

PROGRAM INFORMATION:

Program Title:	Functional Family Therapy	Provider:	Comprehensive Youth Services of Fresno, Inc.
Program Description:	Functional Family Therapy (FFT) is a twelve-week mental health intervention service for families. Therapy is provided to the family unit of consumers aged 11-18 years who have disruptive behaviors, family conflict, and/or risk of involvement in the juvenile justice system. Services are provided to the entire family in the convenience of their own home.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	April 2007
Age Group Served 2:	TAY	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Prevention (MHSA)	Funding Source 3:	Medical FFP
Funding Source 2:	Early Intervention (MHSA)	Other Funding:	Behavioral Health Realignment

FISCAL INFORMATION:

Program Budget Amount:	\$1,571,353	Program Actual Amount:	\$1,077,315.78
Number of Unique Clients Served During Time Period:	205		
Number of Services Rendered During Time Period:	5649		
Actual Cost Per Client:	\$5,255.20		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	July 1, 2013 to June 30, 2018	For Other:	Family Therapy
	This is a five-year base contract with no additional contract periods.	Renewal Date:	July 1, 2018

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

Level of Care Information Age 0- 17:

A strength-based and evidence-based mental health Prevention and Early Intervention (PEI) model that serves children and youth ages 11-18 with serious emotional disturbance (SED), who are currently involved in the juvenile justice system, and their families. FFT focuses on assessment of risk and protective factors that impact the adolescent and his or her environment, and how they present within and influence the therapeutic process.

TARGET POPULATION INFORMATION:

Target Population: The target population includes youth ages 11-18 who are at-risk of involvement or currently involved in the Juvenile Justice system and have significant family conflict. Additionally, services shall be provided to client/families in the rural/metro areas of Fresno County; clients/families that have no or limited means of payment for services; clients/families who have been traditionally reluctant to seek services from traditional mental health settings; and client/families who are in danger of homelessness, hospitalizations, out-of-home placements, and emergency room visits.

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Client/Family Driven Program

Cultural Competence Orientation

Choose an item.

Choose an item.

Please describe how the selected concept (s) embedded :

FFT is a strength-based model based on acceptance and respect. The focus is to match the client/families' culture, traditions, values and beliefs and to use the factors to strengthen the family by increasing their bond and support to each other and their community.

PROGRAM OUTCOME GOALS:

The program goals are as follows:

1. Increase the delivery of mental health treatment services to unserved and underserved clients and families with limited or no means of payment.
2. Identify and build upon individual and family strengths and assets to help parents and children develop new skills to enhance family cohesion.
3. Improve functioning of clients completing the FFT program.
4. Ensure clients and families are actively engaged in the FFT program.

PROGRAM OUTCOME DATA/INDICATORS:

Please see the table below for outcomes to program goals and indicators of goal status. The outcome data presented below include billable services for identified clients as well as unbillable services: identified clients who have gone through program intake but have not been assessed for a Plan of Care, identified clients who have completed the program but are still within the 12 month follow-up period after completion, services to family members of the identified client, and identified clients who have been locked out (hospitalized or in custody). Additionally, some families chose not to complete surveys.

