PROGRAM INFORMATION:

Program Title:	Functional Family Therapy (FFT)	**Provider:**	Comprehensive Youth Services (CYS) of Fresno, Inc.
Program Description:	Functional Family Therapy (FFT) is an evidenced-based family therapy program for youth ages 10-17 years old who are involved in the Juvenile Justice System or at-risk of involvement. The model works with the identified youth, at minimum one parent/caregiver, siblings and other relatives that have a significant impact on the families' s functioning. Youth are generally referred for behavioral, emotional, mental health issues and family relational issues. Referrals are received from the schools, courts, probation, medical providers and other services providers or can be self-referred. This program also offers Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth who have suffered through significant trauma and need additional mental health treatment to address the impact of the trauma on the behavioral, emotional and mental health which impacts family dynamics.	**MHP Work Plan:**	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	April 20, 2007 to Present
Age Group Served 2:	TAY	**Reporting Period:**	July 1, 2021 - June 30, 2022
Funding Source 1:	EPSDT	**Funding Source 3:**	Other, please specify below
Funding Source 2:	Prevention (MHSA)	**Other Funding:**	Private Pay- UMDAP

FISCAL INFORMATION:

Program Budget Amount:	$2,686,877.00	**Program Actual Amount:**	$1,382,587.55

Number of Unique Persons Served During Time Period: 563

Number of Services Rendered During Time Period: 5,625 direct services to youth in the program and 11,245 total including indirect services to families of youth in the program.

Actual Cost Per Person served: $2,456 per Unique Person served

CONTRACT INFORMATION:

Program Type: Contract-Operated
Type of Program: Outpatient
Contract Term: January 1, 2019 – June 30, 2021 plus two optional one-year extensions
For Other:
Renewal Date: 7/1/2023
Level of Care Information Age 18 & Over: Traditional Outpatient Treatment (caseload 1:80)
Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: The target population for FFT is 10-17-year-olds who are either involved in or at-risk of involvement in the Juvenile Justice System. The youth have also been identified as having family relational issues which has led to problems in family relationships, communication, behavioral problems, emotional and mental health issues. The parent/guardian and/or family members are willing to participate to work toward improving the family relationships and communication skills that are specific and meaningful to the youth and family. Services are provided to youth/families in rural and metro areas of Fresno County; persons served and their families who have limited or no means of payment for services and/or who are in danger of homelessness, persons served at-risk of running away, hospitalization, out-of-home placement and emergency room visits and who have a mental health diagnosis.

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 persons served 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 persons served and families are seamless. Persons served 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

Integrated service experiences

Access to underserved communities

Choose an item.

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 goal of the model is to match the persons served/families' culture, values, traditions and beliefs, to use these factors to strengthen and support the family by increasing their bond and relationship. Skills learned through the FFT process are uniquely tailored to the person served/family to assist them and encourage the members to improve their communication, behaviors and perceptions between each other and generalize skills to other situations and personal interactions. The goals are not to change the person but to increase and improve their skills, abilities and knowledge and support and help them to utilize their strengths in such a way to improve their overall functioning. In addition, FFT seeks to increase the person served/family support system and protective factors while decreasing risk-factors.

Access to Underserved Communities: FFT provides services to youth and families throughout Fresno County, including: the metro areas of Fresno and Clovis and rural communities such as, Sanger, Del Rey, Orange Cove, Selma, Reedley, Parlier, Huron, Coalinga, Kingsburg, Firebaugh and many other small rural communities within Fresno County. In FY 2021-2022, COVID-19 dictated how most services would be provided during the pandemic. Prior to COVID-19, approximately 80% of services were provided in the family home or a community location such as the person served's school, a community library or church, or one of CYS's Neighborhood Resource Centers in Fresno, Sanger, Selma or Reedley. Families would determine their preference for the location of the FFT services. However, due to COVID-19, FFT services had to be provided in unique but safe ways to allow families to participate in services while remaining safe and healthy.

