



# 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 practices (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 practice 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.

This policy brief guides counties and providers in applying continuous quality improvement (CQI) activities to support the effective implementation of FFT Partners under [California's Five-Year State Prevention Plan](#). It outlines requirements for data collection, reporting, and review to meet both **federal CQI requirements under the [Family First Prevention Services Act \(FFPSA\)](#)** and **state expectations for CQI activities outlined in [California's CQI Plan](#)**. Together, these activities support real-time program monitoring, data-driven decision-making, and compliance with IV-E reimbursement standards.



**Counties and agencies delivering FFT Partners should use this brief as a guide for measuring the success of FFT Partners in their local context, applying required CQI activities, and ensuring implementation meets federal IV-E reimbursement requirements.** This brief supports local discussions, outlines the data tracking and sharing requirements established in the CQI Plan, and establishes feedback loops that inform program delivery and continuous improvement. The CQI prompts are designed to support reflection on program effectiveness, address implementation challenges, and guide data-driven decision-making to better meet the needs of children and 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 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

# DATA REQUIREMENTS FOR CQI

CQI is a critical part of implementing EBPs as part of California’s Family First Prevention Services (FFPS) Prevention Plan. The California CQI Plan outlines expectations for counties and EBP providers to collect, analyze, and use data to monitor program delivery and support continuous improvement.

To guide this work, the CQI Plan identifies four core categories of data collection, each essential to understanding implementation and driving progress.

## Key Metrics for Continuous Quality Improvement (CQI)

To support continuous improvement and federal IV-E compliance, agencies delivering evidence-based programs (EBPs) must regularly collect and review data across four core categories:

- 1 Capacity** – Measures the staffing, infrastructure, and resources required to deliver services effectively. Capacity data tracks the number of trained staff, supervisors, and service sites, helping counties and providers assess whether programs are adequately resourced to meet the needs of families.
- 2 Reach** – Tracks the extent to which eligible children, youth, and families are identified, referred, and engaged in services. Reach data helps ensure services are accessible and equitably distributed, identifying gaps in engagement or disparities in service delivery.
- 3 Outcomes** – Captures the impact of services on children, youth, and families, including measures of engagement, behavior change, and safety outcomes. Outcome data helps counties and providers understand whether services are achieving their intended goals and where additional support or adjustments may be needed.
- 4 Fidelity** – Monitors whether services are delivered as intended, using approved fidelity monitoring tools or guidelines. Fidelity data helps ensure staff are meeting competency standards and following model expectations, which is critical for achieving desired outcomes and maintaining IV-E compliance.

These metrics provide a comprehensive view of program effectiveness and should be used to guide local CQI activities and inform state-level monitoring.

More information on this framework can be found here: [Measurement Framework for Implementing and Evaluation Preventive Services](#).

Together, these categories form the foundation for EBP-related CQI activities. Regularly reviewing data across these areas helps counties and EBP providers assess performance, surface barriers, and make informed adjustments to better support children and families.

Detailed definitions, indicators, and reporting expectations for each category specific to FFT Partners are provided in [Appendix A](#).

# FFT PARTNERS-SPECIFIC DATA REQUIREMENTS

The [FFT Partners Measurement Framework](#) outlines how counties and EBP providers delivering FFT Partners should collect and use data across the four CQI domains – capacity, reach, fidelity, and outcomes. **Counties and EBP providers are expected to track data regularly across all domains to ensure timely, complete, and accurate information is available to support both local and state-level CQI activities.**

The California CQI Plan emphasizes the importance of both local and state-level CQI processes to promote continuous learning and accountability. **At the county level, data is used to assess implementation progress, identify barriers, and inform continuous improvement.** Counties are encouraged to partner with providers—ideally through CQI teams—to review and apply data to local decision-making. County CQI Team leads will pull relevant reports from CARES on a regular basis: monthly for site-level capacity and individual-level reach data, quarterly for individual-level fidelity and outcomes data, and biannually for aggregate-level dashboards.

**At the state level, the CDSS uses data submitted through the CARES Provider Portal and FFT Partners' Care4 online database to monitor program performance, generate Tableau dashboards, and fulfill Title IV-E reporting requirements under FFPSA.** Federal reimbursement is contingent on meeting the requirements outlined in California's Five-Year Prevention Plan (see pages 27, 39, and 52). The CDSS is also working with the FFT Partners developer/purveyor to ensure biannual completion of the aggregate fidelity and outcomes templates ([Appendix C](#)) for upload into CARES.

Appendices [A](#) and [B](#) outline the required measures, data elements, and templates used for FFT Partners data collection across all four domains.

## Data Collection and Use

Child Welfare agencies and Community-Based Organizations (CBOs) delivering FFT Partners should track utilization daily.

### *Site-Level Capacity Data*

- **Collection:** Entered into the CARES Provider Portal by FFT Partners providers and CBOs for families receiving FFT Partners services. Elements collected are listed in **Table 1** of [Appendix A](#).
- **Use:** CARES capacity reports will be pulled monthly by County CQI Team leads in preparation for their county CQI Teams and by the CDSS for statewide monitoring.

