



Functional Family Therapy LLC

Key Continuous Quality Improvement (CQI) Considerations

CALIFORNIA CQI BRIEF FOR COUNTIES AND PROVIDERS

INTRODUCTION

As California continues to strive for excellence in child welfare, the implementation of evidence-based programs (EBPs) is a fundamental component of the Family First Prevention Services (FFPS) prevention plan. This policy brief is designed to provide counties and providers with a comprehensive framework for implementing Functional Family Therapy (FFT) a well-supported evidence-based program approved by the Family First Prevention Services Clearinghouse to meet the diverse needs of at-risk youth and their families.

This Brief focuses on **Functional Family Therapy LLC (FFT LLC), which is distinct from FFT Partners.** While both entities provide Functional Family Therapy services, FFT LLC is the purveyor referenced here and follows specific fidelity indicators and outcome measures which are different from FFT Partner's fidelity and outcome measures. Counties may select either model for reimbursement, but it is important to note that each has its own set of requirements for implementation and evaluation.

As you review this information, consider how you will measure the success of FFT LLC within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement. Counties and providers can use this Brief by holding county-, agency-, and community-level discussions to identify best practices and procedures for tracking and sharing data, along with discussing the outlined CQI prompts to assess program delivery and implementation to make necessary adjustments. Counties and providers should also use these Briefs to consider feedback loops to share qualitative data on family-specific needs to inform future efforts to serve and support families.



The information presented in this resource, including service descriptions, target populations, program or service delivery, and implementation details, is informed by several key sources. These include meetings with California's Family First Prevention Services Continuous Quality Improvement Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Subcommittee, IV-E Subcommittee, and Functional Family Therapy LLC.

FUNCTIONAL FAMILY THERAPY LLC PROGRAM OVERVIEW

Functional Family Therapy (FFT) is a short-term prevention program for at-risk youth and their families. FFT aims to address risk and protective factors that impact the adaptive development of 11- to 18-year-old youth who have been referred for behavioral or emotional problems. The program is organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context. Typically, therapists will meet weekly with families face-to-face for 60 to 90 minutes and by phone for up to 30 minutes, over an average of 3 to 6 months.

Eligibility: Youth ages 11 to 18 who have been referred for behavioral or emotional problems. Families are not eligible for Functional Family Therapy if they have youth outside the typical age range (11-18 years), lack significant behavioral issues, have severe mental health concerns, or are unwilling to engage in the therapy process.

Program Goals	Families Need to Know	Cultural Relevance
<ul style="list-style-type: none"> - Eliminate youth referral problems (such as delinquency, oppositional behaviors, violence, and substance use) - Improve family and individual skills - Improve prosocial behaviors (such as school attendance) 	<ul style="list-style-type: none"> - Typically, families will meet face-to-face with therapists for 60 to 90 minutes and by phone for up to 30 minutes - Most families complete the FFT program in an average of 8 to 14 sessions over the span of 6 months - Typically, FFT is conducted in clinic and home settings. It can also be delivered in schools, child welfare facilities, probation and parole offices, aftercare systems, and mental health facilities - FFT LLC can be delivered in a variety of settings, such as homes, schools, and community centers 	<ul style="list-style-type: none"> - FFT LLC has been shown to have positive outcomes for Black and Latinx children and families - FFT LLC has materials available in languages other than English, including Spanish, Dutch, and Swedish

MEASURING PROGRAM SUCCESS

Measuring the capacity, reach, fidelity, and outcome data outlined below can greatly enhance the implementation and effectiveness of FFT LLC. This section offers detailed measures to help assess whether your agency has the appropriate staffing (capacity), the extent to which children and families are being served (reach), the adherence to model specific implementation requirements (fidelity), and the impact of these services on children and families (outcomes). More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#). The CQI prompts are designed to help you regularly assess and refine your approach, ensuring that your implementation of FFT LLC stays true to the model and achieves the desired outcomes. By incorporating these prompts into your ongoing evaluation processes, you can maintain high standards of fidelity as required in the federally approved California Prevention Plan.

The data tables provided in the section below are designed to introduce counties, contractors, and service providers to the key metrics and schedules necessary for monitoring the success of Motivational Interviewing before claiming IV-E reimbursement. By familiarizing yourself with these tables, you'll gain a clear understanding of the expectations for tracking and assessing the critical components of program implementation, such as capacity, reach, fidelity, and outcomes.

The FFT LLC purveyor is able to provide aggregated reports that combine fidelity and outcomes data across multiple sites for a fee. However, providers will always remain responsible for tracking their own capacity and reach data.

What is Capacity? Capacity refers to the resources the agency or program devotes to the broader work and staff to support its implementation of preventive services and the ability for the program to serve.

Agency and FFT LLC Program Capacity Measures	
Staffing	Total # of provider agency sites. Total # of full-time model-trained or certified practitioners per provider site Total # of supervisors per provider site.
Supervisor/Clinician Ratio	1:7
Full-time/Part-time Caseload	10-12 for full time/5 for part-time
Duration	12-14 visits over 3-4 months

CQI PROMPTS

- Combine reach data and capacity data to determine if more FFT LLC clinicians are needed in a particular community. (Waitlist data could be an indicator to look at along with # of agencies and clinicians).
- If Supervisor/Clinician ratio, caseload, and/or duration adherence is not evident in the data, the CQI team should discuss challenges with providers and develop strategies to address them.

What is Reach? Reach refers to the degree to which the service is reaching the target population through eligibility determinations, referrals, and service uptake.