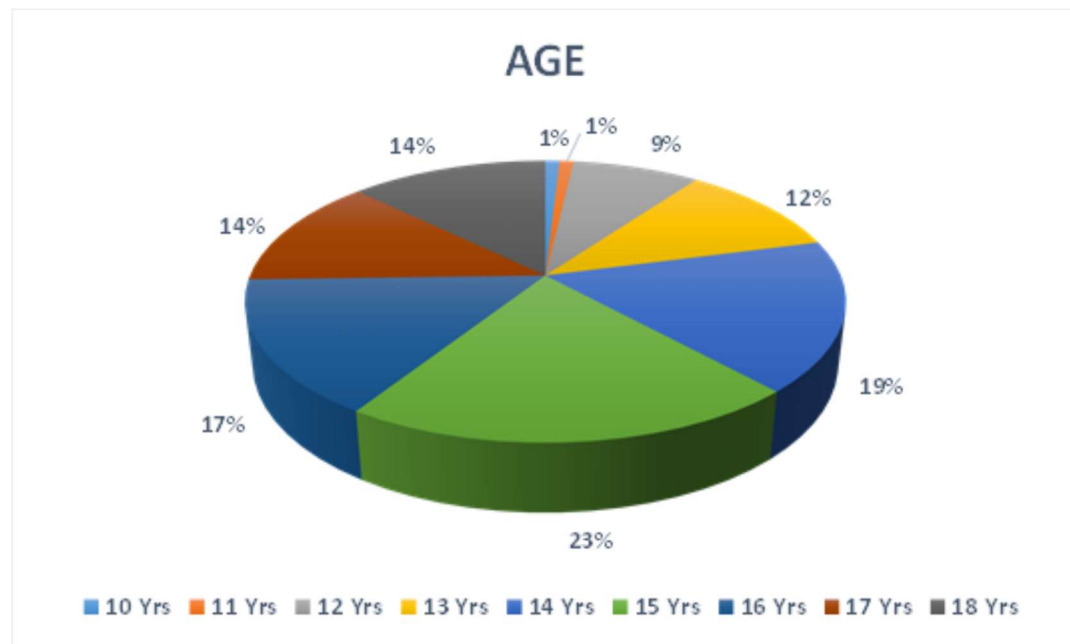
Goal/Objective	Outcome	Outcome Indicator	Outcome Status
1. Increase the delivery of mental health treatment services to unserved and underserved clients and families with limited or no means of payment.	1A. FFT program services shall be provided to clients and families with limited or no means of payment.	More than 50% of clients/families receiving FFT program services shall have limited or no means of payment for mental health services as indicated by the payer sources identified for the clients on monthly client rosters and program reports.	Over 99% of the clients receiving services in the FFT program are Medi-Cal eligible. Less than 1% do not have Medi-Cal or private insurance and required to complete UMDAP procedures. All MHSA clients met criteria for limited on no means of payment for mental health services.
	1B. FFT program services shall be provided to clients/families in rural Fresno County areas.	More than 50% of the clients/families receiving FFT program services shall reside in rural Fresno County areas as indicated by the zip codes identified for clients on monthly client rosters and program reports (client rosters should include client demographic data, e.g., age, gender, residence, etc.; and client utilization data, e.g., quantity/quality of services delivered).	Referrals are received throughout Fresno County, including rural communities of Caruthers, Coalinga, Del Rey, Dunlap, Firebaugh, Fowler, Huron, Kerman, Kingsburg, Mendota, Squaw Valley, Orange Cove, Parlier, Raisin City, Reedley, Riverdale, Sanger and Selma, Squaw Valley, as well as metro areas of Fresno and Clovis. Approximately 53% of the services are provided in rural communities. CYS FFT program staff drive to the rural communities to provide services in the client/family home, local school site or other community locations, such as the local library, church or community centers.
2. Identify and build upon individual and family strengths and assets to help parents and children develop new skills to enhance family cohesion.	2A. Clients will gain skills to reduce family conflict and the ability to identify familial strengths.	75% of clients/families completing the FFT program will report an increase in family cohesion as measured by Client Outcome Measurement tools and Outcome Questionnaires.	<p>The Youth Outcome Questionnaire (Y-OQ) is a collection of questions designed to collect data regarding the effectiveness of youth therapies, which can be used to help with treatment planning.</p> <p>Y-OQ: parent report measure of treatment progress for children and adolescents. Y-OQ-SR: adolescent self-report measure. The Y-OQ and Y-OQ-SR scores indicate clinically significant improvement in all above areas of client and family functioning.</p> <p>NOTE: Some families chose not to complete surveys. Completion of surveys is strongly encouraged but not mandatory.</p>

