

COMPREHENSIVE YOUTH SERVICES OF FRESNO, INC.

Functional Family Therapy (MHSA-PEI)

Fresno County Mental Health Plan - Outcomes Report

July 1, 2018 – June 30, 2019



FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Functional Family Therapy (FFT)	Provider:	Comprehensive Youth Services {CYS}
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, and other services.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates of Operation:	Monday - Friday 8am to 8pm
Age Group Served 2:	TAY	Reporting Period:	July 1, 2018 – June 30, 2019
Funding Source 1:	Medi_Cal	Funding Source 3:	Other
Funding Source 2:	Prevention (MHSA)	Other Funding:	Private Pay-UMDAP

FISCAL INFORMATION:

Program Budget Amount:	\$2,039,441.00	Program Actual Amount:	\$1,539,261.39
Number of Unique Clients Served During Time Period:	FFT provided direct services to 867 unduplicated youth, including FFT services, individual or family counseling, outreach, referral and/or other services. A total of 331 youth received FFT, 79 received individual counseling services, 11 received individual and family Trauma-Focused Cognitive Behavior Therapy (TF-CBT), and two parents received Dialectical Behavior Therapy (DBT). In addition, 926 parents/guardians and 198 siblings/relatives took part in FFT services, for a total of 1,991 unique clients served during the time period.		
Number of Services Rendered During Time Period:	A total of 5,259 direct and indirect unique services were provided to youth and families referred to FFT. There was a total of 3,906 direct billable services. FFT strives to involve youth and family members into services and assist youth and families to ensure they receive the appropriate type and level of services. This often means providing additional mental health and other support services to youth and their family members to ensure they receive the assistance that they need to improve their mental, behavioral and social-emotional functioning.		

Actual Cost Per Client:

FFT provided direct services to 1991 unique clients during the 2019-2020 fiscal year. Based on the actual amount, the cost per client receiving direct services \$773 per unduplicated client, including client, parents/guardians, siblings and other relatives. Clients received evidence-based mental health services of FFT, individual therapy, TF-CBT and/or DBT.

The emphasis in FFT is to improve family relationships, which in turn helps to decrease the mental health issues the client may be experiencing, and improves 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, beliefs and behaviors. FFT uses these factors to strengthen family relationships and bonds and the individuals within the family. 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

Contract Term: July 1, 2018 – June 30, 2023

Type of Program: Outpatient

For Other:

Renewal Date: July 1, 2023

Level of Care Information Age 18 & Over: Outpatient

Level of Care Information Age 0-17: Outpatient

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 are 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, hospitalizations, 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

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 not to change the person, but to increase their skills, abilities and supports and help them to utilize their strengths in such a way that it improves overall individual and family functioning.

Access to underserved communities

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. Services are also provided at CYS Neighborhood Resource Centers in Sanger, Selma and Reedley, or at the CYS clinical facility in Fresno, as needed/requested by clients/families. The client/family determines the location of the services. 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

Cultural Competency: 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, relational functions and culture. 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, Hindi and Arabic.

Community Collaboration

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. FFT refers to other organizations and providers as appropriate, connecting clients to a wide array of services and levels of service, from basic to comprehensive and intensive treatments.

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 Program Outcomes and Goals: 1) Effectiveness: The CYS FFT Program utilizes the following assessment tools to measure outcomes: Family Self Report; Youth Outcome Questionnaire; Youth Outcome Questionnaire Self-Report, and the CANS-50 to assess the needs and treatment issues pre- and post-treatment. 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 A 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 timeframe, 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, with a resultant increase in family functioning. 3) Access: FFT provides outreach to unserved/underserved communities throughout Fresno County, and provides services to those who would not have access to or be able to 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 families 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 A for results of each measurement tool.

