

PROGRAM INFORMATION:

<p>Program Title: Functional Family Therapy (FFT)</p> <p>Program Description: Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 11-17 years old who are involved in the Juvenile Justice System or at-risk of involvement. The model works with the identified youth, parents/guardians, siblings and other relatives that have a significant impact on the families’ functioning. Youth are generally referred for behavioral, emotional, relational and/or mental health concerns. Referrals are received from probation, courts, schools, other service providers, parents/guardians or self-referred.</p> <p>Age Group Served 1: CHILDREN</p> <p>Age Group Served 2: TAY</p> <p>Funding Source 1: EPSDT</p> <p>Funding Source 2: Prevention (MHSA)</p>	<p>Provider: Comprehensive Youth Services (CYS)</p> <p>MHP Work Plan: 4-Behavioral health clinical care Choose an item. Choose an item.</p> <p>Dates Of Operation: Monday – Friday 8am to 8pm</p> <p>Reporting Period: July 1, 2016 to June 30, 2017</p> <p>Funding Source 3: Early Intervention (MHSA)</p> <p>Other Funding: Click here to enter text.</p>
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FISCAL INFORMATION:

<p>Program Budget Amount: \$1,571,353</p> <p>Number of Unique Clients Served During Time Period:</p>	<p>Program Actual Amount: \$1,106,313.29</p> <p>A total of 339 unduplicated Identified youth received direct services. In addition, there were 402 parents/guardians and 211 siblings/relatives for a total of 952 unique individuals that received direct services in FFT for FY 2016-2017. In total, 875 unduplicated youth were referred to FFT and contacted by FFT staff. Of the 875 youth referred to FFT, 536 received outreach, referral, and/or received other indirect services. The youth that received other indirect services either declined services, were referred to alternate, more appropriate services, or were already participating in other mental health services. FFT works closely with other service providers to ensure that clients/families are receiving services that best match their needs and coordinates with other service providers to ensure that clients/families do not fall through the cracks of services.</p>
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Number of Services Rendered During Time Period: A total of 4,359 unique direct services were completed with clients and family members and a total of 8,968 units of indirect or non-billable services were provided to the youth and family members during this report period.

Actual Cost Per Client: Based on the budgeted amount, the cost per client would have been \$4,635.26 per identified client. Based on actual expenditures, the cost was \$3,263.46 per identified client and \$1,162.09 per participant (including identified client, parents/guardians, siblings, and relatives). FFT requires parent/guardian involvement in the therapeutic process and encourages all family members to participate. All family members receive equal treatment and, therefore, all benefit from the therapeutic process. The emphasis in FFT is to improve family relationships which will in turn decrease mental health issues and improve overall social, emotional and behavioral functioning of all family members. FFT meets clients and families where they are, matching skill levels, core values, and cultural attitudes and behaviors, and use these factors to strengthen family relationships and bonds. FFT is a strength-based resiliency model that increases family functioning, increases family resiliency and protective factors and decreases family risk factors.

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	July 1, 2013 to June 30, 2018	For Other:	Click here to enter text.
		Renewal Date:	Click here to enter text.

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: The target population includes youth ages 11-17 years of age who are involved in the Juvenile Justice System or at-risk of involvement and who have family conflict or family issues. Additionally, services are provided to clients/families in the rural/metro areas of Fresno County; clients/families that have limited or no means of payment for services; clients/families who have been traditionally reluctant to seek services from traditional mental health settings; and clients/families who are in danger of homelessness, runaways, hospitalization, out-of-home placements, and emergency room visits.

CORE CONCEPTS:

- **Community collaboration:** Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** Services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Access to underserved communities

Cultural Competency

Community collaboration

Please describe how the selected concept (s) embedded :

Individual/Family Driven, Wellness/Recovery/Resiliency-Focused Services: FFT is a strength-based model based on acceptance and respect. The focus is to match the clients'/families' culture, values, traditions, and beliefs, and to use these factors to strengthen the family by increasing their bond and relationships. The goal is to increase the individuals' and families' protective factors and decrease risk factors. Matching involves meeting the family members where they are and facilitating change from dysfunctional to more functional strategies. The goal is not to change the person, but to increase and help them to utilize their strengths in such a way that it improves overall individual and family functioning.