3. Improve functioning of clients completing the FFT program.	3A. Clients will gain self-confidence, increased ability to handle anger and manage difficult situations, and experience improved individual functioning.	85% of the clients that participate in the FFT program will report functional improvement measured by CANS (Child/Adolescent Needs and Strengths) scores.	82% youth reported increased functioning on the CANS Life Domain Assessment, an assessment of the youth's social, emotional, family, home, school, recreational, and physical life functioning.
		50% of the clients that complete the FFT program will report a decrease in school problems between start of program and end of program.	64% of the parents and youth reported an increase in school participation, attendance and decreased school disciplinary problems. 36% reported no change in school performance. 11% reported a decrease in school performance, ranging from a slight decrease to more moderate problems. These youth were either referred to school for possible IEP, 504 (impairment) testing, or to other service providers to assess for higher level mental health issues and further testing (e.g. neurological or developmental issues, and learning disabilities).
		50% of the clients that complete the FFT program will report a decrease in inpatient mental health crisis visits between start of program and end of program.	84.5% of the families reported a decrease in inpatient mental health crisis visits between the start of FFT and the completion of FFT. FFT staff work with the entire family, school and support system to increase awareness, knowledge and understanding of impact of family relationships on mental health issues. FFT also provides the client and family with safety resources including lock boxes for medications and sharp objects as well as linkage to school and community resources.
		50% of the clients that complete the FFT program will report a decrease in recidivism into the Juvenile Justice System between start of program and end of program.	There has been a decrease of 85.7% in days of incarceration from pre- to post-treatment.

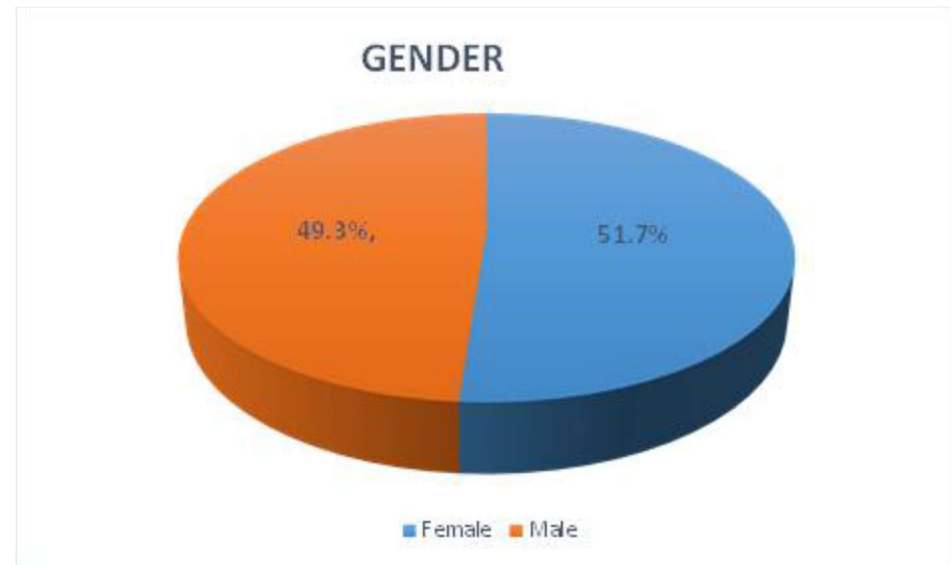
		85% of the clients participating in the FFT program that are diagnosed with mental health disorders, e.g., conduct disorder, oppositional defiant disorder, disruptive behavior disorder, etc., when they begin the FFT program will report improvement after successfully completing the program.	Based on the outcomes of the Y-OQ and Y-OQ-SR, 77.5% of the clients and parents reported a clinically significant decrease in mental health symptoms. (See Chart 2 for Y-OQ and Y-OQ-SR scores).
4. Ensure clients/families are actively engaged in the FFT program.	4A. Clients/families will indicate satisfaction with FFT program services they received.	At a minimum, 80% of clients/families will report their satisfaction with program services on the CONTRACTOR consumer satisfaction surveys, and the semi-annual State POQI survey.	The majority of families and clients who elected to complete the surveys reported hope that the program would improve the youth's functioning and trusted the therapist.