DEPARTMENT RECOMMENDATION(S):

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Demographic Data

Under 10	28	3.23%
10	7	0.81%
11	34	3.92%
12	114	13.15%
13	132	15.23%
14	154	17.76%
15	134	15.46%
16	102	11.77%
17	83	9.57%
18	57	6.57%
18+	22	2.54%
	867	

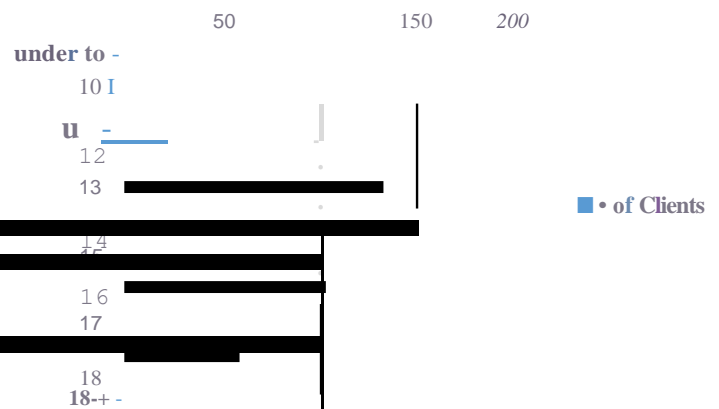
Female	467	53.86%
Male	396	45.68%
Other/ Unknown/ Declined to State	4	0.46%
	867	100.00%

Caucasian	64	7.38%
Hispanic	622	71.74%
African-American	35	4.04%
Asian	7	0.81%
Other/ Unknown/ Declined to State	139	16.03%
	867	100.00%

Primary Language in the Home	# of Clients	Percentage
English	211	63.90%
Spanish	302	34.83%
Other/ Unknown/ Declined to State	11	1.27%
	867	100.00%

Geographical Area	# of Clients	Percentage
Metro	593	68.40%
Rural	266	30.68%
Other/ Unknown/ Declined to State	8	0.92%
	867	100.00%

