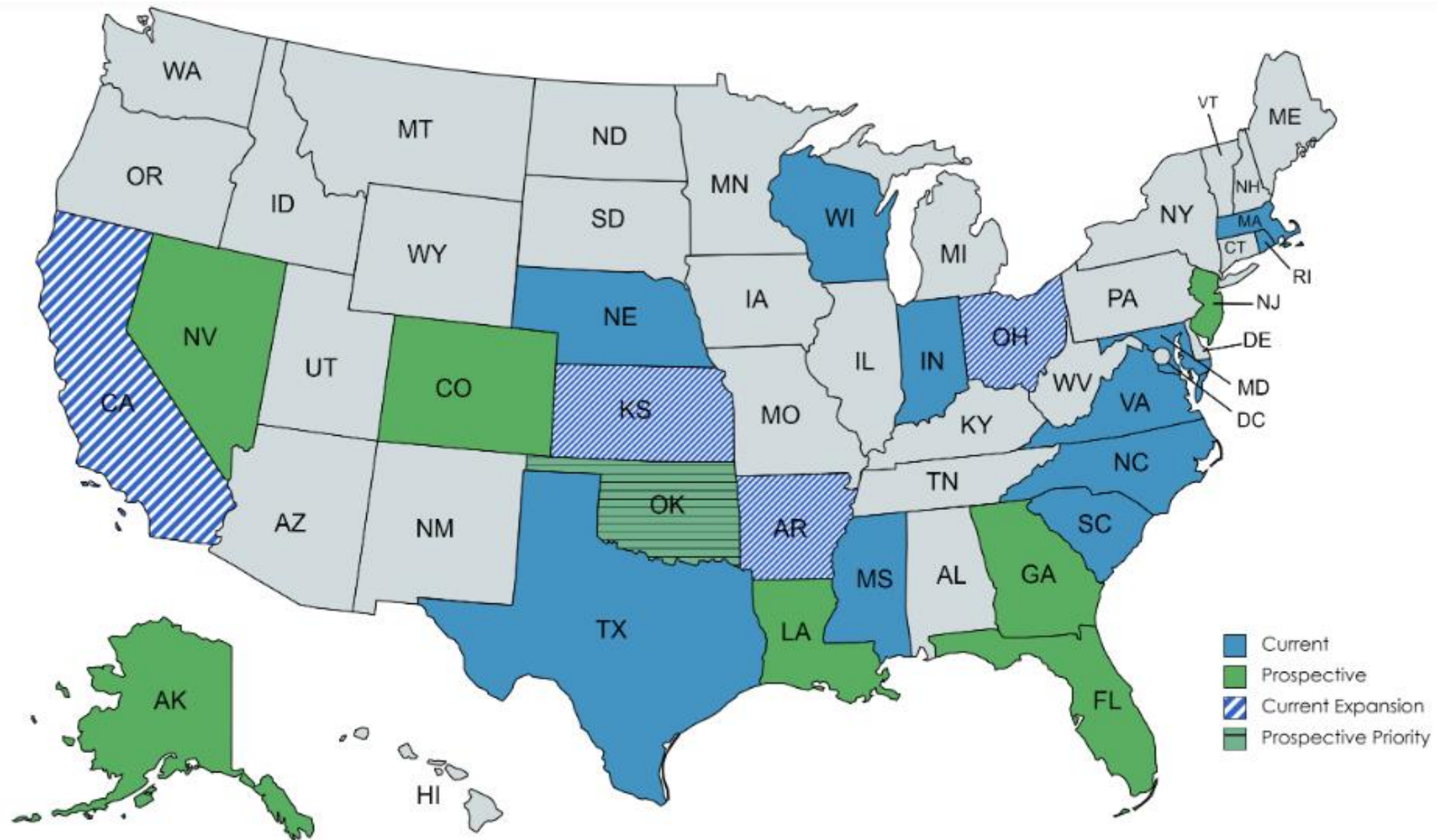


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## CHILDREN'S BUREAU

*An Office of the Administration for Children & Families*

The Family First Prevention Services Act (FFPSA) was **enacted to keep children safely with their families and to avoid the trauma that results when children are placed in out-of-home care.** For over 30 years, Family Centered Treatment (FCT) was developed and refined for this very purpose. This workshop will focus on how FCT has successfully expanded coast to coast through the alignment with FFPSA initiatives, will address barriers encountered, share strategies for partnering with local, state and federal organizations, and aid participants in planning for their next steps related to FFPSA and Title IV-E funding.