DEMOGRAPHICS

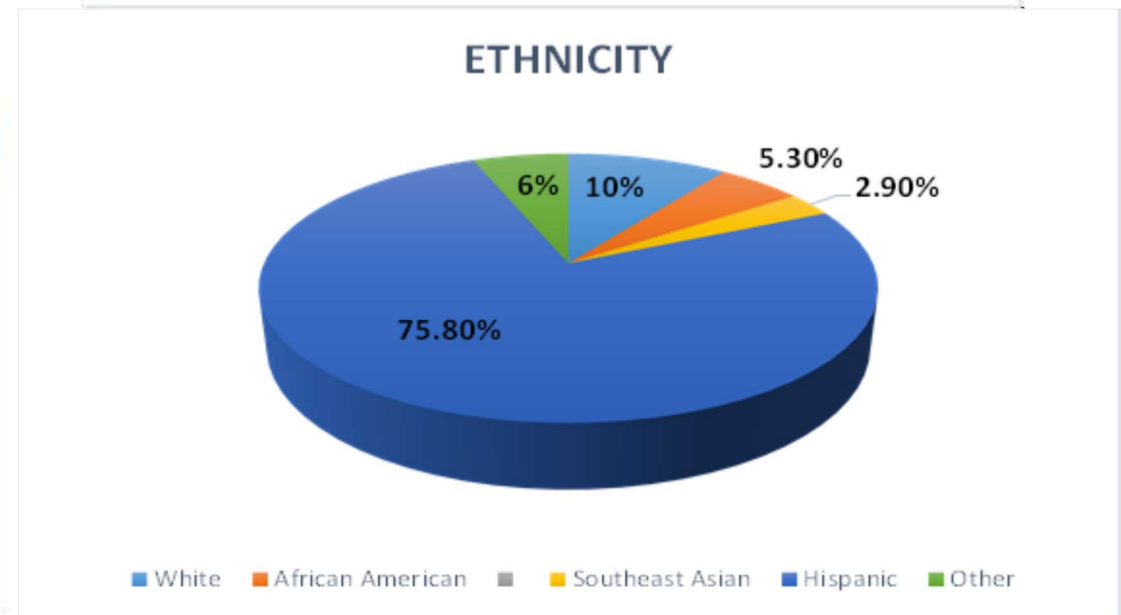
AGE	NO.	PCT
10	3	1%
11	3	1%
12	29	9%
13	38	12%
14	61	19%
15	73	23%
16	54	17%
17	45	14%
18*	13	4%



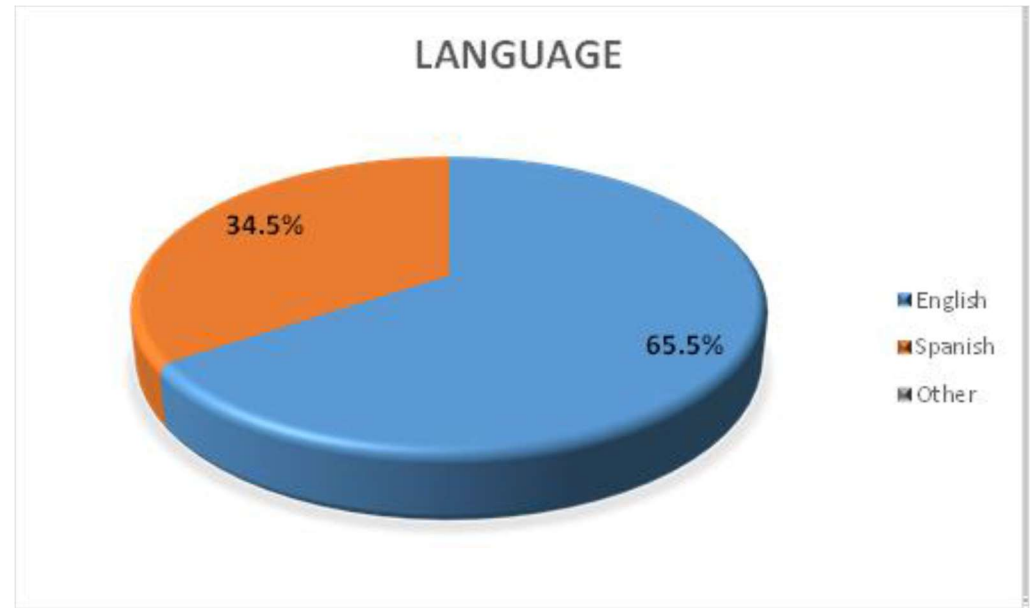
GENDER	NO.	PCT
Female	165	51.70%
Male	157	49.30%