### *Individual-Level Reach Data*

- **Collection:** Entered into CARES for child welfare-involved families and into the CARES Provider Portal for Family First community pathway candidate families who are not involved with child welfare or probation. Elements collected are listed in **Table 2** of [Appendix A](#).
- **Use:** CARES reach reports will be pulled monthly by County CQI Team leads and by the CDSS for statewide monitoring.

### **Individual-Level Fidelity and Outcomes Data**

- **Collection:** Collected by FFT Partners providers and CBOs using a standardized template ([Appendix B](#)) or pulled from the FFT Partners Care4 online database. Elements are listed in [Appendix C](#).
- **Use:** FFT Partners providers and CBOs will prepare and share this data quarterly with the County CQI Team leads, using either the standardized template or exports from the FFT Partners Care4 system.

### **Aggregate-Level Fidelity and Outcomes Data**

- **Collection:** Captured in the Care4. The CDSS is in the process of contracting with the FFT Partners purveyor to complete the biannual purveyor templates ([Appendix C](#)) and submit them to the CDSS for upload into CARES.
- **Use:** County CQI Team leads will access aggregate-level fidelity and outcomes Tableau dashboards in CARES every six months for use in county CQI Teams.

For a full list of required FFT Partners measures and indicators, see [Appendix A](#).

## **CQI TRAINING**

To support the implementation of California's FFPS CQI Plan and the FFT Partners program, required training will be provided to county FFPS leads and FFT Partners providers. This training will be delivered over the course of up to three days and is designed to build the knowledge and skills needed to effectively engage in CQI activities. Additional information about the required CQI training is available in the [California Family First Prevention Services Continuous Quality Improvement Implementation Plan](#).

## **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](mailto:FFPSAPreventionServices@dss.ca.gov)**

## STAY CONNECTED!

The [California Family First Prevention Services Continuous Quality Improvement \(CQI\) Plan](#) was developed with input from the CDSS leadership, counties, and advisory subcommittees across the state. It outlines core CQI structures, guidance, and tools to support counties and providers.

California will continue to build on this work through the [CQI Implementation Plan](#) and other prevention resources. Check for updates at [Prevention Resources – Child and Family Policy Institute of California](#), and reach out to [FFPSAPreventionServices@dss.ca.gov](mailto:FFPSAPreventionServices@dss.ca.gov) to share questions, experiences, or lessons learned.

## 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: FFT PARTNERS MEASUREMENT FRAMEWORK

This appendix outlines the data elements, indicators, reporting expectations, and CQI prompts for each of the four core measurement domains: capacity, reach, fidelity, and outcomes. **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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level	Data Submission Format	Reporting Cadence	
				(Counties & CDSS)	(Counties & CDSS)	Counties	CDSS
<b>Staffing</b>	Total # of provider agency sites	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of full-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of part-time model-trained or certified practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of supervisors	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
<b>Supervisor / Practitioner Ratio</b>	1:7	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
<b>Full-time / Part-time Caseload</b>	10-12 for full-time practitioners 5 for part-time practitioners	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
<b>Service Duration</b>	12-14 visits over 3-4 months	CBO/EBP Provider	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

### 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	Data Collection & Submission Responsibility	Data Collection Frequency	Data Submission Level (Counties & CDSS)	Data Submission Format (Counties & CDSS)	Reporting Cadence	
						Counties	CDSS
Eligible Child Welfare & Probation Candidates	Total # of FM/VFM/602 youth who come to the attention of the agency <sup>1</sup>	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First candidate <ul style="list-style-type: none"> <li>• FM – Family Maintenance</li> <li>• VFM – Voluntary Family Maintenance</li> <li>• 602 WIC Petition<sup>2</sup></li> </ul>	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # identified as a Family First pregnant or parenting youth in care (PPY)	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
	Total # not identified as a candidate	County Title IV-E Agency	Monthly	Individual-level	CARES	Monthly	Monthly
Eligible Community Pathway Candidates	Total # of community pathway children granted IV-E agency candidacy approval	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	Total # of community pathway children denied IV-E agency candidacy approval <ul style="list-style-type: none"> <li>• Reason for denial               <ul style="list-style-type: none"> <li>○ MH, SA, or PS imminent risk/need not identified</li> <li>○ Child outside of age range of the recommended EBP</li> </ul> </li> </ul>	County Title IV-E Agency	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Referrals to Providers	Total # candidates referred to an EBP provider	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly

<sup>1</sup> Total number of referrals to Probation (inclusive of citations and arrests)

<sup>2</sup> Youth referred to Probation by a Law Enforcement Agency for alleged involvement in delinquent behavior that could result in a WIC 602 petition

	Total # candidates who started the EBP	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Uptake	Total # candidates who did not start the EBP						
	• Reason did not start the EBP						
	○ No action taken; referral still in process						
	○ Placed on waitlist; median days on waitlist	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	○ 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 Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
EBP Service Completion	Total # candidates who did not complete the full EBP						
	• Reason did not complete the full EBP						
	○ Provider unable to contact or engage with family	EBP Provider/CBO	Monthly	Individual-level	CARES Provider Portal	Monthly	Monthly
	○ Family withdrew						
	○ Family no longer eligible						
	○ Provider capacity issues						
	○ Other						

