



Family  
Centered  
Treatment  
Foundation®

# Impact Report



**Expand. Strengthen. Measure. Invest.**

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# Message From the Executive Director



**Tim Wood, LCMHC**

Executive Director  
Family Centered Treatment  
Foundation, Inc

Author and Journalist Letty Cottin Pogrebin, once commented, “If the family were a boat, it would be a canoe that makes no progress unless everyone paddles.” And over the past 30 years, the Family Centered Treatment® model and its practitioners have had the honor of helping families find simple, practical, and common-sense solutions to internal and external stressors providing each member with a “paddle for progress.”

This is because FCT is aware that families are better when they remain together, and it is precisely this mentality that makes the FCT model a national leader in helping families make meaningful changes.

**Through three decades, and more than 40,000 families, empirical research has demonstrated that 9 out of 10 families maintain that the FCT model has not only had a positive impact in their lives, but the program’s sustainable implementation has created an environment where families finally feel safe enough to heal.**

This is further supported by SAMHSA’s National Registry of Evidenced-Based Programs and Practices (NREPP) who cite the FCT model as having a 4.0 out of 4.0 Implementation process in its independent review.

It’s only an added benefit that while our families are achieving statistically significant positive results, peer reviewed studies are showing the FCT model’s rigorous yet provider-affordable success has saved state taxpayers millions of dollars over a short period of time. It is these results that validate the model’s fidelity across sites and locations, and are contributing to a diverse and growing body of recognition with top organizations like SAMHSA’s National Child Traumatic Stress Network, California Evidence-Based Clearinghouse for Child Welfare, The Title IV-E Prevention Services Clearinghouse and even providing data for peer reviewed research in a number of experimental research studies and government reports.

As we continue to watch the impact of the model grow, on behalf of the FCT Foundation and its Board of Directors we are proud to present this Annual Report, illustrating that though societal storms might create rough waters for the family “canoe,” the FCT model remains poised, encouraging each family member to paddle through the storm, empowering sustainable family functioning through the entire family as the recipient.

*Timothy J. Wood, LCMHC*



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# Messages From the FCT Foundation

## Executive Management Team

The FCT Foundation's Executive Management Team (EMT) has had the honor of upholding FCTF's mission to maintain a "business model focusing solely on the social good." **Our leadership mentality draws from a human resource frame continuously aligning the foundational and the interpersonal needs of our staff and families.** We do this through our recognition of the subjectivity of each person's understanding of process, and a willingness to lay our own expectations down for the betterment of the Foundation's success. Each of us on EMT have been chosen not only for our ability to establish leadership by highlighting the strengths of our teams, but also because of our understanding that while vertical coordination can create formal authority, the Foundation is driven by the individual strengths of the individuals we lead. Today with multiple states in our nation engaging in FCT services, we remain true to this goal, that although we create, we implement, and we lead, we remain dedicated to the integration of each member of our team's input. Fostering individual initiative and creativity keeps our legacy fresh, and our mentality is always open to finding the most common sense solutions "to those who are guarded around participating in services."

**It is with great honor that we continue to keep this mission alive, knowing that creating solutions to generational trauma can ultimately lead to generational success!**

## Program Consultation Director Team

For three decades, the Program Consultation Director (PCD) team has had the honor of guiding practitioners, supervisors, and agencies, to not only aid in rebuilding family dynamics in communities and environments, but to establish empowering management skills in agency leadership, setting the foundation for FCTF's agency and implementation success rate. **As FCT boasts a 98% success rate for families engaged in FCT services, our sustained assistance and empowerment to growing agencies continues to illustrate the importance of lateral support and integrative willingness to change based on encouraged agency goal setting.** And it is not coincidence that PCD leadership mimics practitioner relationships with the family as a unit, as we strive to instill a spirit of giving and purpose in every member of our team, remembering that our non-profit foundation was established as a lighthouse to any family who has grown tired of systemic roadblocks. From its humble beginnings, FCTF co-founder John Sullivan, PhD. sought to discover helpful solutions for youth at risk of being displaced from their homes. Over the years, we, as PCD staff, have worked to keep Dr. Sullivan's passion alive, creating safe places for agency employees to build on the initial vision of family therapy in order to allow each child a home in which to return. It is intentional that FCT has incorporated the word "foundation" into its copyrighted title, as we know that no family can grow without a sustained "foundation" for it to return and thrive. **And after 40,000 families served, we can only thank the practitioners, supervisors, and agencies we lead for their continued willingness to show up and support the visions of their agencies.** As the data continues to reflect success, we will remain at the heart of the agency reminding stakeholders that despite life's challenges, FCTF provides its families and employees, a hand to hold, as we are aware, problems are better solved through the maintenance of dignity, and through emphasis on a united vision.



