



Functional Family Therapy Partners (FFT Partners)



Key Continuous Quality Improvement (CQI) Considerations

CQI BRIEF FOR CALIFORNIA COUNTIES AND EBP 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) Partners**, 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 Partners (FFT Partners), which is distinct from FFT LLC**. While both entities provide Functional Family Therapy services, FFT Partners is the developer/purveyor referenced here and follows specific fidelity indicators and outcome measures which are different from FFT LLC'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 Partners within your county and how you can develop or refine your implementation to ensure eligibility for IV-E reimbursement, as well as improved outcomes for children and families.



Counties and providers can utilize this Brief to facilitate discussions at the county, agency, and community levels, aimed at identifying best practices for tracking and sharing data. These discussions should also focus on reviewing the CQI prompts to assess program delivery and implementation, making necessary adjustments as needed. Additionally, counties and providers should use these Briefs to establish feedback loops for sharing qualitative data on family-specific needs, ensuring that future efforts to serve and support families are informed and responsive.

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 the FFT Partners developer/purveyor and California's Family First Prevention Services CQI Subcommittee, Family First Prevention Services Advisory Committee, Community Pathway Advisory Committee, IV-E Advisory Committee, and Functional Family Therapy Partners.

Key Terms

Developer/Purveyor: The entity responsible for creating and supporting the implementation of the EBP. They provide training, resources, and guidance to ensure fidelity and effective implementation.

Provider: The individual or organization delivering the EBP services directly to children and families.

FUNCTIONAL FAMILY THERAPY PARTNERS PROGRAM OVERVIEW

Functional Family Therapy Partners (FFT Partners) 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.

Who is Eligible?

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

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)

Families Need to Know

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 Partners can be delivered in a variety of settings, such as homes, schools, and community centers

Cultural Relevance

FFT Partners has been shown to have positive outcomes for Black and Latinx children and families

FFT Partners 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 Partners. Regular quality assurance monitoring ensures this adherence. The FFT Partners developer/purveyor collects data to provide feedback, helping improve both adherence to the model and program outcomes. This data is stored in an online database managed by the FFT Partners developer/purveyor (Care4).

Data Collection for Federal IV-E Reimbursement

Under the Family First Prevention Services Act (FFPSA), federal IV-E reimbursement for evidence-based programs (EBPs) is contingent upon several requirements described on pages 27, 39, and 52 of the federally approved [California Prevention Plan](#). To meet these requirements and ensure accurate cost tracking:

- **FFT Partners providers will enter reach and capacity data into the CARES provider portal on a monthly basis.**
- Tracking both outcome and fidelity data is required for IV-E reimbursement. FFT Partners providers have access to aggregate reports generated by the FFT Partners developer/purveyor that combines outcome and fidelity data across multiple sites for a fee.
- **Outcome and fidelity data will be reported by the developer/purveyor and submitted to CARES using the designated purveyor template provided in Appendix A.**
- CDSS is in the process of contracting with the FFT Partners developer/purveyor to receive outcome and fidelity reports on a consistent basis.

The **CDSS FFPS Program** will:

- **Upload outcome and fidelity data** into the backend of CARES.
- **Translate the reach, capacity, outcome and fidelity data into Tableau reports for use in state- and county-level FFPS CQI processes.**

Key Metrics for Continuous Quality Improvement (CQI)

To measure the success of FFT Partners, it's important to regularly review data in four key areas:

- 1 **Capacity** – *staff requirements*
- 2 **Reach** – *the extent to which children and families are being served*
- 3 **Fidelity** – *adherence to model implementation requirements*
- 4 **Outcomes** – *impact of services on children and families*

These metrics provide a comprehensive view of program effectiveness. More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

FFT PARTNERS MEASUREMENT FRAMEWORK

The **FFT Partners Measurement Framework** provides standardized metrics for California counties and EBP providers to evaluate **capacity, reach, fidelity,** and **outcomes,** supporting continuous quality improvement (CQI) and compliance with the Family First Prevention Services Act (FFPSA) for federal IV-E reimbursement. The following data tables outline these measures and expectations for tracking critical program components. **It is recommended that all stakeholders review and familiarize themselves with this information to clearly understand the expectations for tracking and assessing critical components of program implementation.** CQI prompts are included to guide discussions, identify successes, address barriers, and support effective program implementation and oversight.

