

# Family Centered Treatment Recovery

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*RFP for Coronavirus State and Local Fiscal Recovery Funds*

## ***The SPARC Foundation***

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## ***Jackie Latek***

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# Application Form

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## Question Group

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Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

## Organization Type\*

Nonprofit

## Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

Determination Letter\_SPARC.pdf

## Name of Project.\*

Family Centered Treatment Recovery

## New/Updated Proposal\*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

New project proposal

## Amount of Funds Requested\*

\$336,283.00

## Category\*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Mental Health/Substance Use

## Brief Project Description\*

Provide a short summary of your proposed project.

The SPARC Foundation's Family Centered Treatment Recovery (FCTR) program will serve children and families in Buncombe County who are in crisis, facing forced removal of children from the home, and in need of reunification due to multi-generational trauma and substance use disorder (SUD). The co-occurrence of substance use disorder (SUD) and trauma create a complex treatment profile that renders most treatment models ineffective. FCTR is designed to successfully navigate the complex interplay within the context of family, addressing the systemic dynamics of SUD and trauma exposure on the family unit. This model addresses the problems created by the complex interplay of trauma and SUD in families by leveraging family attachment bonds to keep children and caregivers out of institutional care. The entire family is engaged in treatment that includes trauma treatment as well as substance use education, prevention and recovery planning designed for sustainable family changes.

## Project Plan\*

Explain how the project will be structured and implemented, including timeframe.

SPARC proposes to expand its existing Family Centered Treatment Recovery (FCTR) program (adapted from the evidence-based Family Centered Treatment model). FCTR is an innovative, home-based care model for treating SUD and trauma exposure within the context of family.

FCTR is designed to treat families involved with multiple systems and address complex needs of families who have had children removed due to SUD and trauma. FCTR brings services directly to families where they live, overcoming the most frequently cited barriers to accessing treatment (e.g. transportation, childcare, stigma, work scheduling conflicts), resulting in better service engagement and participation. FCTR is innovative in its potential to fill a gap in North Carolina's fractured and siloed health care system, which currently has a lack of BH providers, requires families in need of BH services to go to multiple providers, and lacks a reimbursement mechanism for serving families with complex needs. Nationally, there are no available services addressing parental SUD in the context of their family system, with services provided in the home, making FCTR a truly unique solution to a complex problem.

FCTR consists of four distinct FCT treatment phases that include trauma treatment and SUD treatment woven throughout each phase, supported by the evidence-based fidelity measures of FCT. The four phases encompass screening, assessment, care management, therapy, and prevention for at-risk youth. FCTR systemic trauma treatment restructures a family's pattern of interactions and enhances attachment bonds to enable a family to accomplish the tasks of daily living while strengthening and securing family relationships. Systemic trauma treatment includes: 1) Use of evidence-based assessment tools to determine area of family functioning that led to trauma or impedes healing; 2) Family Life Cycle, which helps caregivers explore connection of past experiences to their present parenting; 3) Treatment of functions or need rather than behaviors; 4) Parenting techniques to enable breaking out of the trauma bond and/or triangle; 5) Caregiver ownership and accountability process; and 6) Re-authored narratives.

There are 15 core FCTR fidelity measures taken directly from the traditional FCT model and 11 drawn from established best practices in SUD treatment. FCTR treatment intensity and frequency varies, ranging from a minimum of two multiple hour sessions per week to daily, depending on the unique needs of each family. A Certified Peer Support Specialist acts as a sponsor to develop recovery skills and create a personalized WRAP (Wellness Recovery Action Plan).

All infrastructure for FCTR is in place making this project "shovel ready." Clinical and administrative positions are in place, training for Buncombe County social workers has begun, systems to collect data are designed.

Recruitment of two staff and training will begin upon award announcement. Funds will be expended over two years.