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# Acknowledgement and Accolades

## FCT Study Published in Peer Review Journal

“Children receiving FCT who were removed from their homes had significantly fewer number of days to reunification than children not receiving FCT (341 vs. 417,  $p < .05$ ) and the children receiving FCT spent significantly less time, over two months, in child welfare services reaching permanency more quickly than children who did not receive FCT.” -Children and Youth Services Review

## NC Department of Public Safety Awards Grant to FCT

Family Centered Treatment Foundation, a national nonprofit organization working to bring home-based family therapy to high-risk communities and Pinnacle Family Services, a North Carolina based foster care services agency received a \$246,400 grant from the North Carolina Department of Public Safety.

## Featured On Nurturing Well-Being with Kurt Kelly

2022 Conference Series highlighting a conversation with Molly Tierney and Laura Boyd. Dr. Boyd serves as the Public Policy Director at the FCT Foundation.

## FCT added to Clearinghouse Re-review list for Well Supported

Family Centered Treatment was added to the list of programs currently being (re) reviewed by the Prevention Services Clearinghouse. This re-review was prompted by the recent FCT research publication in the Children and Youth Services Review.

## Reaching More Families With FCT in 2022

The FCT Foundation welcomed the following organizations in 2022:  
Arrow Child & Family Ministries, MD  
Washington County, WI  
St. Francis Ministries Texas, TX  
Hope Tree, VA  
Health Connect America, MS  
South Carolina Mentor, SC

## Google Alerts

FCT was listed on the following alert:  
[Children and Youth Behavioral Health Initiative Evidence-Based and Community-Defined Evidence Practices Round Two: Trauma-Informed Programs and Practices](#)



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# What Is Family Centered Treatment?

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

**FCT's home based treatment reduces the need for out of home placements and effectively stabilizes youth reunifying back into the home environment.** It has been refined based on research, experience and evidence of effectiveness with train-the-trainer implementation, affording organizations long-standing program sustainability.

FCT is cost effective and stabilizes traumatized youth and families. In addition, FCT is one of few home based treatment models that has extensive experience with families and youth who move between the child welfare, mental health, and juvenile justice systems, otherwise known as "crossover youth."

**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.



## Family Centered Treatment Goals:

- 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 the person referred's presenting behaviors to include family system involvement so families gain ownership of the changes and 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 as opposed to an individual focus.



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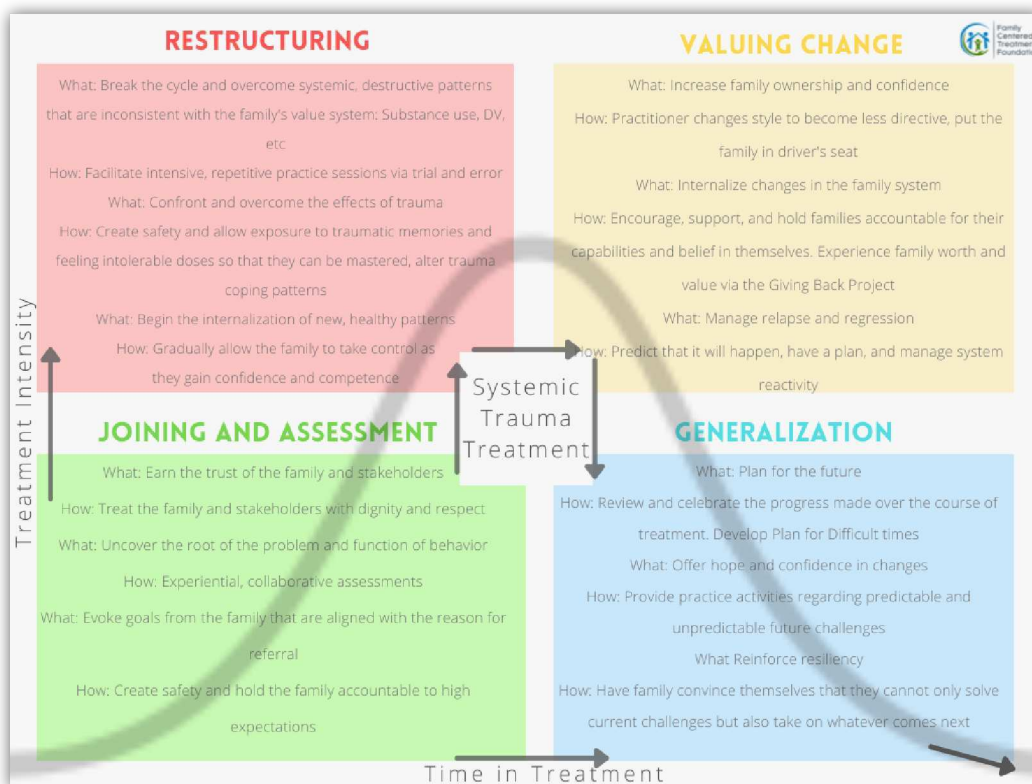
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# Model Components

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 phase 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 family's 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 circumstance.



