

**Children's Service Center  
Functional Family Therapy Services  
Luzerne/Wyoming Counties**

**Introduction:**

In FY 2015-2016, **Functional Family Therapy Services** at CSC served 57 (duplicated) children and adolescents from the Juvenile Justice system, 43 (duplicated) from Children & Youth, and 219 (duplicated) from other referral sources; a total of 319 (duplicated). Based on the above projections and an increased emphasis in our area to reduce out of home placements and shorten stays when there is an out of home placement, we project serving 150 (unduplicated) youth in January 1, 2017 to June 30, 2018.

CSC's Plan for development of a resiliency oriented system:

**System Indictors:**

1. Affirmative Action hiring policy that supports accommodations:  
Children's Service Center's hiring policy is one of affirmative action; in addition, our HR department has an established track record of providing accommodations for staff that request them, both for physical as well as mental health needs.
2. Resiliency oriented mission statement:  
Children's Service Center continues to review our mission statement to ensure a resiliency oriented mission statement drives our services.
3. Board Representation:  
Children's Service Center is proud that consumers have representation on our Board. A significant officer on our Board of Directors is a consumer of services here at CSC. We are planning to increase consumer participation on our Board.

**1. Soundness of Approach:**

**A. Project Description:**

Functional Family Therapy Services (FFT) is a family prevention / intervention program that has been applied successfully to a wide range of youth and families in the US and internationally. FFT is noted as a Blueprints program for Violence Prevention and has had numerous research and replications throughout the country. FFT is an empirically grounded intervention that targets youth between the ages of 10 and 18 and their families. FFT is a short-term (approximately 4 - 6 months) treatment program with weekly family sessions.

These sessions could occur once per week or more often as determined by the individual family. Often sessions are more frequent in the initial stages of the program. The average number of sessions is 12-15, but this also depends upon the needs of the individual family. Sessions typically occur in the families' home and are conducted at non-traditional hours to meet the needs of working parents, or extra-curricular activities by the adolescent.

FFT is a phasic model of treatment, each phase with its own goals and objectives. The phases of FFT are Engagement/motivation, Behavior Change, and Generalization. See below for a brief explanation of the goals of each phase. Assessment is a vital part of therapy and occurs throughout. Pre and post assessment paperwork helps determine the initial risk factors and overall progress by each family member. Counseling Outcome Measures determine the individuals overall experience in counseling and rate progress in the areas of: conflict reduction, parenting and supervision, adolescent behavior and communication. In addition, Family Survey Reports are given at regular intervals throughout the therapeutic process to ensure the continuation of family motivation and engagement.

FFT strives to assist youth and their families in creating an effective environment for change and success, consistent with a resiliency focus. The objectives of each phase that make these goals achievable are as follows:

Engagement/Motivation (E/M):

Engagement begins with the first contact. By relating to clients with a respectful and non-judgmental attitude we engage families in treatment and give them the feeling this is a valuable experience. E/M goals include reducing negativity and blame, increasing hope, building a balanced alliance between therapist and all family members and changing the meaning or scope of presenting problems into a relationally focused problem that the family can address.

Behavior Change (BC):

After the goals of E/M are met the family and therapist identify change targets. Risk and Protective factors of each individual, the family and community are assessed; then a BC plan is developed between therapist and family. Interventions are determined by the individual relational patterns in each family. BC focuses on obtainable change in that particular family to maximize the likelihood of success. This success can then be built upon with the skills learned by the family.

Generalization (Gen):

During this phase of treatment there are three main goals: generalizing change (how can they use their skills in other areas of their lives); maintaining change (relapse prevention); and identifying needed resources that could affect the continuation of the family's success. This can include

natural and family supports as well as community or agency supports. Skills acquired in the BC phase of treatment are reinforced and possible problems and solutions are discussed.

**B. Description of Target Population:**

1. Youth ages 10-18 at risk for or presenting with delinquency, violence, substance abuse or a disruptive behavior disorder.
2. Youth at risk of being placed out of the home into shelter care, foster care, group home, detention or residential treatment facilities.
3. Youth returning to the home from any of the above mentioned placements.
4. History of crisis involvement, particularly for conflict within the home.
5. History of school behavioral problems.
6. History of illegal school absences.
7. Youth who present with a variety of DSM-5 Diagnosis that may put them at risk for any of the above.

Referrals for the FFT program are from Juvenile Probation, Children and Youth Services, other social service agencies, school, or self-referral by the family.