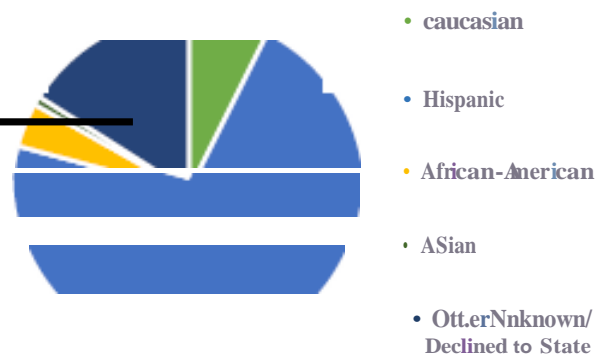
Age of Client



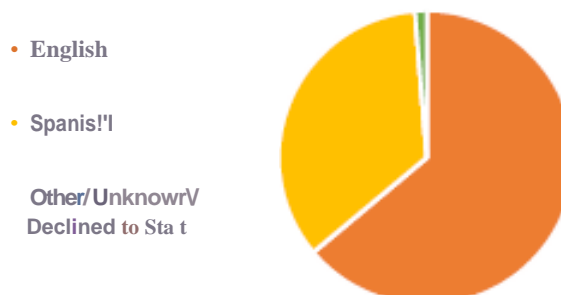
Gender of Clients



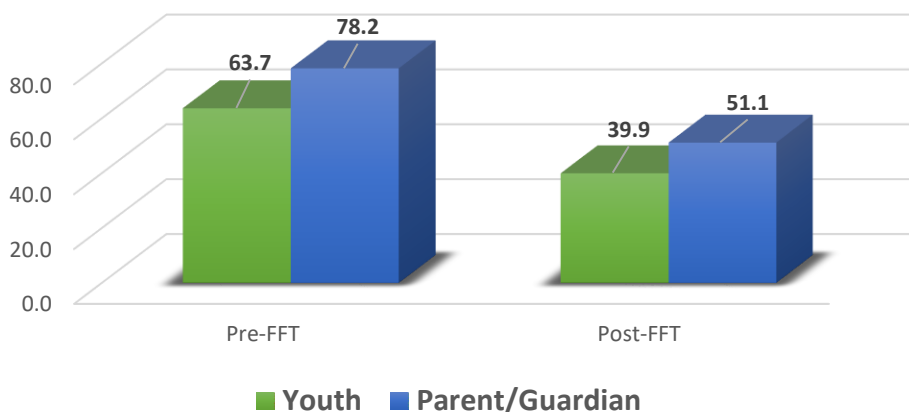
Ethnicity of Clients



Primary Language in the Home



Youth Outcome Questionnaire and Youth Outcome Questionnaire Self-Report



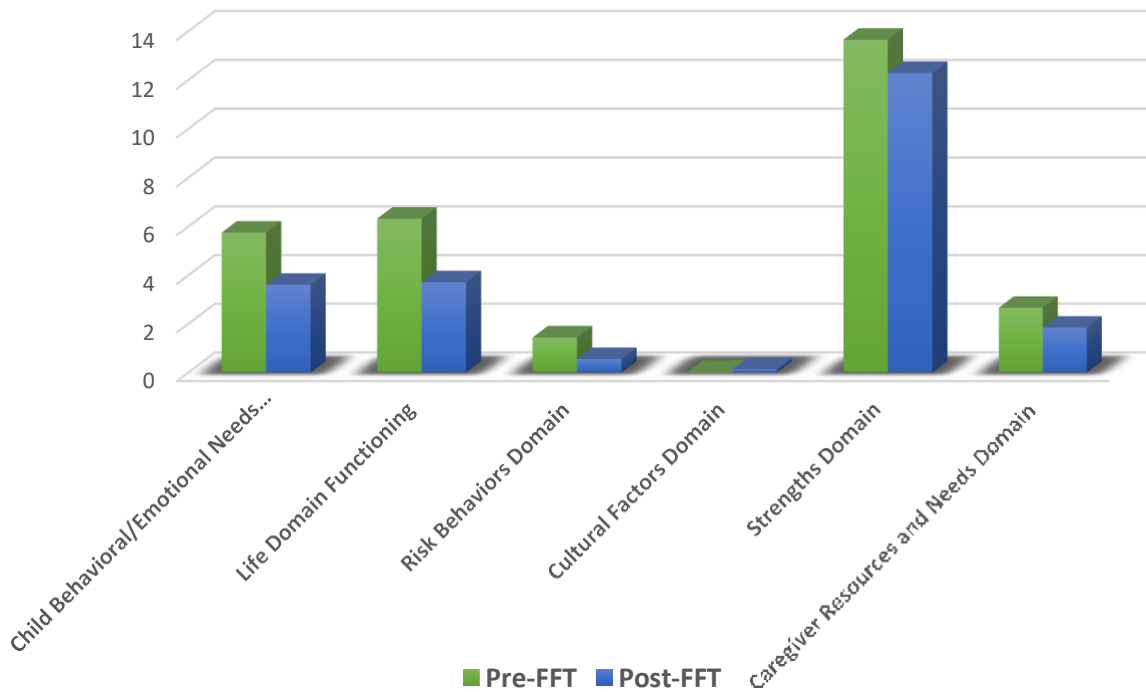
Youth Outcome Questionnaire	Pre-FFT	Post-FFT	Difference
Youth	63.7	39.9	23.72
Parent/Guardian	78.2	51.1	27.07

The Youth Outcome Questionnaire (YOQ) and the Youth Outcome Questionnaire Self-Report (YOQ-SR) measures:

