

House Bill 322

02/14/2023

Public Health – Home– and Community–Based Services for Children and Youth

TESTIMONY IN SUPPORT

I am writing on behalf of the Family Centered Treatment Foundation (FCTF), a multi-state 501c3 nonprofit organization dedicated to implementing and equipping human services organizations with training, oversight and implementation of the evidence-based, in-home trauma treatment service Family Centered Treatment® (FCT). This mission is accomplished with the overriding objective to keep families safely together in their homes and communities. **To help further this worthwhile objective, FCTF asks that this committee pass HB322.**

For more than 30 years, FCTF and its partners have been providing innovative, effective and cost-saving in-home family trauma treatment services. To date, nearly 40,000 families have received these services with historical data demonstrating nearly 9 of 10 families having a successful outcome (family stabilization) at case closure. Likewise, 94% of all families referred for FCT are engaged into services and 9 of 10 families report their lives ‘improved’ because of FCT.

For nearly 20 years, FCTF and its Maryland partners have been proud of the work they have accomplished as part of the Maryland Department of Juvenile Services (DJS) diversion program. Peer-review published studies (done in partnership with University of Maryland School of Social Work and DJS) have demonstrated statistically significant positive findings for families who received FCT in Maryland. This includes significant effects at reducing repeated out-of-home (group home) placement for youth, reduced frequency of offenses and DJS adjudications for youth, as well as longitudinal effects showing FCT youth were significantly less likely to enter the adult criminal justice system. Once more, the publications show that between 2008-2013 use of FCT saved the State of Maryland >\$128,800,000 when matched and compared to youth not receiving FCT. *

We are citing these important findings for the State in that Maryland has an opportunity to expand these types of highly effective and cost saving programs with the passage of HB322. FCT is currently being implemented in 15 States across the country with half utilizing Medicaid as a funding mechanism to assist their most at-risk youth and families with stabilization before high-cost, poor-prognosis out of home placement is necessary. Likewise, these States are also utilizing these funds to help reunify families with the objective of safe and stable permanency without further disruption. When States (such as North Carolina or Ohio) build sufficient rate structures to support services, there is ample evidence to show the immediate and long-term cost savings. These outcomes are also accomplished when State, provider, and community stakeholders’ partner to ensure that appropriate oversight and implementation occur. Some States have also improved their worker retentions and overall fidelity to program integrity by building incentivized service rate structures. These incentivized or pay-for-performance rate structures are not only showing long term positive outcomes for families, but they are also showing marked improvement in providers capacities to be innovative in maintaining their workers. This is being accomplished in other States as provider organizations are investing the incentivized rates into their workforce, both onboarding and retention.

With the passage of the Family First Prevention Services Act in 2018, there is a growing shift in the behavioral health field to focus our limited resources in preventing youth and families from getting too far



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up-stream in our social welfare systems. By equipping families with practical and sustainable tools and resources FCT is aligned with this vision of preventing families from dissolution. These resources also work to stop generational patterns of trauma, abuse and disruption we often see with the families we serve. HB322 offers the ability to get families these timely resources they might not otherwise be able to receive.

By investing in a sustainable rate (minimally matching the MD DJS service rate), for the provision of services such as FCT, HB322 will be setting a foundation for improving generational family health and long-term cost saving for Maryland.

Sincerely,



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Cc. FCT Foundation Executive Management Team
FCT Foundation Board of Directors

*Bright, C. L., Betsinger, S., Farrell, J., Winters, A., Dutrow, D., Lee, B. R., & Afkinich, J. University of Maryland School of Social Work. Family Centered Treatment, Juvenile Justice, and the Grand Challenge of Smart Decarceration Research on Social Work Practice 1-8 © The Author(s) 2017 Reprints and permission: sagepub.com/journalsPermissions.nav DOI: 10.1177/1049731517730127 journals.sagepub.com/home/rsw

*Sullivan, Melonie B. Department of Research, FamiliFirst, Inc.; Benneer, Lori Snyder Department of Environmental Economics and Policy, Nicholas School of the Environment and Earth Sciences, Duke University; Honess, Karen Independent Contractor, FamiliFirst, Inc.; Painter, Jr., William E., Department of Organizational Development, Institute for Family Centered Services; Wood, Timothy J. Department of Research, FamiliFirst, Inc. Family Centered Treatment®—An Alternative to Residential Placements for Adjudicated Youth: Outcomes and Cost- Effectiveness. OJJDP Journal of Juvenile Justice, Volume 2, Issue 1, Fall 2012, Pages 25-37



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