**C. Statement of Need:**

The FFT program provides the community with an additional service option that is less intense and less expensive than alternative treatment options or out of home placement. Because this program is implemented in the home, it is often a more convenient and comfortable environment for youth and families. In addition, because of the non-traditional hours youth do not miss time from school, parents do not lose time at work and the likelihood of all family members participating is greater.

In October 2007 a report on PCCD's Research-Based Program Initiatives entitled "Reducing Youth Violence and Delinquency in Pennsylvania" noted the Wilkes-Barre FFT site at CSC had favorable outcomes. "Families and Youth in Luzerne County benefited greatly from participating in the FFT program. Families were able to stay together and the youth decreased their participation in serious delinquent behavior and drug use". It also noted the progress indicated youth improved in many domains including:

1. No new legal charges
2. No probation violations
3. Avoiding residential placement
4. Improvement in school attendance
5. Remaining drug free

Clinical trials through FFT sites throughout the country indicate its effectiveness in a wide range of environments.

#### **D. Project Outcomes:**

The QA/QI system implemented in PA is unique and adds a level of overview that ensures quality therapeutic intervention. In addition to statistics such as drop out and outcomes this system serves to review caseloads and progress notes to make sure sites remain adherent to the FFT model and are competent in delivering the service. In addition to the QA/QI system, FFT outcomes are provided to EPIS center (Penn State University).

In FY 2015-2016 our site had a 77% completion rate.

Outcomes from the COM-A COM-P

Surveys from the 26 families that successfully completed the FFT program:

1. 100% of the families report that they have made positive changes within the family.
2. 100% of the families report that the adolescent's behavior has improved
3. 100% of the families report that the parenting skills have improved.

#### **E. Potential for Success:**

Families in Luzerne County have benefited from the FFT model of treatment for fifteen years. PCCD (Pennsylvania Coalition on Crime and Delinquency) has initiated supports to current FFT sites in the state of PA. This includes ongoing training and supervision to certified FFT sites within the state. This has enabled the CSC site as well as others in the state to remain adherent to the FFT model of treatment. This is a model that is effective with a variety of families, as shown by sites across the country. The flexibility and the individual treatment plan allows for obtainable change by each family.

## **2. Overall Qualifications of the Agency:**

Children's Service Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and is Sanctuary Certified. Children's Service Center has an extensive history of providing quality behavioral health care to the youth in our community and is committed to the highest standard of availability and continuity of care. We have been committed to the needs of children, adolescents and families for 154 years and currently serve over 5,000 individuals.

**A. Experience with this service:**

Children's Service Center has been providing the Functional Family Therapy Program (FFT) to the community over the past 17 years. Currently, Children's Service Center has one certified FFT site; all therapists have extensive training with regard to this treatment modality. Ongoing training and statewide supervision is provided to FFT therapists and site supervisor. Our therapists are experienced and demonstrate adherence and competence in delivering FFT. Our outcomes are reflected in the fact that the FFT program received an award for outstanding service to Pennsylvania's Juvenile System by the Juvenile Court Judges' Commission.

**B. Experience working with the proposed population:**

Children's Service Center is a Community Health Organization that has an extensive history addressing the needs of children and adolescents with mental health and behavioral issues.

Functional Family Therapy has worked with adolescents for the past 17 years, providing services to the adolescents and their families in a community setting.

**C. Experiencing coordinating community resources:**

Children's Service Center is a community-based organization and continues to work with local, county and state resources, since its inception. The FFT program was initiated as a collaborative effort with juvenile probation, schools, Children and Youth, local law enforcement, Communities That Care and Mental Health Services.

**D. Current, valid license or certifications:**

This program is an MA approved Descriptor; it is also a certified Functional Family Therapy Site. It is also part of the organization's JCAHO compliance program.

**3. Qualifications of Individuals Performing the Service:**

The FFT program currently consists of one site supervisor, 2 full time therapists and a part-time therapist all with extensive training in the FFT model. Within the first year of training, a therapist completes a three-day training, initially, and a two-day follow-up training. Supervisors complete additional training; a three month externship and site supervisor training. Externship is an opportunity to be observed in live therapy session with a family and have direction and feedback from supervisors, consultants and peers. This is currently available to therapists as well as supervisors at a site to be determined.

As part of the PA Statewide system, a Quality Assurance/Quality Improvement plan has been initiated. There is one state supervisor who has at least monthly contact with each site and do site reviews and record reviews at least bi-annually. The state supervisor also completes an on-site visit, annually.

**4. Budget:**

**A. Overall analysis of budget:**

Please see attached