ETHNICITY	NO.	PCT
White	32	10%
African American	17	5.3%
Southeast Asian	9	2.9%
Hispanic	242	75.8%
Other	19	6%



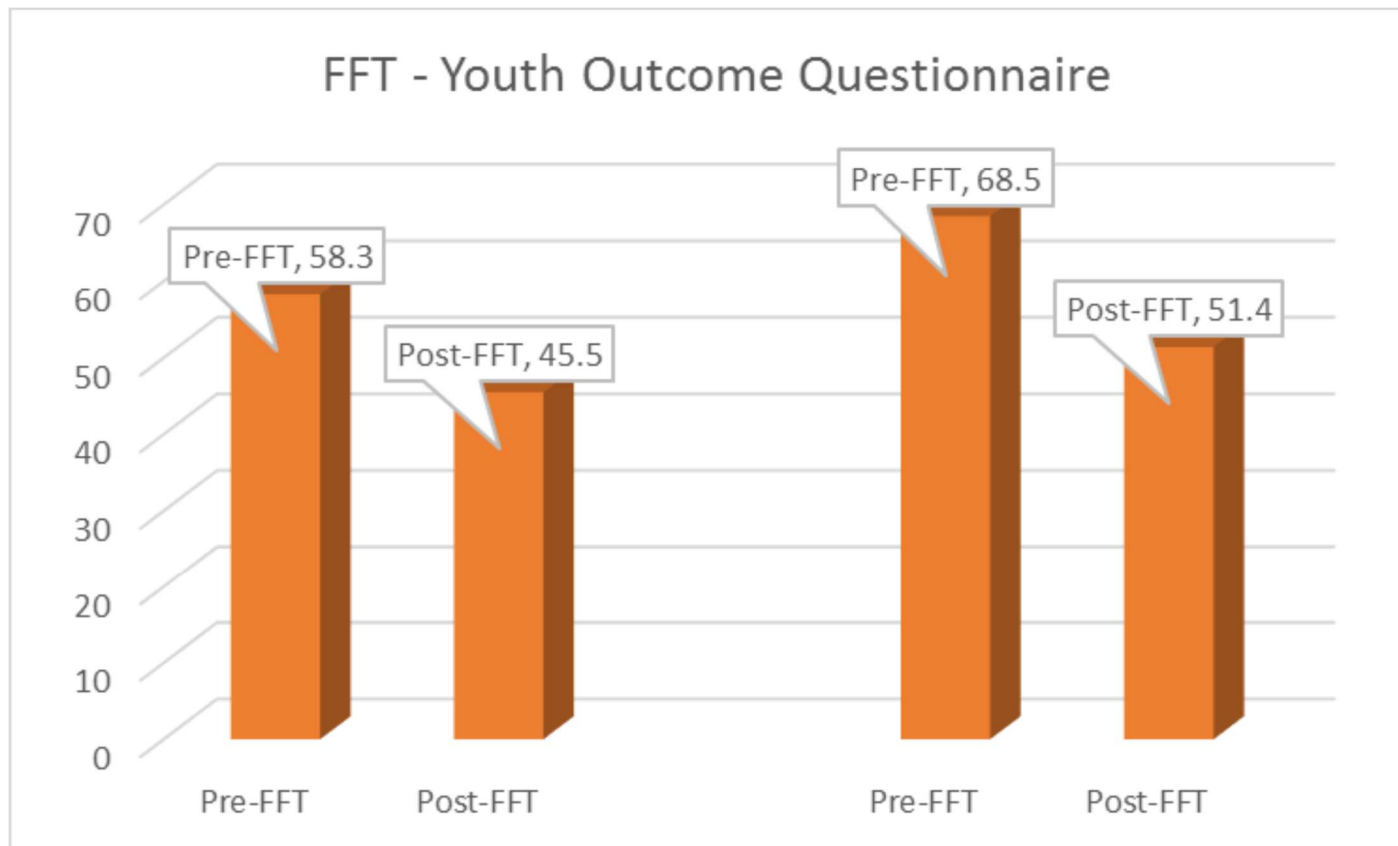
LANGUAGE	NO.	PCT
English	209	65.5%
Spanish	110	34.5%
Other	0	0%
Families w/ Monolingual Spanish Speaking Parent/ Guardian	134	42%



