



**FAMILY
CENTERED
TREATMENT®**
ARKANSAS



Family Centered Treatment: A Statewide Project to Keep Families Together

Objectives:

- The Model
- History of FCT in Nebraska
- FCT and Court Involved Families
- Nebraska Implementation: Scale and Scope
- Results: National and State
- Q & A

10 Things...



Resources in the WHOVA APP

Family Centered Treatment Contacts

- Have questions about a current family receiving FCT?
- Interested if a referral is appropriate for FCT services?

- Use the contact info below to connect directly with FCT providers.
- Have a specific question for the FCT Foundation? Each agency has a corresponding FCTF Implementation Director assigned along with the Lead Implementation Director for additional needs.

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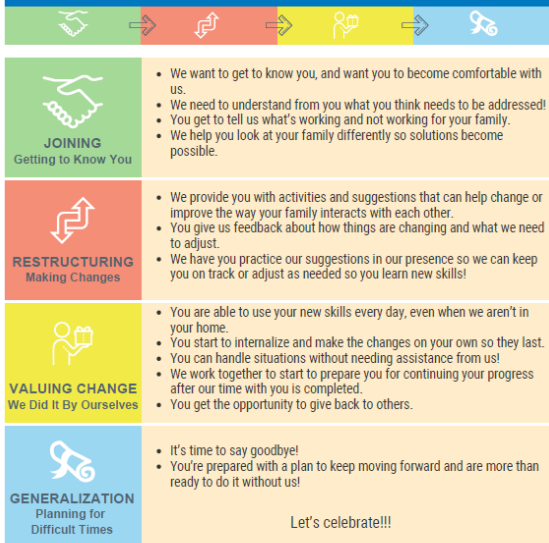
Department of Health and Human Services Children and Family Services Family Centered Treatment Service Area Champions

NEBRASKA
Good Life. Great Mission.

Service Area	FCT Champions	Contact Information
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Understanding Family Centered Treatment®

FCT partners with all members of the family to learn about what's working and what you'd like to see change. We find strengths you already possess and use them to reach the goals you're working towards. Every family is unique and valuable! Let's uncover those values, practice new skills, and bring hope for the future.



Learn more at www.FamilyCenteredTreatment.org



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Department of Health and Human Services Children and Family Services Family Centered Treatment One Pager

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What is Family Centered Treatment?

Family Centered Treatment (FCT) is an evidence based, trauma informed family preservation model that provides home based treatment. FCT is designed to find simple, practical, and common-sense solutions for families that are faced with disruption or dissolution. This can be due to internal/external stressors, delinquent behavior of a youth, or a parent's harmful behaviors. FCT has a foundational belief that the recipients of service are great people with internal strengths and resources. Individual family goals are developed through those strengths, rather than deficits.

Program Goals

- Enable family stability through preservation or development of family placement.
- Enable necessary changes in critical areas of family functioning that are underlying causes for the risk of family dissolution.
- Reduce harmful behaviors that affect family functioning.
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual member's unresolvable challenges.
- Enable changes in client behavior to include family system involvement so changes are not dependent upon the therapist.
- Enable discovery and effective use of intrinsic strengths necessary for sustaining the changes made and enabling stability.

Phases of Service

- Joining & Assessment Gain family trust and identify strengths & areas of family need.
- Restructuring Identify maladaptive patterns and practice new skills.
- Valuing Changes See change as necessary over compliance.
- Generalization Skill adoption and predict future challenges.

How it Works

- With the whole family, in the family home, when it's convenient for the family.
- Session schedules involve clinician during most troublesome and difficult times.
- Provides 24/7 on call crisis support for the family with their known clinical staff.
- Opportunities for the family to practice functioning differently (not just talk therapy).
- Minimum of 2 multiple hour sessions per week (Exception with first and last month)
- Treatment is driven by family need and progress, average length of treatment is 6 months.

Target Population/Referring

- Families who have an identified safety threat, high risk factors, and/or children at risk for out of home placement.
- Youth who are transitioning home from a higher level of care.
- Youth who have been placed out of home, have a permanency plan of reunification and are transitioning home.
- FCT is voluntary and cannot be court ordered.

Good Life. Safe Families.

pg. 1



Confidential and Proprietary

Good Life. Safe Families.

pg. 1

Why a Family Centered Approach?

“The Family is the Nucleus of Civilization”

-Will Durant

“The family is one of nature's masterpieces”

-George Santayana.

“Call it a clan, call it a network, call it a tribe, call it a family:
Whatever you call it, whoever you are, you need one.”

-Jane Howard

Who is The Family Centered Treatment Foundation?