Integrated Service Experiences: FFT utilized both phone, virtual, in-person means to connect with persons served and families. This new mode of working with persons served/families has had both pros and cons. The positive aspect of telehealth is that persons served and

families could remain in a safe home environment and not put their family at risk of COVID. Telehealth also allowed for youth and parents to be at different locations but still have family therapy through a three-way call or virtual session. This allowed for services to continue if the youth or parent had to stay elsewhere due to exposure or illness but felt well enough to participate. Telehealth also saved driving time for parents who preferred an office visit but the transportation or travel was difficult either financially or time-wise. However, some families either preferred in-person only or did not have a phone or internet connection. The FFT Case Managers and FFT therapists worked with families who did not have a phone or internet connection to assist them in receiving these services so that the family could participate in FFT services. This also allowed the family to connect with the person served's school, the parents at their workplace, or other much needed services/resources. Some families also found it difficult to feel connected or engaged in the telehealth therapeutic process. The FFT staff worked hard at providing outreach to families, conducted socially distanced home visits, provided linkages to alternative resources and provided access to financial supports and supplies to person served/families to help build rapport and engage them in the FFT process. Many families have been very receptive to the FFT staff's additional efforts and were very thankful for the patience and understanding of their concerns, fears and struggles.
CYS has added Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an additional resource and treatment option for those youth who continue to suffer from trauma. TF-CBT is an evidenced-based treatment for children and adolescents impacted by trauma and their parents. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family and humanistic principals and techniques. TF-CBT has proved successful with children and adolescents (ages 3-18) who have significant emotional problems (e.g. symptoms of posttraumatic stress disorder (PTSD), fear, anxiety, or depression related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives. Because TF-CBT includes the parent into the treatment process, it fits very well with the FFT model as part of the Behavior Change and Generalization phases.

PROGRAM OUTCOME & GOALS
- 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

(1) **Effectiveness**

Indicator: Between pre- and post- FFT assessments, youth will demonstrate: a 5-point decrease in PSC problem areas, a decrease in suspension, a decrease in the number of days of suspension, and a decrease in the number of arrests.

Who Applied: FFT assesses all persons served within the program using the listed assessment tools.

Time of Measure: FFT monitors the person and family served up to one year after the family completes the FFT program, known as graduation. The person served is not typically discharged from FFT services until a three-month follow-up, six-month follow-up and one-year follow-up is conducted after the graduation from FFT.

Data Source: The FFT program utilizes the following assessment tools to measure outcomes: Family Self-Report (FSR); Youth Outcome Questionnaire (YOQ); Youth Outcome Questionnaire Self-Report (YOQ-SR); California Adolescent Needs and Strengths (CANS-50); Pediatric Symptom Checklist (PSC) Youth Pediatric Symptom Checklist (Y-PSC) and to assess the needs and treatment issues/goals pre- and posttreat- ment. If the person served/family need additional sessions or linkage to resources, FFT staff will provide the services.

Target Goal Expectancy: The youth that participated in FFT services with their family demonstrated a 8-point decrease in PSC problem areas compared to their pre-treatment scores. The youth and parent/caregivers reported overall improvement in behavior, social/emotional and mental health issues. CANS results showed persons served improved in all areas of functioning (Child Behavioral/Emotional Needs, Life Domain Functioning, Risk Behaviors, Cultural Factors, Strengths Domain, and Caregiver Resources and Needs) pre-FFT to post-FFT. In addition, families reported a significant decrease in school suspensions and involvement with the Juvenile Justice System following FFT treatment. The number of youth suspended from school decreased by 80% and the number of days of suspension decreased by 69%. While the drop in school disciplinary problems may in part be related to the fact that schools were closed for part of 2021 as a result of the pandemic and therefore students were not a school to be suspended. However, there was also a significant decrease in number of youth arrested by 100%. This may be in part due to fewer referrals from the probation department. FFT will conduct outreach to probation once again to increase referrals from this source.

2. Efficiency

Indicator: Average scores on Youth Outcome Questionnaire and Youth Outcome Self-Report for both youth and parents will drop below the clinical cut-off (47) after treatment through FFT.