YOUTH OUTCOME QUESTIONNAIRE (Y-OQ) AND YOUTH OUTCOME QUESTIONNAIRE SELF-REPORT (Y-OQ-SR)

The Y-OQ (parent report) and Y-OQ-SR (youth self-report; ages 12-18) are administered before and after treatment to measure improvement in the youth's functioning. A total score of 47 or higher is considered clinically significant and indicates impairment in the youth's functioning. For the report period, the Y-OQ-SR scores show no significant impairments in the youth's functioning and the Y-OQ scores were reduced to nearly normal levels.

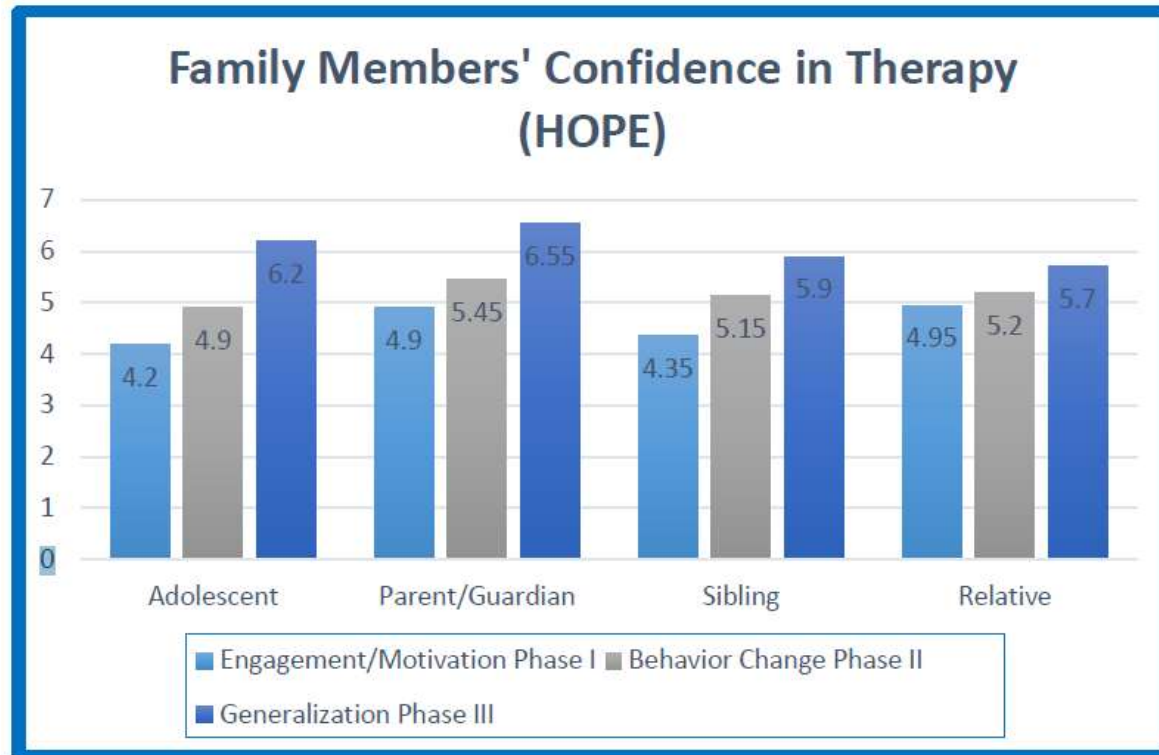
Youth Outcome Questionnaire	Pre-FFT	Post-FFT
Y-OQ-SR - Youth Self Report	58.3	45.5
Y-OQ – Parent/Guardian Report	68.5	51.4



FAMILY CONFIDENCE IN THERAPY

The ratings on the Family Self-Report (FSR) Questionnaire demonstrate that clients and family members gain a sense of hope and confidence that their therapist and the program will benefit them. FFT therapists are specially trained to build encouragement and hope in individuals and families that they can change, and that their lives and relationships can and will improve.

