Clinical Guidelines and Service Definitions

Functional Family Therapy (FFT)

Originated 05/07
Reviewed 7/07
Revised 3/10
CAC Approved 7/07
Revised 11/13

Funding Stream
Medicaid and Private Insurance should be accessed before CORE Service dollars are requested.

Definition of Service
- **Service goals are centered on promoting child and family safety and family protective capacity.**
- A home-based therapeutic intervention designed to increase family skills in order to promote positive family relationships. Functional Family Therapy is a phasic model designed to engage and motivate families to reduce or eliminate the problem behaviors, negative family relational patterns through individualized family interventions. Increase the family’s capacity to use community resources and engage in relapse prevention.
- All services for adolescents listed in the expansion grant for services to adolescents must follow blueprint model for programming to ensure fidelity as an evidence-based service. The eligible population being served by this program are adolescents, ages 12-17, who are in imminent risk of placement or are in out of home placement and may be returned home within 2 weeks from the FFT begin date.

Measurement of Success
- Client demonstrates empathy for the experiences and needs of their children.
- Client demonstrates ability to explain what their protective role and responsibilities entail, the consequences to the children should they fail to protect, and is able to articulate and demonstrate that they value and believe it is her/his primary responsibility to protect the children.

Estimated Length of Treatment:
Average length of stay is 3-4 months at 12-14 hours of service total per family.

Frequency of Services:
Up to 12-14 hours of service (approximately 1 hour per week per family) and up to 26 hours per family when clinically necessary.

Provider Credentials:
- Hold a Bachelor’s degree in a human services-related field
- Present documented experience in a mental health related field
- FFT workers must have weekly supervision by a Master’s level provider, complete the FFT model training, and attend recommended supervision with an FFT consultant.
- The worker to supervisor ratio will be no more than four clinicians per supervisor.

The workload will be no more than 10 Core Services families per FFT worker.
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Continued

**Provider Responsibilities:**
Refer to Core Services handbook or Provider Manual

Providers will have monthly direct personal contact with caseworkers to discuss the status/progress of the case.

**Caseworker Responsibilities:**
Refer to Core Services Handbook or Provider Manual.

**Staffing:**
As defined by Caseworker.