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# What Makes FCT 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 practitioner 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, exploring intergenerational and systemic influences, incorporating all collaterals and stakeholders involved in the family's life, and integrating cultural themes 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 a family 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 gains confidence in applying the new skills across a variety of situations.**

In addition, FCT stands out as a unique model in its 'parallel process' where all FCT leadership positions at FCT licensed organizations are required to obtain certification for their identified implementation roles parallel to how FCT frontline practitioners must obtain certification to deliver the model.

**Similar to how FCT's focus is on treating the family as 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.**



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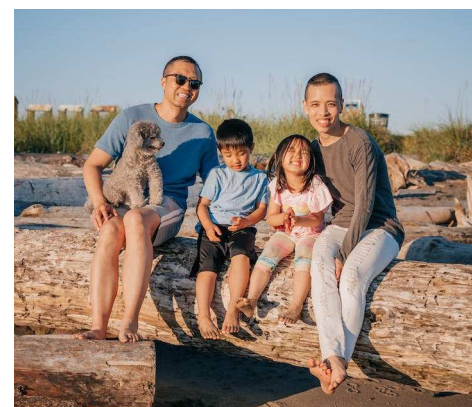


# Complex Trauma Treatment Inclusion



Since elements of past traumas including historical and generational patterns 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 when trauma is discovered. The FCT Trauma Treatment training and curriculum was enhanced last year through the adoption of the Care Process Model for Pediatric Traumatic Stress (CPM-PTS)\* through a partnership with the Pediatric Integrated Post-Trauma Services (PIPS) team at the University of Utah. **The Family Centered Evaluation fidelity component along with the routine administration of the CPM-PTS provide means of identifying individual, family and generational patterns of trauma as well as screening of potential suicidal thoughts and ideations.** Through years of collective research, FCT has determined that some form of systemic trauma to one or more individuals has been identified in more than 70% of referred FCT cases.

The FCT initial evaluation components are designed to enable the family to experience their story in a visual, participatory, and often pleasurable process. During these assessment activities, opportunities are provided for sharing 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, not just an individual.** In identifying how individual traumas and 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, maladaptive patterns of interaction are likely to develop or remain ongoing.** FCT practitioners can 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.**



\*CPM-PTS <https://utahpips.org/cpm>



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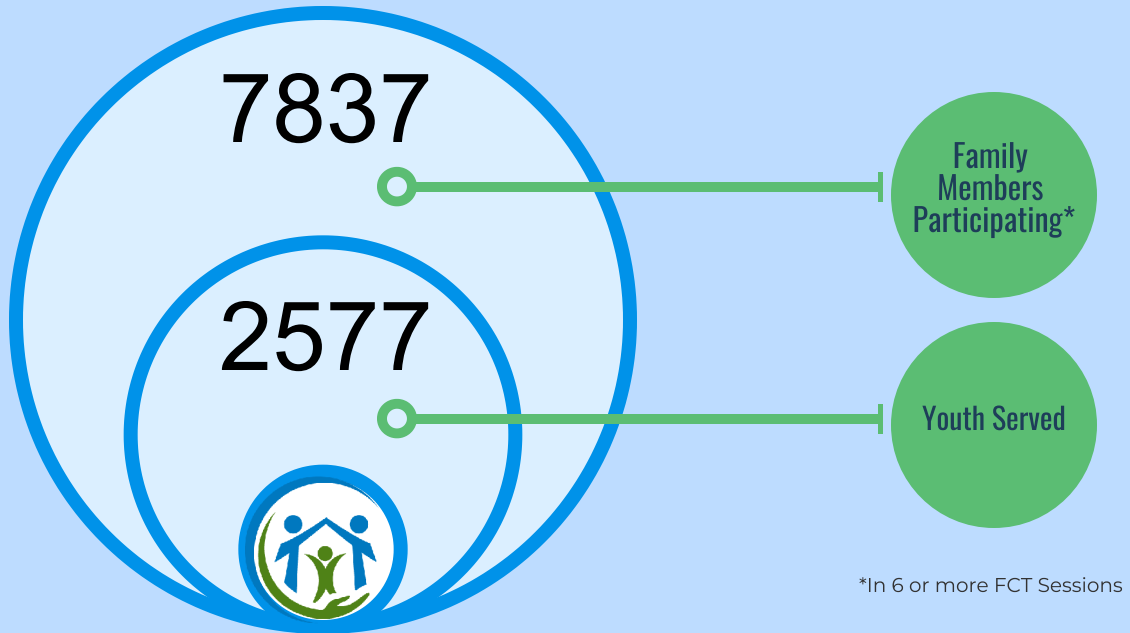
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# Results and Outcomes