## Statement of Need\*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

According to a 2018 survey performed by the Western North Carolina Health Network, nearly half of adults in the region reported that their lives had been negatively affected by SUD.\* The North Carolina Department of Health and Human Services reported in 2014 that nearly one-third of children in WNC faced at least one Adverse Childhood Experience, and more than a quarter had lived through three or more childhood traumas.\*\*

According to data supplied by Buncombe County Department of Health and Human Services, the leading cause of removal of children from their homes is substance use which leads to neglect and safety concerns. In 2019, 128 children were placed into foster care. The numbers increased to 144 and 159 in 2020 and 2021, respectively. Five year trends report that only 25% of families experienced reunification. The cost of foster care beds to our system was \$3.5 billion in the previous year.

WNC does not have enough licensed foster parents to provide adequate and safe care to the increasing number of children coming into care. Families are disrupted at high rates while being reunified at far too low

rates. SPARC's FCTR reduces the burden on the foster care system and reduces costs by providing recovery support, increasing safety/well-being and reuniting families versus children languishing in foster homes and/or aging out of the system.

\*WNC Health Network Regional Data (2021). <https://www.wnchn.org/wnc-data/regional-data/>

\*\*North Carolina State Center for Health Statistics (2014). Adverse Childhood Experience. <https://schs.dph.ncdhhs.gov/data/brfss/2014/west/ACEINDX1.html>

## Link to COVID-19\*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

Buncombe County reported a 24% increase in foster placements between 2019 (128) and 2021 (159). This trend correlates with the Centers for Disease Control warning that the COVID-19 pandemic has resulted in "heightened stress, school closures, loss of income, and social isolation...[increasing] the risk for child abuse and neglect."\* In WNC, health professionals fear that among the repercussions of the pandemic will include severe and long-lasting increases in abuse, neglect, and childhood trauma in general.\*\* In a 2018 survey conducted by Vaya Health, the managed care organization that oversees Medicaid services in the area, the top three reported barriers to treatment were 1) transportation, 2) scarcity of behavioral health providers, and 3) lack of providers accepting insurance. The combination of demographic disparities, lack of transportation, structural barriers to human services and challenges exacerbated by COVID all contribute to poor outcomes for children and families battling the complex interplay of substance use and trauma.

By expanding the use of the evidence-based Family Centered Treatment model to meet the specific needs of families dealing with substance use-related trauma, SPARC can improve outcomes for families in need and empower them to develop the skills and behaviors necessary to interrupt multigenerational cycles of substance use and trauma.

\*Swedo (2020). Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm#:~:text=Heightened%20stress%2C%20school%20closures%2C%20loss,abuse%20and%20neglect%20\(1\).](https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a1.htm#:~:text=Heightened%20stress%2C%20school%20closures%2C%20loss,abuse%20and%20neglect%20(1).)

\*\*Ovaska (2020). Unsafe Conditions for Children in Wake of COVID-19 <https://www.northcarolinahealthnews.org/2020/04/28/covid-19-child-abuse/>

## Population Served\*

Define the population to be served by this project, including volume and demographic characteristics of those served.

The FCTR model is designed to serve families with SUD and trauma who are at risk of family disruption, leading to an increase in trauma and poor generational outcomes. Buncombe County Social Workers serving families whose children have been placed out of the home will make referrals to this program. Due to the intensity of treatment, one FCT-R duo will serve no more than 5 families at a time. This expanded team will provide additional services to families in Buncombe County and will partner with the existing FCTR duo serving Buncombe where 70% of WNCs African American residents and more than half of Hispanic/Latino residents reside.

In Buncombe County, as of 3/15/22, there are a total of 337 children in foster care. 60% identify as white; 16% as black; 14% as multi-racial white/black; 4% multi-racial other; 6% did not report. These numbers do not include the number of children and families who are involved with the county in the Investigation phase or In Home Services. Families who are involved with Child Protective Services (CPS) often have the following generational challenges: poverty, mental health, substance abuse, unresolved trauma, unstable housing, unreliable employment, involvement with CPS. Often, families proceed through services with CPS by “checking the box” to get their children back, returning to old behaviors after CPS closure. In recognizing this pattern, FCTR is not only designed to address the generational challenges but addresses the ambivalence of families by focusing on the behavior changes the family values.

Families repeatedly practice new behaviors that have value to them. Long term sustainable changes occur when families value the outcomes of their actions. Therefore, FCTR changes current dynamics within a family which affects outcomes for future generations.