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## NATIONAL SCOPE

38 FCT Licensed  
Organizations

> 80 sites/14 States

Multiple statewide  
implementation sites

Established payment  
streams include Medicaid,  
state funding & grant



## EVIDENCE BASED



**High:** Child Welfare Relevancy



Title IV-E Prevention Services  
CLEARINGHOUSE

Rated: Supported



SAMHSA's NREPP Legacy model



OJJDP listed EBP



## COST BENEFIT

Empirical research has  
demonstrated significant cost  
savings through use of FCT\*

From 2008-2013 published  
State data showed that FCT  
saved Maryland >\$129,800,000

Published cost benefit analysis  
has shown >\$41,000 less per  
FCT youth savings\*



## FAMILY & PRACTICE BASED

Families and Practitioners from  
actual & lived experience initiated  
and continues to innovate FCT for  
>30 years

9 out of 10 Families report FCT  
'Improved Family Life' at case  
closure\*\*

Historically, 94% of all families  
referred are engaged into FCT and  
nearly 80% receive > 20 contacts

In 2022 there were >7,000 family  
members served



# Family Centered Treatment Cost Benefit

Family Centered Treatment (FCT), an evidence-based model that is owned by a not-for-profit organization, has resulted in researched significant cost savings for states, funding sources and service providers. Compared with other major EBP's, FCT can have significantly lower startup, ongoing, and implementation costs.

## OJJDP Journal of Juvenile Justice

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 Homes.

Years 2003-2007:  
67% Less Per Youth



Years 2008-2013:  
71% Less Per Youth



*OJJDP Journal of Juvenile Justice, 2012*

"Indeed, the cost benefits of FCT to the state of Maryland reflect reported direct cost reductions in states using diversion programs for adjudicated youth throughout the United States."

## Peer Review Cost Benefit Analysis

- 24% Fewer Youth in Residential Placements
- 20% Reduction in Length of Residential Placement for Average Youth
- 30% Reduction in Length of Average Residential Placement
- 39% Reduction in Days Spent in Pending Placement for Average Youth
- 27% Reduction in the Days Spent in the Average Pending Placement
- 23% Reduction in Length of Average Community Detention

EVERY DOLLAR SPENT ON FCT SAVED THE STATE \$3.29



Initial intervention cost for FCT as compared with group home placement was less costly by **\$30,170 per youth**, on average. Every dollar spent on FCT saved \$3.29 in placement costs.

## Youth Outcomes Following Family Centered Treatment® in Maryland

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. The cost spent on FCT was offset by \$44,158 saved on group homes and other residential childcare, and \$8,848 for secure facilities.