During the short-term of the FFT program, intensive services are provided including family therapy focused on strengthening and improving the entire family functioning, individual therapy and individual rehabilitation to assist the person served in better understanding their diagnosis, processing feelings and teaching and practicing skills and collateral services to educate the parent/guardian on the youth's diagnosis, understanding the symptoms, teaching, learning and practicing skills and case management services to monitor progress, link to resources, provide advocacy and consultation services. Because FFT is a family therapy model, not only the identified person served, but all family members that participate in FFT benefit from the services, resulting in improved overall family functioning in a relatively short timeframe.

Who Applied: Youth and their families in the FFT program.

Time of Measure: FFT is a short-term or brief therapy model that typically runs 12-15 weeks.

Data Source: Youth Outcome Questionnaire and Youth Outcome Self-Report. The Youth Outcome Questionnaire (YOQ) and the Youth Outcome Questionnaire Self-Report (YOQ-SR) measures: Interpersonal Distress (e.g., anxiety, depression), Somatic Complaints (headaches, stomach ache/pain, dizziness, etc.), Interpersonal Relationships with parents, adults, and peers, Critical Items (paranoid ideation, suicidality, hallucinations, delusions, threats of harm to others), Social Problems (delinquent or aggressive behavior, breaking social mores, etc.), and Behavioral Dysfunction (impulsivity, inattention, inability to complete tasks, handle frustration, etc.).

Target Goal Expectancy: Within the Youth Outcome Questionnaire and Youth Outcome Questionnaire Self-Report, the clinical cut-off for dysfunction is a score of 47. Pre-FFT services, youth scored an average score of 59.34 and parents scored an average of 67.79. On average both parents and youth reported symptoms above the clinical cut-off and both reported below the clinical cut-off at the end of FFT treatment. Parents reported the most significant amounts of change. The youth reported a 18.08-point drop to 41.26 (below the 47-point threshold) while the parents' scores decreased by 34.75 points to 33..4 at the end of FFT treatment.

3. Access

Indicator: FFT seeks to provide services to unserved/underserved communities throughout Fresno County regardless of location.

Who Applied: Youth in the FFT program. FFT provides access to those who would not typically have access to services or be able to seek treatment through a traditional treatment model. Referrals for FFT may be received from anyone, including a teacher, school personnel, probation, courts, doctor's office, other service providers/agencies, self-referral, friend, or parent.

Time of Measure: Fiscal Year 2021-22

Data Source: Questionnaire data is collected from parents/guardians, youth, probation, and school personnel regarding access to services.

Target Goal Expectancy: 76% of families served lived in the Metro area, and 24% of families served lived in Rural areas. FFT is provided at the families chosen location, home, school community locations, such as church or library or a CYS Neighborhood Resource Center located in Fresno (93705), Sanger, Reedley or Selma or at the CYS main office. Since the beginning of the pandemic, most of FFT services have been conducted through telehealth either on the phone or virtually, dependent upon the families' preference and technology availability. If the family did not have access to technology, FFT case managers worked with the family to connect them to the internet and obtain the equipment necessary for services. This also aided the family with school, work and connecting to other community resources. FFT is designed to help family in reducing barriers to accessing any and all services necessary.

4. Satisfaction/Feedback

Indicator: Persons served and their family members will state overall satisfaction with the services and that services were helpful to them in making changes and improvements in the family.

Who Applied:Persons served and their family members.

Time of Measure: The FSR is given to each family member at the first two sessions in each phase of treatment. FFT has three treatment phases: Engagement and Motivation, Behavior Change, and Generalization.

Data Source: FFT utilizes the Family Self-Report (FSR) and the County Consumer Satisfaction Surveys to measure the persons served and family members' overall satisfaction with the services received through the program.

Target Goal Expectancy: Youth and family members were asked to rate their overall hope or confidence that FFT services would help their family improve functioning. After receiving services, youth and their families reported increased hope/confidence that FFT services would benefit their family. In addition, youth and their families were asked to rate overall how much they trust their FFT therapist and case manager. All youth and their families reported increased feeling of trust of their FFT therapist and case manager throughout the FFT process. Finally, youth and their families were asked to rate how much they felt their FFT therapist and case manager respected their family. All youth and their families reported increased feeling of being respected by their FFT therapist and case manager throughout the FFT process.

DEPARTMENT RECOMMENDATION(S):

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