## Results\*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

One FCTR duo serving Buncombe County is already in place. This funding would allow greater reach to families where children are in foster care by adding a second duo. Due to the population size of Buncombe County and numbers of families in care as a result of COVID, an additional FCTR duo is required to meet the need. Teams serving Buncombe County will meet the following goals and objectives.

Goal 1: Increase access to FCT-R trauma & recovery services in Buncombe County

Objective 1a: Within 90 days of award notice, recruit, hire, and train 1 new FCTR team, consisting of 1 certified addiction specialist (CADC or LCAS) and 1 Certified Peer Support Specialist (CPSS)

Objective 1b: Within 120 days of award notice, begin service delivery

Goal 2: Over the grant period, provide direct services to families referred

Objective 2a: On an annual basis throughout the grant period, 100% of families referred to the program will have a Family Relapse Prevention and Response Plan (FRPRP)\*

Objective 2b: Annually, 100% of families referred will complete a screening meeting

Objective 2c: Annually, 50% of families will demonstrate an increase in cumulative number of abstinent days over the course of FCT-R treatment

Objective 2d: Annually, 50% of referred families experiencing trauma and SUD will be reunified and/or preserved.

\* Family Relapse Prevention and Response Plan is a comprehensive plan for all members of the family to identify behaviors they will change to prevent a relapse as well as how to respond when a relapse occurs. For example, a mother commits that she will no longer provide rides for her son (with an SUD) to Main Street. She knows this is where he goes to meet his drug dealer. Families utilize and adjust this plan throughout treatment. They practice implementing the plan so that after services close, they are empowered to continue to follow the plan. This is another tool to long term sustainable changes within the family.

## Evaluation\*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

SPARC and FCT Foundation have established robust data collection and evaluation protocols that enable the routine incorporation of data analysis in programmatic planning and decision-making. With the

assistance of a third-party evaluator, Real Academy (RA), SPARC will expand and enhance its data collection and reporting capabilities to gather required data. This data will include the number of individuals receiving services, diagnoses, and indicators relevant to recovery from substance use, housing stability, mental health functioning, education, criminal justice involvement, social connectedness, and client perception of care. RA will collect quantitative and qualitative data and provide a data analysis of the effectiveness of programming.

Features of this integrated system include monthly meetings of staff and leadership committees with the external evaluator to assess the effectiveness of client interventions, both on a case-by-case and organizational level. These committees will also oversee cross-training between social workers and clinicians that improves overall efficiency by keeping staff aware of the latest treatment philosophies and clinicians aware of DSS policies and the court process. SPARC's partnership with FCT Foundation yields great benefits to the organization in data analysis and evaluation. SPARC currently submits monthly data to FCT Foundation including families served, services provided, completion of fidelity documents, and outcomes for discharged families. FCT Foundation utilizes this data to develop an FCT Foundation Implementation Tool (FIT), a constantly evolving document used to create and monitor implementation goals and strategies. Completed every 6 months, FIT analyses are the basis for weekly implementation meetings attended by staff from both SPARC and FCT Foundation.

## Equity Impact\*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Chronic stress, unresolved trauma, mental illness and a family history of substance misuse are some of the root causes of substance abuse. Historically, poverty and isolation were exacerbating factors that often tipped a family into social services involvement when parents were unable to meet their child's safety needs. COVID brought additional financial challenges and increased isolation to families who were already struggling to survive. Poverty is disproportionately present in communities of color. COVID disproportionately affected communities of color. These same communities are disproportionately present in the foster care system.

Effective treatment and supports exist to address these factors within FCTR. Addressing individual and generational trauma, building coping skills to effectively handle stress, learning new ways of parenting and communicating with safety in mind, building up each family's ability to respond to difficult life challenges today and in the future are key strategies to reunifying families. Allowing families the opportunity to try new skills, and then practicing those skills is what makes FCTR effective with traditionally hard to serve families. As with any behavior change, families will make progress and digress. This natural human process allows families to compare the outcomes of their choices and begin to internalize the positive outcomes of their new behavior. With a trained practitioner they process the skills they are learning. Families desire to function in more healthy ways. Their new experiences of health together provide them with the motivation to maintain these new behaviors after all service providers have left the home. The final phase of treatment asks the family to consider their family strengths and how they could use this special skill/strength to support others. Each family member has a role in the family giving project and it is their final activity in treatment.