**Non-profit
Owner/Purveyor of
FCT/FCT-R**

**Mission #1: Keep
Families Together
and Successful
Reunification**

**Mission #2: Make
EBPs Financially
Viable**

**License FCT/FCT-R
Providers**

**Model Development
and Innovation**

**Training and
Coaching**

**Implementation
Science**

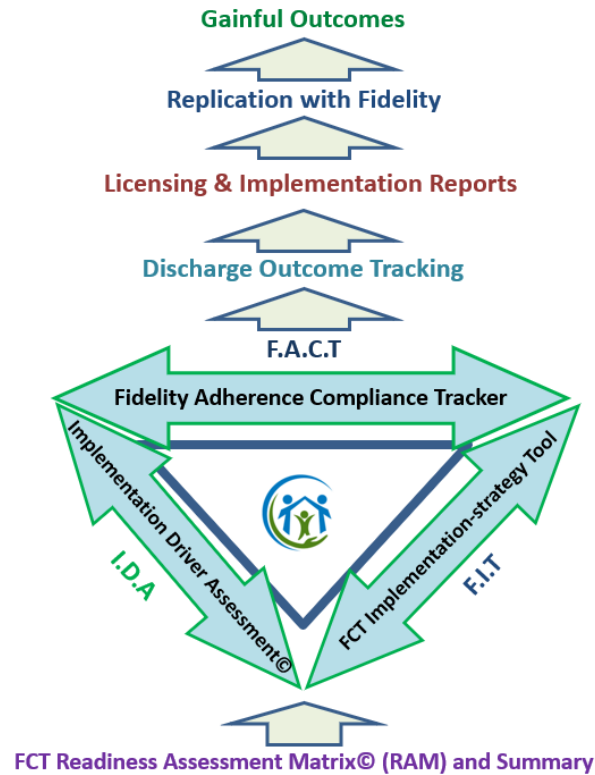
**Practitioner
Development**

**Supervisor and
Leadership
Development**

Case Consultation

**Data Collection,
Research and
Quality Assurance**

**Policy and System
Change**



4 Phases of FCT

Joining and Assessment

Gain family trust and identify strengths & areas of family need

Restructuring

Identify maladaptive patterns and practice new skills

Valuing Change

See change as necessary over compliance

Generalization

Skills adoption and predict future challenges

Systemic Trauma Treatment

Implementation Process

Clinical Process

Co-Occurring Processes to Achieve Quality and Sustainability

Rigorous
Oversight
=
Protected
Families

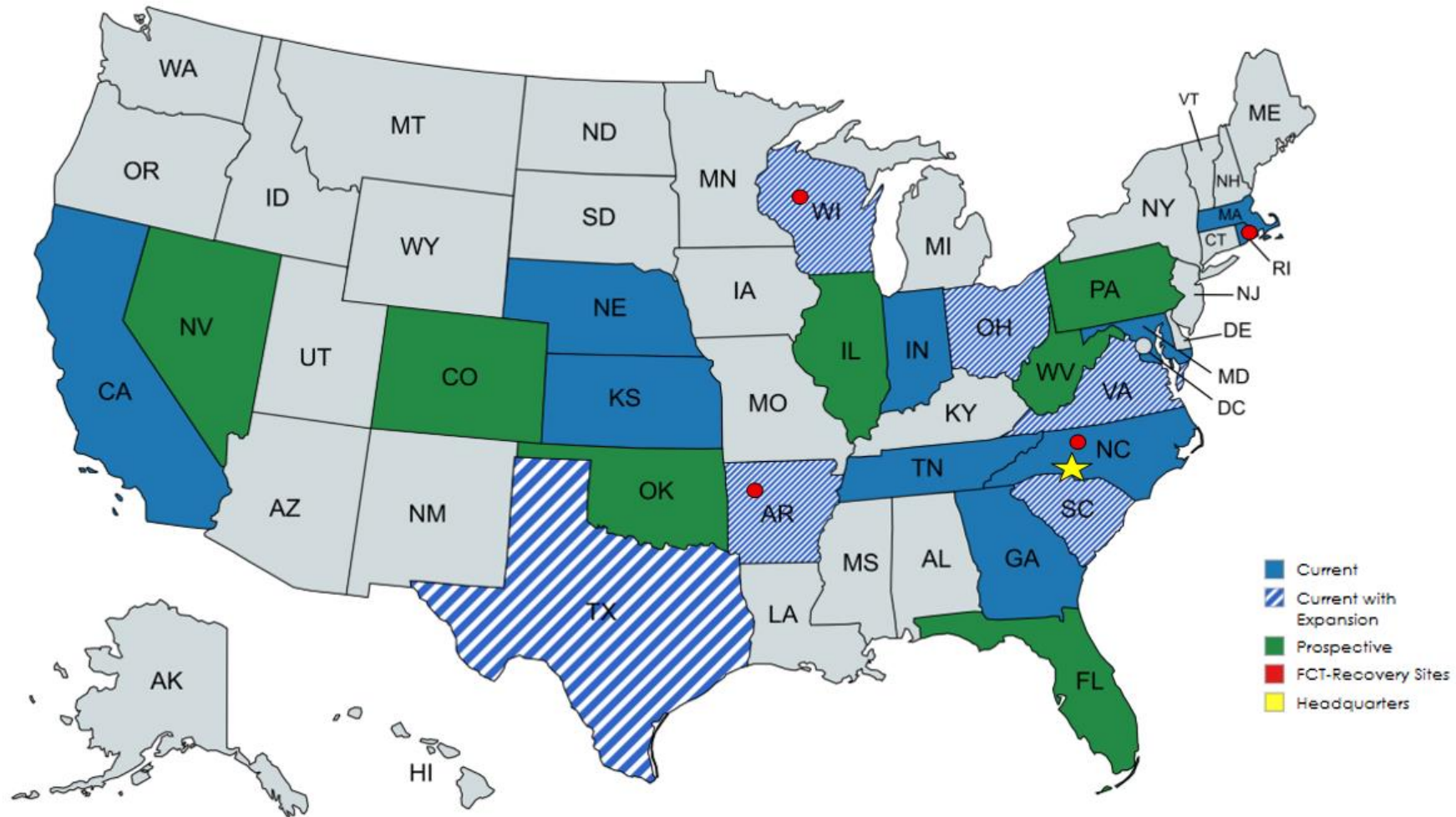


What is Family Centered Treatment?

- FCT is an **evidence based, intensive trauma treatment model** of home-based family services
- **Practitioner/Family** Developed
- **Simple, practical, and common-sense** solutions delivered via **experiential enactments**
- Designed to increase **family health** and **well-being**, promote **attachment** and **resiliency** and develop functional solutions for maladaptive patterns (family behavior)
- Builds upon family true **strengths** and addresses **systemic trauma** by addressing **underlying causes**, not just the symptoms
- Effective as both a **stabilization/prevention** and **reunification/restoration** service



Where is Family Centered Treatment?



4 Phases of FCT

Joining and Assessment

Gain family trust and identify strengths & areas of family need

Restructuring

Identify maladaptive patterns and practice new skills

Valuing Change

See change as necessary over compliance

Generalization

Skills adoption and predict future challenges



Systemic Trauma Treatment



Engagement

We must connect before we can correct

>94%

The Five Pillars of Family Centered Treatment

- Treat Families with Dignity and Respect
- Honor the Function of Behavior
- Treatment that is Relevant and Useful
- Internalization over Compliance
- Power of Giving & Restoring Self-Worth



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- *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***

FCT Guarantees



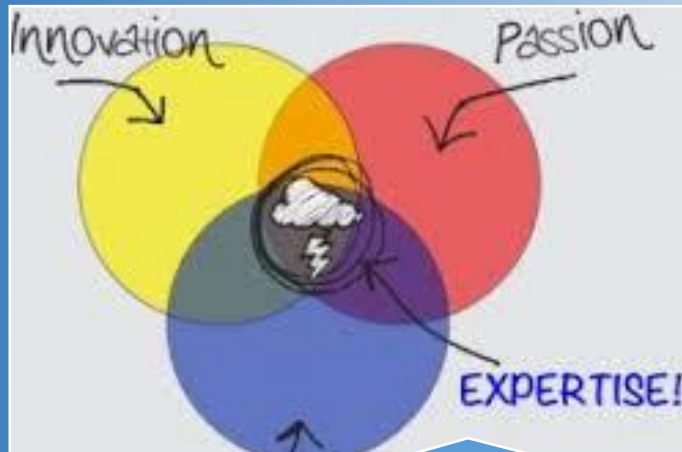
Give Direct and
Honest Feedback



Receive Direct and
Honest Feedback



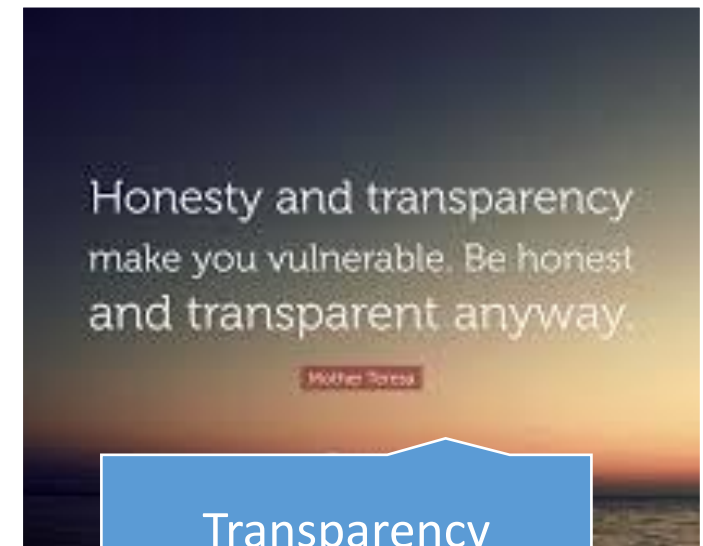
Take Responsibility
for Mistakes



You Are the Expert



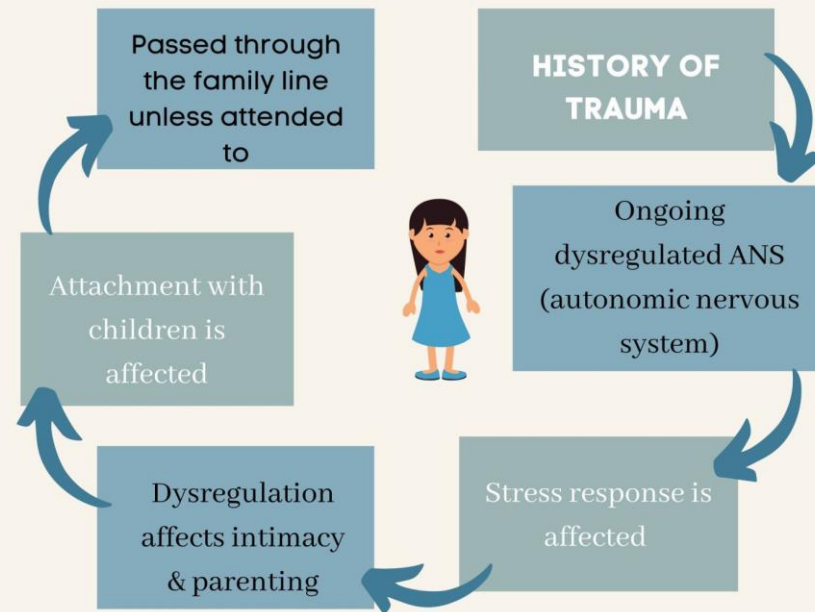
Ask Permission



Transparency

FCT MULTI- GENERATIONAL TRAUMA TREATMENT

TRAUMA & FAMILY



A PARTNER IN
NCTSN

The National Child
Traumatic Stress Network



FCT Therapeutic Apology: 4 Step Process



The apology process is the method by which the Caregiver is providing information or messaging to “free” the child from responsibility and to “own” ALL of their emotions.

This “emotional safety” is a critical and necessary aspect for effective movement in any of the 6 Core Components of Complex Trauma Treatment.

[Back to Menu](#)

Family Giving Project

What strength or special characteristic do you have as a family? _____

WE WORK IN the GARDEN and TAKE CARE OF the animals together as a family.

How can you use this characteristic, strength, or skill to give to others? _____

WE can grow Vegetables and breed animals.