FCT 5-Year Study  
Cost Benefit Analysis

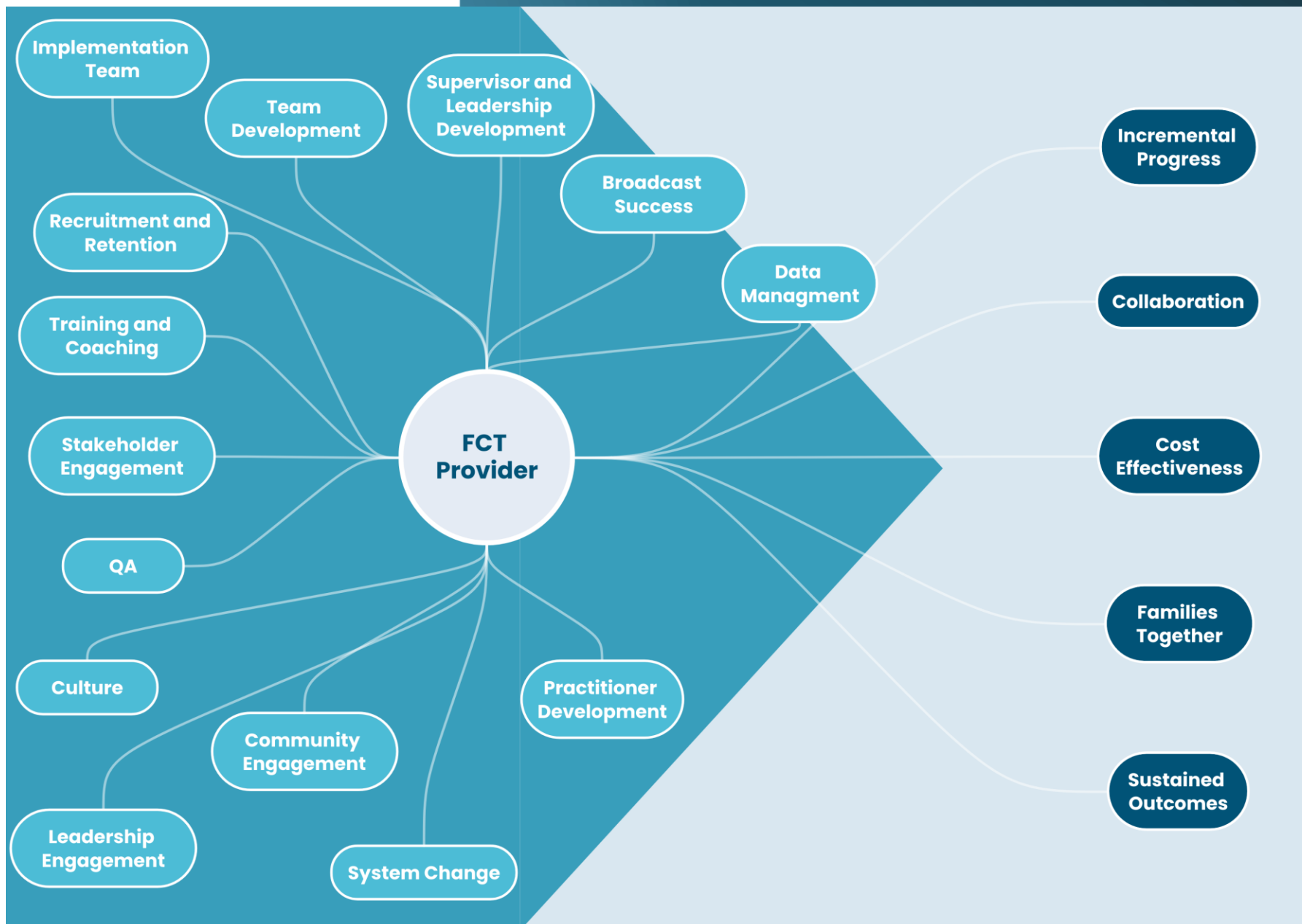


**>\$129,800,000**

Savings to State/Taxpayers in Maryland  
2008-2013

*University of Maryland School of Social Work, 2015*

"Moreover, given the findings in [the] cost analysis, FCT is substantially more economical than group home use."



# FCT Highlights



Family  
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30+ years of national  
implementation

NCTSN Category II Site

Peer Reviewed Cost  
Benefit Analysis

Urban, Rural, and  
Frontier Provision of  
Services

Routine Administration  
of Trauma Screener  
and Family Assessment  
tool

Multigenerational  
Trauma Treatment

Treatment Duration ~ 6  
months

Comprehensive  
Treatment Supporting  
Overall Wellness for  
Family Members

Committee Members  
with Lived Expertise

# Historical Outcome Highlights for Family Centered Treatment Services



**Positive  
Outcomes**

**89%**

Of all FCT  
referrals had a  
positive  
placement at  
closure



**Completion  
Outcomes**

**98%**

FCT families  
completing  
the 4 phases  
of treatment  
had a positive  
placement at  
closure