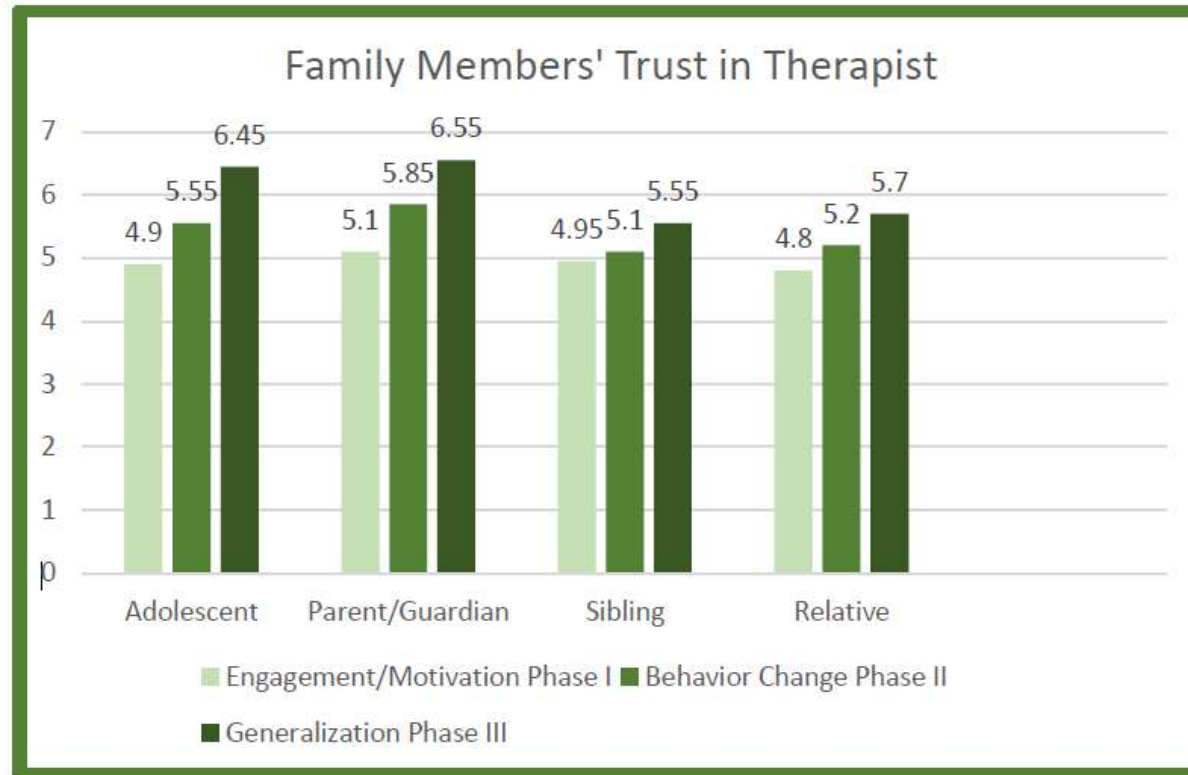
Overall, how confident or hopeful are you that your family will get better?						
SCALE:						
1	2	3	4	5	6	7
(Not Confident)	(I'm Doubtful)		(I'm Unsure)	(I'm Hopeful)		(I'm Very Confident)
			Adolescent	Parent/Guardian	Sibling	Relative
Percent of People Responded to Surveys			57%	61.50%	46%	42%
Engagement/Motivation Phase I (Pre Treatment)			4.2	4.9	4.35	4.95
Behavior Change Phase II (Middle Phase of Treatment)			4.9	5.45	5.15	5.2
Generalization Phase III (Graduation/Termination)			6.2	6.55	5.9	5.7



FAMILY TRUST IN THERAPIST

Based on the FSR Questionnaire, clients and family members have a high degree of trust in their FFT therapist, which increases as services progress. With consistent contact, the trust between the client, family and FFT therapist typically increases accordingly.