What are your ideas (develop as a family) on how you can give to others (not monetary): _____

DONATE Vegetables to the food pantry in Scottsburg

GIVE pregnant Rabbit to a Needy family and teach them how to Raise Rabbits for a food source

What have you decided to give? _____

Vegetables and Rabbits

Roles assigned to family as you do your giving project:

Responsible Till garden - Plant seeds - water the garden - pick Vegetables

Dad, Mom, Rebecca, Dewey

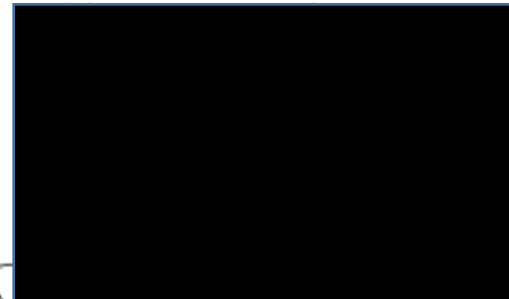
Responsible Feed + water Rabbits, clean-out cages, build more cages for rabbits

Dad, Rebecca, Jesse

Date planned for project: _____

Start: 4/3/2016 End: JUNE/2016

Family Signature and date:



3-29-16

3-29-16

3-29-16

3-29-16

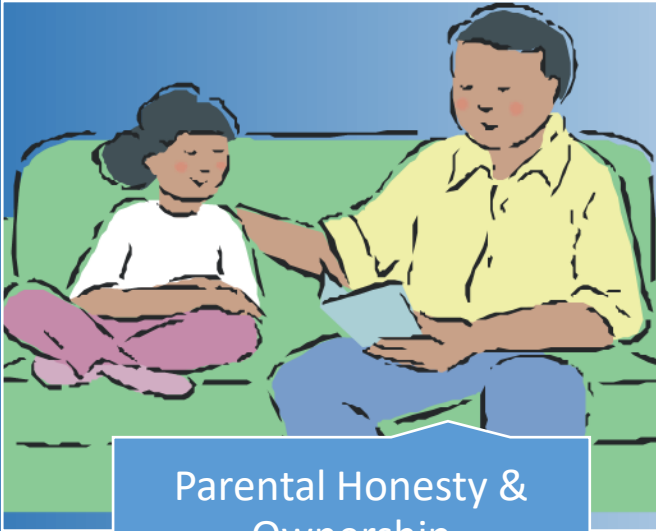
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3-29-16

"IF you give a man a Rabbit, HE EATS FOR A DAY. IF you TEACH A MAN TO BREED Rabbits, HE EATS FOR A LIFE TIME!"



Reunification: Providing Hope and a Plan



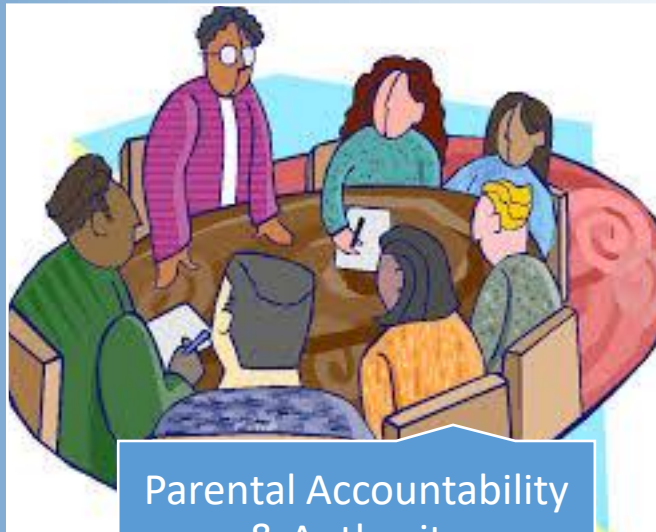
Parental Honesty & Ownership



Caregiver/System Alliances



Visits Demonstrate Change



Parental Accountability & Authority



Relapse a Part of the Process

Distinctive Features of FCT (Model)

The Family is the Client

**Fidelity + Treatment
Intensity = Outcome**

**“It always goes back to
Joining”**

**Honor the Functions of
behavior (not the
symptoms)**

**NCTSN Family Systems
Trauma tx (with secondary
trauma elements [team
identification approach])**

24/7 Crisis Response

**Use of Emotionally Focused
Therapy components**

Practice over Talking

**Internalization over
Compliance**

**The family makes the
argument for change**

**Giving Back Projects-
(value, belonging, worth)**



Distinctive Features of FCT (Implementation)

Bachelor's Level Practitioners

Team Primacy

Rigorous Flexibility

**Supervision/Management
Model**

Implementation Science

Broad Entrance Criteria

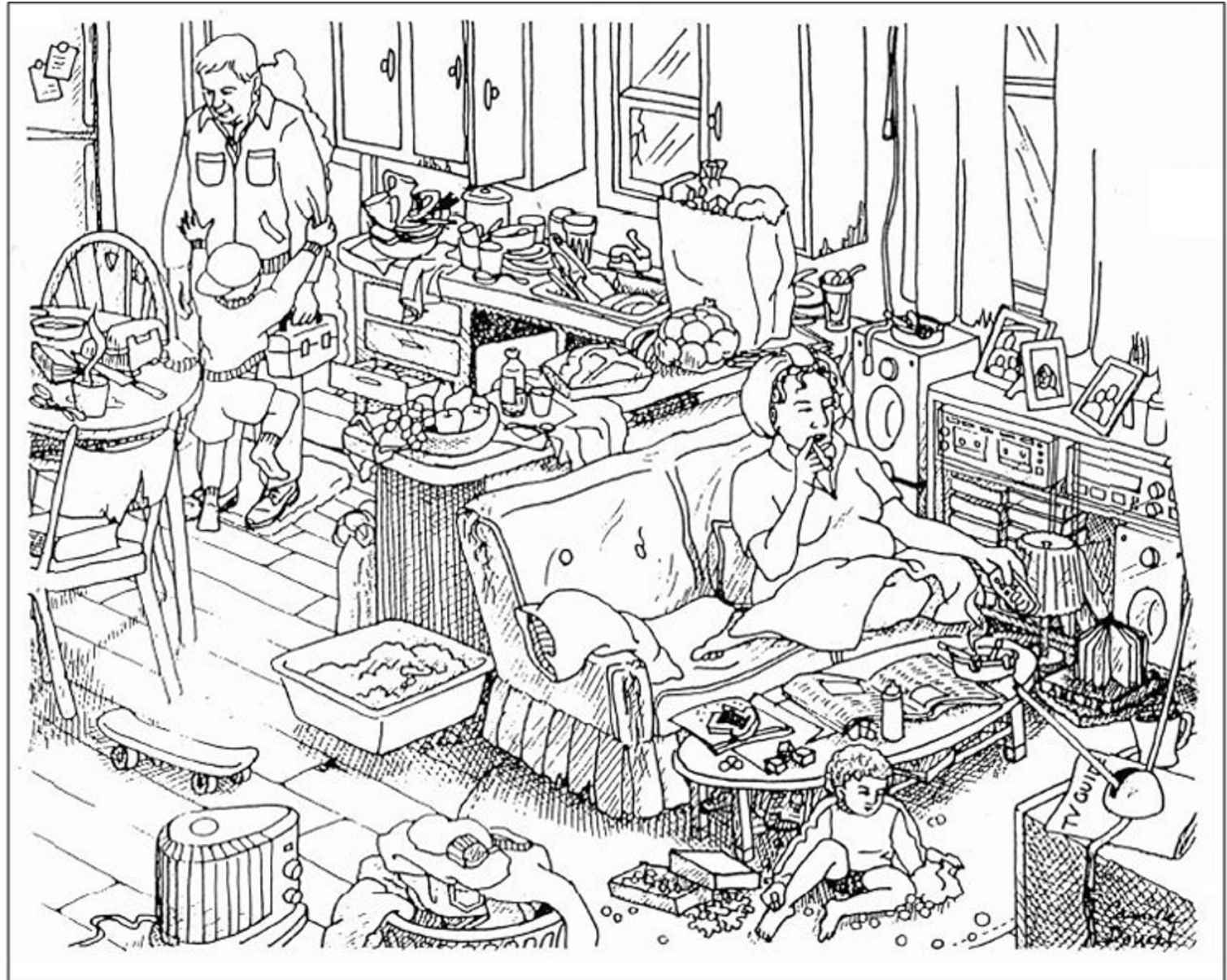
No Ejection/Rejection



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What we believe...

- Belief in the family's unbridled potential and capacity for change
- Belief in the family's value system and ability to set goals
- Belief in the family's desire and ability to address problems head on (including trauma)
- Belief in the need to try new things, make mistakes and take risks (while maintaining safety)
- Belief that all behavior has a positive intent (function of behavior)



Used with permission from the artist, Camille Doucet.