**Engagement**

**94%**

Of FCT referrals  
were  
successfully  
engaged into  
services



**Family Voice**

**89%**

Families agreed  
that FCT has  
improved their  
family life

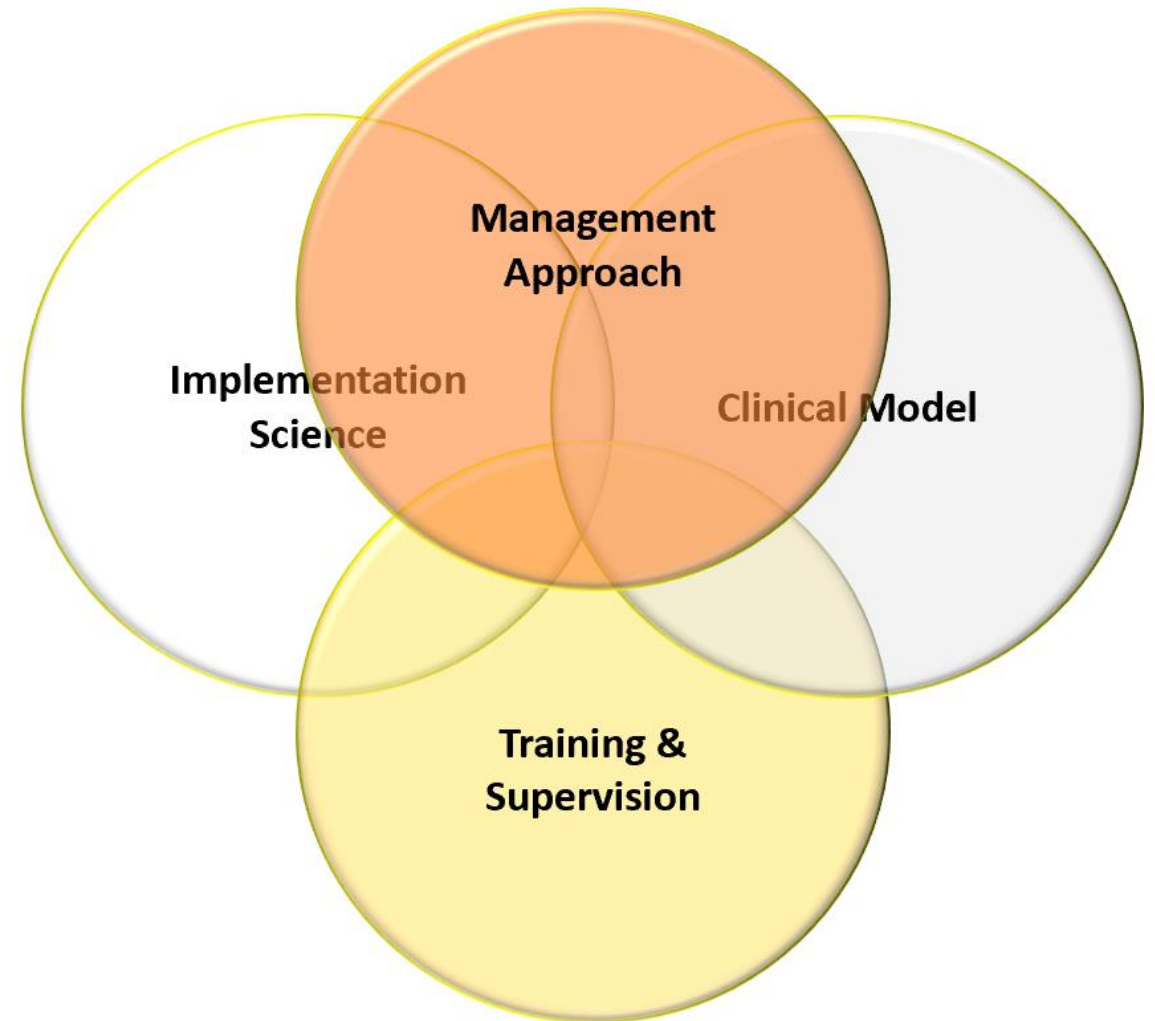
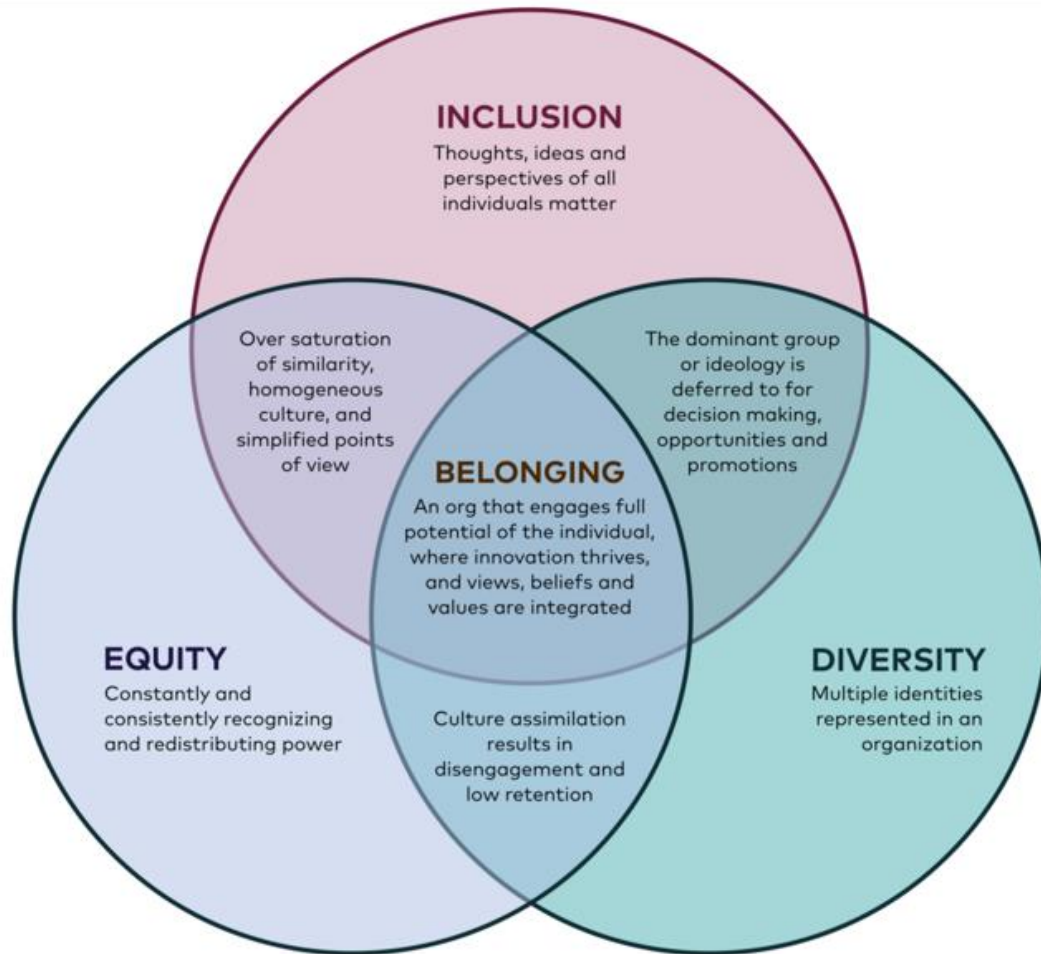
N >10,000 modern era data collection 2016-present