## 2022



**89%**

youth served who were reunified or maintained placement



**86%**

youth served who maintained same level of care or lower level of care



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# Results and Outcomes



## MEANINGFUL OUTCOMES

	 Placement Status	 Completion Outcomes	 Engagement	 Goal Achievement	 Family Voice
Historical	88%	97%	95%	87%	90%

### Published Statistically Significant Findings for FCT

- Fewer Days to Reunification \*
- Less Time in Child Welfare Reaching Permanency \*
- Reduction frequency of juvenile offenses and adjudications (Post Treatment)\*\*
- Reduced Days in Placement and Community Detentions\*\*
- Less Likely to Experience Incarceration\*\*\*
- Less likely to experience Adult Arrest\*\*\*
- Children who had received FCT were significantly more likely to remain in the home throughout services ^
- Children in FCT did have statistically significantly fewer days on average until reunification ^
- Children who had FCT had a statistically significantly higher rate of being rated as safe ^
- 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.^



Citations available at [www.familycenteredtreatment.org](http://www.familycenteredtreatment.org)



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# Training and Certification



## Multi-tiered FCT Certifications:

FCT Practitioners, Trainers and Supervisors engage in didactic online training, in-person skills labs and field-based coaching to ensure that each individual demonstrates theoretical knowledge and skill competencies specific to their role in the FCT program. This is accomplished through a multi-tiered certification system (Levels 1-4) resulting in targeted skill transfer from the FCT Foundation to the FCT provider. As individual(s) achieve each successive certification, the organization can certify their own staff and manage all aspects of the program.

## Supervisor Certification:

Supervisor specific didactic online training and field-based coaching ensure that supervisors demonstrate theoretical knowledge and hard skill competencies to enable a highly responsive and collaborative supervision process. In contrast to traditional supervision with a focus solely on case consultation, FCT supervisors learn to develop high performing, self-supervising practitioners.



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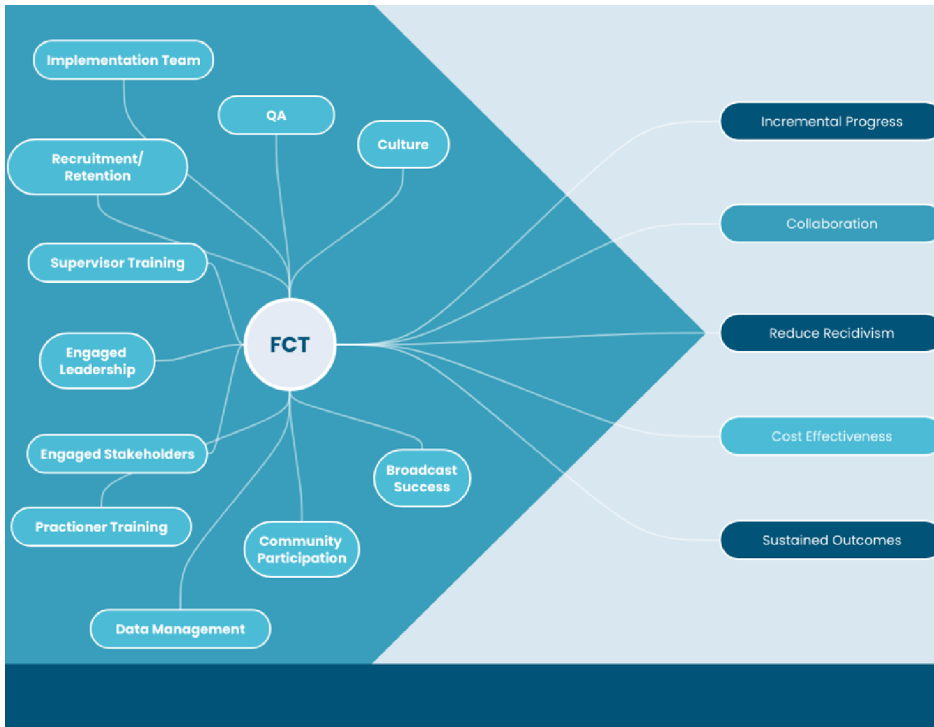


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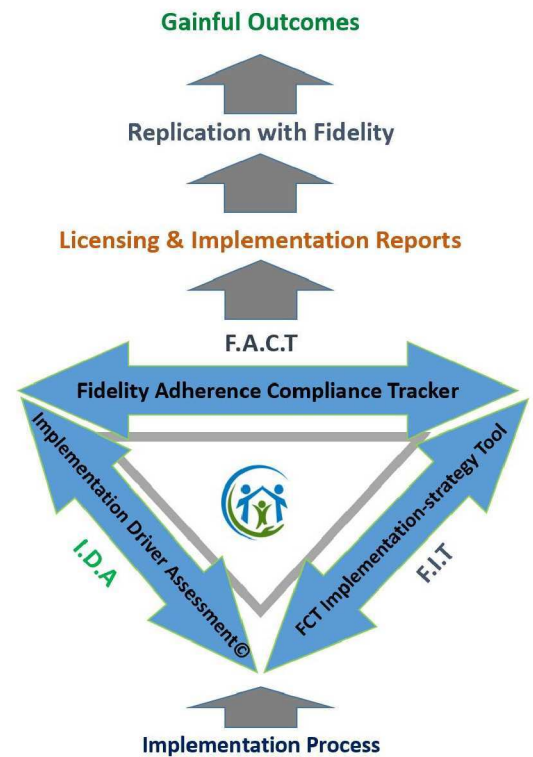
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# Model Implementation