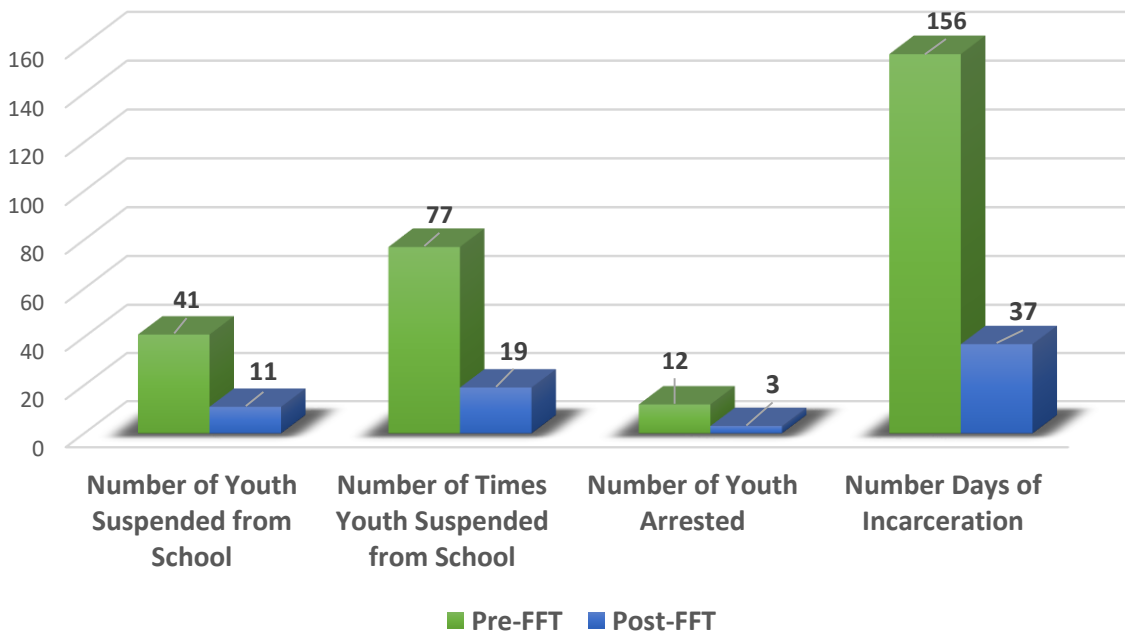
- Interpersonal Distress – anxiety, depression, fearfulness, etc.
- Somatic Complaints – headache, stomach ache/pain, bowel, dizziness, etc.
- Interpersonal Relationships – attitude, communication and interaction with parents, adults and peers
- Critical Items – paranoid ideation, suicidality, hallucinations, delusions, threats of harm to others
- Social Problems – delinquent or aggressive behavior, breaking social mores, etc.
- Behavioral Dysfunction – organize and complete tasks, handle frustration, impulsivity, inattention, etc.

The clinical cut-off for dysfunction is a score of 47. As evidenced by the graphs shown above, both youth and parent/guardian reported significant decreases in clinical dysfunction post FFT, with youth experiencing greater improvement in symptoms. Youth scores at the completion of the FFT program were below the cut off point for clinical dysfunction. Parents scores decreased by 27.07, but were still slightly within the clinical impairment range.

California Child & Adolescent Needs and Strengths (CANS 50)