# National Scope and Precedence

- Numerous states (IN, AR, RI, KS, CA, MD, OH) permit use of Qualified Professionals (model permissible) including those under Title IV-E and Medicaid with comparable outcomes
- NC Managed Care Organizations and DHHS are in support
- Several empirical studies with QP personnel demonstrating significant results
- The study recently accepted as Supported by Prevention Services Clearinghouse In-Home Parent Skill Building was with QP level staff

# A Systemic Therapy Model Requires Systemic Implementation



# Blending FCT with Best Practices



Inclusive of the whole family **as defined by the family**

Meet in their home at **days and times that are convenient** for the family

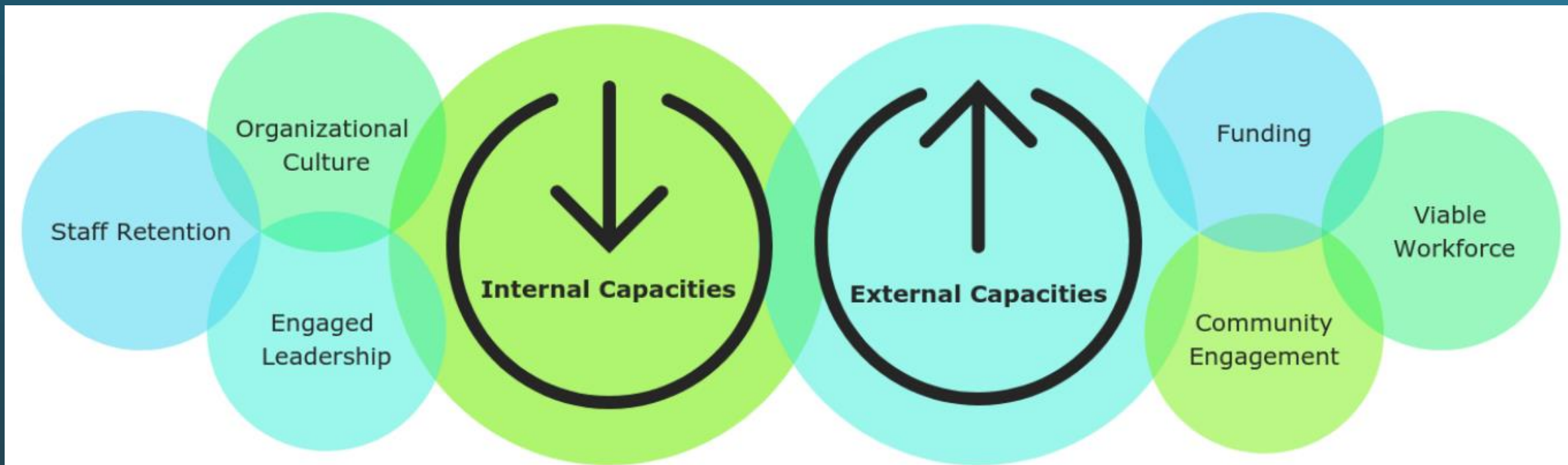
Practitioners schedule sessions to occur when the family struggles the most

Provides **24/7 on call crisis support** for the family with their known clinical staff.

**Treatment Intensity:** Multiple hour sessions several times per week become the norm for creating change.

Provides opportunities for the family to practice functioning differently. These weekly 'enactments' are integral to the process (not just talk therapy).







# Family First Prevention Services Act (Family First) 2018

to improve the lives of children and families touched by the child welfare system. By expanding critical federal resources, Family First takes bold steps **to keep families together, prevent unnecessary foster care removals and ensure that children grow up in safe and loving families.**

- 1. Help families whose children are at risk of removal stay together safely.**
- 2. Ensure that children in foster care can live with a family.**
- 3. Improve access to high quality residential treatment.**



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# Family First Implementation

will require strong and sustained partnerships among multiple stakeholders.

is a long game.

measures must always consider the ultimate impact on children and their families.

will demand new levels of coordination among federal, state, tribal and local governments.

# Family Centered Treatment

14+ state presence, 80+ sites.  
Collaboration with multiple funding streams

over 30 years of implementation experience

ongoing family feedback, involvement with policy, research and outcomes

Policy Director, established relationships at local, state, and federal levels

Family First is a starting point for continued reform.

# Must prevention services be “evidence-based” to qualify for federal reimbursement?

**Yes!**

Prevention services and programs must meet certain evidence-based standards to qualify for federal reimbursement under Family First.