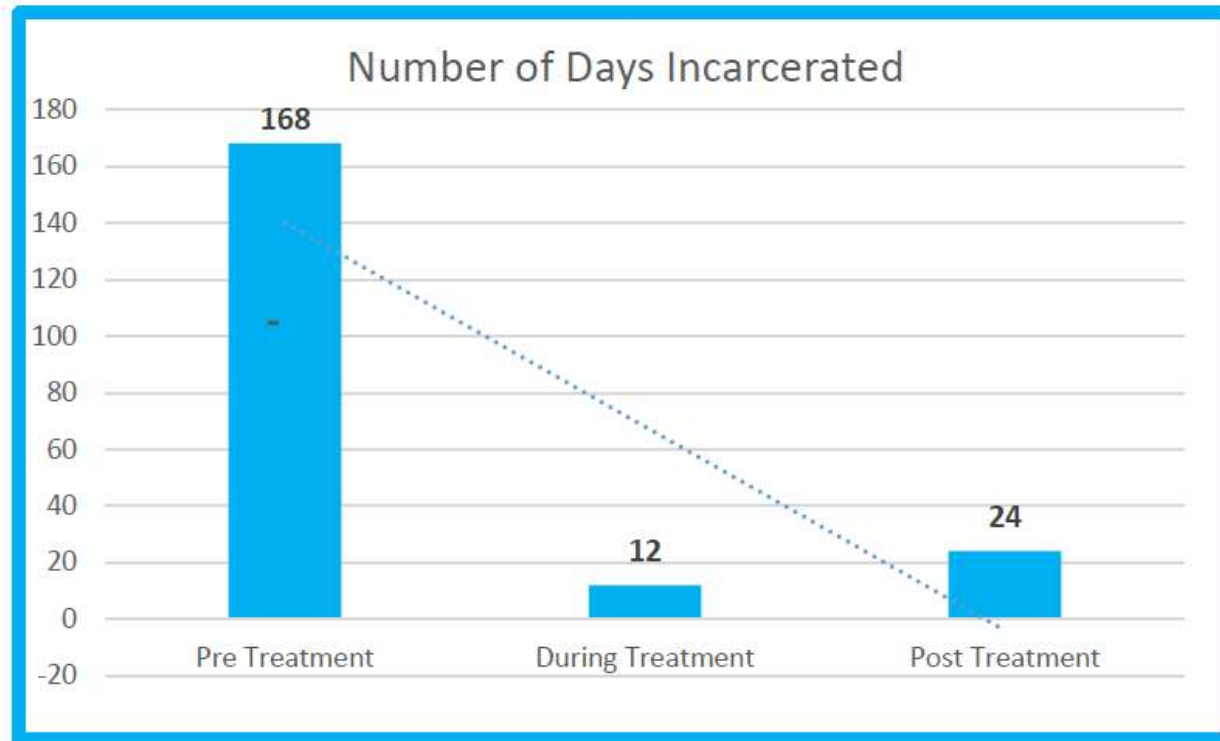
How much do you trust your therapist?				
SCALE:				
1	2	3	4	5
(Not at All)	(Not Much)	(I Have Mixed Feelings)	(I Trust a Lot)	(I Have Total Trust)
	Adolescent	Parent/Guardian	Sibling	Relative
Percent of People Responded to Surveys	60%	62.50%	48%	41%
Engagement/Motivation Phase I (Pre Treatment)	4.9	5.1	4.95	4.8
Behavior Change Phase II (Middle Phase of Treatment)	5.55	5.85	5.1	5.2
Generalization Phase III (Graduation/Termination)	6.45	6.55	5.55	5.7



DAYS OF INCARCERATION

Out of the 9 clients incarcerated prior to participating in FFT treatment, 7 have not been re-incarcerated, and there is an 85.7% reduction in the number of days of incarceration.

	Pre Treatment	During Treatment	Post Treatment	Number of Days/Clients Decreased Pre to Post	Percent of Days/Clients Decreased Pre to Post
Number of Days	168	12	24	144	85.7%
Number of Clients	9	1	1	7	78%

**DEPARTMENT RECOMMENDATION(S):**

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