FCT by the numbers

Treatment Intensity:

4+hours/week,
2+sessions/week

Caseload Size:

Avg: 5 cases per
practitioner

Treatment Duration:

6 months of
service

Child Welfare

Published Statistically Significant Findings for FCT

- More likely to remain in home throughout their involvement with Child Welfare ^
- Lower rate of repeat maltreatment 6 months after their involvement with Child Welfare^
- Fewer days (130) on average until reunification than those did not participate in FCT (52% Reduction)^*
- Significantly higher rate of being rated as safe^
- Less Time in Child Welfare to reach permanency *

Juvenile Justice

Published Statistically Significant Findings for FCT:

- Less likely to experience incarceration***
- Less likely to experience adult arrest***
- Reduction in frequency of juvenile offenses and adjudications (post treatment)**
- Reduced days in placement and community detentions**
- Youth who went to group homes were twice as likely as those receiving FCT to be placed out of home again in the year following end from program services.^ ^

Historical Outcomes for Family Centered Treatment Services



**Positive
Outcomes**

89%

**Of all FCT
referrals had a
positive
placement at
closure**



**Completion
Outcomes**

98%

**Of FCT
families who
completed the
4 phases of
treatment had
a positive
placement at
closure**



Engagement

94%

**Of FCT families
had more than
5 direct
contacts**



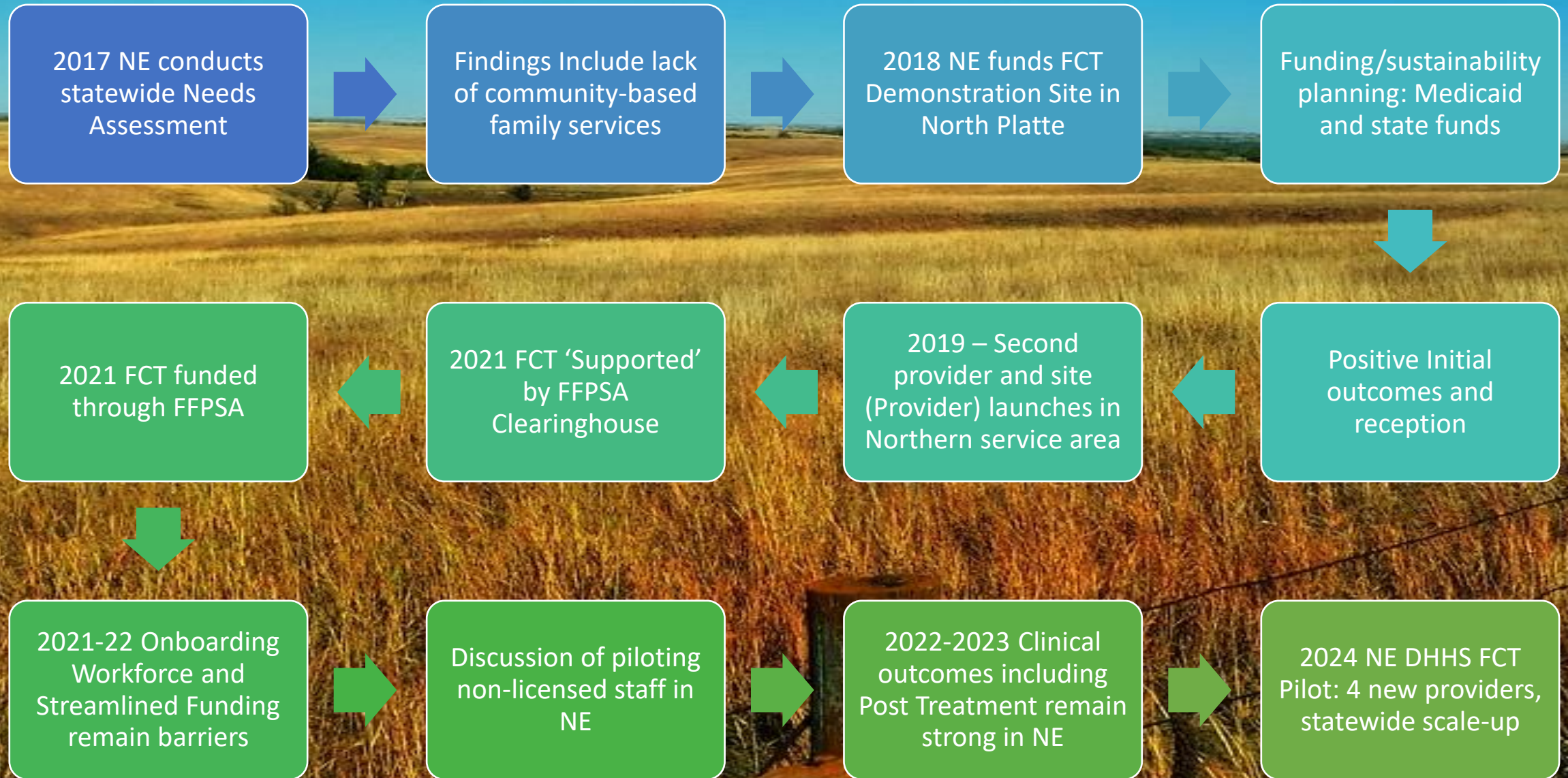
Family Voice

89%

**Families agreed
that FCT has
improved their
family life**

**N - >14,000
2016-present**

Family Centered Treatment Brief Hx in NE



FCT Foundation/DHHS Collaboration

**State Level
Implementation Team**

Joint Oversight

**Provider
Relations/Solutions**

**Networking/Public
Awareness**

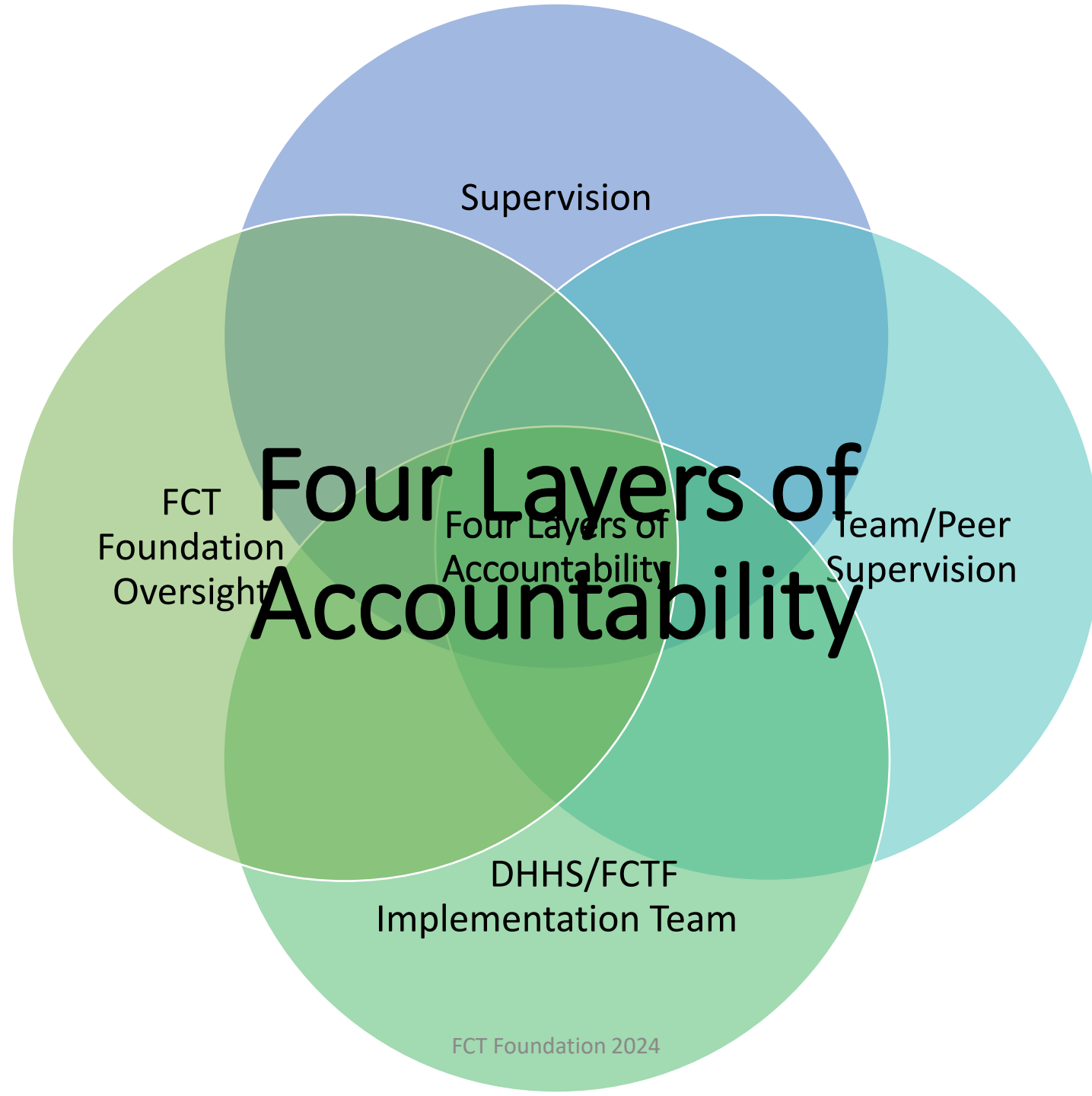
**Coordination with Local
DHHS Offices**