Prevention services eligible for Title IV-E reimbursement must be provided in accordance with general practice requirements and fall under one of three categories of evidentiary support: promising, supported, or well-supported.

Title IV-E Tribes administering a Title IV-E Prevention Program do not have to meet the same practice criteria for promising, supported or well-supported for prevention services, and instead may determine practice criteria that is adapted to the cultural context of the tribal communities serve



**EVIDENCE BASED**



**High:** Child Welfare Relevancy



Rated: Supported



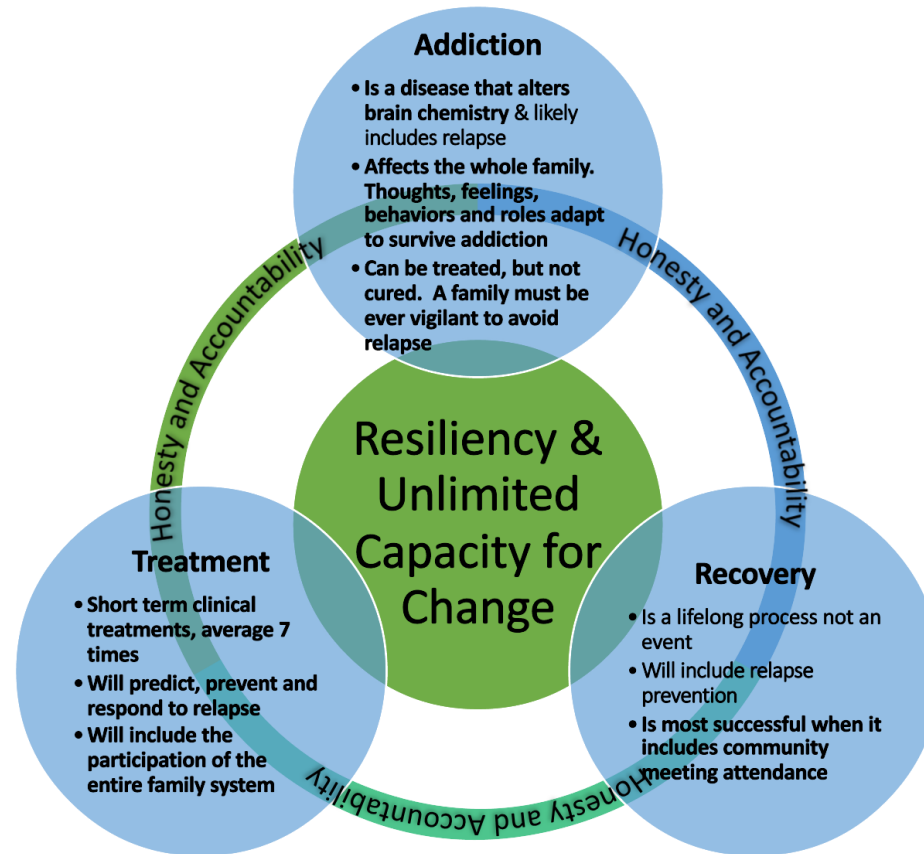
SAMHSA's NREPP Legacy model



OJJDP listed EBP

# Family Centered Treatment-Recovery

An FCT pilot program developed in collaboration between SPARC Foundation, FCT Foundation, and Departments of Social Services to address the confluence of parental substance abuse, trauma and child welfare.





# Family Centered Treatment-Recovery

Up to 80% of clients seeking substance use disorder treatment services have experienced trauma.