### 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 the CDSS biannually. The CDSS 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	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
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)	Therapist administers a pre- and post-intervention	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Improved Child Emotional Functioning	% of youth who have scores in the minimal/mild/moderate range (Youth Depression).	75%	PHQ-A		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of youth who have scores in the minimal/mild/moderate range (Youth Anxiety).	75%	GAD-7		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
Decrease in Youth Substance Use	% of youth who have scores in the Low/Medium risk category.	75%	CRAFFT		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
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)		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	% of youth and caregivers who have scores in the medium to high functioning areas on the family stability subscales.	75%	COM-C & COM-Y		Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

### 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 the CDSS biannually. The CDSS 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	Data Collection Frequency	Data Submission Level		Data Submission Format		Data Reporting Cadence	
					Counties	CDSS	Counties	CDSS	Counties	CDSS
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.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
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.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
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.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually
	Their program will rank in the average to high range of Program Fidelity Key Performance Indicators.	80%	Program Fidelity Measure	Completed every 6 months.	Individual-level	Aggregate	County-specific	Developer/Purveyor Template	Quarterly	Biannually

### 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.

## APPENDIX B: STANDARDIZED PROVIDER TEMPLATE

This template is optional. FFT Partners providers will either pull all of the fidelity and outcome data fields depicted in the tables below from Care4 on a quarterly basis for review during county CQI Team meetings, or complete the FFT Partners Fidelity and Outcomes Report Template, which can be downloaded from the Child and Family Policy Institute of California (CFPIC) website at [this link](#). The standardized template can be used to examine differences in the indicators by gender, race, and ethnicity as defined in Technical Bulletin #1 which is necessary for identifying potential disparities in program outcomes and addressing them through the county CQI Team.

Below are sample screenshots of a portion of the outcome and fidelity data captured at the individual level in the standardized template. This is not the template FFT Partner purveyor will complete in aggregate on a biannual basis. Those templates can be found in Appendix C.

Fidelity			
Agency Name:		Site Name:	
Staff Identifier	Provider Received & Maintained Required Training	Meets Staffing Qualification Requirements	Meets All Components of Model Fidelity Requirements
Name of Staff Member	Does the therapist meet all of the training requirements?	Does the staff member have at least a master's degree and meet the requirements of the local regulatory agencies?	Does the therapist have Conceptual, Service Delivery, and Session Fidelity that is in the average range of all other FFT therapists in the jurisdiction?

Outcomes											
Agency Name:			Site Name:								
Child Identifier											
DCFS/Probation Unique Identifier	Model Child ID	Child Date of Birth	Child Sex	Child Hispanic or Latino Ethnicity	Child Race: White	Child Race: Black or African American	Child Race: Asian	Child Race: Native Hawaiian or Other Pacific Islander	Child Race: American Indian or Alaska Native	Child Race: Declined	Child Race: Unknown

Outcomes		
Improved Child Behavioral Functioning	Improved Child Emotional Functioning	
Did the youth have scores in the average/normal range on the total difficulties, conduct, and emotional subscales, measured using the Strengths & Difficulties Questionnaire (SDQ)?	Did the youth have scores in the minimal/mild/moderate range, measured using the PHQ-A?	Did the youth have scores in the minimal/mild/moderate range, measured using the GAD-7?

# APPENDIX C: DEVELOPER/PURVEYOR OUTCOME & FIDELITY TEMPLATES

The developer/purveyor will complete the aggregate fidelity and outcome templates provided below and will submit these to the CDSS biannually. The CDSS will upload them into the backend of CARES. Counties will be able to access this data in aggregate through Tableau dashboards.

## FFT Partners Outcome Measures

### Functional Family Therapy (FFT) Partners

Purveyor will send the percentage for each location in a data file.

Measure	Improved child behavioral functioning	Improved child emotional functioning		Decrease in youth substance use
Indicator	At service completion, % of youth who have scores in the average/normal range on the difficulties, conduct, and emotional subscales.	Measuring Youth Anxiety using the PHQ-A: At service completion, % of youth who have scores in the minimal/mild/moderate range.	Measuring Youth Depression using the GAD-7: At service completion, % of youth who have scores in the minimal/mild/moderate range.	At service completion, % of youth who have scores in the No/Medium risk category.
Target Level	75%	75%	75%	75%
Site 1				
Site 2				

## FFT Partners Fidelity Measures

### Functional Family Therapy (FFT) Partners

Purveyor will send the percentage for each location in a data file.

Measure	Provider received and maintained required training	Meets staffing qualification requirements	Meets all components of model fidelity requirements (conceptual, service delivery, and session fidelity)	
Indicator	% of therapists at a Community Site who have met all of the training requirements.	% of staff that have at least a master's degree and meet the requirements of the local regulatory agencies.	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.	At the time of the report, the program ranks in the average to high range of Program Fidelity Key Performance Indicators.  (80% of expected sessions; 80% delivered to 2 or more family members; 80% weekly sessions; 70% successful case outcomes)
Target Level	95%	100%	75%	Yes/No
Site 1				
Site 2				