FAMILY CENTERED TREATMENT

Spotlight on Prevention Services
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What is Family Centered Treatment?

- FCT is an evidence based, intensive trauma treatment model of home-based family therapy. Practitioner Developed.
- Primary utilization is stabilization of the family/prevention of removal from home of origin and reunification should a youth be placed in foster care or kinship care.
- Simple, practical, experiential, and common-sense solutions.
- Designed to increase family health and well-being, promote attachment and resiliency among members, and develop functional solutions for maladaptive patterns (behavior).
- Builds upon family strengths and addresses individual and family trauma by addressing underlying causes, not just the symptoms.
Current Implementation:
- 29 Licensed Organizations
- >75 ‘Sites’
- Multiple Statewide implementations (scale)
- Urban, Rural, Mixed, Frontier
- Pilot sites: FCT-R, PRTF reduction, lived experience (foster)

Program Funding Includes
- Medicaid (MCO [commercial and state])
- Title IV-E
- State and local grant/contract awards
- Hybrid
- Federal grant funding (SAMHSA)
- Shared Risk/Incentivized

Implementation Funding Includes
- Self-pay
- Grant funding (various)
- State sponsored training
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- Across the US, about 75% of FCT families are involved in prevention of removal or family stabilization services.
- The remainder are youth in out-of-home placement, whether foster care, kinship care, or residential care who are preparing for reunification.
- Historically 50-55% of FCT families are child welfare agency referrals.
- The remainder are juvenile justice referrals (25-30%) or behavioral health system referrals.
Engagement

We must connect before we can correct

>93%

• Historical joining rate average for families receiving FCT.
• Engaging beyond 5 contacts within 30 days.
• Nearly 8 of 10 families receive >20 sessions

The How Philosophy/Guarantees

• Privilege; not a right to be in their home
• Treatment and change is their choice
• Respect and dignity integral to the process
• This process is done “with” them; not “to” or “for” them
Quick history FFPSA:

- First time federal money (IVE) available for prevention services.
- Intended to provide flexibility to states to chose EBP programs.
- Created category of “candidates for care”.
- Covers services in home for “candidate” and family/caregiver.
- Established Federal Clearinghouse.
Prevention

- Clinical Study sponsored by Duke University: Reducing the Need for Out-of-Home Placements: A Randomized Controlled Trial to Examine the Effects of Family Centered Treatment on Well-Being Outcomes and Public Dollars.

- 44% of youth who have been out-of-home for 6 months have “no home” to return to.
FCTF was the first major challenger of the Clearinghouse processes. Frustrating! We are now deemed “supported” and waiting on re-review for “well supported”.

Lessons learned both ways? Clearinghouse was forced to seek provider input last summer and published a ‘manual’ last fall. We recommend (today): follow the guidelines to-the-letter.

Clearinghouse uses only “cold”, research data that is analytic and sterile. Their standards have no applied elements or examiners.

Clearinghouse has little-to-no accountability. Its processes ignore rural, racial and ethnic, geographic, social determinates (including income) and measures of DEI.
Future: President’s FY 2023 budget

- Expands and incentivizes the use of the Title IV-E Prevention Services and Kinship Navigator Programs to keep families safely together and to reduce the number of children entering foster care.

- Maintains the 100 percent federal reimbursement rate for the Title IV-E Prevention Services Program through FY 2022, and 90 percent reimbursement for each year thereafter through FY2026 (rather than 50 percent as under current law). Thereafter, the budget provides for the greater of 75 percent or the state’s Federal Medical Assistance Percentage (FMAP) rate plus 10 percentage points, rather than the FMAP rate as under current law.

- Makes permanent the current policy requiring states to spend at least 50 percent for services with a Title IV-E Prevention Services Clearinghouse rating of “supported” or “well-supported” (rather than applying that spending requirement only to programs meeting the “well-supported” practice criteria).

- Allows up to 15 percent of a state’s Title IV-E Prevention Services funding to be spent on emerging or developing services that do not currently meet the ratings criteria, but states must evaluate the services and either modify or cease using Title IV-E funding if the evaluation shows the service to be ineffective.
Your involvement as members of FFTA is crucial to supporting your Policy Team in pushing for improvements to the Federal Clearinghouse.

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