Capacity

Capacity refers to the resources dedicated by the agency or program to effectively deliver services to children and families, including staffing, infrastructure, and service availability. Adequate capacity is essential for successful implementation of FFT Partners and influences the program’s ability to meet community needs.

Table 1 outlines key capacity measures required to monitor program implementation. **FFT Partners providers will submit capacity data for each provider site monthly through the CARES provider portal.** Counties should review capacity data and conduct CQI activities monthly.

Table 1. Description of FFT Partners Capacity Data Elements

Measure	Indicator
Staffing	Total # of provider agency sites
	Total # of full-time model-trained or certified practitioners
	Total # of part-time model-trained or certified practitioners
	Total # of supervisors
Supervisor / Practitioner Ratio	1:7
Full-time / Part-time Caseload	10-12 for full-time 5 for part-time
Service Duration	12-14 visits over 3-4 months

Capacity CQI Prompts:

- **Analyze Waitlist and Capacity Data:** Combine waitlist information, reach data, and staffing levels to identify if more clinicians or service slots are needed in specific communities.
- **Address Staffing Challenges:** If Supervisor/Clinician ratios, caseloads, or service duration are not meeting standards, collaborate with providers to identify barriers and develop solutions.
- **Evaluate Capacity Trends:** Regularly review capacity data to detect patterns of increased demand and adjust staffing or resources accordingly.

Reach

Reach refers to the extent to which the program engages its target population by ensuring eligible children and families are identified, referred to, and actively enrolled in services. It measures how well FFT Partners is serving those it is intended to reach and whether the service is accessible to those in need.

Table 2 lists the reach data elements to be tracked for effective outreach and engagement. **FFT Partners providers will submit reach data monthly through the CARES provider portal.** Counties should review reach data and conduct CQI activities monthly.

Table 2. Description of Standardized Reach Data Elements

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

*Total number of referrals to Probation (inclusive of citations and arrests)

**Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition

Reach CQI Prompts:

- Look at eligible child welfare and probation candidates and compare with the number referred to FFT Partners, started FFT Partners, and completed FFT Partners. Discuss strategies to address:
 - Service Flow: Compare eligible candidates to those referred, enrolled, and completed.
 - Waitlists: Identify causes and reduce delays.
 - Referral Rejections: Address common reasons for declined referrals.
 - Family Contact: Improve provider outcome and engagement.
 - Consent Issues: Increase family consent rates.
 - Withdrawals: Identify strategies to reduce early terminations.
 - Eligibility Changes: Minimize service disruptions.
 - Provider Capacity: Align staffing and resources to demand.
- Assess Population Reach: Evaluate whether FFT Partners is effectively reaching its target populations. Identify disparities in service uptake or outcomes across racial and ethnic groups and explore strategies to improve outreach for greater equity.

Outcomes

Outcomes refer to the measurable impacts of the program on children and families, demonstrating whether FFT Partners is achieving its intended goals. These metrics help assess program effectiveness and inform continuous quality improvement efforts.

Table 3 outlines the key outcome measures needed to monitor and evaluate program success. **The FFT Partners developer/purveyor will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload developer/purveyor outcome data into the CARES backend for county CQI activities.** Counties should review outcome data and conduct CQI activities quarterly.

Table 3. Description of FFT Partners Outcome Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Improved Child Behavioral Functioning	% of youth who have scores in the average/normal range on the total difficulties, conduct, and emotional subscales.	75%	Strengths & Difficulties Questionnaire (SDQ)		
Improved Child Emotional Functioning	% of youth who have scores in the minimal/mild/moderate range (Youth Depression).	75%	PHQ-A	Therapist administers a pre- and post-intervention	Outcomes Spreadsheet (developer/purveyor-generated)
	% of youth who have scores in the minimal/mild/moderate range (Youth Anxiety).	75%	GAD-7		
Decrease in Youth Substance Use	% of youth who have scores in the Low/Medium risk category.	75%	CRAFFT		
Improved Family Functioning	% of youth and caregivers who have scores in the average to high functioning areas on the family functioning subscales.	75%	Client Outcome Measure-Caregiver (COM-C) & Client Outcome Measure-Youth (COM-Y)		
	% of youth and caregivers who have scores in the medium to high	75%	COM-C & COM-Y		

functioning areas on the family stability subscales.

Outcomes CQI Prompts:

- **Assess Outcome Data:** Review FFT Partners outcome data to determine if target populations are achieving expected improvements. Identify disparities across demographic groups and explore strategies, such as tailored interventions, to support equitable outcomes.
- **Review Program Completion:** Analyze the rate of family completion for the full intervention. Identify common reasons for early case closure and collaborate with providers on strategies to support families in completing the program.

