

<b>PROGRAM INFORMATION:</b>			
<b>Program Title:</b>	Functional Family Therapy	<b>Provider:</b>	Comprehensive Youth Services of Fresno, Inc. (CYS)
<b>Program Description:</b>	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 and parents/caregivers who have experienced significant trauma that may be interfering with family relationships. The mental health treatment to needed to address the impact of the trauma on the behavioral, emotional and mental health of family members that impacts family dynamics.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	April 20, 2007, to Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2022 - June 30, 2023
<b>Funding Source 1:</b>	EPSDT	<b>Funding Source 3:</b>	Early Intervention (MHSA)
<b>Funding Source 2:</b>	Prevention (MHSA)	<b>Other Funding:</b>	UMDAP

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$2,748,026	<b>Program Actual Amount:</b>	\$1,498,441
<b>Number of Unique Clients Served During Time Period:</b>	488 youth, 591 parents/caregivers and 233 siblings/relatives for a total of 1,312 people served		
<b>Number of Services Rendered During Time Period:</b>	4,135 billable activities and a total of 8,770 activities billable and non-billable services for persons served		
<b>Actual Cost Per Client:</b>	\$3,070 per unique family/\$1,142 per unique person		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Outpatient
<b>Contract Term:</b>	July 1, 2023 to June 30, 2024 plus one optional one-year extension.	<b>For Other:</b>	Click here to enter text.
		<b>Renewal Date:</b>	July 1, 2024
<b>Level of Care Information Age 18 &amp; Over:</b>	Traditional Outpatient Treatment (caseload 1:80)		
<b>Level of Care Information Age 0- 17:</b>	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. At least one parent/caregiver must participate and family members that have a significant impact and/or influence on the family is encouraged to attend. All participants work toward improving family relationships and communication skills that are specific and meaningful to 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. The identified person served, parent/caregivers and/or siblings or other influential family members may receive individual counseling including to address issues that may be interfering with the family functioning and impact the family's ability to meet goals for services. For persons served with trauma history, TF-CBT is provided to address trauma reactions that impede the person served ability to focus on family relational issues. TF-CBT treatment involves including the person's support system in the process to assist the person in building skills and reframing thinking patterns. FFT and TF-CBT are compatible in

that they both address the family system dynamics and include family members as important resources in the treatment plan.

**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

Integrated service experiences

Cultural Competency

**Please describe how the selected concept (s) embedded :**

**Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** FFT is a strengths-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 March 2020, the COVID pandemic changed how services were provided. Previously 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. FFT was changed to accommodate telephone and virtual services. As COVID numbers decreased and CalOSHA, the Fresno County Health Department, and Federal and State regulations lifted, services were transitioned back to in-person. Some families still prefer telephone and virtual services. Families are offered a choice of location to best suit their needs. Adding telephone and virtual services have allowed FFT to reach out to rural communities in a way that increases access to services and serves the underserved population.

**Integrated Service Experiences:** During COVID, FFT utilized phone, virtual, in-person means to connect with persons served and families. Adding virtual and telephone services was welcomed and preferred by many families. Telehealth services have allowed some families to participate in services that might have otherwise declined due to anxiety, depression, PTSD or social issues. Telehealth has also allowed for family therapy to continue when parents and youth are separated for a variety of reasons. Families have been separated due to numerous issues including illness, youth or parents staying at another location to provide a break from conflict, or parent work hours. The youth and parent may be in separate locations but still participate in family therapy through a three-way call or virtual session. While most

services have returned to in-person, families are still offered telephone and telehealth as an option to ensure they may participate and receive services. During the pandemic, FFT staff worked with State, City, County, and school efforts to improve access to digital services, including connecting persons served with technology and internet services. Initially, access was a major issue for many families. However, this is no longer an obstacle for most families. FFT has returned to mainly in-person, offering services at the CYS main office, family home or community locations, such as youth's school, local library, other CBO location, CYS Neighborhood Resource Centers, and continues to offer virtual or phone services. 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 also provides Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an additional resource and treatment option for those youth and families who continue to experience trauma. TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family and humanistic principles 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 in the treatment process, it fits very well with the FFT model as part of the Behavior Change and Generalization phases.

**Cultural Competency:** FFT views cultural and ethnic backgrounds as playing a profound role in shaping family values and beliefs. It is believed that families have their own "culture", and this influences the way in which family members interact. In order to elicit change within a family, the therapist must first identify and understand the family culture to ensure the change skills match the family. FFT identifies the Relational Function and the Family Hierarchy. The Relational Function is the amount and frequency of contact between family members. Each family dyad is assessed a continuum from Autonomous to Contacting.

The Family Hierarchy assesses the power structure within a family. These are not measurements of love or concerns but simply interaction patterns. FFT staff must be willing to learn about family patterns different from their own and must disregard stereotypical concepts of parent-child relationships. These values and beliefs set the tone for family relationships, communication style and roles and responsibilities in the family. The family culture will determine what goals will be set and skills utilized in FFT.

**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 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 posttreatment. 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 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 improvement 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 expulsions and involvement with the Juvenile Justice

System following FFT treatment. The number of youth suspended/expelled from school was decreased by 74% and the number of days of suspension decreased by 70%. There was also a significant decrease in arrests and recidivism rate post FFT by 82%.

## **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.

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 with follow-ups at 3-months, 6-months and 1-year post FFT.

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 and parents scored an average score of 63. On average both parents and youth reported symptoms above the clinical cut-off pre-FFT 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 22-point drop to 37 (below the 47-point threshold) while the parents' scores decreased by 20 points to 43 at the end of FFT treatment.

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.

## **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.

Time of Measure: Fiscal Year 2022-2023

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

Target Goal Expectancy: 74.8% of families served lived in the Metro area, and 25.21% 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 pandemic, FFT services have also 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 families in reducing barriers to accessing any and all services necessary.

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.

#### **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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