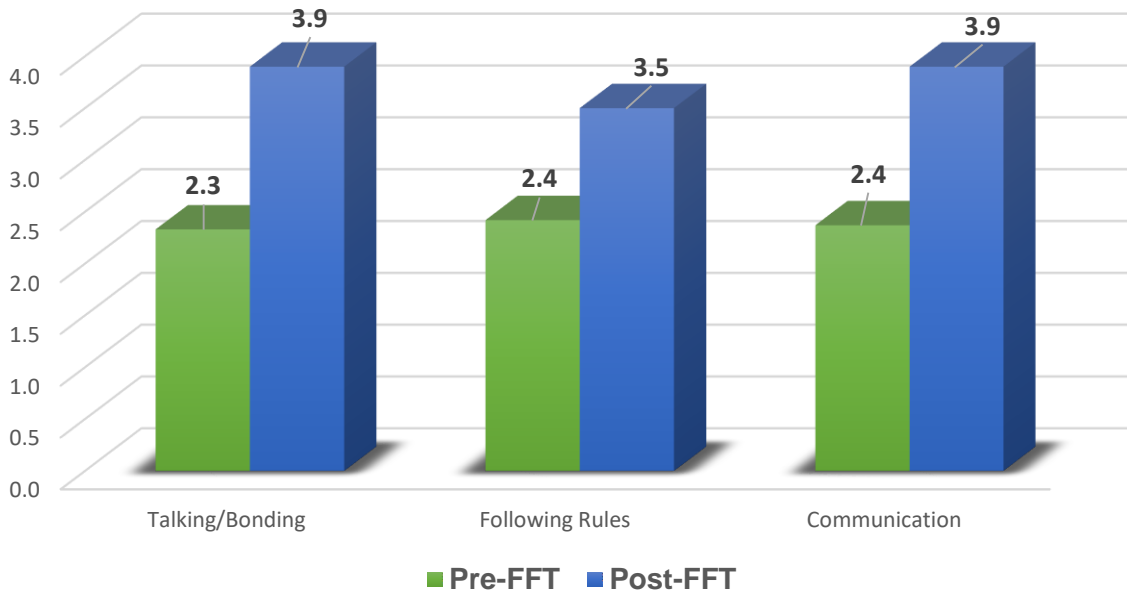
Disciplinary Problems



Families reported a significant decrease in school suspensions and involvement with the Juvenile Justice system following FFT treatment. Youth suspensions from school decreased by 72% and arrests by 88%. The number of days youth were suspended from school decreased by 67%, and the number of days of incarceration decreased by 85%. Families are contacted up to one year following completion of FFT services to monitor progress and assess needs for further services.

Disciplinary Problems	Pre-FFT	Post-FFT	% Change
Number of Youth Suspended from School	41	11	-72%
Number of Times Youth Suspended from School	77	19	-67%
Number of Youth Arrested	12	3	-88%
Number Days of Incarceration	156	37	-85%