## Project Partners\*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Key partners provide a comprehensive approach to meeting goals and objectives.

Family Centered Treatment Foundation partners with organizations across the country to promote the FCT model, gather data on outcomes, and formulate and refine best practices and treatment protocols. FCT Foundation also designs and implements training modules to keep providers abreast of the latest trends and recommendations. Through constant data collection, feedback, and consultation with direct service providers across the country, FCT Foundation-affiliated programs maintain high standards of care and result in positive outcomes/goal achievement for nearly 90% of participants.

The National Child Traumatic Stress Network's mission is to "raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States." NCTSN provides technical & clinical support to providers in the field.

Real Academy specializes in evaluations to provide a holistic assessment of a particular intervention and its collective effectiveness. As such, Real Academy investigates and explores critical characteristics of a single or multiple interventions as experienced by the service recipient, provider, key local community stakeholders as well as any cross jurisdictional impacts. Real Academy has been contracted by SPARC to provide annual evaluations for the next 5 years using a mixed methods approach of quantitative and qualitative data to inform the outcomes of Family Centered Treatment-Recovery.

BCDHHS' mission is "to strengthen our communities by advancing health, safety, and opportunity." Social Workers (SWs) will receive training in substance misuse & the FCTR model. Through a collaborative approach SWs and FCTR staff will at times conduct joint sessions, communicate frequently, and utilize recovery language in working with families. Monthly leadership meetings between BCDHHS and SPARC will ensure proper implementation of the program.

## Capacity\*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Headquartered in Asheville, North Carolina, SPARC has been providing clinical services, education, and support to keep people out of institutional care since 2015. At the core of SPARC's effectiveness is the FCT model, a method of serving families in crisis that was created by practitioners and refined over the course of more than 35 years through the rigorous integration of feedback from families, clinicians, and researchers. SPARC, in collaboration with Henderson County DSS, received a Duke Endowment Grant in 2017 to pilot FCTR in the county focused on mitigating the trauma and lasting effects of substance use among local families. Due to unique program innovations and pilot programming success, SPARC obtained a five-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant to expand programming to surrounding counties which began in October 2021. "SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities."

Teams are currently serving Buncombe and Henderson County families. Dr Carrie Menke, Project Director, supports the team as a Licensed Clinical Addictions Specialist, with support from SPARC's Clinical Trainer, certified in FCT. SAMHSA requirements for data collection are in process of being built and will be utilized for any expansion and reporting.



## Budget\*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget-SPARC.xlsx

## Special Considerations\*

Provide any other information that might assist the County in its selection.

FCTR specifics.docx

In Buncombe County and throughout the nation, substance abuse is the number one reason families are disrupted. The lack of effective treatment for these families results in large numbers of children being removed from their homes with little chance of return. In efforts to keep children safe, our systems have created the unintended consequences removal from home trauma. The costs of placing children in foster care are high, let alone the cost to well-being. Outcomes for children in foster care are poor as they perform at far lower rates than their peers in education, employment, income, housing, health, substance abuse and criminal involvement. FCTR intends to reduce the amount of nights in foster care, prevent foster care placements, give families the tools and treatment they need to be healthy and successful.

In the 2.5 years of our pilot program, we served 25 families. 46% of families were reunified or maintained in the home. In those families, there were 20 total children who were reunified or disruption was prevented. 33% of referrals did not start treatment due to requiring in patient rehab services or lack of engagement.

SPARC intends to provide FCTR to communities throughout WNC. Additionally, SPARC has a strategic plan to train other providers in implementing FCTR in their regions. WNC is the birthplace of FCTR. And it will see exponential growth as new providers are trained across the country. Breaking the cycle of substance abuse and family disruption creates healthy families today and for generations to come.