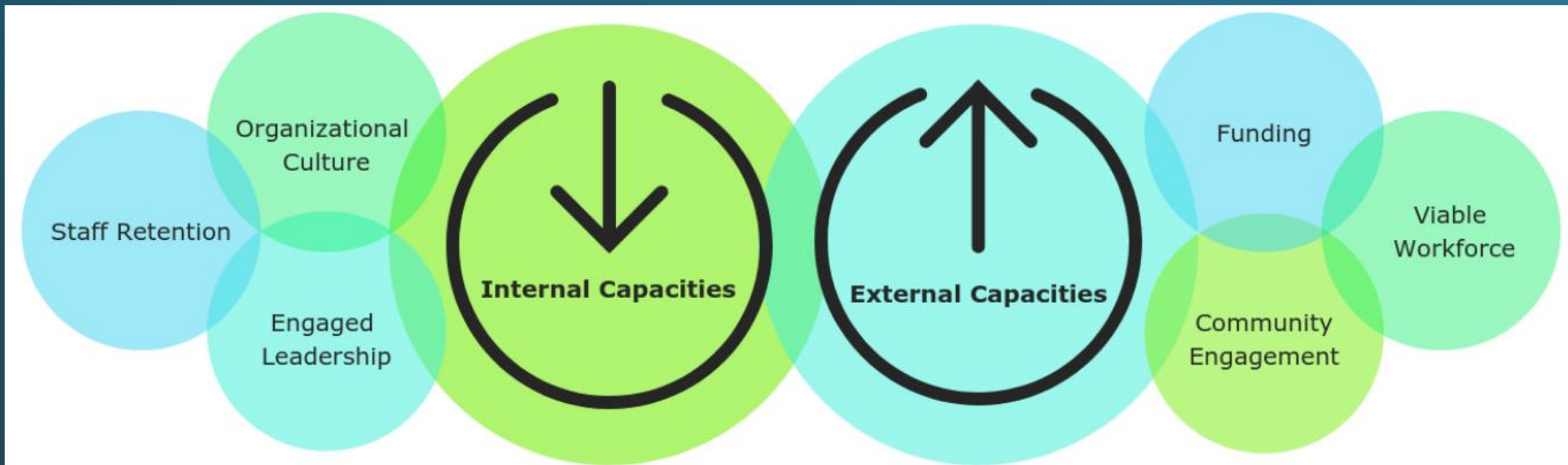
Trauma can be a relapse trigger for those with substance use disorders.

With FCTR, treatment aims to capitalize on the strengths of the family system by activating the healing capacity of the family system to address the dynamics of trauma and substance use.

FCTR looks just like FCT except for the practitioners focus and intent to include the SU and the effect on the family system.

# Family Centered Treatment-Recovery

<u>Traditional Substance Abuse Service Offerings:</u>	<u>Family Centered Treatment-Recovery</u>
✓ In office or in-patient only	✓ Community based and in family homes
✓ Individually focused treatment plan	✓ Family centered plan inclusive of recovery
✓ SA education to individual	✓ SA education to entire family
✓ Random urine screens	✓ Initial hair follicle test and weekly random urine screens
✓ Individual-based Contingency Management Vouchers	✓ Family-based Contingency Management Vouchers
✓ Person Centered Peer Support Specialist/WRAP	✓ Person Centered and Family Centered Certified Peer Support Specialist/WRAP
✓ Therapy to address individual traumas	✓ Therapy to address individual and generational traumas
✓ Treatment driven by therapist and/or group	✓ Treatment driven by the family
✓ Multiple Barriers to Treatment	✓ Removal of barriers to treatment



# Happening Now:

- FCT-PRTF Reduction Pilot
- Family Centered Recovery Demonstration Sites
- Weaving DEI Initiatives into Everything
- Randomized Control Study – Funded by The Duke Endowment and conducted by the Duke Center for Child and Family Policy and the Robert Margolis Center for Health Policy.
- FFPSA – CQI Development
- FFA.org Partnership and Development of COVID19 and Social Justice Resources
- SAMHSA/NCTSN large scale initiatives (inclusion of PTSD-FAD Digital Application)
- FCT Tele-Health Expansion and Study
- FCT Trauma Informed Research – *Adapting Juvenile Justice Interventions to Serve Youth with Trauma Histories* conducted by Dr. Charlotte Bright UM.
- FFPSA- Inclusion on state plans, Transitional Payments and Independent Reviews
- SAMHSA/NCTSN large scale initiatives Trauma Matrix for Clinicians
- Community Participation Research