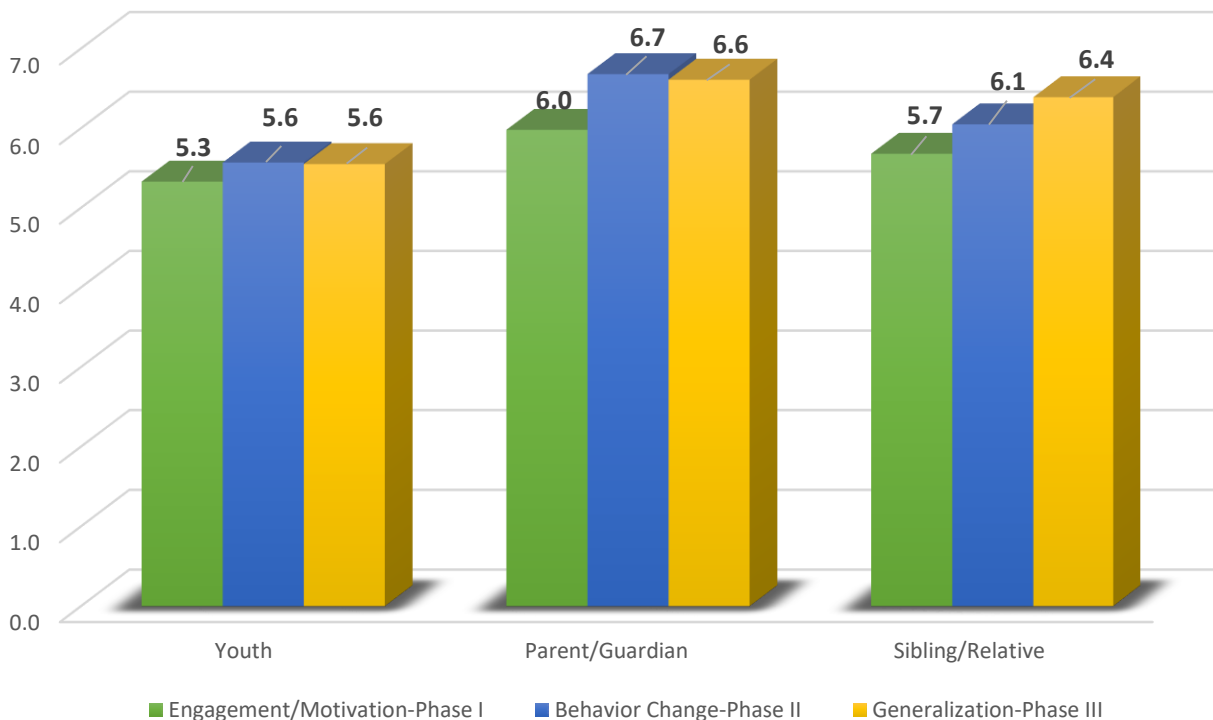
Family Functioning Report



In addition to the reduction of school problems, families report an increase in communication (49%), youth following rules (33%), and talking/bonding time (48%).

Family Functioning	Pre-FFT	Post-FFT	% Change
Talking/Bonding	2.3	3.9	49%
Following Rules	2.4	3.5	33%
Communication	2.4	3.9	48%

Family Member Confidence in Therapy (Hope)

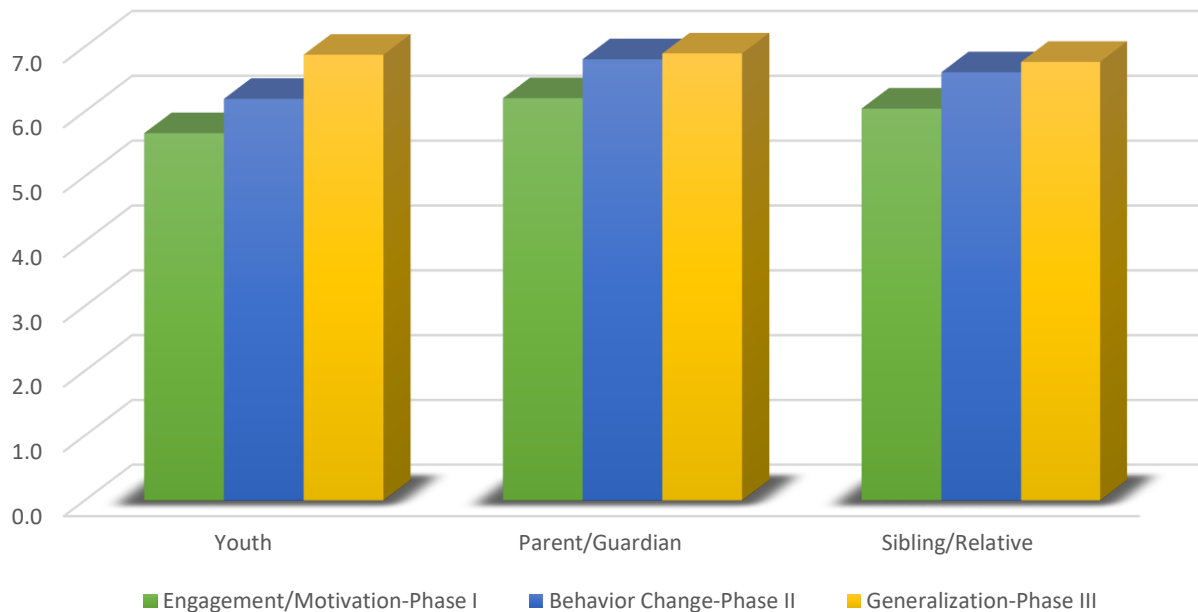


Overall, how confident or hopeful are you that you and your family will get better?