**Stakeholder/Community
Education**

FCT Champions



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Nebraska DHHS Initiatives

- Supporting 4 providers through 1 year pilot including costs
- Conference attendance, presentations, and exhibiting
- Identified Champions within each region
- Community Education
- Implementation/Systems Support
- Provider-DHHS connections
- Ongoing communication
- Conversations with tribes



FCT Champions

- Designated staff in each service area, to help with the field with any questions they have about FCT
- Mixture of CFSS, CFSS Supervisors, CFSS Lead Worker, CFSS Administrators, and Resource Development

<u>Service Area</u>	<u>FCT Champions</u>	<u>Contact Information</u>
CSA	Stacia Henderson, Supervisor Hastings Office	Phone: 402-984-6355 Email: stacia.henderson@nebraska.gov
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RD	Lacey Watson, RD South Sioux City Office	Phone: 531-893-1326 Email: lacey.watson@nebraska.gov

Who is a Good Fit for FCT in Nebraska?

Families with youth, ages 0-18:

- Families who have an identified safety threat, high risk factors, and/or children at risk for out of home placement.
- Youth who are transitioning home from a higher level of care.
- Youth who have been placed out of home, have a permanency plan of reunification and are transitioning home.
- Have trauma exposure and/or have generational trauma and generational system involvement
- Youth who move between the child welfare, behavioral health and juvenile justice systems



FCT Prevention Cases

- Prevention case- when a CFS program case can be closed out, but the family chooses to continue participating in an evidence-based program. The child/ren must be FFPSA eligible at the time of closing out the program case.
- FFPSA eligibility-child/ren must be determined as a candidate of foster care, child/ren is at risk for entering foster care, the child/ren can remain safely in the home with services in place and foster care is the planned arrangement for the child if removal from the family home becomes necessary.



Family Centered Treatment Contacts

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- Interested if a referral is appropriate for FCT services?
- Use the contact info below to connect directly with FCT providers.
- Have a specific question for the FCT Foundation? Each agency has a corresponding FCTF Implementation Director assigned along with the Lead Implementation Director for additional needs.

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Kaitlyn.Wagnerd@FamilyCenteredTreatment.org

Paradigm

Contact Name: Nichol Haga

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FCTF Implementation Director: Jasmine Platt
Jasmine.Platt@FamilyCenteredTreatment.org

Lutheran Family Services

Contact Name: Julie Griesenbrock

julie.griesenbrock@onelfs.org

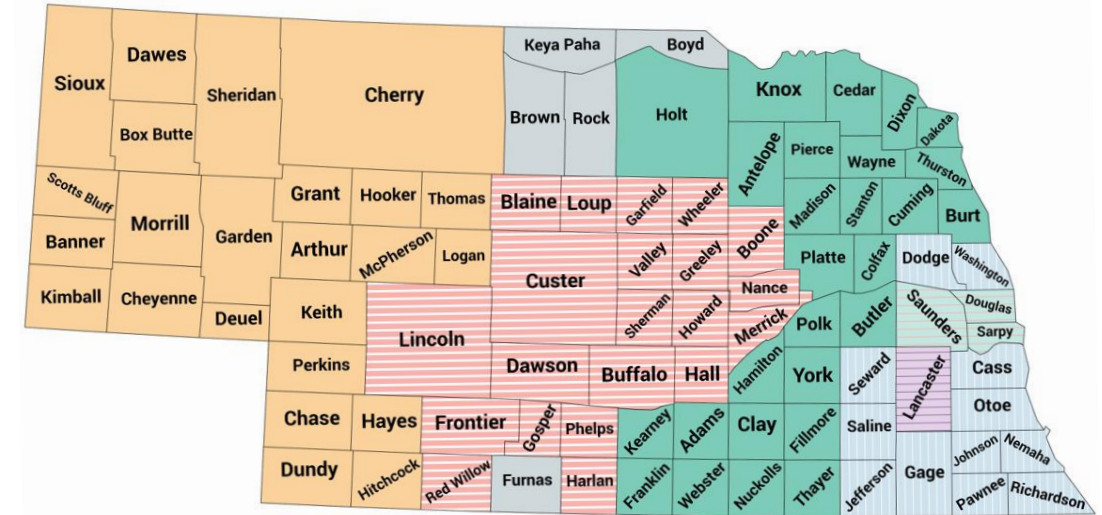
FCTF Implementation Director: Jasmine Platt
Jasmine.Platt@FamilyCenteredTreatment.org

Better Living

Contact Name: Monica Dement

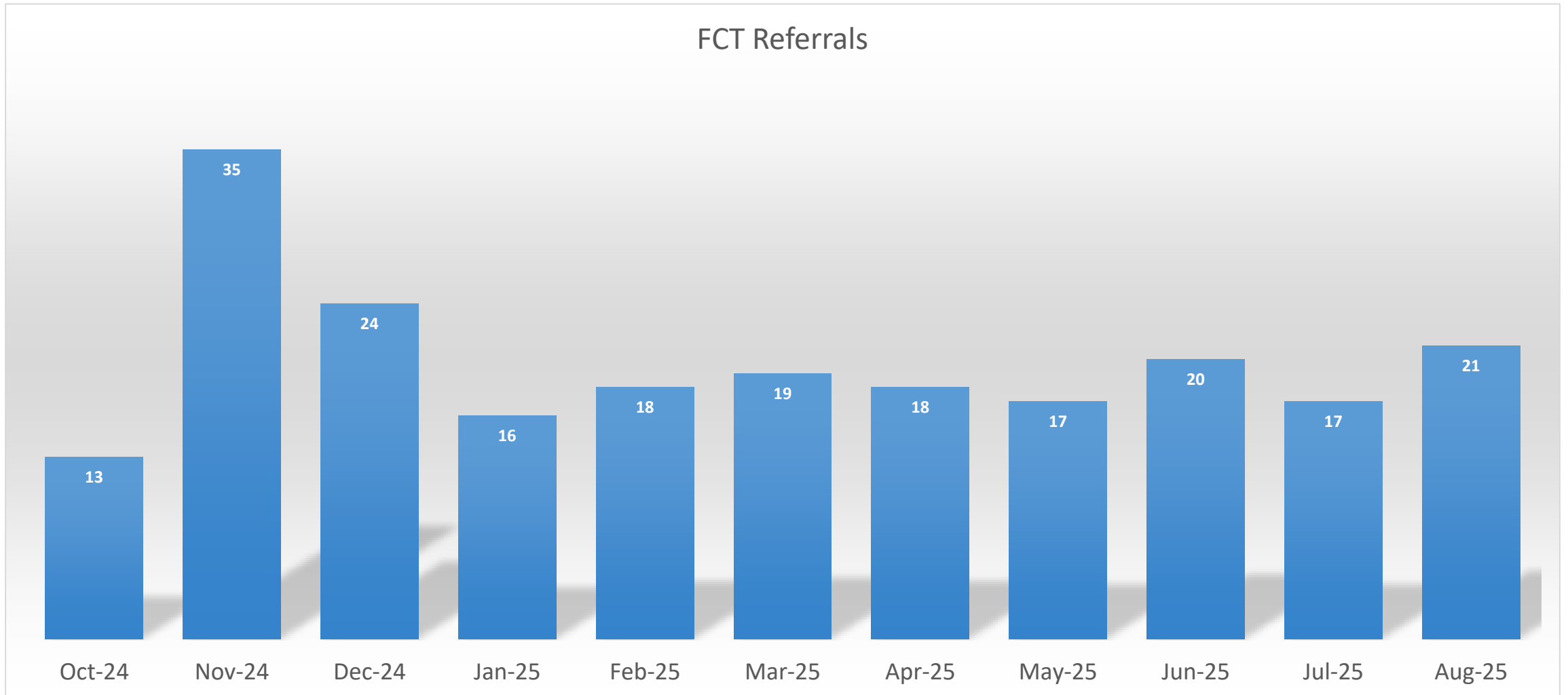
monica.dement@betterlivingne.com

FCTF Implementation Director: Jasmine Platt
Jasmine.Platt@FamilyCenteredTreatment.org