FCT implementation is rooted in the tenants of Implementation Science and applied in a structured and dynamic manner. The level of structure and support is calibrated with the organization's specific needs. For example, during initial implementation the FCT Foundation provides a high level of support, accountability and structure.

FCT Foundation staff work intensively with new providers and titrate down as the providers build the necessary infrastructure and develop staff to assume FCT specific tasks and responsibilities. Interestingly, this also mirrors the clinical approach of creating ownership with the families who participate in FCT. This approach is coupled with the ongoing assessment of 'implementation drivers' and multiple levels of certification for practitioners and leadership. Through equal attention to the implementation process and clinical process, FCT organizations achieve quality and sustainable programs.



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# Model Enhancements

## Parent/Family Voice and Lived Expertise:

The Development and Innovations Committee has been integral to bringing recipient perspectives to our model initiatives through the involvement of parent/caregiver and provider representation.

We routinely receive feedback from FCT families via our Family Satisfaction Survey which aids in informing ongoing growth and enhancement to the model. Numerous families have also shared interest in participating in FCT projects and/or joining existing teams and committees.

The FCT Foundation's Let's Talk series additionally hosts those with lived expertise as guests to speak with FCT staff across the country.

## Diversity, Equity, and Inclusion:

The FCT Foundation continues to increase our Diversity, Equity, and Inclusion initiatives, not only within our workforce, but also for the families served. A formal adoption of a DEI Advisory Team launched in 2022 made up of FCT Foundation staff, provider representatives, and those with lived expertise.

Initiatives encompass broadening how we continue to integrate each family's unique cultural constructs into their journey through the phases of the model. These include but are not limited to: adding gender neutrality to joining activities and case staffing forms, enhancing bilingual material, diverse role play scenarios, spotlights on the monthly newsletter, and language modifications to fidelity measures.

## Support Resources for FCT Personnel:

A primary aim of the FCT Foundation is to continuously provide supportive resources for FCT Practitioners and Supervisors. Recent advancements include revisions to our Implementation Driver Assessment, updated fidelity measures, explainer videos, targeted podcast episodes, and the launch of Supervisor Phase Guides.



“My FCT practitioner makes us feel important and values our objectives and decision. My FCT Practitioner takes our comments to heart and works with us to provide the services we need.”  
~family in MA”



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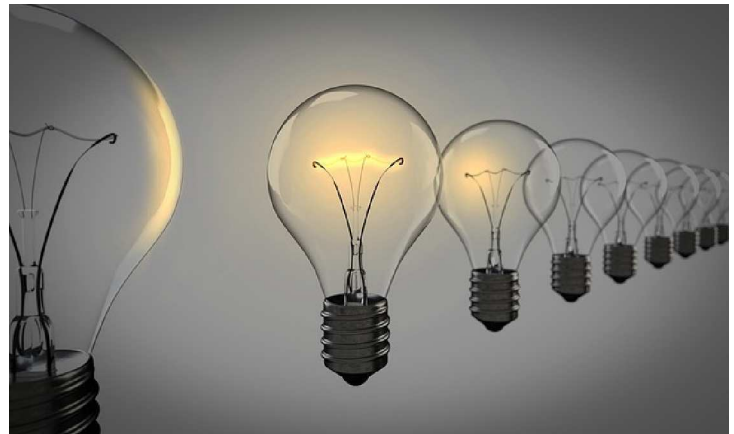
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# Advancements and Initiatives

The FCT Foundation's partnership with the National Child Traumatic Stress Network lends to ongoing collaboration with participants across the larger network in the form of monthly collaborative meetings. Representatives from the FCT Foundation are involved in the following groups:

## NCTSN Collaboratives

- Child Sexual Abuse
- Complex Trauma
- Implementation Summit
- Train-the-Trainer
- Military and Veteran Families
- Partnering with Youth and Families
- Rural Practice
- Secondary Traumatic Stress
- Sexual Health Subcommittee
- Steering Committee
- Trauma and Substance Abuse



## Demonstration Sites

**FCT-Recovery:** FCT-R layers the evidence based, in-home treatment model of FCT, with sobriety support and interventions when there is substance misuse by a parent or caregiver. Sites in NC and WI.