SCALE				
1	2	3	4	5
Not Confident	I'm Doubtful	I'm Unsure	I'm Hopeful	I'm Very Confident
Phase of Treatment		Youth	Parent/Guardian	Sibling/Relative
Engagement/Motivation-Phase I		5.3	6.0	5.7
Behavior Change-Phase II		5.6	6.7	6.1
Generalization-Phase III		5.6	6.6	6.4

"We have gotten so much from the therapy given to us. Thank you for your time and helping our family communicate better".

Family Member's Trust in Therapist

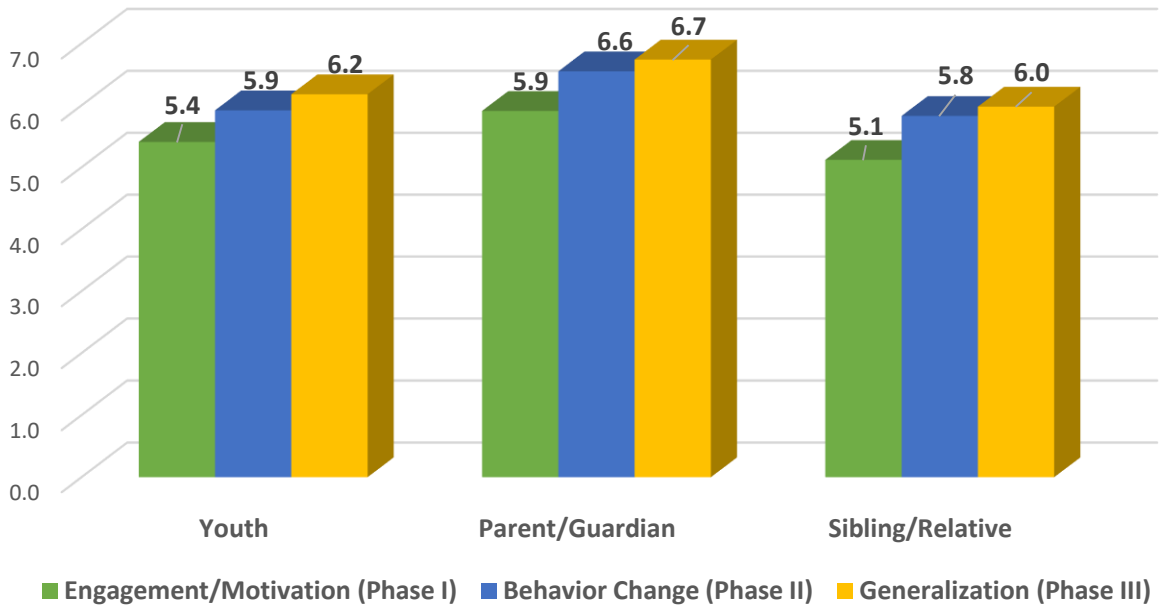


Overall, how much do you trust your therapist and FFT Team?

SCALE				
1	2	3	4	5
Not Confident	I'm Doubtful	I'm Unsure	I'm Hopeful	I'm Very Confident
Phase of Treatment		Youth	Parent/Guardian	Sibling/Relative
Engagement/Motivation-Phase I		5.7	6.2	6.1
Behavior Change-Phase II		6.2	6.8	6.6
Generalization-Phase III		6.9	6.9	6.8

"I feel very good when our therapist comes to my house, and am very satisfied with the FFT sessions".

Therapist Respect for Family



How much do you think your FFT team respects you and your family?

SCALE				
1	2	3	4	5
Not Confident	I'm Doubtful	I'm Unsure	I'm Hopeful	I'm Very Confident
Phase of Treatment		Youth	Parent/Guardian	Sibling/Relative
Engagement/Motivation (Phase I)		5.4	5.9	5.1
Behavior Change (Phase II)		5.9	6.6	5.8
Generalization (Phase III)		6.2	6.7	6.0

"I like the therapist because she listens to our problems and tries to help us the most that she can. She is funny and always make the room feel at ease. She has also helped our family improve and grow, and for that I am eternally grateful".