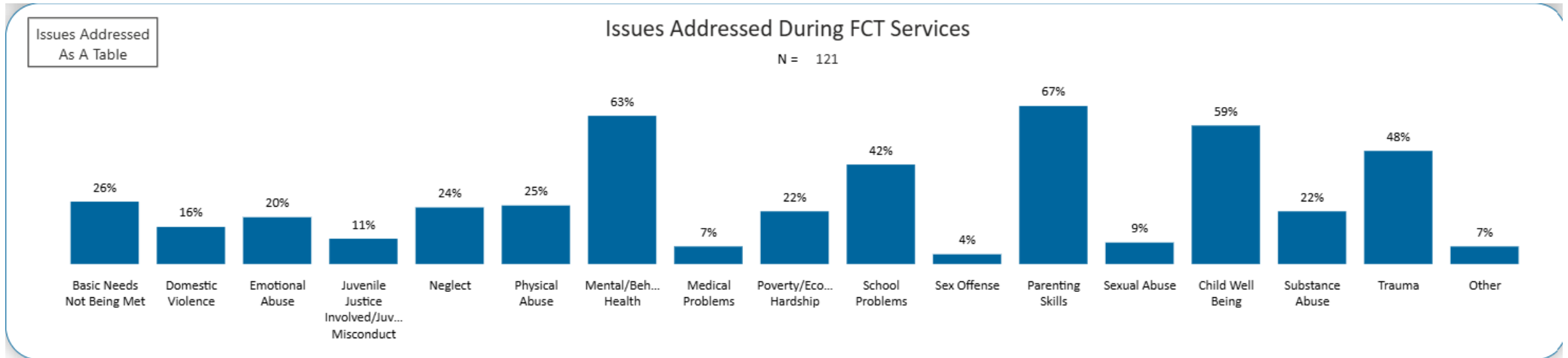


- Better Living
- Better Living & Paradigm
- Better living, Lutheran Family Services & Paradigm
- Better Living & Lutheran Family Services
- Snowy Peak
- Snowy Peak & Better Living

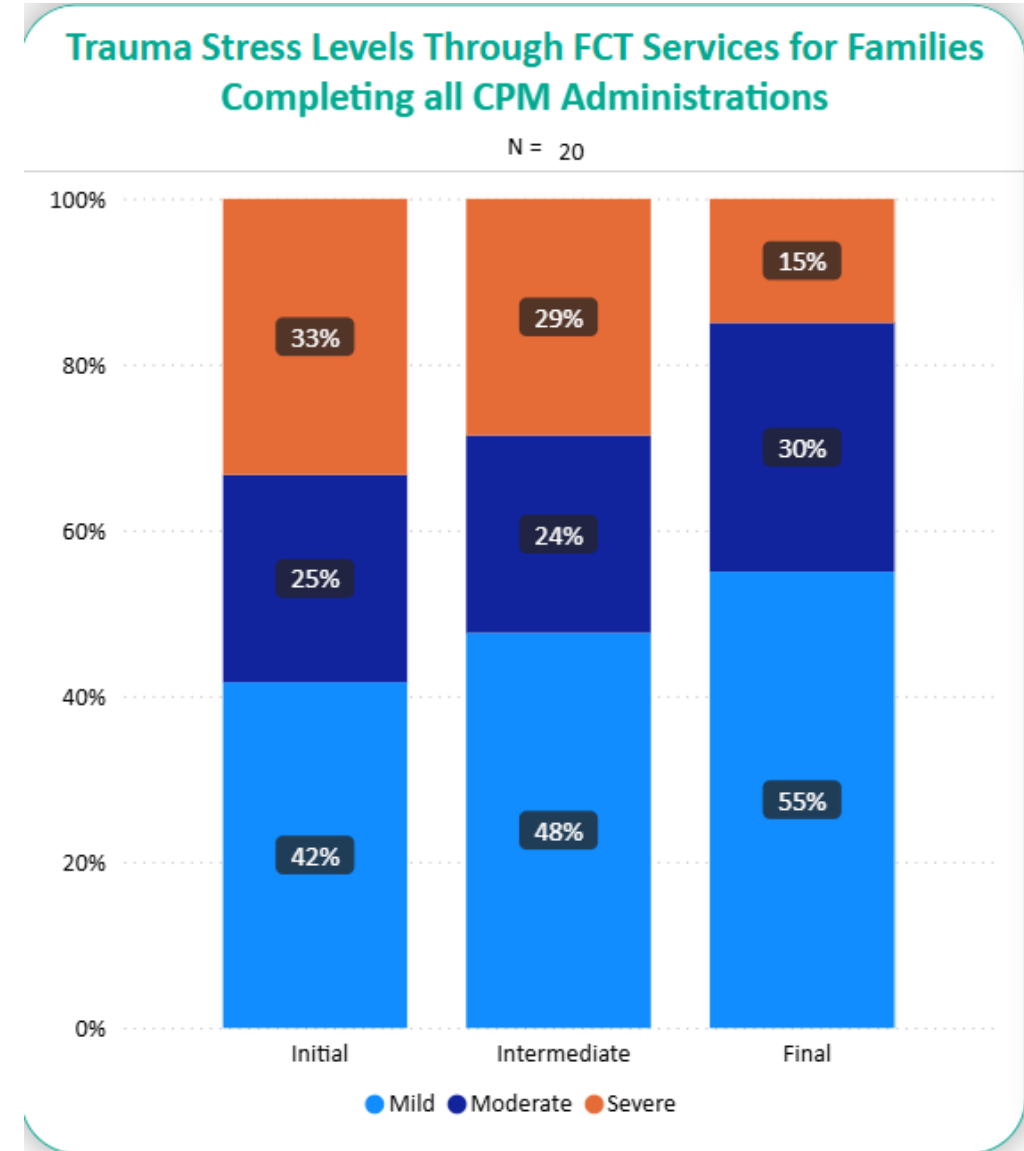
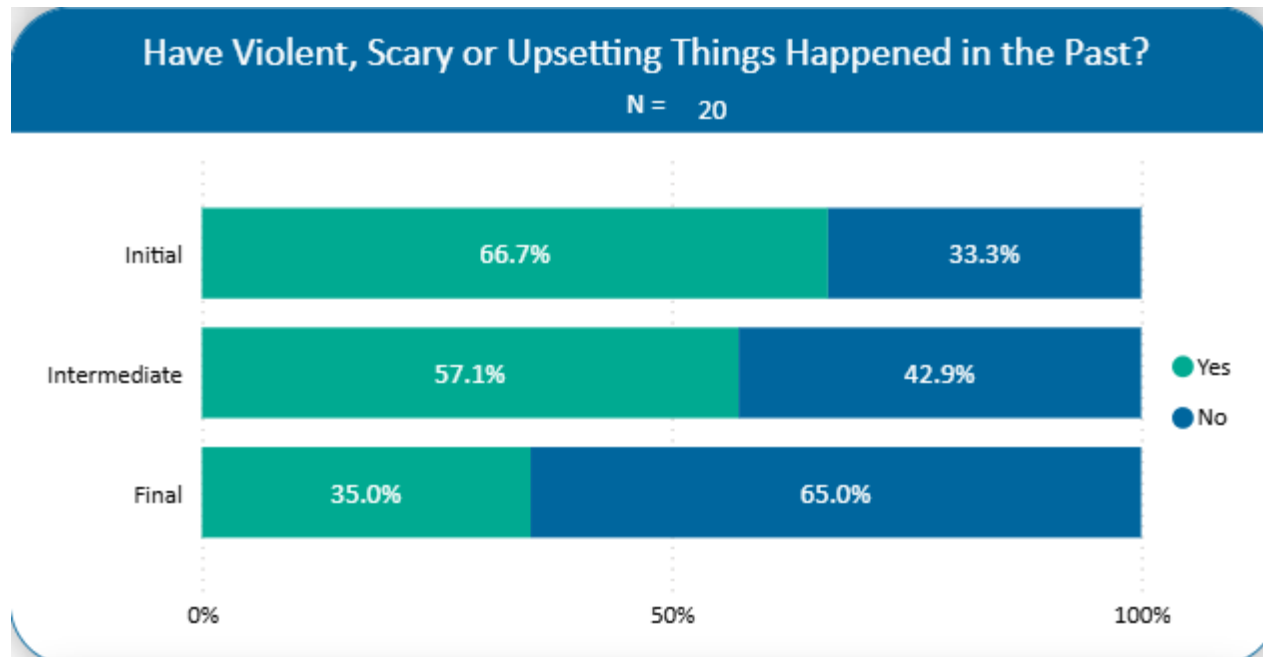
FCT Referral Data: Total of 221 Referrals