**FCT Reunification:** This demonstration site provides services to youth referred to FCT and placed in foster care simultaneously to decrease time in foster care, prepare the family for reunification and address issues that led to out of home placement.

**FCT Family Engagement Services:** Partnership between Managed Care Organizations, Psychiatric Residential Treatment Facilities (PRTF), and FCT Providers. Goals: 1-Increasing family involvement while a child is placed at a PRTF 2-Reducing the time in residential placement. 3-Provide families with a consistent treatment provider before, during and after a child's residential placement.

**Randomized Control Trial Study sponsored by Duke Endowment:** 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 Dollar Costs.\*

**Enhanced Residential Treatment Center (ERTC):** This program prioritizes family functioning and aftercare to prevent repeat stays for youth with significant behavioral health challenges. Enhanced Residential Treatment provides a shorter stay program for youth whose caregivers are equipped with the skills needed to function well once the youth return to their home environment. Thompson's Enhanced Residential Treatment team, alongside the High-Fidelity Wraparound and Family Centered Treatment teams will partner with the youth's family to ensure positive outcomes.

\*<https://childandfamilypolicy.duke.edu/research-item/rct-fct/>



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# Family Centered Treatment-Recovery

An FCT demonstration program to address the confluence of parental substance abuse, trauma and child welfare.

**FCT-R History:** In 2018, The SPARC Foundation, a licensed FCT provider, Henderson County NC Department of Social Services (HCDSS) and the Family Centered Treatment Foundation, in partnership with The Duke Endowment, launched the Family Centered Treatment Recovery (FCT-R) pilot. The pilot is focused on developing a specialized focus of **Family Centered Treatment (FCT) to meet the unique and complex needs of the FCT target population who are also grappling with a substance use disorder (SUD)**. Caregiver substance use, trauma and domestic violence are ubiquitous characteristics of these families which is compounded by a lack of comprehensive, evidenced-based treatments capable of treating these complex dynamics. The SPARC Foundation and DCDSS secured a grant from The Duke Endowment to launch the pilot and in 2021 The SPARC Foundation was awarded a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to further develop and expand the FCT-R program. A 2nd demonstration site in Wisconsin launched in 2022. **The demonstration was initiated in response to an internal analysis by DCDSS showing that approximately 85% of trauma-impacted children placed in out-of-home care had caregivers with a SUD.**



Traditional Substance Abuse Service Offerings:	Family Centered Treatment-Recovery
✓ 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

“We are so excited to expand our partnership with FCT with the implementation of FCT-R. We believe that the family is at the core of supporting a person in recovery. The family has such an important role and may need to shift their way of being with one another. We believe that the FCT-R model is a critical component for long-term recovery and addressing generational substance use challenges. Thank you to Jon and his team for their partnership and shared enthusiasm around helping make a positive impact on individuals, families, and communities.”

~Jill Chaffee, Lutheran Social Services of Wisconsin & Upper Michigan Vice President of Community Based Services



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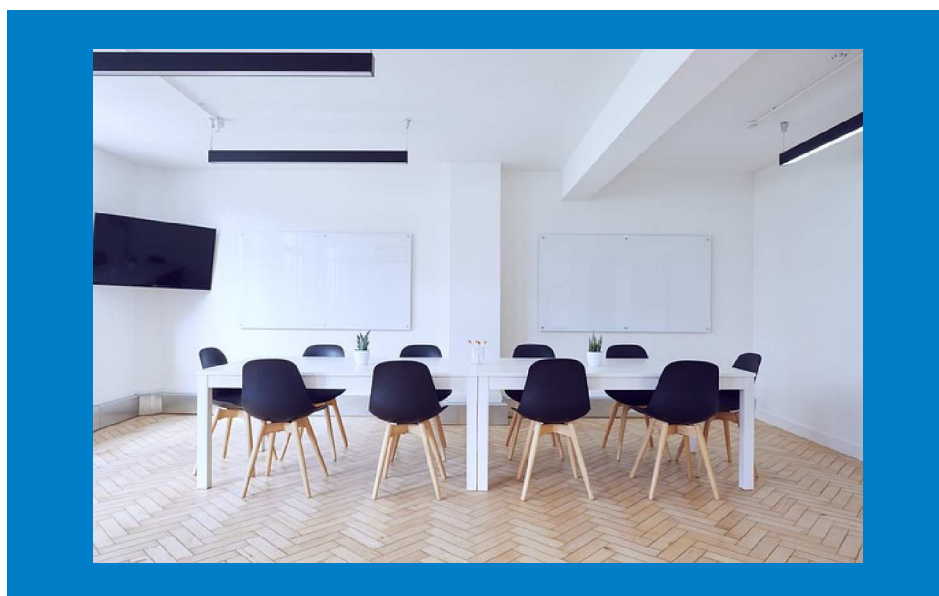


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# FCT Foundation Committees and Teams

Model enhancement has launched the Foundation into adopting added formalized Committees and Teams. Parallel to our clinical process, we believe effective change is achieved through group work and systemic collaboration. Below are our Foundation Committees which require active Board Member representation as well as our Teams which are comprised of FCT Foundation staff, FCT Provider representatives, former FCT family members, and/or community stakeholders.