## File Attachment Summary

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### *Applicant File Uploads*

- Determination Letter\_SPARC.pdf
- Recovery-Funds-budget-SPARC.xlsx
- FCTR specifics.docx

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAY 26 2017

SPARC FOUNDATION INC  
PO BOX 8879  
ASHEVILLE, NC 28814

Employer Identification Number:  
81-3036310  
DLN:  
17053074335037  
Contact Person:  
RAMACHANDRAN MANOHAR ID# 31344  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
April 11, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

SPARC FOUNDATION INC

Sincerely,

*Stephen a. martin*

Director, Exempt Organizations  
Rulings and Agreements

## Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

|                           |                                    |
|---------------------------|------------------------------------|
| <b>Organization Name:</b> | The SPRC Foundation                |
| <b>Project Name:</b>      | Family Centered Treatment Recovery |
| <b>Amount Requested:</b>  | \$336,283 over 2 years             |

| Proposed Project Revenue Funder        | Amount          | Confirmed or Pending? | Notes        |
|--|-----------------|-----------------------|--------------|
| Proposed Buncombe COVID Recovery Funds | \$ 336,283.00   | Pending               | OVER 2 YEARS |
| SAMHSA                                 | \$ 767,799.00   | Confirmed             | OVER 2 YEARS |
| List other sources here                |                 |                       |              |
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| <b>Total</b>                           | \$ 1,104,082.00 |                       |              |

| Proposed Project Expenses    | Proposed Recovery Funds | Other Funds   | Total           | Capital or Operating Expense? | Notes  |
|------------------------------|-------------------------|---------------|-----------------|-------------------------------|--|
| Salaries plus fringe         | \$ 249,966.00           | \$ 585,261.00 | \$ 835,227.00   | Operating                     |  |
| Travel/mileage reimbursement | \$ 10,000.00            | \$ 14,400.00  | \$ 24,400.00    | Operating                     |  |
| Supplies - laptops, printers | \$ 3,000.00             | \$ 8,292.00   | \$ 11,292.00    | Operating                     |  |
| Urine Screens                | \$ 20,800.00            |               | \$ 20,800.00    | Operating                     |  |
| Recruitment                  | \$ 3,000.00             | \$ 3,000.00   | \$ 6,000.00     | Operating                     |  |
| FCT License Fee              | \$ 4,800.00             | \$ 19,200.00  | \$ 24,000.00    | Operating                     |  |
| Cell Phones                  | \$ 2,400.00             | \$ 6,000.00   | \$ 8,400.00     | Operating                     |  |
| Contingency Management       | \$ 12,000.00            | \$ 5,500.00   | \$ 17,500.00    | Operating                     | "Token economy" where families earn rewards for participating in treatment |
| Admin 10%                    | \$ 30,317.00            | \$ 63,746.00  | \$ 94,063.00    | Operating                     |  |
| Subcontractor - Evaluator    |                         | \$ 50,000.00  | \$ 50,000.00    | Operating                     |  |
| Continuing Education         |                         | \$ 3,900.00   | \$ 3,900.00     | Operating                     |  |
| Subcontractor - Accounting   |                         | \$ 8,500.00   | \$ 8,500.00     | Operating                     |  |
| List expenses here           |                         |               | \$ -            |                               |  |
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| List expenses here           |                         |               | \$ -            |                               |  |
| List expenses here           |                         |               | \$ -            |                               |  |
| List expenses here           |                         |               | \$ -            |                               |  |
| <b>Total</b>                 |                         |               | \$ 1,104,082.00 |                               |  |

## Family Centered Treatment Recovery

What Makes FCTR Different?

| Traditional Substance Abuse Services  | 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                  | Weekly random urine screens and hair follicle test at intake |
| Contingency Management Vouchers       | Contingency Management Vouchers                              |
| Certified Peer Support Specialists    | Certified Peer Support Specialists                           |
| Therapy to address individual traumas | Therapy to address individual and generational traumas       |
|                                       | Family Centered Treatment fidelity sessions                  |