121 DISCHARGES: ISSUES ADDRESSED



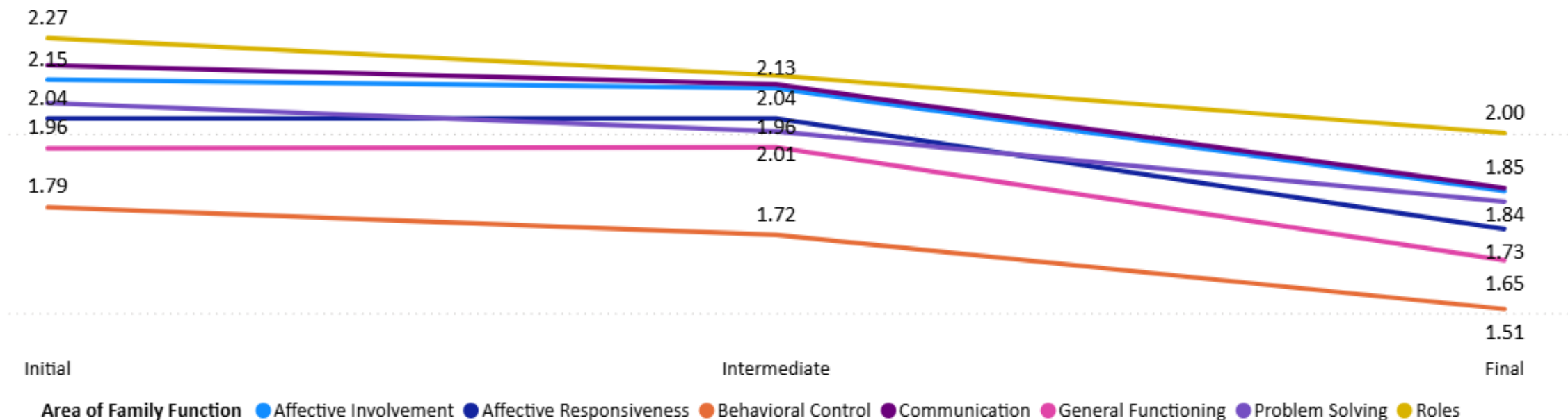
RESULTS: TRAUMA SYMPTOM IMPACT BASELINE-MIDPOINT-DISCHARGE



RESULTS: FAMILY ASSESSMENT DEVICE BASELINE-MIDPOINT-DISCHARGE

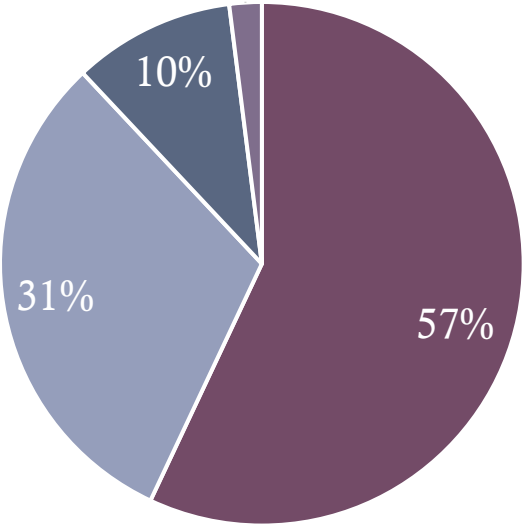
Average Score at Initial, Intermediate, and Final

N = 175



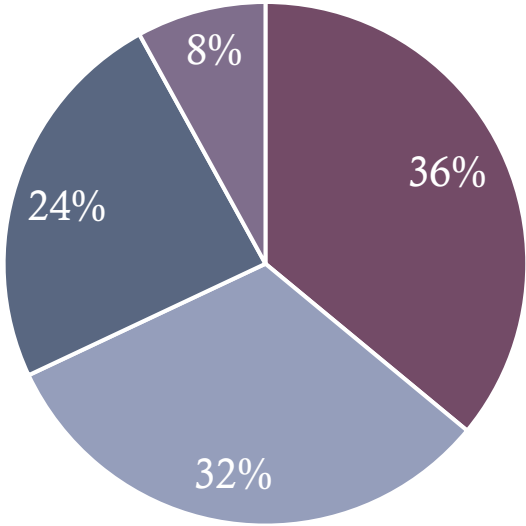
RESULTS: PROGRESS TOWARD PRIMARY GOAL

Family Report: 88% Report Significant/Moderate Improvement



■ Significant Improvement ■ Moderate Improvement
■ Slight Improvement ■ No Change

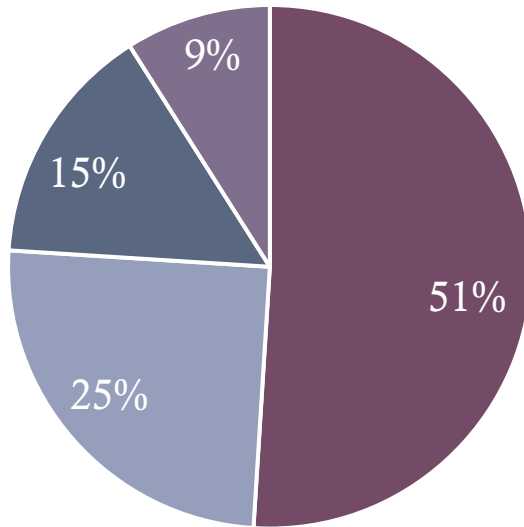
Practitioner Report: 68% Report Significant/Moderate Improvement



■ Significant Improvement ■ Moderate Improvement
■ Slight Improvement ■ No Change

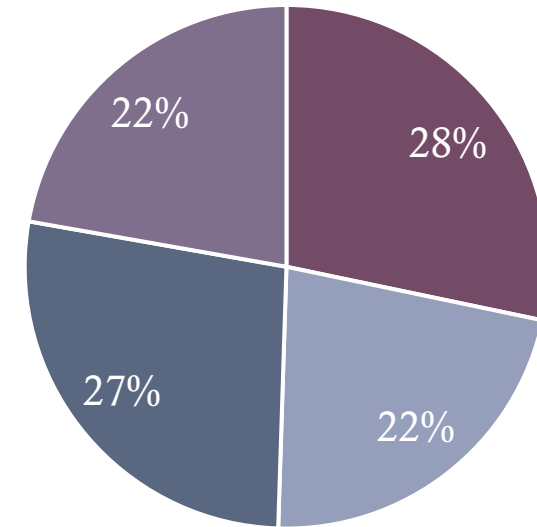
RESULTS: PROGRESS TOWARD FAMILY FUNCTIONING GOAL

Family Report: 76% Report Significant/Moderate Improvement



■ Significant Improvement ■ Moderate Improvement
■ Slight Improvement ■ No Change

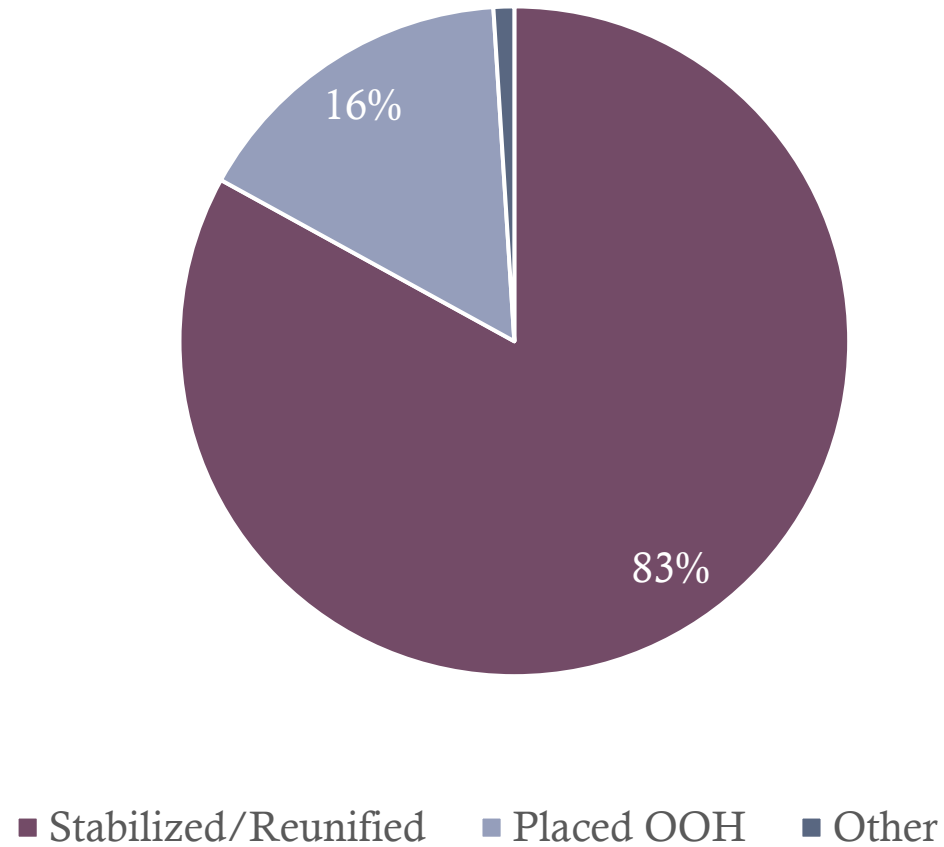
Practitioner Report: 50% Report Significant/Moderate Improvement