Agency & FFT LLC Program Reach Measures				
Eligible Child Welfare & Probation Candidates	Eligible Community Pathway Candidates	EBP Referrals to Providers	EBP Service Uptake	EBP Service Completion
Total # of FM/VFM/602 children who come to the attention of the agency	Total # of community pathway children granted IV-E agency candidacy approval	Total # candidates referred to an EBP provider	Total # candidates who started the EBP	Total # candidates who completed the full EBP
Total # identified as a Family First candidate	Total # of community pathway children denied IV-E agency candidacy approval		Total # candidates who did not start the EBP	Total # candidates who did not complete the full EBP
<ul style="list-style-type: none"> • FM – Family Maintenance • VFM – Voluntary Family Maintenance • 602 WIC Petition 	<ul style="list-style-type: none"> • Reason for denial <ul style="list-style-type: none"> o MH, SA, or PS imminent risk/need not identified o Child outside the age range of the recommended EBP 		<ul style="list-style-type: none"> • Reason did not start the EBP <ul style="list-style-type: none"> o No action taken; referral still in process o Placed on waitlist; median days on waitlist o Provider rejected referral o Provider unable to contact or engage with the family, o Family did not consent, etc. o Other 	<ul style="list-style-type: none"> • Reason did not complete the full EBP <ul style="list-style-type: none"> o Provider unable to contact or engage with family, o Family withdrew o Family no longer eligible o Provider capacity issues o Other
Total # identified as a Family First pregnant or parenting youth in care (PPY)				
Total # not identified as a candidate				

CQI PROMPTS

- Look at eligible child welfare and probation candidates and compare with the number referred to FFT LLC, started FFT LLC, and completed FFT LLC. Discuss strategies to address:
 - o Waitlist issues
 - o Reasons provider rejected referral
 - o Difficulties contacting family
 - o Obtaining family consent
 - o Family withdrawals before completion
 - o Change in family eligibility
 - o Provider capacity

What are Outcomes? Outcomes measure the extent to which the services are achieving the desired results for children and families.

FFT LLC Program Outcome Measures			
Measure	Indicator	Target	Purveyor Reporting
Improved child behavioral functioning	% of youth who have scores in the average/normal range on the total difficulties, conduct, and emotional subscales.	75%	FFT LLC Outcomes Report
Improved child emotional functioning	% of youth who have scores in the minimal/mild/moderate range.	75%	
	% of youth who have scores in the minimal/mild/moderate range.	75%	
Decrease in youth substance use	% of youth who have scores in the No/Medium risk category.	75%	
Improved family functioning	% of youth and caregivers who have scores in the average-high functioning areas.	75%	
	% of youth and caregivers who have scores in the medium-high functioning areas.	75%	

Commented [LM1]: this is FFT Partners outcome measures

CQI PROMPTS

- Evaluate whether FFT LLC is reaching its target populations. Are there disparities in service uptake or outcomes across different racial or ethnic groups, and how can outreach be improved to ensure equity?
- Examine the rate at which families complete the full 3-4 months of FFT LLC sessions. What are the common reasons for early case closure, and how can providers support families to complete the program?

What is Fidelity? Fidelity is the extent to which the service is carried out with adherence to the intended approach as outlined by the FFT LLC Purveyor.

FFT LLC Program Fidelity Measures			
Measure	Indicator	Target	Reporting from Purveyor
Provider received and maintained required FFT LLC training.	% of teams that received initial 2-day clinical training. (Response options: yes/no)	100%	Training Requirements Report
	% of teams that receive ongoing training, depending upon which phase they are in.	100%	
Provider meets FFT LLC staffing qualification requirements.	% of supervisors who have a master's degree.	100%	Staff Qualifications Report
	% of staff who have a master's degree or bachelor's degree with relevant experience.	100%	
Completion of the Weekly Supervision Checklist	% of teams that meet with their respective consultant/site supervisor weekly.	100%	Weekly Supervision Checklist of FFT LLC spreadsheet
Completion of the Global Therapist Ratings	% of teams that complete the Global Therapist Rating.	100%	Global Therapist Rating tab of FFT LLC spreadsheet

CQI PROMPTS

- Providers and the county CQI team should review monthly training requirements report, staff qualifications report, the weekly supervisions checklist, and the global therapist ratings on a regular basis to verify adherence to training requirements and staff qualifications.
- If data indicates challenges contract holders may want to discuss strategies to address with providers and model developer.

RESOURCES

To ensure the successful implementation of FFT LLC, it is crucial to establish a strong relationship between the FFT LLC provider, the FFT LLC purveyor, and the county. Here are the steps to initiate this process:

Providers Contact FFT LLC Services: Reach out to FFT LLC Services, one of the official purveyors of Functional Family Therapy. Their contact information can be found on this website: <https://www.fftlc.com/>. Initiate a conversation to discuss your interest in implementing FFT LLC and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties interested in implementing FFT LLC for IV-E reimbursement should begin by reaching out to your local Comprehensive Prevention Planning lead to discuss your plans for implementing FFT LLC to ensure that your efforts align with state and federal requirements, including IV-E reimbursement guidelines. Follow this link to determine your point of contact: <https://cdss.ca.gov/Portals/9/CCR/FFPSA/ffps-title-iv-eagency-county-contact-list.pdf>

You can also submit additional questions to the FFPS Inbox at FFPSAPreventionServices@dss.ca.gov

STAY TUNED!

In the coming months, the CQI Subcommittee and statewide advisory committees (see Page 1) will be drafting a comprehensive California Continuous Quality Improvement Plan. The content will include governance structure recommendations, CQI focused resources/policies, data analysis, and feedback loops. Stay tuned for these updates as we enhance our statewide CQI practices for Family First Prevention Services.

REFERENCES

Chapin Hall at the University of Chicago. (n.d.). Measurement framework. <https://www.chapinhall.org/research/measurement-framework>.

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Hyland, S. T., & O'Brien, J. (2023). Evidence-based programs desk guide 2023. Chapin Hall at the University of Chicago.

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