FCTR curriculum specifics:

| <b>Table 2: FCT-R Fidelity Components and Phases</b>   |   |   |   |
|--|---|---|---|
| <p><b>Phase I: Joining &amp; Assessment</b><br/> <b>Duration:</b> ~ 5 weeks<br/> <b>Goals:</b> Earn family's trust, identify systemic issues including SUD/trauma, reframe problems, identify treatment goals.</p>   | <p><b>Phase II: Restructuring</b><br/> <b>Duration:</b> ~ 13 weeks<br/> <b>Goals:</b> Challenge and change how the family has organized itself around substance use/trauma to healthier, attachment-based patterns of interactions through the use of enactments and experiential interventions.</p>  | <p><b>Phase III: Valuing Changes</b><br/> <b>Duration:</b> ~ 5 weeks<br/> <b>Goals:</b> The family internalizes new behavioral patterns and attachment bonds and integrates these changes into their existing value system. Plan and respond to relapse as a method to cement progress.</p>   | <p><b>Phase IV: Generalization</b><br/> <b>Duration:</b> ~ 3 weeks<br/> <b>Goals:</b> Celebrate progress in recovery. Plan how the family will utilize new skills, attachments and confidence to solve future problems. Create post-discharge treatment plan.</p> |
| <p>Solution Cards<br/> <i>Recovery Check-in*</i><br/> <i>Trigger Cycle + Thought Stopping Techniques*</i><br/> <i>Family Relapse Prevention + Response Plan</i><br/> <i>Certified Peer Support* Specialist (CPSS)</i><br/> <i>WRAP # 1 &amp; 2, develop crisis plan*</i><br/> <b>Family Centered Evaluation Components</b><br/>                     Eco-map<br/>                         -Trigger Identification*<br/>                         -PSS WRAP #3*<br/>                     Family Life Cycle<br/>                     Structural Family Assessment<br/>                     Family Centered Evaluation<br/> <b>Transitional Indicator: Making Changes</b></p> | <p>Weekly Enactments and experiential interventions based on assessments and family goals targeting trauma and substance use symptoms as they present in daily life<br/>                     First Map Issue Goals Strategy (MIGS) Case Review<br/>                     FCT Session Record<br/> <i>Identification of Addiction and Recovery Behaviors</i><br/>                         -PSS WRAP # 4 &amp; 5*<br/> <i>Family Roles + Sculpt*</i><br/> <i>Relapse Beliefs*</i><br/> <i>Addiction Beliefs*</i><br/> <i>Relapse Analysis*</i><br/>                     Second MIGS Case Review Showing Shift</p> | <p><b>Fidelity Measure</b><br/>                     Weekly Enactments and experiential interventions continue. Caregivers take leadership role in sessions to facilitate internalization.<br/>                     Third MIGS Case Review<br/> <i>Family Recovery Testimony</i><br/>                     Family Giving Project<br/> <b>Transitional Indicator: We Did it On Our Own</b></p> | <p><b>Fidelity Measure</b><br/>                     Our Plan for Difficult Times<br/>                     Acknowledgment of Family Discharge Satisfaction Survey<br/>                     Treatment Completion and Discharge Planning Celebration</p>             |

## Family Centered Treatment Recovery

|   |   |  |  |
|---|---|--|--|
|   | <u>in Dynamics</u><br><b>Transitional Indicator:</b><br><b>Making Changes We</b><br><b>Choose</b> |  |  |
| Family Recovery Plan, Initiated in Phase 1, and utilized across all phases  |   |  |  |
| Typical Treatment Duration is 6 – 9 months  |   |  |  |
| Treatment Intensity: Minimum of 2 sessions and 4 hours of direct work with the family per week  |   |  |  |
| Systemic Trauma Treatment Provided  |   |  |  |
| Random Urine Screens  |   |  |  |
| Contingency Management  |   |  |  |
| Community-based Support Group   |   |  |  |
| Referrals to economic, housing, employment, education, social support services  |   |  |  |
| On-call support from the family's own clinician, multiple staff involved at critical junctures, and collaborative teamwork with all county referral partners on a weekly (or daily if needed) |   |  |  |
| Typical Treatment Duration is 6 – 9 months  |   |  |  |
| Evaluated at regular intervals  |   |  |  |

*\*SUD components woven into FCT to create FCT-R*