■ Significant Improvement ■ Moderate Improvement
■ Slight Improvement ■ No Change

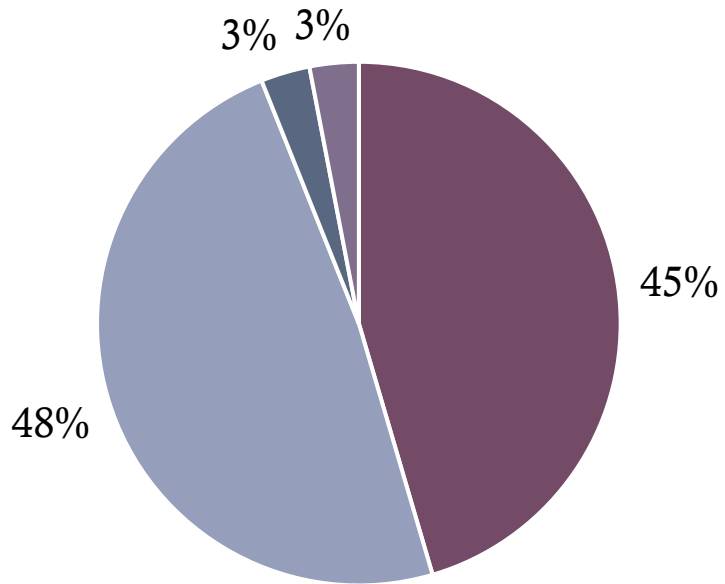
RESULTS: PERMANENCY

Primary Treatment Objective: Keeping the Family Together



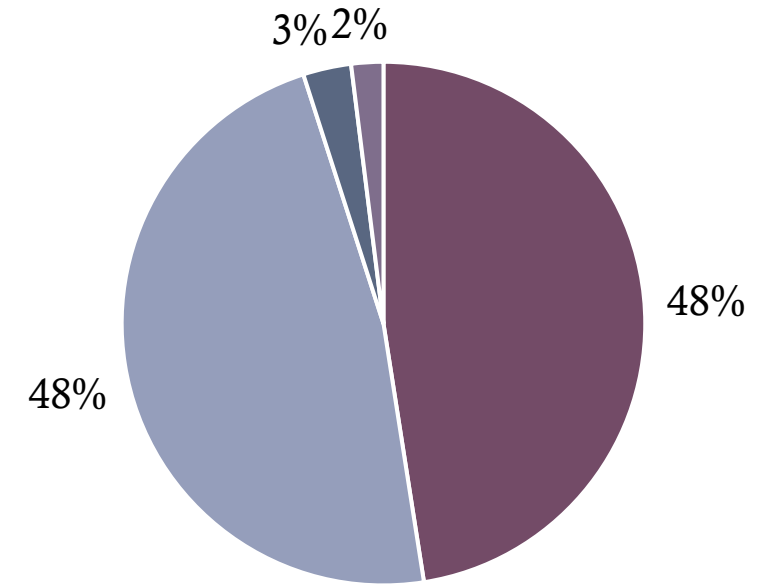
RESULTS: SAFETY & OVERALL IMPROVEMENT

We created more safety in our home during FCT: 94%
Strongly Agree/Agree



■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

What we learned in FCT has improved our family life: 96% Strongly Agree/Agree



■ Strongly Agree ■ Agree ■ Disagree ■ Strongly Disagree

Successes and Challenges

Successes:

- Only 8 of 126 cases (6%) have resulted in a child removal while FCT was in the home or after FCT ended
- Successful prevention case discharge (Better Living)
- Provider growth: Hiring of a 2nd supervisor for Better Living, to take on 10 more practitioners
- Currently 21 staff, all bachelor level staff, providing FCT
- 62 of 82 current cases are in home cases

Challenges:

- Family Engagement
- Lack of referrals/openings in almost every service area
- Not getting FCT out to all CFSS?

FCT SUCCESS STORY

Family with two parents with two children under three in crisis

- Conflict between parents, childhood trauma, domestic violence, and substance use
- Father arrested for child abuse
- Subsequently, the mother became overwhelmed and attempted suicide
- Children placed out of home temporarily

Engagement:

- Parents agreed to separate and focus on a co-parenting, father completed IFR, mother was referred to FCT
- Mother in fear of DHHS, consumed by trauma, shame, and guilt

Progress

- Mother engaged, worked hard, built up her self-confidence
- Improved problem-solving skills
- Experienced success as a parent, leading to increased confidence and competency
- Next, focused on strengthening her connection and relationship with her children
- Mom started teaching her children communication and social skills
- Starts to attend to their developmental needs
- Lastly, worked on co-parenting relationship with the children's father

Outcome

- The mother reported that the skills that she has learned in FCT are not only good for improving the functioning of her immediate family but also at work, extended family, and with friends
 - After five months of FCT intervention, the DHHS case manager noted that “the mother is a whole new person.”
 - The mother reports that she has not seen as much improvement in 20 years of talk therapy as she has in five months of FCT
 - The family is giving back to the community by participating in a community garden
 - She credits her progress to the relationship she built with her FCT practitioner, who provided experiences that challenged her to try new things.
-

FAMILY CENTERED TREATMENT: FAMILY VOICE

What did your family like best about your FCT-Practitioner?

- Completely honest and blunt but helpful advice
- A "no BS" type of person which is needed in a service like this – one must be challenged in ways they don't like in order to achieve desired results.
- Willingness to help in whatever way and helping us feel empowered
- Honesty and commitment

How is your family different today now that you've closed FCT?

- We are communicating more, the bond has increased, we are able to talk more about the events leading up to the referral
 - Keeping a loving and caring environment in the household
 - We started to talk about our problems and the root of the problem
 - Have the skills to handle things better
 - We get along better and are following what DHHS wants
 - Our child is home and we don't foresee them leaving
 - We are healthier mentally than we have been. We know and access all of our tools and we have even begun to help other family members as well.
-

FAMILY VOICE

What was your family's first reaction to FCT?

- Unsure at first... I've endured a lot of trauma and hardship in my life; therefore, I don't trust very easily or openly... However the different exercises I was introduced to, as well my FCT-P no nonsense, and solution focused approach is what really made the difference for me.

What changes did your family experience?

- We refuse to quit now and want to continue whether we are in FCT or not
 - I've learned healthier tools to take a step back to view situations in a different perspective. I've regained and grown a great capacity of self esteem/confidence which has greatly improved a wide range of troubles. My children, as well as other people I interact/have relations with, have started to notice the change in me as well, which has created a ripple effect; therefore, making a great difference in my day to day interactions.
-

What advice would you give to a new family starting FCT?

- Don't give up. Keep going because it gets easier and better
- Remain open, teachable, and honest... When I say "remain honest," I more so mean with yourself than with your provider/practitioner.. If you aren't honest with yourself first you won't get anywhere. The secrets and things you've been holding in for so long are only so scary because you're keeping them silent. Accepting the help is scarier than remaining in the same position for the rest of your life

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Favorite Teacher



Research Citations

**Barbara J. Pierce, Finneran K. Muzzey, Kori R. Bloomquist, Teresa M. Imburgia, Effectiveness of Family Centered Treatment on reunification and days in care: Propensity score matched sample from Indiana child welfare data, Children and Youth Services Review, Volume 136, 2022, 106395, ISSN 0190-7409*

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^Indiana IV-E Wavier Demonstration 2019 01 Semi-annual Report submitted to Administration for Children and Families (2019). Prepared by: The Indiana University Evaluation Team & The Department of Child Services, January 2019

^^A Quasi-experimental Evaluation of Family Centered Treatment® in the Maryland Department of Juvenile Services Community Based Non-residential Program: Child Permanency R2021. Commissioned for Nebraska Department of Health and Human Services and Arkansas Department of Human Services, August 2021.

<https://www.familycenteredtreatment.org/research-results>