Access to Underserved Communities: CYS FFT provides services to youth and families throughout Fresno County, including: Fresno, Clovis, Sanger, Del Rey, Orange Cove, Selma, Kingsburg, Huron, Coalinga, Firebaugh, and other small communities throughout rural Fresno county. Over 80% of FFT services are provided in the home, community, or school of the client/family. The client/family determines the location of the services. Some clients/families want services near their home but do not want services directly in their home. The CYS FFT staff have developed relationships with schools and community locations who provide secure private office spaces for FFT services to be conducted. Home visits and school/community service

provision to families alleviates transportation as a barrier to accessing services.

Cultural Competency: FFT therapists and case managers work hard to demonstrate a sincere desire to listen, help, respect, and match services to family members in a way that is sensitive and respectful of individual, family and cultural beliefs, perspectives, and values. Staff complete the County Cultural Competency training every year as required by the contract. In addition, CYS holds Cultural Competency trainings to increase staff knowledge and sensitivity to cultural issues. Embedded in the FFT evidence-based training model is a Cultural Competency component. Staff are taught to assess and match youth and their family's hierarchy and relational functions. The family hierarchy is the power structure within the family and the relational function is the families' values and beliefs related to amount of contact necessary for healthy functioning within the family system. In addition, CYS employs a diverse bicultural/bilingual FFT team with language skills including: Spanish, Punjabi, and Arabic.

Community Collaboration: FFT staff work closely with school personnel, probation, and other service providers to ensure the best quality of services and non-duplication of services. Many services are held at school sites and community locations. This provides easy access to collaboration on the treatment plan and improves the quality and coordination of services. FFT refers to other organizations and providers as necessary, connecting clients to a wide array of services and levels of service from basic to comprehensive and intensive treatments. Referrals are made to other organizations for issues such as therapeutic behavioral services; day treatment programs; substance abuse programs; acute care; hospitalization; medical, academic; employment; housing; financial; and other social, emotional, behavioral, and family services. FFT treats the entire family. Therefore, the service needs of all family members are taken into consideration when making referrals. Referrals may be made on behalf of the client and/or any family member in need of services.

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Program Outcomes and Goals:

1) Effectiveness: CYS FFT utilizes the following assessment tools to measure outcomes: Family Self Report; Youth Outcome Questionnaire; Youth Outcome Questionnaire Self-Report and the CANS to assess the needs and treatment issues pre and post treatment, Consumer Satisfaction Reports, Consultation with schools and probation personnel and parent and self-reports. FFT monitors clients/families for up to one year after they have completed (graduated) from FFT services. The monitoring occurs at 3 months, 6 months and 1 year after the end of treatment. See Outcomes Attachment A1 for results of each measurement tool.

2) Efficiency: FFT is a short-term or brief therapy model that typically runs 12-15 weeks. Within that time, intensive services are provided including family therapy, case management to monitor progress of all family members, collateral and individual rehabilitation to assist in the teaching and practicing of skills taught in sessions. Because FFT is a family therapy model, not only the identified client, but all family members that participate in FFT benefit from the services and have shown an increase in family functioning.

3) Access: FFT provides outreach to the unserved/underserved communities throughout Fresno County, and provides services to those who would not have access or seek treatment through a traditional treatment model. Referrals for FFT may be received from any source, including: courts, probation, schools, other community agencies, self-referrals or family or friends. FFT is provided at a convenient location of the family's choosing to eliminate barriers to access.

4) Satisfaction and Feedback of Persons Served and Stakeholders: FFT utilizes the Family Self Report and Consumer Satisfaction Surveys to measure the client and family members' overall satisfaction with the services received through the program. See Outcomes Attachment A1 for results of each measurement tool.