Fidelity

Fidelity refers to how closely the program follows the prescribed FFT Partners model to ensure services are delivered as intended. Maintaining high fidelity is crucial for achieving positive outcomes and ensuring program integrity.

Table 4 outlines the fidelity measures required to assess program adherence. **The FFT Partners developer/purveyor will use a standardized template to submit outcome data to CDSS biannually. The CDSS FFPS team will upload developer/purveyor outcome data into the CARES backend for county CQI activities.** Counties should review fidelity data and conduct CQI activities quarterly.

Table 4. Description of FFT Partners Fidelity Data Elements

Measure	Indicator	Target Level	Data Collection Instrument	Frequency	Standardized Reports
Provider Received & Maintained Required Training	% of therapists at a Community Site who have met all of the training requirements.	95%	Training Attendance Log	Collected as training occurs.	
Meets Staffing Qualification Requirements	% of staff that have at least a master's degree and meet the requirements of the local regulatory agencies.	100%	Hiring Spreadsheet	Collected during hiring process.	Fidelity Spreadsheet (developer/purveyor-generated)
Meets All Components of Model Fidelity Requirements	% of therapists with Conceptual, Service Delivery, and Session Fidelity that is in the average range of all other FFT therapists in the jurisdiction.	75%	Therapist Fidelity Measure	Completed 4 times in first year and 2 times every year thereafter.	
	The program will rank in the average to high range of Program, Fidelity Key Performance Indicators.	80%	Program Fidelity Measure	Completed every 6 months.	

Fidelity CQI Prompts:

- **Verify Training and Qualifications:** Review the monthly training requirements report, staff qualifications report, weekly supervision checklist, and global therapist ratings regularly to ensure adherence to training requirements and staff qualifications.
- **Address Implementation Challenges:** If challenges are identified, collaborate with providers and the model developer to develop strategies for improvement.

RESOURCES

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

Providers Contact FFT Partners: Reach out to FFT Partners, the official developer/purveyor of Functional Family Therapy. Contact information can be found on their website: <https://functionalfamilytherapy.com/>. Initiate a conversation to discuss your interest in implementing FFT Partners and to seek guidance on the next steps.

Providers and County Leaders Contact Your Local CPP Lead: Providers or counties looking to implement FFT Partners for IV-E reimbursement should contact their local Comprehensive Prevention Planning Lead to ensure their implementation plans 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>.

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

Functional Family Therapy. (n.d.). *Functional Family Therapy*. <https://functionalfamilytherapy.com/>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (n.d.). Title IV-E prevention services clearinghouse. <https://preventionservices.abtsites>.

APPENDIX A: DEVELOPER/PURVEYOR OUTCOME & FIDELITY TEMPLATE

FFT Partners Outcome Measures

Functional Family Therapy (FFT) Partners

Purveyor will send the percentage for every location via a data file.

Measure	Improved child behavioral functioning	Improved child emotional functioning	Decrease in youth substance use
Indicator	<i>At Service Completion, % of youth who have scores in the average/normal range on the total difficulties, conduct, and emotional subscales.</i>	<i>Measuring Youth Anxiety using the PHQ-A: At Service Completion, % of youth who have scores in the minimal/mild/moderate range. (Youth Anxiety)</i>	<i>Measuring Youth Depression using the GAD-7: % of youth who have scores in the minimal/mild/moderate range. (Youth Depression)</i>
Target Level	75%	75%	75%
Site 1			
Site 2			

FFT Partners Fidelity Measures

Functional Family Therapy (FFT) Partners

Purveyor will send the percentage for every location via a data file.

Measure	Provide received and maintained required training	Meets staffing qualification requirements	Meets all components of model fidelity requirements (conceptual, service delivery, and session fidelity)
Indicator	<i>% of therapists at a Community Site who have met all of the training requirements.</i>	<i>% of staff that have at least a master's degree and meet the requirements of the local regulatory agencies.</i>	<i>At the time of the report, % of Therapists with Conceptual, Service Delivery, and Session fidelity that is in the average range of all other FFT Therapists in the jurisdiction.</i>
Target Level	95%	100%	75%
Site 1			Yes / No
Site 2			80% of expected sessions; 80% delivered to 2 or more family members; 80% weekly session; 70% successful case outcomes