## Committees

- Finance Committee
- Fundraising Committee
- Governance and Human Resources Committee
- Innovations and Clinical Development Committee
- Research Committee

“ I really liked that [our practitioner] helped us to be able to communicate more effectively. He helped us to be able to come to agreements and resolutions to some of the struggles that we have and helped us to create a plan that would work for our family - family in IN ”

## Teams

- Conference Team
- Diversity, Equity and Inclusion Advisory Team
- Executive Management Team
- Implementation Science Team
- Indiana Team
- North Carolina Team
- Prospective Organization and Readiness Team
- Program Consultation Director Team
- Quality Assurance Team
- Training and Certification Team



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# FCT Day of Giving

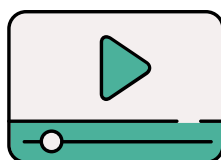
## March 3rd

A primary tenant of Family Centered Treatment is “the power of giving is greater than the joy of receiving” (Norbert Harms). We believe that all families, no matter their current circumstances or past hardships, possess an immeasurable amount of inherent value. During treatment, families spend time exploring and defining their family values. They experience increased connection through discovering their worth and are then invited, during the Valuing Change phase, to put this into practice through the Family Giving Project by devising a creative way to share their value and worth in their community.

Family Centered Treatment also prides itself on parallel process. We never ask a family to do something we wouldn't do ourselves. March 3, 2022 launched an annual initiative for the FCT community to engage in a day devoted to giving back to the larger community. The inaugural event marked the 30 year anniversary of Family Centered Treatment being officially incorporated.

On this day, we invited all those involved with FCT, including but not limited to current and past FCT families, FCT practitioners, FCT supervisors, FCT licensed organization personnel, collaterals, FCT Foundation staff and the FCT Board of Directors to participate in an act of giving.

There was no act too small! A compilation of national involvement is captured in the FCT Day of Giving video. Please click below to see how communities across the country benefitted from this initiative.



Video can also be accessed via [https://youtu.be/Gi2sx\\_PJ7eQ](https://youtu.be/Gi2sx_PJ7eQ)



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# Recognitions and Affiliations

## Listings and Clearinghouses

The California Evidence-Based Clearinghouse for Child Welfare  
 Title IV-E Prevention Services Clearinghouse  
 SAMHSA's National Child Traumatic Stress Network  
 OJJDP Model Programs Guide - CrimeSolutions.Gov  
 SAMHSA's National Registry for Evidence-Based Programs and Practices  
 PEW Charitable Trusts Results First Clearinghouse Database  
 Quality Improvement Center for Adoption & Guardianship Support and Preservation  
 Clearinghouse for Military Family Readiness at Penn State

## Research Funding and Collaborations

The Duke Endowment of the Carolinas  
 The Duke Center for Child and Family Policy  
 Professional Consulting Group - National Research Consultant  
 Chapin Hall/Nebraska DHHS  
 University of Maryland School of Social Work  
 Indiana University School of Social Work/Indiana Department of Child Services  
 University of Arkansas School of Medicine/Arkansas DHS

## Training and Education Exchanges

Texas Alliance of Children and Family Services  
 Nebraska Indian Child Welfare Coalition  
 Creating a Family  
 North Carolina National Association of Social Workers Learning Institute  
 National Foster Parent Association  
 Safe Havynn- Health Education Center, Louisiana  
 Expressable  
 Additional trainings provided nationally via conference presentations and contracts



Expand our  
Reach



Strengthen  
the Culture  
of Diversity,  
Equity and  
Inclusion



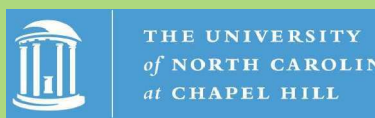
Measurably  
Change  
Lives



Invest in  
our People

# Recognitions and Affiliations

## University Partnerships



## Affiliates and Partners

Arkansas Department of Health and Human Services  
 Benchmarks, North Carolina  
 California Alliance of Child and Family Services  
 Child Welfare League of America  
 Coalition for Juvenile Justice  
 Family First Prevention Services Act  
 Family Focused Treatment Association  
 Florida Coalition of Children  
 Global Implementation Society  
 Indiana Department of Child Services  
 Jefferson County, Wisconsin  
 National Child Traumatic Stress Network  
 Nebraska Department of Health and Human Services  
 North Carolina Department of Health and Human Services  
 Ohio Children's Alliance  
 RAND Corporation  
 REAL Academy  
 Together Georgia  
 Washington County, Wisconsin

*"I am grateful for our partnership with Family Centered Treatment and their dynamic team who volunteer by giving their time, energy, and expertise to train emerging social workers."*

*Ja'Shaun Brailey Blanding, MSW  
 Director & Instructor, Social Work Field Education, Winthrop University*



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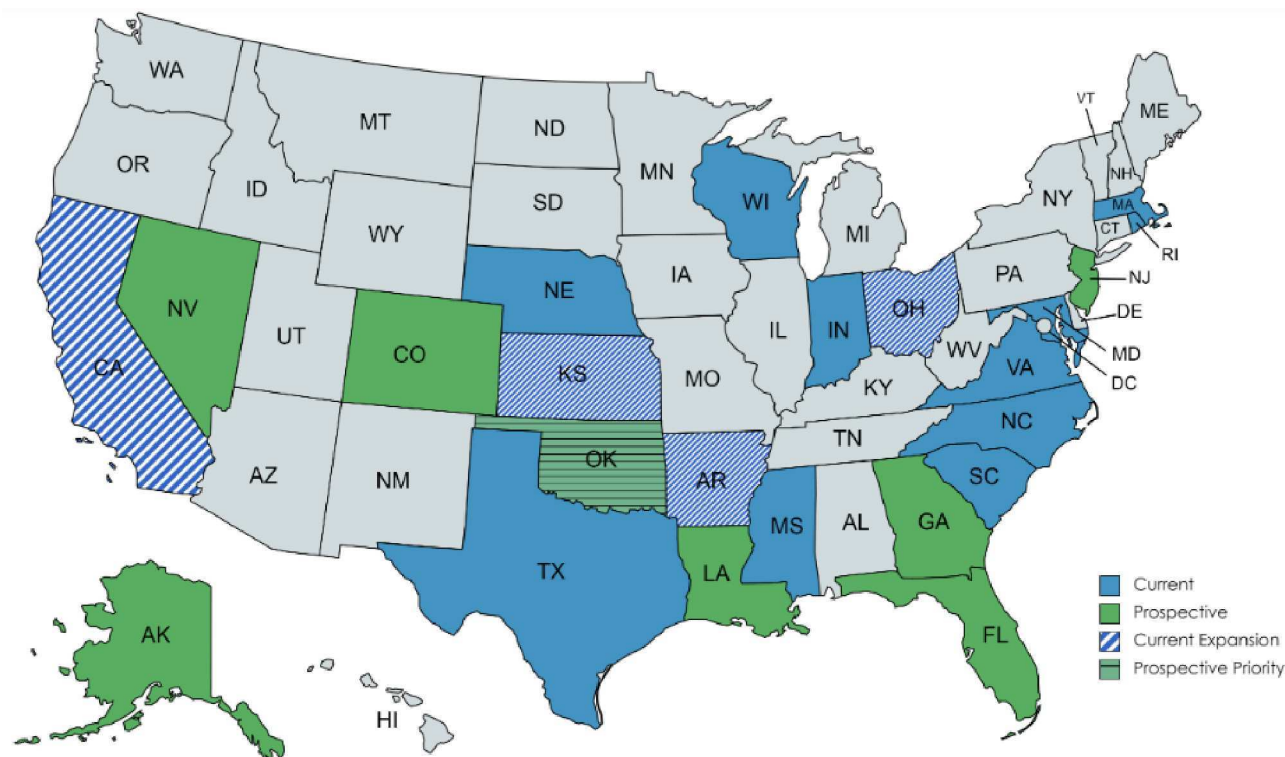
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# Where is Family Centered Treatment?

The Family Centered Treatment model is provided at over 80 sites across 14 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. A complete listing of current FCT Licensed Organizations can be found on our [website](#). The FCT Foundation headquarters is based in Charlotte, NC.



"Our practitioner came into my home and helped me find myself again. She helped in so many ways, more than she'll ever know."  
~KS family

"We don't feel judged at all, having the support knowing if we needed to, we'd have someone to call."  
~RI family

"The agency really took time to understand the problems and played an active role in helping figure out solutions that would work with our family."  
~NC family

"[Our practitioner] didn't dodge the hard questions and kept us plowing through them and worked with us to find different solutions."  
~NE family

# Contact Us



*-Keeping Families Together-*

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## Website:

[www.FamilyCenteredTreatment.org](http://www.FamilyCenteredTreatment.org)

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[admin@familycenteredtreatment.org](mailto:admin@familycenteredtreatment.org)

## Follow Us:



## Donate and Get Involved:

[www.familycenteredtreatment.org/get-involved](http://www.familycenteredtreatment.org/get-involved)



Scan. Pay. Go.



The Family Centered Treatment Foundation is planning for our 2024 Conference! Follow us for additional details.



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